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74 – Primary Care Based Case Management – Current Research and Implications for Daily Practice

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Disease, case or care management? A history of terms

What is meant by disease, case or care management? A variety of definitions behind these terms often hinders a cross-national or even a national comparison of effects of these care models on patient outcomes. We do not want to aggravate this problem by providing new definitions for these terms. In contrast, a short overview of the history of these terms and the concepts behind them will help to clarify things.

Historically, “case management” is the oldest of these terms first used during the de-institutionalization movement in psychiatric care in the 1970’s. With shifting the focus from in-hospital psychiatric care to community based psychiatric care, concepts were needed that actively approach “complex”, “critical” or “high-risk” patients in order to monitor their health status continuously. During the 1980’s, case management was introduced nationwide in the USA, resulting in the foundation of the Case Management Society of America (CMSA) in 1990. The CMSA defines case management as a “collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes” [1] including social services and health services.

The term “Disease management”, however, was invented and implemented by US pharmaceutical companies in the 1990’s to foster evidence-based care (mainly medication) for specific chronic diseases. Besides its focus of single diseases, disease management programmes vary enormously by both intention and intervention.

Bodenheimer and colleagues [2] defined the term “care management” in contrast to “case management” to distinguish concepts focusing on patient (health) care from those focusing on social care. However, case management and care management share the same generic process of assessment, care planning, action/intervention and monitoring.

Case management – basic concept

The basic concept of case management (see figure 1) comprises of 5 steps:

a) Case finding

Evidently, the highly resource-intensive process of case management cannot be offered to all patients. Therefore, identification of patients most likely to benefit from case management, a process called “case finding” is crucial for the success of a case

case management has been expanded by a large number of studies. First results of an ongoing systematic review show positive outcomes of primary care-based case management particularly in high risk patients [3]. Core features common to many of the more successful models, include: systematic identification and intensive care management (including frequent face-to-face contact) of high-risk patients; primary care physicians collaborating with on-site registered nurses and other staff (all working in redefined roles “at the tops of their licenses”); health information technology that facilitates coordinated care; engagement of patients and their family; caregivers in evidence-based health education and self-management; easy 24/7/365 access to primary care for emerging problems; well-coordinated transitional care following hospital discharges; comprehensive medication management; and the integration of community-based support services into health care [6].

Future developments may include primary care based case management supervised by nurses [7] as well as more sophisticated ways of case finding including both prediction of patients’ risk of adverse outcomes and their ability and willingness to participate in case management – a concept called “care sensitivity” [8].

Take home messages

- Person-centred, comprehensive management of vulnerable patients (i.e. “case management”) is a core element of primary care.
- Primary care-based rather than vendor-supported case management is well accepted by patients and physicians.
- Case management should focus on high risk patients with sufficient “care sensitivity” (i.e. willingness and ability to participate).
- Case management is a multi-professional approach that engages non-physician primary care team members to work “at the top of their license”.

Original abstract

<http://www.woncaeurope.org/content/ws-03-primary-care-based-case-management-%E2%80%93-current-research-and-implications-daily-practice>

References

1. CMSA 2014. *Definition of case management*. URL: <http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspx>. Accessed Oct 3 1st 2014
2. Bodenheimer T, Berry-Millett R. *Care Management of patients with complex health care needs*. Robert Wood Johnson Foundation. Research Synthesis Report No. 19 December 2009. http://selfmanagementsupport.health.org.uk/media_manager/public/179/SMS_resource-centre_publications/Bodenheimer%20Care%20Mgt%20RWJreport.pdf Accessed Oct 3 1st 2014
3. Freund T, Kayling F, Miksch A, Szecsenyi J, Wensing M. Effectiveness and efficiency of primary care based case management for chronic diseases: rationale and design of a systematic review and meta-analysis of randomized and non-randomized trials [CRD32009100316]. *BMC Health Serv Res* 2010; 10: 112
4. *The European definition of General Practice / Family Medicine 2011*. <http://www.woncaeurope.org/gp-definitions>. Accessed Oct 3 1st 2014
5. Ferguson JA, Weinberger M. Case management programs in primary care. *J Gen Intern Med*. 1998 Feb;13(2):123-6
6. Boulton C, Leff B, Boyd CM, Wolff JL, Marsteller JA, Frick KD, Wegener S, Reider L, Frey K, Mroz TM, Karm L, Scharfstein DO. A matched-pair cluster-randomized trial of guided care for high-risk older patients. *J Gen Intern Med*. 2013 May;28(5):612-21
7. Katon WJ, Lin EH, Von Korff M, Ciechanowski P, Ludman EJ, Young B, Peterson D, Rutter CM, McGregor M, McCulloch D. Collaborative care for patients with depression and chronic illnesses. *N Engl J Med*. 2010 Dec 30;363(27):2611-20.
8. Freund T, Wensing M, Geissler S, Peters-Klimm F, Mahler C, Boyd CM, Szecsenyi J. Primary care physicians’ experiences with case finding for practice-based care management. *Am J Manag Care*. 2012 Apr 1;18(4):e155-61.