

Case Management and Navigation

One of the hard realities of a serious illness is that when people most need to look after themselves they're in the poorest condition to do so. The appointments, tests and decisions pile up while they are fighting the symptoms, pain and brutal disruptions of daily life. No wonder people are overwhelmed. No wonder so many find case managers essential to their well-being.

Case managers, sometimes called patient navigators, provide organized support for people struggling with their illnesses. They do so by helping patients cope with and understand their conditions, by connecting them with the services they need and by coordinating health care and social services, often with a variety of organizations. Their holistic approach gives vulnerable patients a better chance of managing their disease and living healthfully in the community.

The health system can also save money by using case managers. For example, people whose chronic obstructive pulmonary disease, diabetes or heart disease is under control don't wind up in emergency departments and acute-care beds. American researchers found distinct benefits for "guided care," showing that patients had 24 per cent fewer hospital days, 37 per cent fewer skilled nursing facility days and 15 per cent fewer visits to emergency, on average.¹ A British study also observed benefits from using nurse case managers through lower blood sugar in diabetes patients, lower LDL cholesterol in heart patients (who were much more likely to keep taking their medication) and, in one study, a 70 per cent success rate in getting patients to quit smoking.²

Despite its benefits, a 2012 Commonwealth Fund survey ranked Canada 7th out of 10 countries on its use of nurse case managers for such patients.³ (Nurses are particularly well-suited for the role.) Canada could therefore use more case managers, particularly with patients who have serious chronic conditions.

While case managers began in cancer care, the role was later adopted for people with other serious chronic conditions to smooth their journey from crisis to ongoing care. This wider use of case management makes it an important part of CNA's plans for *caring ahead*.

Caring ahead is a guiding catchphrase created by CNA to help establish a more organized approach to health care. In business and in life, we all know the value of planning ahead. Anticipating events, considering actions and options, and getting prepared make us much more likely to succeed. But when it comes to health care, we don't do it enough. In advocating for *caring ahead* CNA wants to instil the benefits of planning in the health system so we can solve problems before they become overwhelming.

The need for nurse case management has never been greater. The Public Health Agency of Canada reports that two out of five Canadians have at least one chronic disease. Apart from the nearly half of all Canadians who will develop cancer, some 1.6 million Canadians live with heart disease or the effects of a stroke, more than 3 million have a chronic respiratory disease and 2.4 million live with diabetes.⁴

Chronic disease is a major health issue for all Canadians, but it disproportionately affects aboriginal Canadians, certain immigrant groups and people of lower socio-economic status, all of which may face challenges dealing with the health-care system even beyond those caused by their severe illness.

How can we improve *caring ahead* on chronic disease with nurse case managers?

1. Nurses, other professionals, patients and governments could work together on a strategy to have nurse case managers in at least 70 per cent of primary care practices within five years.

¹ Leff, B., Reider, L., Frick, K. D., Scharfstein, D. O., Boyd, C. M., Frey, K., . . . Boulton, C. (2009). Guided care and the cost of complex healthcare: A preliminary report. *American Journal of Managed Care*, 15, pp. 555-559

² Sutherland, D., & Hayter, M. (2009). Structured review: Evaluating the effectiveness of nurse case managers in improving health outcomes in three major chronic diseases. *Journal of Clinical Nursing*, 18, pp. 2978-2992.

³ Schoen, C., & Osborn, R. (2012). *The Commonwealth Fund 2012 international health policy survey of primary care physicians*. Retrieved from

http://www.commonwealthfund.org/~media/Files/Publications/In%20the%20Literature/2012/Nov/PDF_2012_IHP_survey_chartpack.pdf

⁴ Public Health Agency of Canada. (2011). *Chronic diseases — Most significant cause of death globally* [Backgrounder: United Nations NCD Summit, 2011]. Retrieved from: http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0919-bg-di-eng.php?