Barriers to implementing case management for people with dementia

A qualitative analysis found that insufficient skills and resources, lack of clarity over the nature of case management, variable investment in the approach from case managers and general practices, and limited reflection and feedback on the case manager role were barriers to implementing case management for people with dementia in primary care in England.

Overview:

- A qualitative analysis found a number of barriers to implementing case management for people with dementia in primary care in England, in particular insufficient skills and resources and lack of clarity over the nature of case management.
- The case management intervention was unclear in both its scope and nature to all study participants, and many of the stakeholders interviewed had no first-hand experience of the particular approach being studied.
- The concept of case management may need to be 'reframed' as a dynamic, collective activity that involves numerous inter-related people and agencies and an ongoing shaping of social processes.

Background: Case management is a strategy for organising and coordinating care services at the level of the individual. Case management for people with dementia includes providing information, support, counselling and practical help (Verkade et al. 2010).

People with dementia who receive case management appear to be less likely to be admitted to a residential or nursing home in the medium term, although the effects on mortality and quality of life are unclear (Reilly et al. 2015).

Current advice: The NICE guideline on dementia (currently being updated) recommends that the care of people with dementia and support for their carers is planned and provided within the framework of care management/coordination.

Care managers and care coordinators should ensure that care plans are based on an assessment of the person with dementia's life history, social and family circumstance, and preferences, as well as

their physical and mental health needs and current level of functioning and abilities. Coordinated delivery of health and social care services should involve:

- a combined care plan agreed by health and social services
- assignment of named health and/or social care staff to operate the care plan
- endorsement of the care plan by the person with dementia and/or carers
- formal reviews of the care plan.

The NICE pathway on dementia brings together all related NICE guidance and associated products on the condition in a set of interactive topic-based diagrams.

New evidence: Bamford et al. (2014) undertook a qualitative analysis of the barriers to implementation of case management for people with dementia. This analysis was part of the CAREDEM feasibility study that assessed introducing a case management intervention to primary care in England. A social worker and 2 practice nurses were trained in case management and worked with 4 general practices. These case managers were asked to identify community-dwelling people with dementia and their carers from the general practice lists to recruit for case management.

Case management comprised a number of tasks such as a needs assessment of the person with dementia and their carer, creating a personal care or support plan, prioritising and initiating actions to provide the identified support, and systematic follow-up of the actions taken. Case managers were given a manual, which covered topics such as communication with the person with dementia, and were mentored by an Admiral Nurse from Dementia UK.

Qualitative interviews were held with people who had dementia, carers, case managers, and health and social care professionals before, during and after the introduction of case management. The barriers to implementing case management identified by these interviews were: insufficient skills and resources for delivery; poor understanding of the nature and scope of case management; variable investment in case management from case managers and practices; and limited reflection and feedback on the case manager role.

The main barrier to implementation was the mismatch between the skills and resources available and those required to deliver case management. The time allocated to case management was considered insufficient. Case managers had difficulties identifying and acting on unmet needs of people with dementia and their carers, and little training and supervision was available to remedy this skills gap.

Although nearly all people interviewed considered the concept of case management worthwhile, all expressed a lack of clarity over the remit of case managers and their overlap with existing roles.

Case managers had variable commitment to case management, and primary care teams had little engagement with the approach or its promotion. People with dementia and their carers struggled to provide clear examples of the benefits of case management. Case managers provided little feedback on the approach to members of the primary care team.

Limitations of this study include the small numbers of people with dementia, carers and case managers interviewed. It was not clear how people were selected for interviews, and little detail was given on the characteristics of the participants and settings.

Commentary by Deborah Swinglehurst, Clinical Senior Lecturer, Queen Mary University of London:

"This paper describes a process evaluation of the implementation of case management in dementia. The context was the CAREDEM study, which sought to test a US-developed model of case management that had been adapted for the UK context. This paper seeks to explain a key finding of the wider study, namely that little case management took place.

"The paper's most striking contribution – and one that is a salutary reminder to designers and evaluators of complex interventions – is that the 'intervention' (that is, case management) was unclear

in both its scope and nature to all study participants. This is perhaps unsurprising. The adaptation of the US model focused primarily on developing a person specification for the case manager role, along with a list of tasks for them to do. What it did not account for was that case management is a novel working practice – it is not yet 'worked out'. As such, case management demands a re-evaluation and reshaping of existing working practices (involving many people and agencies), as well as a shaping up of 'new' practices. That case management is not an individual activity resting entirely with the case manager has implications for the interpretation of this study and indeed for clinical practice.

"Running through this paper is an (unexplored) tension between the researchers' desire to evaluate an 'intervention' and a realisation that this 'intervention' is difficult to pin down. Unfortunately, there appears to have been little flexibility in the study design to work with this tension in ways that could have shaped or informed case management as it was being worked out on the ground.

"The researchers' ethnographic approach included a range of data (including observations of case manager induction, telephone calls, case assessments and informal discussions). However, the paper reports almost exclusively on interviews about the case management 'intervention' from a range of stakeholders, many of whom had no first-hand experience of the particular approach being studied. As a result, we get limited access to what actually happened regarding the efforts made to establish case management – the puzzles faced and the contingencies and contextual arrangements – which might be important to future implementation efforts.

"The authors suggest that primary care may not be the most appropriate setting for case management in dementia. It would be premature to draw this conclusion on the basis of this study. An alternative interpretation is that there is a need to reframe the concept of case management (and arguably the definition of the 'case' also) as a dynamic, collective activity that involves numerous inter-related people and agencies and an ongoing shaping of social processes. Reframing it in this way might have considerable influence on how we research case management in future and how we conceptualise its potential in clinical practice."

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