# Case Management Assessment of a Health Program Implementation

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## 1 Abstract / Introduction

Health assessment belongs to the field of health services research and the knowledge produced aims to improve such services. It can be made from an internal perspective, assessing the effect of the care processes on people's health, or from an external perspective, considering the impact of actions on the health system and the population epidemiological profile. (Novaes, 2004). Health programs assessment involves the systematic collection of information about the program characteristics, activities and results, which allows analyzing its components, guiding actions for its improvement, justifying the resources used and analyzing its effectiveness (CDC, 2011). The assessment can be of two types: normative appreciation and evaluative research (Champagne, Contandriopoulos, Brouselle, Hartz, et al., 2011; Contandriopoulos et al., 1997). Normative assessment consists of comparing the components of the intervention, structure, activities implemented, and results achieved, with norms and criteria. It makes it possible to produce a judgment of the intervention or program, as well as its components, in relation to the norms and criteria used as reference (Champagne, Hartz, Brouselle, & Contandriopoulos, 2011; Contandriopoulos et al., 1997). Evaluative research aims to analyze the relevance, logic, productivity, effects and efficiency of intervention, configuring six types of analysis: strategic, logic, productivity, effects, efficiency and implementation (Champagne, Contandriopoulos, Brouselle, Hartz, et al., 2011). The implementation analysis aims to identify and understand the context-related factors that interfere with the implementation of an intervention, assessing the degree of implementation and the relationship with the effects produced. This analysis increases the external validity of evaluative research, avoiding the evaluation of the results of an intervention that did not have a satisfactory degree of implementation (Champagne, Brouselle, Hartz, Contandriopoulos, & Denis, 2011; Denis & Champagne, 1997). To evaluate a program it is necessary to describe it clearly, showing how the programmed activities lead to the expected results (CDC, 2011). The description of a program includes the following components: the health problem to be addressed, the groups and organizations involved, the resources used, the activities to be implemented and their products, the intended outcomes and the relationships between activities and outcomes. The Logical Model is the graphical representation of the relationship between program activities and intended outcomes (CDC, 2011).

## 2 Objective

To describe the first two steps of evaluating the implementation of a Case Management Program.

## 3 Method

An evaluative case study was conducted using data from five cohorts of elderly patients followed by a Case Management Program in five Basic Health Units (BHU) in the city of São Paulo, Brazil, in the Microregion of Ademar city, located in the south zone of the city. The local population is 571,713 inhabitants, according to the 2010 IBGE census (São Paulo, 2009). The study population consisted of all the elderly followed by the Case Management Program, from January 2011 to December 2014,



identified from the Program database. The data source was the medical records, the Program database and the municipal information system - Integrated Health Care Management System (SIGA). This study describes the first two stages of the evaluation: the description of the Case Management Program and the construction of the logical-operational model. *Case Management Program Description*: The description presents the groups and organizations involved, the health problem that motivated the implementation, the resources used, the proposed activities and their products, and the expected results. *Groups and organizations involved:* The Santa Catarina Social Organization (SO), through a management contract signed with the Municipality, is responsible for the management of all municipal health services in the Microregion. At the time of implementation of the Program, the public health services network at the primary level consisted of 20 BHUs, 11 of them from the Family Health Strategy and 9 from the traditional model, and 6 outpatient medical care units (AMA). At the secondary level there was a Home Care service, two Specialty Outpatient Clinics, an AMA Specialties, an Elderly Health Referral Unit, two Psychosocial Support Centers, a Specialized Dental Clinic and a General Hospital (GH). The implementation of the Program took place in conjunction with HG and initially involved five traditional UBS, and then expanded to all UBS of the traditional model. The main groups mobilized for the implementation of the Program were: people with very complex chronic conditions and their caregivers, health professionals from the UBS and the AD service, board members and staff of the GH clinical staff and emergency room, as well as the technical staff Santa Catarina SO. The Program's clientele included people with very complex chronic conditions, with multiple chronic diseases, poor adherence to prescribed interventions, repeated hospitalizations, frail elderly and people in extremely vulnerable conditions. The study was restricted to the elderly. The health *problem* that the Program aimed to address was the increased risk of repeated hospitalizations and worsening the quality of life of people with very complex chronic conditions due to lack of access to longitudinal care in PHC. *Resources, activities and products:* The proposed implementation of the Program was prepared based on Mendes (2012) and PAHO (2008) recommendations. *Construction of the Operational Logical Model:* Based on the description of resources, planned activities, products and expected results, the Operational Logical Model was constructed, which is the graphical representation of how these components are articulated.

## 4 Expected Results

The objective of the Program was to establish a longitudinal link between PHC teams and people with very complex chronic conditions to promote their quality of life and enhance their autonomy and independence in the long term.

## 5 Conclusion

The Program can be considered a complex intervention because it directly involved two institutions (Santa Catarina SO and GH), services of different complexities, different professionals and depended on the implementation of five components (full evaluation, managerial performance of the care coordinator, clinical monitoring by the case manager, follow-up time in the Program of six months or more and clientele consisting of frail elderly), which justifies the implementation analysis. The first two stages of the evaluation have already shown that the implementation of the Program increased the production of longitudinal link with the PHC teams.

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