

Adoption of care management activities by primary care nurses for people with common mental disorders and physical conditions: A multiple case study

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1. INTRODUCTION

Common mental disorders (CMDs), such as anxiety or depression, are the most prevalent mental disorders in primary care settings [1].

The **collaborative care model** is a well-known model to improve care quality for people with **CMDs** and **physical long-term conditions** (LTCs) in primary care [2].

The **role of care manager** is central to the collaborative care model, and **primary care nurses** (PCNs) are well-positioned to play that role.

Implementation studies of the collaborative care model provide insights on a range of **determinants (barriers and enablers)** that may influence the **adoption of the role of care manager** by PCNs [3].

Identifying determinants of practice and understanding how they may influence practice changes are the **first steps** towards developing **tailored implementation strategies** [4].

However, little is known about the **relationship between the determinants of practice and the context**, i.e. current nursing and collaborative care practices for people with CMDs in primary care.

2. AIM

Analyze and describe the main determinants of practice influencing the adoption of care management activities by primary care nurses for people with CMDs and LTCs.

3. CONTEXT

The project took place in three family medicine groups (FMG), the principal primary health care organizational model in Quebec (Canada). Results presented in this presentation are part of a study aiming to understand the implementation planning process of the role of care manager by PCNs in FMG.

4. METHODOLOGY

4.1 Research Design

A qualitative multiple case study [5] using an integrated knowledge translation approach.

4.2 Data collection

Various data sources : face to face interviews (n=32), observation sessions of nurse-patient encounters' (n=7), documents, and summaries of meetings with stakeholders (n=8).

4.3 Analysis

Intra-case analysis

Thematic analysis of interview transcriptions using a deductive and inductive approach with NVivo 12.0 [6]

Assessing the gap between actual PCN activities and care management activities recommended in the collaborative care model :

- For each PCN, a total of 17 care management activities was qualitatively assessed by two authors (done, sometimes done, not mentioned as done) using an analysis table created from the description of care manager tasks published by the University of Washington's Advancing Integrated Mental Health Solutions (AIMS) Center (2017)
- Identified the resources and competencies required, as well as any barriers to carrying out each care management activity

5. RESULTS

5.1 Description of FMGs and participants

| Table 1. Characteristics of FMGs | | | |
|----------------------------------|---------------|---------------|---------------|
| Characteristics | FMG01 | FMG02 | FMG03 |
| Registered patients (~n) | 25 000-30 000 | 30 000-35 000 | 10 000-15 000 |
| Nurses (n) | 6 | 5 | 3 |
| Family doctors (~n) | 25-30 | 30-35 | 10-15 |
| Nurse practitioners (n) | 3 | 0 | 2 |
| Social workers (n) | 3 | 3 | 2 |
| Psychologists (n) | 1 | 1 | 1 |
| Pharmacists (n) | 2 | 1 | 1 |

| Table 2. Number and type of participants for each FMG | | | |
|---|-------|-------|-------|
| Type of participants | FMG01 | FMG02 | FMG03 |
| Primary care nurses | 5 | 5 | 3 |
| Patients | 3 | 3 | 2 |
| Family Doctors | 1 | 1 | 2 |
| Social Workers | 1 | 1 | 1 |
| Nurse Practitioners | 1 | 0 | 1 |
| Psychologists | 0 | 1 | 1 |
| Pharmacists | 1 | 0 | 0 |
| Total | 12 | 11 | 10 |

5.2 Description of main determinants

Capacity of PCNs to perform care management activities was influenced by many contextual factors grouped into four levels of determinants: **mental health care system; characteristics of FMGs; collaboration among team members; and nurses' characteristics**. Emerging determinants (Table 3), in conjunction with patient characteristics (e.g., needs and preferences, mental and physical health status, personal attributes and experiences, medical and treatments history), influence PCNs' perception of their role and responsibilities which will ultimately influence the performance of care management activities for people with CMDs and LTCs.

Inter-case analysis

Emerging determinants for each FMG were grouped in a table to compare differences and similarities

Creating graphics in order to visualize the level of achievement of care management activities by PCNs within each FMG and attempt to explain the level of performance with emerging determinants

Table 3. Description of emerging determinants of practice influencing the adoption of care management activities by PCNs

| Determinants of practice | Description |
|---|---|
| Nurses' characteristics | |
| Competency (skills and knowledge) in care management of people with CMDs and competency building | Skills and knowledge are influenced by: <ul style="list-style-type: none">Background in mental health (professional, academic training, personal)Interest and attitudes regarding care of people with mental health problemsPersonal attributes Specific skills and knowledge: <ul style="list-style-type: none">Role and responsibilities of PCNs and team membersCMDs treatments and manifestations of CMDs and other mental disorders (e.g. adjustment disorders)Communication skills, tools to support the patientMental health status assessment including the assessment of suicidal ideationsCommunity organizations and mental health services provided by the regional health centreUnderstanding patient's personality (emotional reactions, relationships with other, etc.) Competency building: <ul style="list-style-type: none">Being daily exposed to clinical situations with patients having mental health problemsHaving opportunity to work in collaboration with GPs and the psychosocial teamsReading notes of mental health specialitsHaving the support of a GP colleague with expertise in mental health |
| Collaboration among team members | |
| Responsibility sharing between the GP and the PCN | Many contextual factors influenced GPs' motivation or reasons for sharing responsibilities with PCNs: <ul style="list-style-type: none">Complexity of the patient treatment planRelationship between the GPs and the patientsRelationship between the GPs and the PCNsProfessional responsibilities and accountability of GPsGPs special interest and competencies in mental health |
| Common understanding of the patient treatment plan | Objectives of the patient treatment plan: <ul style="list-style-type: none">Need to be clear among GPs, patients, PCNs and other providersMainly depend on patient characteristics (e.g. their needs & preferences, health status, personal experiences) and other contextual factors (e.g. mental health services) Interactions among members of the team and the modalities for sharing the treatment plan influenced collaboration |
| Characteristics of FMGs | |
| Compatibility between the coordination of nursing work and the role of care manager | Coordination of nursing work = description and assignment of nurses' tasks and responsibilities (PCNs needed to know that caring for people with mental health is part of their job) Coordination of nursing work influenced: <ul style="list-style-type: none">Collaboration between team membersPerception of PCNs → their role and responsibilities for people with CMDs and LTCs + their global approach to patient care |
| Availability of mental health resources within the FMG | To perform care management activities, PCNs used human or material resources available in their FMG: <ul style="list-style-type: none">Measurement tools (e.g. GAD-7, PHQ-9) + mental health assessment questionnaireSoftware to share clinical data and to consult evidence-based treatmentEducational materials about CMDs and self-management toolsExpert colleague in mental health to support them Many factors influenced the use of these specific resources: <ul style="list-style-type: none">Patient needs (and the treatment plan)Procedures and norms in the FMGPCNs' knowledge or leadershipGPs' and other clinicians' expertise in mental health |
| Clarification of the local CMD care trajectory | Way to organize health care services for people with CMDs within the FMG: <ul style="list-style-type: none">Clarification and common understanding of the roles and responsibilities of each team memberClear mechanisms or procedures to refer patients between health care professionals within the FMG and to external mental health services |
| Mental health care system | |
| Access to external mental health resources | PCNs and other primary care providers referred patients to a range of mental health services outside the FMG which can be classified according to patient needs: <ul style="list-style-type: none">Self-management supportPsychological treatmentCrisis or emergencyPsychiatric evaluation Available resources directly influenced the patient's treatment plan as well as care coordination Referral modalities or the wait time to access services influenced clinicians' decision to refer their patients |

6. DISCUSSION

The **majority of determinants were related to the characteristics of the FMG**, i.e. the compatibility between the coordination of nursing work and the role of care manager; the clarification of the local CMD care trajectory; and the available mental health resources within the FMG.

The **organization plays an important role in the PCNs' capacity to carry out care management activities** and to **collaborate** with team members.

Results suggest that **selecting implementation strategies targeting primary care settings' characteristics** are likely to influence a **broader range of determinants**.

More studies are needed to determine the benchmark or indicators of performance related to the determinants of nursing and collaborative care practices for people with mental health problems in a primary care setting.

Strenghts & limits :

Determinants of practice were identified through triangulation of data sources (various types of participants and data sources) and a rigorous analysis process combining different techniques.

Using quantitative data from the registry to compare performance might have strengthened our findings by triangulate quantitative and qualitative results.

The tool that we developed and used to analyze care management activities was not an instrument with psychometric properties.

7. CONCLUSION

Results suggest it would be relevant to explore the structure or functionality of a primary care organization including current nursing and collaborative care practices (processes of care and professional activities) to identify determinants of practice and efficiently plan the implementation of the collaborative care model.

8. REFERENCES

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