Beyond diagnosis: A longitudinal, case control study predicting use of case management services for adolescents and adults living in community following brain injury, with implications for long-term support access

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Statement of the Problem: Individuals diagnosed with brain injury (BI) experience a myriad of functional limitations throughout their lifespan. Case Management (CM) is a service that assists in coordinating care to ensure access and use of services to address both activity and participation limitations. These functional changes range from physical to cognitive and include mental health challenges. The impact on individuals, families and society is substantial. After diagnosis, the first question individuals and families will ask the physicians is on prognosis (their future). What will the future bring? How will I function? Can I work? Will I experience a downward spiral at some point? CM has been identified as a support service to assist people through the maze of lifelong changes. This research used a published model for service use to analyze a province-wide, longitudinal database of persons with BI, which included questions on service use. A case-control design was used to compare users and non-users of the CM service. CM use was considered a primary access point for other services in the community. The study sample came from questionnaires of 203 users of CM services and 273 non-users, complete for all outcome and predictor variables. These were individuals with BI, 15 years of age and older. Out of a dataset of 1,960 questionnaires, 476 met the inclusion criteria. There were eight predictor variables and one outcome variable (use or non-use of the service). Predictor variables considered the framework of the Behaviour Model of Health Service Use (BMHSU); specifically, pre-disposing, need and enabling factor groups as these relate to health outcomes and service use and access. Analyses revealed significant differences between users and non-users of CM services. In particular, users were significantly younger than non-users as the older the person the less likely to use the service. Also, users had less education and more severe activity limitations and lower community integration. Persons living alone are less likely to use case management. Funding groups also significantly impact users. Implications exist for future care need and service use and access, following BI and other neurotraumas and health conditions.

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