Costs and Effectiveness of Case Management Support Services in ASOs

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Background

- PHAs can access support services from a number of ASOs.
- No systematic guidelines supporting the allocation of resources using some standard or criteria.
- Little formal documentation of the outcomes of these services on PHAs' quality of life, reported un-met needs, and use of all other societal resources.

Background

- Community services are a complicated set of fragmented health, social and housing agencies.
- A need to proactively link PHAs with these services in a seamless manner to facilitate PHAs' holistic care.
- The development of a case management approach presents opportunities for enriching current networks and developing new ones with health and social service organizations.

Objectives of Study

- To determine which clients benefit most from a case management approach to the provision of support services compared to usual self-directed access to services.

- To explore and compare the health and social costs with each method of service delivery.

Methods

Among PHAs accessing support services at the AIDS Committee of Toronto:

- 79 participants were prognostically stratified on their homelessness (yes/no) and being a youth (29 years and younger; older than 29 years).
- PHAs from each strata were randomized to receive either self-directed use of ACT support services and any external services or self-directed care augmented by strengths-based case management for a 6-month period.

Methods

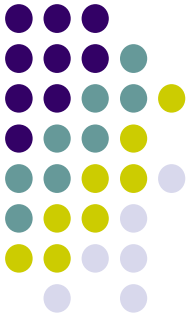
- Various instruments were used to measure mediating variables (social support, depression, coping ability, and adherence to medical regimes). Outcome measures (risk behaviours, quality of life and health and social service utilization) were also assessed.

- Mediating variables and outcome measures were completed both at baseline (N = 99) as well as at the 6 month follow-up (N = 79).

What is Strengths-Based Case Management?

- Focus on individual's strengths (aspirations, competencies, confidence, assets)
- Client-centred, self-determination of goals
- Link client with health & social services within ACT and in community
- Work in partnership to identify, secure and sustain external & internal resources (systems or ecological perspective)
- Importance of Case Manager-Client relationship

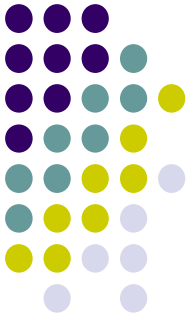
Goal of Strengths-Based Case Management:



To strengthen or improve the quality of a person's:

- Living situation
- Financial status
- Vocational/educational situation
- Social supports
- Health
- Leisure/Recreational supports

Case Management Process



1. Intake
2. Strengths-Based Assessment & Re-assessment
3. Service Planning
4. Coordination & Referral
5. Monitoring & Follow-up
6. Discharge & Transition Planning

Results

Case management was associated with:

- Improved mental health, social function and physical function scores for very depressed PHAs.
- Improved quality of life and mental health for women living with HIV in particular.
- Lower scores of HIV-related risk behaviours for very depressed PHAs.

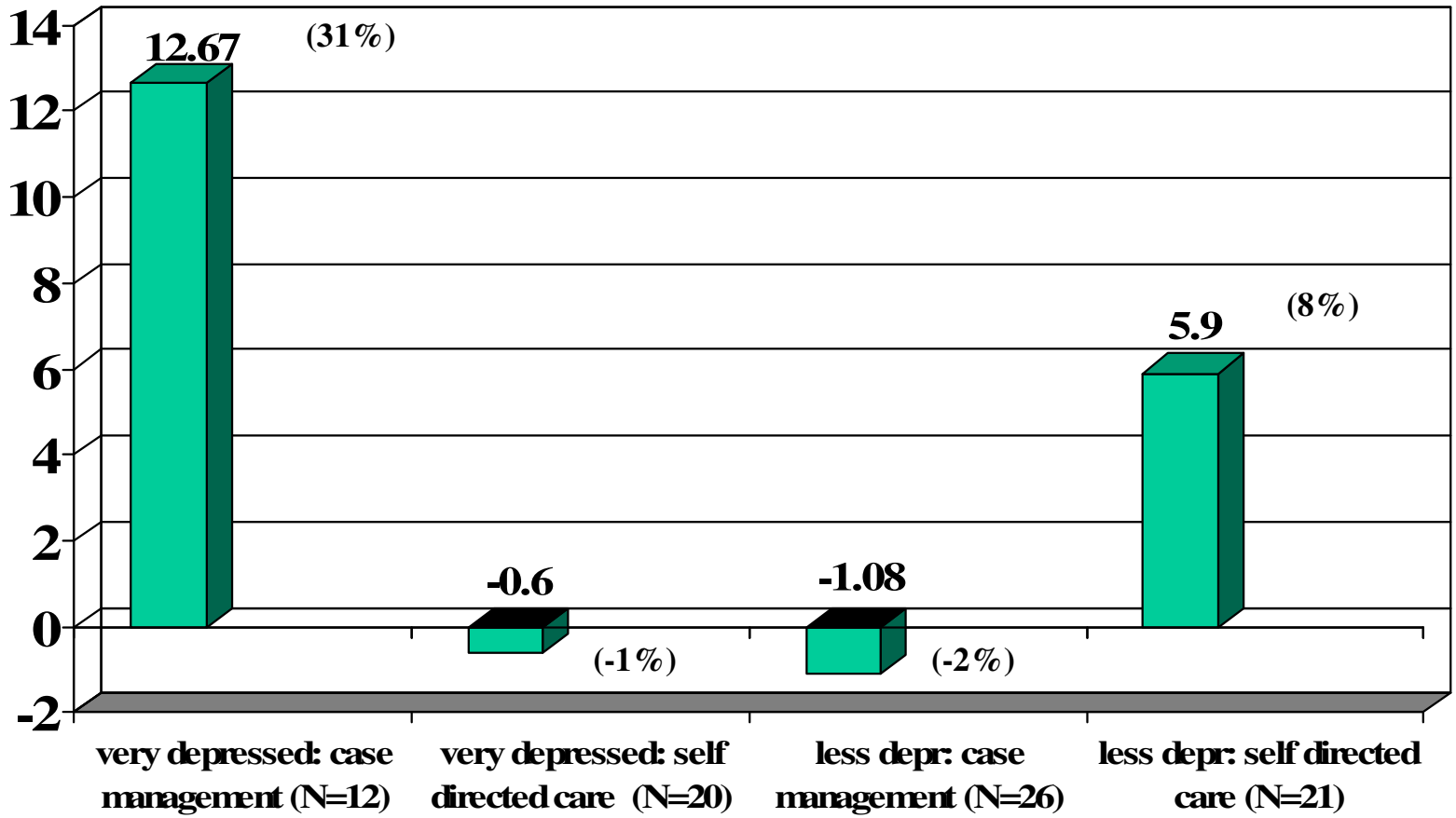
Economic Implications

- There was an economically important, though not statistically significant, $3,300 per person per annum lower expenditure for all services used by PHAs who received case management.

- Improvements in the lives of PHAs without additional costs to the health care system and possible reduction in the overall expenditures for services used by PHAs.

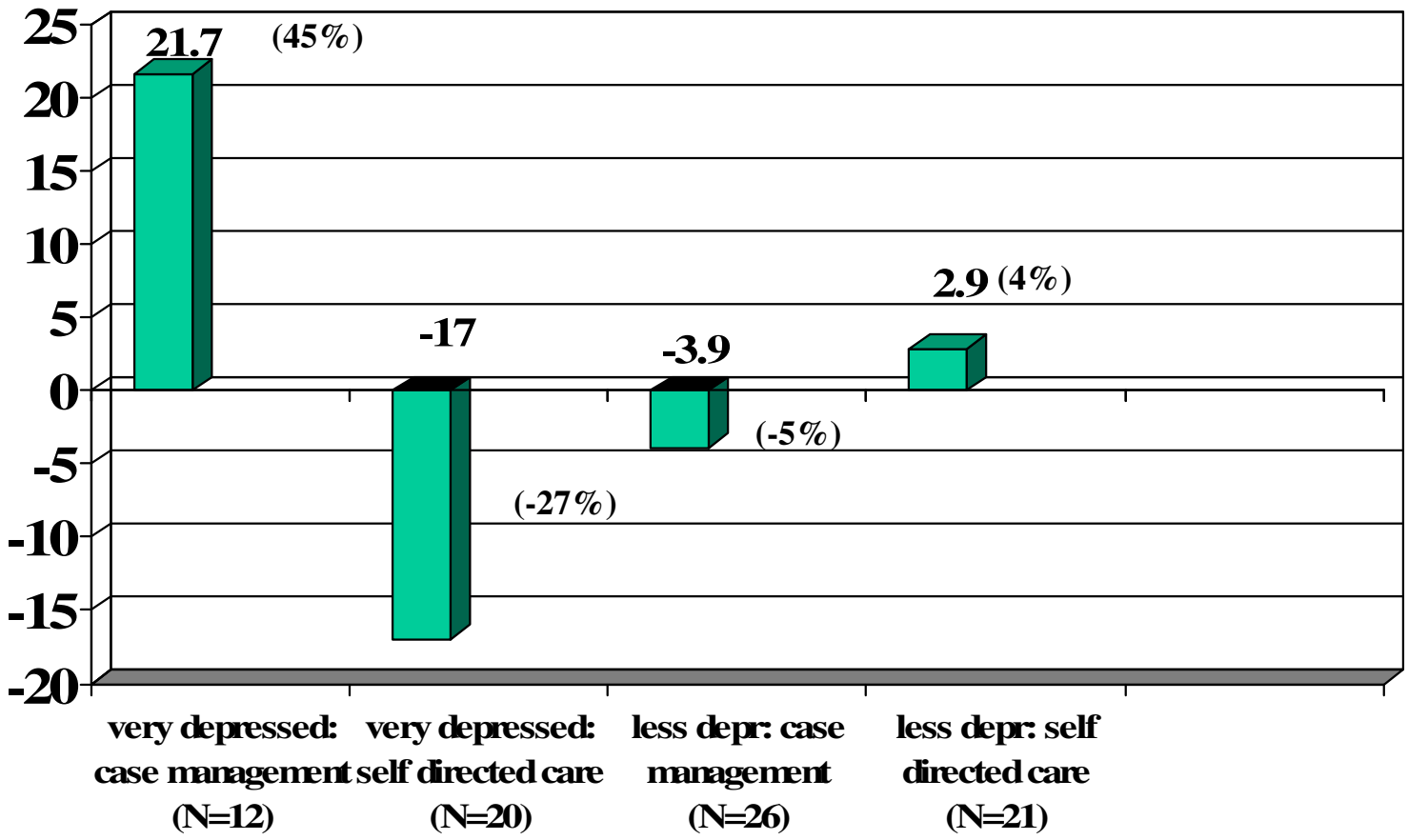
- Investment in a case management program would pay for itself within 6 months.

Figure 1: Change in Mental Health Function Index scores by PHAs more and less depressed receiving either case management or usual self directed supportive care



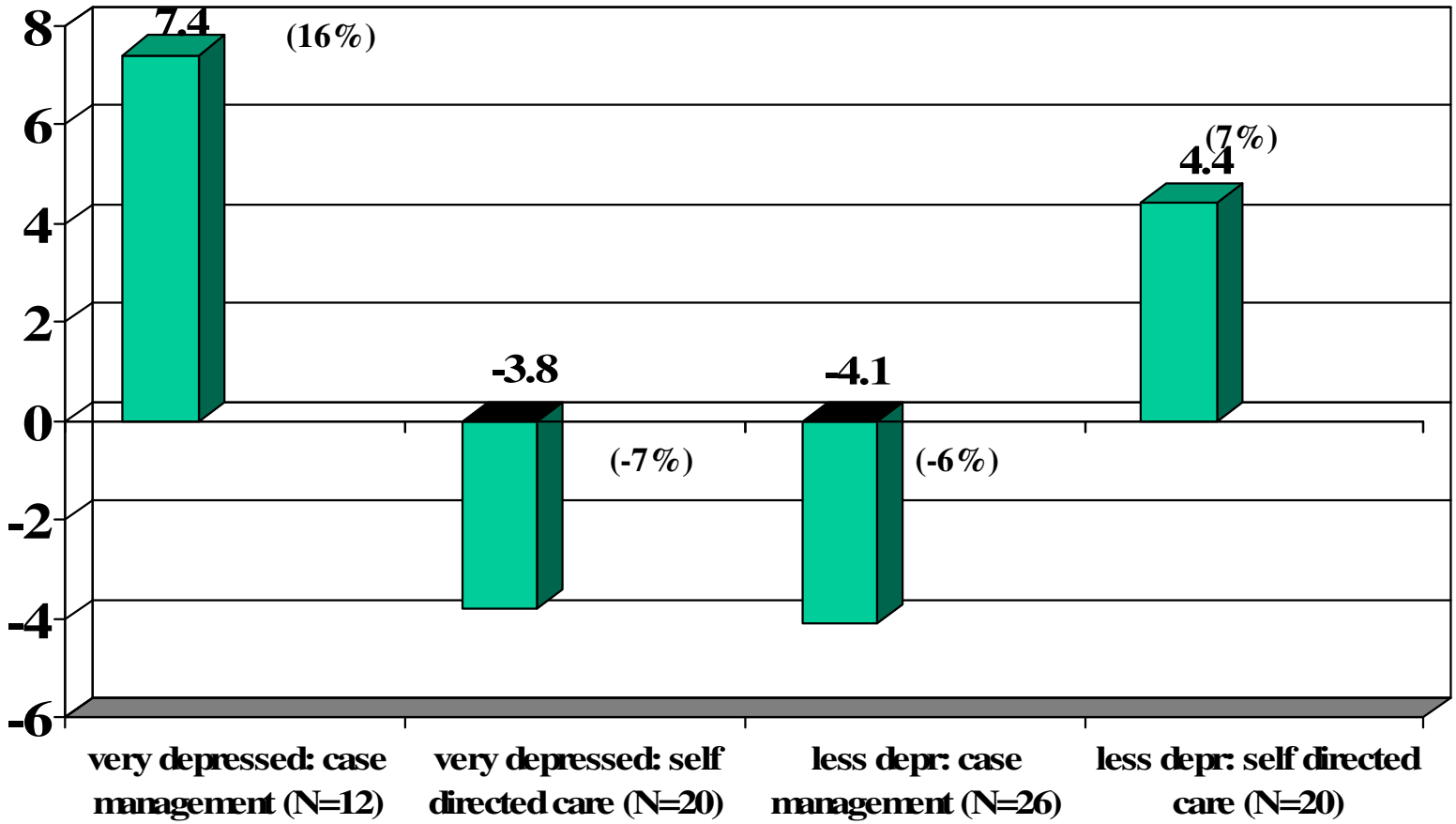
Group . 28 CES-D: F=5.60, p=.015

Figure 2: Change in Social Function Index scores by PHAs more and less depressed receiving either case management services or usual self directed supportive care



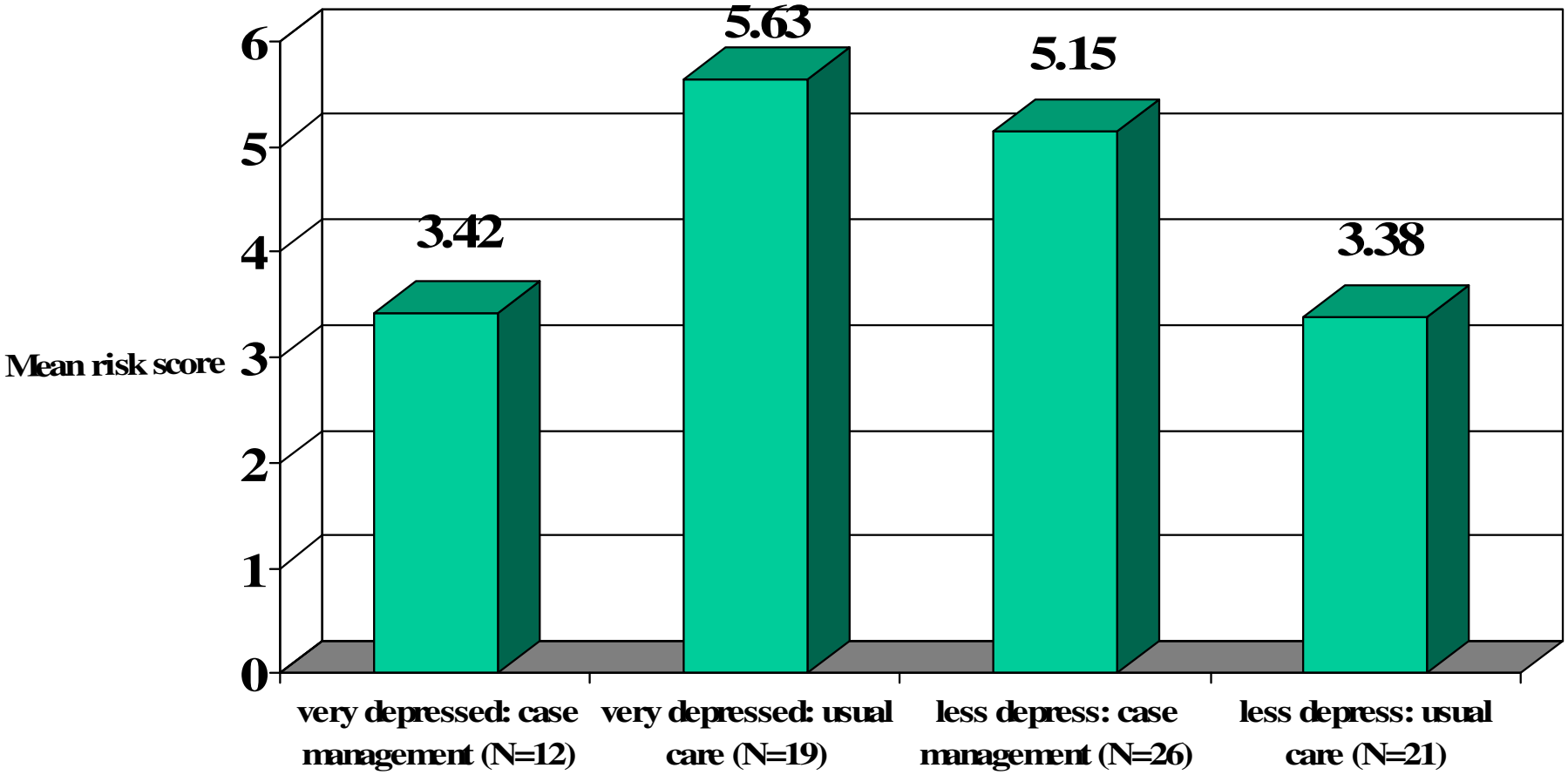
Depressed . 28 Group: F=12.38, p=.001

Figure 3: Change in Physical Health Summary score by PHAs more and less depressed receiving either case management services or usual self directed supportive care



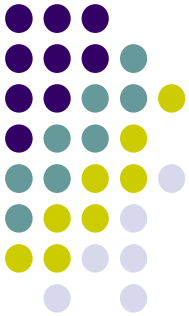
Depressed . 28 Group: F=7.31, p=.009

Figure 4: Comparison of risk behaviours at 6 month follow up by PHAs more or less depressed receiving either case management services or usual self directed supportive care.



F=4.63, p=.035

Feedback from Case Management Participants



- 90% of participants reported that they found case management to be ‘very helpful’ or ‘somewhat helpful’
- 84% of participants reported that case management met ‘almost all’ or ‘most’ of their needs
- 89% of participants reported that case management helped them to become more informed about available services
- 86% of participants reported that case management helped them to access services more easily

Comments from Case Management Participants

- “My case manager informed me of a variety of services at ACT and elsewhere that I hadn’t heard of before.”

- “Having a case manager makes it easier to get service. If I had a problem, the first person I would call would be my case manager.”

- “Going through the case management process helped to put things in order and helped me to prioritize. It helped to keep me on track.”

Discussion & Implications

- Strengths-based case management can be an effective way to increase accessibility and utilization of available services in ASOs and in the larger social service and health care community by PHAs.

- Agencies that are looking to effectively use their limited resources need to exercise caution when placing a client with a case manager.

- Less-depressed clients may be better off directing their own use of services.

Discussion & Implications

- The lower risk behaviours for very depressed case management participants indicates a promising link between the provision of support services and prevention education.

- Strengths-based case management should become a priority for policy makers and government funders when considering issues that will affect the delivery of social and health-related services to communities affected by HIV.

Other considerations:

- Case management yields benefits for clients over an extended period of time (6 months – 1 year).

- Adequate resources for case managers and enough case managers in general to handle long-term investment in establishing significant case manager-client relationships.

Acknowledgements:

- The study was funded by a grant from the Wellesley Central Health Corporation

- Staff at the Community-Linked Evaluation AIDS Resource (CLEAR Unit), McMaster University, supported the project

- Sincere thanks to our research participants