CONFERENCE ABSTRACT

The heterogeneity of the Case Manager role in Spain. A methodology for its conceptualization.

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Summary: This study aims to analyse and define the role of the case manager (CM) in Spain. The qualitative technique of semi-structured interviews together with the literature review technique have been chosen for the information gathering process. This study constitutes the first of the several stages of a broader research project whose ultimate goals are to create a Network of Integrated Care professionals (NIC) and to reach some conclusions about the CM role in Spain.

The rise of chronic diseases, partly caused by demographic changes and increased longevity, requires the development of new strategies on health and social care policies. High levels of dependency associated to chronic patients imply that health care and social problems need to be addressed through coordinated actions of these two public services. The implementation of the CM seek to respond to this need.

CM for chronic patients usually undertake coordination tasks within different levels of the health care system and between the health care and social systems. This coordination substantially enhances the continuity of care. Case management enables the integration of the social and health care systems and, therefore, the integrated and needs-centered health care service that patients require.

The definition of the role played by the CMs is highly ambiguous; pluripathologies management, single collective (fragile elderly) and single disease management, to name only a few, are amongst them. Nevertheless, there have been also identified some of the CM most basic elements including: patients identification, problems and need assessments, care plan setting, etc.

Methodology: Through the usage of an explorative methodology, the numerous roles played by the CM in Spain will be identified and classified. More concretely we will be looking at the main similarities and differences, and analysing impact results. Ultimately patterns and potential scenarios will be considered. This methodology is composed by various stages;

1- Semi-structured interviews and literature review techniques will be used to gather information from professional interviewees (professional profiles, services offered, population target, etc). In addition, a theoretical framework will support the information provided by these professionals.
The objective of this first stage is to obtain an initial document which describes and simplifies the complexity that characterises the practices related to the CM.

2- Focus group; the next step will involve naming a group of professionals from the social and health care sectors to discuss the different ideas appearing in the initial document. The purpose of this stage is to reach some conclusions on the CM different realities. The resulting document will ultimately serve as a basis from which the NIC will be created.

Bearing in mind that the ultimate goal of this study will only be reached in the mid-term, the main purpose of this initial paper is to elaborate a document which will serve as the basis for following stages of the research project.

**Preliminary results:** The CM is characterised by a significant lack of homogeneity in its implementation, both within and between Spanish regions.

- Despite the CM presence in most Spanish regions, its characteristics and functions vary considerably. The main differences are found in the professional profile, services offered, and duties carried by the CM, and its relationship with inner and outer professionals. These variances occur within and between regions.

- The different CM functions will be categorised using the five-stages model (case finding, assessment, care planning, care coordination and case closure) based on Ross. S et al (2011). CM functions have been intuitively obtained by applying an explorative methodology in a number of CM experiences.

- In Spain it is possible to observe different levels of policy development regarding the CM role (design, pilot, implementation process...). For instance, in Catalonia, Castile y Leon and the Basque Country, the role of the CM has been considerably successful whereas in Navarra no implemented practice, related to this specific actor, was found. Similarly, whilst a number of experiences where the CM has been especially dedicated to coordinate a specific treatment process, others have been implemented, in a broader sense.

- Furthermore, the consequences resulting from these practices widely differ depending on the context and, a part of in the case of Andalucía, there are no major publications on the consequences of these practices. As an example, in Andalusia the CM has supposed a sort of driving force for change towards a broader model of integrated care where new roles and new ways of care management have arisen.

**Keywords:** case manager; spanish regions; heterogeneity; qualitative techniques; network of Integrated care professionals