

Case management for people with dementia living at home and their informal caregivers: A scoping review

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Background

Case management (CM) seems to be a promising approach to support people with dementia and their families in accessing timely and need-tailored support¹. The effectiveness of case management for people with dementia has been investigated in several studies with conflicting results. CM for people with dementia is often poorly defined and insufficiently described. The process steps of the individual CM are not well understood.

Objectives

The scoping review² aims to map and compare the key components, process steps and contextual factors of CM intervention programmes for dementia and to explore aspects of the interventions' transferability.

Methods

- Scoping review: A systematic literature search was conducted in the databases PubMed, CINAHL, Cochrane and GeroLit, as well as policy papers from international organisations.
- We included:
 - English and German language articles published between 1999 and 2020
 - qualitative, quantitative and mixed-methods studies
 - interventions covering the components of assessment, planning, facilitation and care coordination, and evaluation.
- A data extraction form, based on TiDiER³, CRDeCI⁴, CONSORT 2010⁵ and STROBE 2014⁶ statements, was developed and piloted.
- Search and selection process see Figure 1.

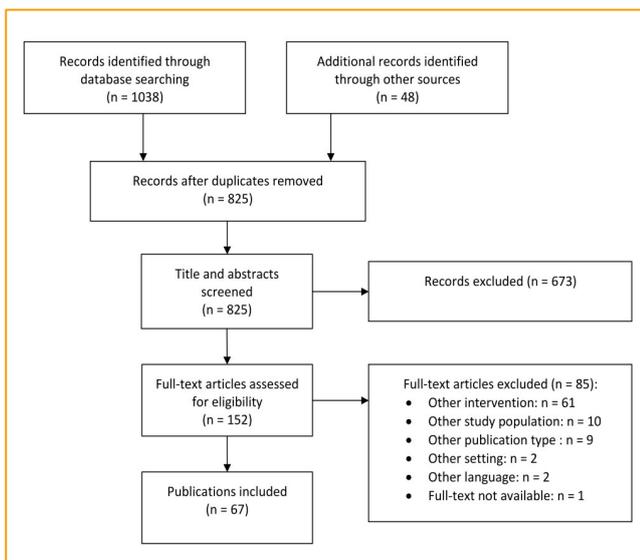


Figure 1: Search and selection process of publications

Conclusion

The scoping review shows that the reporting on the CM intervention was insufficient because important details about the process steps were lacking. More emphasis should be spent on the reporting of CM interventions in order to improve the understanding of implementation aspects. Implementation requires explanation of components of external validity, i.e. recruitment strategies, modes of CM approaches or information about the case managers. Recommended tools for the reporting of complex interventions, like TiDiER or the CRDeCI, would be useful for improving the reporting of CM interventions and the external validity.

Policy makers should create legal frameworks that provide incentives for more established CM programmes. However, policy statements in national dementia strategies are not sufficient to meet the needs of people with dementia and their families for coordinated care. Further research should consider not only the effectiveness of CM interventions, but also the aspects of transferability.

Further reading

Schiller, C., Grünzig, M., Heinrich, S., Meyer, G., & Bieber, A. (2021). Case management for people with dementia living at home and their informal caregivers: A scoping review. *Health & Social Care in the Community*, 00, 1–21. <https://doi.org/10.1111/hsc.13647>.

References

- ¹ Khanlou, V., & Vedel, I. (2016). Family Physician-Case Manager Collaboration and Needs of Patients With Dementia and Their Caregivers: A Systematic Mixed Studies Review. *Annals of Family Medicine*, 14(2), 166–177.
- ² Schiller, C. et al. (2021). Case management for people with dementia living at home and their informal caregivers: A scoping review. *Health & Social Care in the Community*, 00, 1–21. <https://doi.org/10.1111/hsc.13647>
- ³ Hoffmann, T. C. et al. (2016). Die TiDiER Checkliste und Anleitung - ein Instrument für eine verbesserte Interventionsbeschreibung und Replikation. *Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany))*, 78(3), 175–188.
- ⁴ Möhler, R., Köpcke, S., & Meyer, G. (2016). Deutsche Version der Kriterien für eine hochwertige Berichterstattung von komplexen Interventionen in der Pflege und Gesundheitsversorgung: CRDeCI 2-DE. *Pflegewissenschaft*, 18(11/12), 481–485.
- ⁵ Schulz, K. F., Altman, D. G., Moher, D., & Consort Group (2010). CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *Trials*, 11(1), 32.
- ⁶ Elm, E. et al. (2014). The Strengthening of Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies. *International Journal of Surgery*, 12(12), 1495–1499.

Results

Programme characteristics

- We identified 67 studies dealing with 25 programmes.
- Approximately half of the programmes were investigated in randomised controlled trials, two programmes used a mixed-methods design and the remaining were the subject of pre-post cohort studies.
- Study locations were USA (n=14), the Netherlands (n=3), UK (n=2), Germany (n=2), China (n=1), Canada (n=1), Finland (n=1) and Italy (n=1).

Case management intervention

- All the programmes included the steps of the CM process, but the way and the extent to which they were performed varied depending on the programme.
- In the majority of studies, assessment is described in detail; however, all other case management process steps are just mentioned, but insufficiently explained.
- In 11 programmes CM was carried out alongside an additional intervention, mainly education and training for informal caregivers.

Structural and process conditions

- Referrals to CM intervention were initiated by primary care physician (n=19), in hospitals and outpatient clinics (n=7), counselling centres (n=2), by different healthcare providers (n=4), community organisations and social services (n=2).
- CM programmes were coordinated or carried out by healthcare professionals, predominantly nurses or social workers.
- Costs of the CM intervention are presented in more than the half of the programmes (n=14).

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