



Co-RIG Project

Innovating Case Management: Telehealth support for patients during COVID-19

Project lead: Catherine Hudon, MD, PhD, CCFP, Professor, Family Medicine and Emergency Medicine Department, University of Sherbrooke

Project location: Quebec, Nova Scotia, New Brunswick, and Newfoundland and Labrador

Summary

A case management (CM) strategy was adapted for virtual use to support patients with complex and chronic conditions, mental health issues, and/or social vulnerability. The model supports primary care nurses, who serve as case managers, to assess patients' needs by phone and connect them to mental health and other health or community resources as required. The Telehealth CM (TCM) model was successfully adopted in four provinces to deliver coordinated, person-centred care when access to care was disrupted.

Faces of COVID-19

Putting Meredith at the centre of her care

Meredith is 76 years old and lives alone. She has multiple chronic illnesses including hypertension and osteoporosis. Anxiety, chronic pain, and fatigue have all worsened during the pandemic due to isolating at home. She does not feel comfortable going in person to the clinic due to worries of COVID-19 exposure. Using the TCM strategy offered by her primary care team, Meredith is able to regularly speak with a nurse case manager who reinforces the importance of medication compliance and is helping to address her pain and fatigue through linking her to community resources for exercise and meditation. As a result, Meredith is more engaged in her own care and feels confident in decisions relating to her health.

Project detail

CM is a collaborative, patient-driven approach that helps connect individuals to important health and support services. It can be an efficient and effective way for primary health care providers to help patients navigate the complexities of the health system and achieve their health goals.

With Co-RIG funding, Dr. Catherine Hudon, Professor at the Family Medicine and Emergency Medicine Department at the University of Sherbrooke implemented the TCM strategy.

Recognizing that many patients with complex and chronic conditions, mental health issues, and social vulnerability were struggling to receive necessary care during the pandemic, Dr. Hudon worked with integrated care teams in Quebec, Newfoundland and Labrador, Nova Scotia, and New Brunswick to adapt an existing face-to-face CM strategy to allow for use in a virtual setting. The model allowed primary care nurses, who serve as case managers, to assess patients' needs by phone and connect them to mental health and other health or community resources as required.

Team training by experienced case management experts and virtual care providers, with ongoing mentorship, ensured quality of care was not negatively affected by this pivot to a virtual environment.

Impact

- **Improving access:** The TCM model helps patients access services when they are unable to leave their homes. It enhances person-centred coordinated care, which is critical during a health crisis where regular processes and access to services are often disrupted.
- **Enhancing family medicine:** The interdisciplinary collaborative approach helps family physicians and primary care teams manage patients with complex needs. This is especially important while face-to-face care may be a challenge.
- **Building capacity:** Dr. Hudon and team are developing web-based training modules to facilitate learning and program expansion.
- **Supporting sustainability:** Innovative approaches such as this can have lasting application for patients with accessibility challenges, or those who live a distance from services, allowing them to access care from home.

Results to date

- Implemented in five clinics from three provinces. Implementation will continue over the coming months.
- Nearly fifty patients recruited to participate in TCM.

Methodology

- Develop TCM tools and provide mentorship and training.
- Recruit patients and begin implementing TCM.
- Evaluate TCM by conducting focus groups and interviews with care team members and through patient questionnaires and interviews.
- Analyze collected data and refine TCM if required.
- Promote awareness and uptake through knowledge mobilization strategies.

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“Our approach to case management encouraged more interprofessional collaboration and coordination of care delivery. It broke down silos between providers of different settings and helped us better care for our most vulnerable patients with complex needs.”

– Dr. Catherine Hudon, project lead

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Project team

Project lead: Catherine Hudon, MD, PhD, CCFP, Department of Family Medicine and Emergency Medicine, University of Sherbrooke

Kris Aubrey-Bassler, MD, MSc, FCFP, Primary Healthcare Research Unit, Memorial University of Newfoundland

Fred Burge, MD, MSc, FCFP, Primary Care and Research Department, Dalhousie University

Maud-Christine Chouinard, RN, PhD, Faculty of Nursing, University of Montreal

Yves Couturier, PhD, School of Social Work, University of Sherbrooke

Shelley Doucet, RN, MScN, PhD, Department of Nursing and Health Sciences, University of New Brunswick

Alison Luke, PhD, Centre for Research in Integrated Care, University of New Brunswick, and NaviCare/SoinsNavi

Marie-Ève Poitras, RN, PhD, Department of Family Medicine and Emergency Medicine, University of Sherbrooke

Vivian R. Ramsden, RN, MS, PhD, MCFP (Hon.), Department of Academic Family Medicine, University of Saskatchewan

Partners

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Faculty of Medicine of Dalhousie University

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Government of Newfoundland and Labrador

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