



Publication title:

[Does the impact of case management vary in different subgroups of multimorbidity? Secondary analysis of a quasi-experiment](#)

Publication details (Vancouver format)

Stokes J, Kristensen SR, Checkland K, Cheraghi-Sohi S, Bower P. Does the impact of case management vary in different subgroups of multimorbidity? Secondary analysis of a quasi-experiment. BMC Health Services Research. 2017;17(1):521.

What was known before your paper was published?

Policymakers have called for new approaches to care to better treat patients with multimorbidity (two or more long-term conditions or diseases at the same time). One of the most popular new approaches is 'case management', involving case finding (identifying 'high-risk' individuals to case manage), individual assessment, care planning and care co-ordination (with regular review, monitoring and adapting the care plan to each individual). In previous research, however, we found little beneficial effect of this approach.

What did you do?

We were interested to see if any particular types (or subgroup) of patients benefited more than others with case management. This would help to identify patients who might benefit most from case management. We re-used data from our previous work to look at the effect of case management on several well-described definitions of multimorbid patients in the literature (e.g. 1. those with two or more from a list of conditions; 2. those with specific combinations of conditions; 3. those with both a physical and mental health condition, etc.)

What did you find?

We failed to identify any multimorbidity subgroup for which the case management intervention was significantly more effective than our previous findings. There was a small indication that it might work very slightly better for those at the end of life, or only with conditions that are known to be particularly manageable by a GP (e.g. diabetes, high blood pressure, chronic heart disease), but the high cost of this intervention for the small effect produced is questionable (would require further research to determine if it is good value for money, even for these patients).

What insights/knowledge did you add?

We looked in more depth than anybody previously within multimorbidity research, using a technique that we will use again in future studies. We also found that the most complex, highest risk patients may actually need the additional treatment that case management is trying to decrease.