

Semi-structured interview guide – for case managers, clinic managers and focus groups

### **Interview guide for the telehealth component of case management - for case managers, clinic managers and focus groups**

Reference number: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Time: \_\_\_\_\_  
Interviewer: \_\_\_\_\_

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#### **INTRODUCTION - to be shared with the participant before the interview**

**Case management (CM)** is a collaborative approach used to meet individual/patient and family healthcare needs using available resources in all sectors of the health and social services system.

CM involves the implementation of **four main steps**, which are its pillars:

1. Evaluation of the patient's needs and preferences
2. Development and maintenance of an individualized services plan (ISP) in partnership with the patient
3. Coordination of services among health and social services partners
4. Education and self-management support for patients and families

The intention of CM is to improve individual health outcomes for individuals suffering from chronic diseases and complex care needs, which can include physical, social, mental, emotional, spiritual and cultural needs. CM may also help to improve outcomes for the health system as a whole.

The target population for this study are patients with chronic diseases and complex care needs. These are patients who are:

- Living with at least one chronic illness (including anxiety or depression)
- Frequent ED or hospital users or primary care users
- Considered by providers as having complex care needs

In the current context of COVID-19, some case management work has been implemented in your clinic using a telehealth approach (over the phone or video). While the plan is to provide care over the phone or by video conference, some in-person visits may still take place. This interview will give you the opportunity to describe the different factors related to your context that facilitated the implementation of case management via telehealth (phone, video conference, and in-person visits), or that acted as barriers to the implementation of telehealth case management in your clinic.

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**FIRST PART:** *The first part of the interview guide is only for clinics with no qualitative data collected during objective 1. For clinics with qualitative data collected during objective 1, this part should be skipped as we have already collected information regarding the context of the clinic.*

These questions are about the description of your clinic, the services offered to patients with chronic conditions and complex care needs, and your relationship with other organizations.

### **Contextualization**

1. How would you describe the culture of your clinic?

*Probes:*

*What is the vision of your clinic, what are the objectives, its values? Is patient engagement a value or mandate of your clinic? How so?*

*How would you describe the interprofessional collaboration within your clinic?*

*[If not discussed already] Would you say your clinic prioritizes or strives for patient engagement? By, for example, seeking patient input on clinic or provider practices, or by working collaboratively with patients to make decisions about their health care?*

2. How would you describe the services offered by your clinic for patients with chronic conditions and complex care needs?

*Probes:*

*What do you know about these patients and their needs?*

*Do you prioritize their needs?*

*What helps and/or hinders your clinic ability to respond to these patients' needs?*

*How would you describe the communication, collaboration and partnership between professionals in your clinic in the follow-up of these patients?*

*Before the implementation of the project in your clinic, do any of the professionals at your clinic perform activities related to the case management of patients with chronic conditions and complex care needs? (Explore based on the four components of case management)*

3. How would you describe the services offered by your external partners (hospital, community resources, pharmacies, etc.) for patients in your clinic who have chronic conditions and complex care needs?

*Probes:*

*Could you identify the external partners of your clinic that participate in the follow-up of these patients? What service(s) do they offer?*

*Are the external partners responsive to the needs of these patients? Explain.*

*What helps and/or hinders your external partners' ability to respond to the needs of these patients?*

*Do any of your external partners perform activities related to the case management of patients with chronic conditions and complex care needs? (for example, in any of the four components of case management).*

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*If not discussed above: How would you describe the collaboration between your clinic and external partners for the follow up of patients in your clinic who have chronic conditions and complex care needs? \*Discuss in relation to the four components of case management:*

4. What works well in the follow-up of patients in your clinic with chronic conditions and complex care needs?

*Probes: services integration, external policies, guidelines, communication, collaboration, etc.*

*\*Discuss in relation to the four components of case management*

5. What does not work as well in the follow-up of patients in your clinic with chronic conditions and complex care needs?

*Probes: services integration, external policies, guidelines, communication, collaboration, etc.*

*\*Discuss in relation to the four components of case management*

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**SECOND PART:** *The second section is for all clinics.*

These questions are about your perception of the case management project that's been implemented in your clinic using telehealth.

6. Could you explain how the case management project has been implemented in your clinic?

*Probes:*

*How did you identify the participants?*

*Only if provider has been quite involved in case management: Can you describe the patients' follow-up in relation to each of the following steps:*

- 1) Evaluation of patient needs and preferences;*
- 2) Development and maintenance of an ISP;*
- 3) Coordination of services;*
- 4) Education and self-management support.*

7. Only if provider has been quite involved in case management: For each of the four CM steps, could you tell me the way it was delivered (by phone, video, or in-person)?

*Probes:*

*Could you explain why these choices were made?*

8. Based on the information you have so far, how do you feel about the implementation of case management by telehealth in your clinic?

*Probes:*

*What were the advantages of using telehealth? What were the disadvantages?*

*How would you describe your experience of the case management by telehealth so far?*

*Have you used telehealth before?*

*What aspects of the project do you think are best done by phone? By video conference? In-person?*

*\*For nurse case managers, ask: How do you feel about the implementation of case management by telehealth in your clinic? in relation to each of the four components of case management?*

*Which of the four components of case management are best to be done by phone? Video? In-person?*

9. Which elements of case management by telehealth do you perceive as most adaptable to your clinic? Which elements do you perceive as most difficult to implement?

*\*For nurse case managers, ask them to consider each of the four components of case management.*

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10. Through telehealth visits (phone or video) do you feel that patient needs and concerns are being met or addressed by you as a provider?

*Probes:*

*Are you feeling a connection with patients even though you are not face-to-face?*

11. As a (interviewee's profession), how comfortable and prepared do you feel to participate in the implementation of case management by telehealth??

*\*For nurse case managers, how comfortable/prepared are you to take the lead on carrying out the four components of case management?*

12. Are there other topics that were not discussed that you would like to address?

Thank you for your participation.