



Review Article

Nursing case management in the palliative care: Scoping review

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ARTICLE INFO

Received 03 January 2022
Accepted 04 April 2022

Available online at:
<http://npt.tums.ac.ir>

Keywords:

nursing;
palliative care;
end of life care;
case management

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DOI:

<https://doi.org/10.18502/npt.v9i3.10220>

ABSTRACT

Background & Aim: Palliative care is of vital importance for the quality of life of the person who benefits from it. Nursing case management provides useful tools for optimizing the care that is provided, thus being an important resource for improving them in an area as complex as palliative care. This study aimed to map scientific evidence on nursing case management in the context of palliative care.

Methods & Materials: Scoping review was done according to the eligibility criteria suggested by Joanna Briggs Institute: population (adults who benefit from palliative care), concept (studies in which nursing case management is implemented), and context (studies in the palliative, hospital or home care). The research was conducted in CINAHL (via EBSCO), MEDLINE (via PUBMED), COCHRANE, Scielo, LILACS, and MedicLatina databases; grey literature was researched in RCAAP, DART-Europe, and OpenGrey. Previously published studies in Portuguese, Spanish, English, and French have been included without any temporal limitation.

Results: We included ten articles in the review. Nursing case management is focused on health services management, the centrality of patient/family care, and the case manager role.

Conclusion: The studies included have low evidence levels and a limited sample size. The optimization of resources and services, the greater availability of time for the provision of care, and the satisfaction of the person and family with the care were highlighted. The role of the case manager is highlighted, proving to be very important throughout all the nursing case management.

Introduction

A quality healthcare system is one that places the patient in the center of care, as a subject and active user of health resources, able to make educated decisions in the health context. It is important for the health system's quality that the multi-professional teams have the contribution of the nurses since the lack of nurses puts the health of the citizens at risk (1). As a result of the aging of the population, the nurses have an important role in empowering the population to live this transition process in a way healthy (2).

The aging of the population and the increase in average life expectancy have posed new challenges to the health system due to the consequences of the increase in the number of people living with chronic

diseases and the implications related to comorbidity usually associated with aging. This population group presents complex needs because it has, in most cases, multiple chronic diseases, which comorbidities and frailties can aggravate at mental, social, or both levels (3). This current reality justifies the existence of a fully intervening professional, taking into account the objectives and needs of the person, ensuring continuous care that contributes to improving the quality of healthcare and reducing the costs associated with healthcare. The Nurse Case Manager is a good example of this (1,4,5).

Case management is defined by the Case Management Society of America (6) as



a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes. The underlying premise of case management, as a holistic model focused on the patients (and their environment), is based on the fact that everyone benefits when the user of the health system reaches an optimal level of well-being and functional capacity. The case manager serves as a means to achieve this well-being and client autonomy that experiences complex situations derived from chronicity, multi-pathology, fragility, and aging through advocacy, communication, education and identification, access, and timely use of available resources (1,6).

The person in a palliative situation is a patient with multiple, complex and constantly changing needs (7) so responding to these needs requires the involvement of multiple health professionals, which can fragment the health care. It occurs that four out of five adults in need of palliative care have cardiovascular diseases, chronic respiratory diseases, and cancer diseases (8). Efficient coordination of the multidisciplinary team and the necessary and available resources is essential, which can be ensured by nursing case management (9).

Palliative care is an active and holistic approach that aims to care for people suffering from serious illnesses, especially those near their end. The focus of care is on improving the quality of life of this person at any age, his/her family, and caregivers (10). Communication plays a key role and is an essential tool for the transmission of information between the person in the palliative situation, his/her relatives and/or caregivers, and the different health professionals (11), assuming the role of case manager as the mediator between the different intervenient (7).

In this context, it is important to know the extent of the existing knowledge in this area in order to understand the applicability

and benefits of implementing nursing case management to the reality of palliative care. This study aims to map the scientific evidence on nursing case management in the context of palliative care.

Methods

This is a scoping review study because it is an important precursor to a systematic review in identifying and analyzing knowledge gaps and clarifying the main characteristics or factors related to a concept (12).

The review process followed the eligibility criteria proposed by the Joanna Briggs Institute (JBI) (12): Population, Concept, and Context (PCC). Regarding the population, studies with adults receiving palliative care were considered. In the concept, the studies in which the nursing case management was implemented were considered. In relation to the context, studies in palliative care, hospital, or home care were considered. In relation to the study design, all existing primary, quantitative and qualitative studies, reviews of literature, and gray literature on the subject were considered. From the body of analysis, abstracts and posts published in conferences, as well as opinion articles, were excluded.

The research strategy followed the three steps defined by JBI (12), in order to bring together all published and unpublished studies. Initially, limited research was carried out in CINAHL (via EBSCO) and MEDLINE (via PUBMED), to assess the search terms by analyzing the words expressed in the title and abstract, as well as the descriptors used to classify the articles. In the second stage, using the identified keywords and descriptors, research was carried out in the databases included in the study: CINAHL (via EBSCO), MEDLINE (via PUBMED), COCHRANE, Scielo, LILACS, and MedicLatina. In the third stage, gray literature was researched in RCAAP, DART-Europe, and OpenGrey. Relevant websites in the study area and the list of references of all articles included in the review were considered.

Published studies in Portuguese, Spanish, English and French without any time

limitations were included in the review. Each original language version of the articles was double selected, extracted, and analyzed by

two fluent reviewers. The research happened between June 01 and July 31, 2021.

Table 1. Research strategy

Strategy	Database	Results
((((TI case management) OR (AB case management) OR (MH case management) OR ((TI case managers) OR (AB case managers) OR (MH case managers)))) AND (((TI palliative care) OR (AB palliative care) OR (MH palliative care)) OR ((TI palliative nursing) OR (AB palliative nursing) OR (MH palliative nursing)) OR ((TI care, palliative) OR (AB care, palliative) OR (MH care, palliative)))) AND (((TI nursing) OR (AB nursing) OR (MH nursing)) OR ((TI nursing care) OR (AB nursing care) OR (MH nursing care))))	CINAHL	50
	COCHRANE	2
	MedicLatina	0
(((case management[Title/Abstract] OR (case management[MeSH Terms])) OR ((case managers[Title/Abstract] OR (case managers[MeSH Terms]))) AND (((palliative care[Title/Abstract] OR (palliative care[MeSH Terms])) OR ((care, palliative[Title/Abstract] OR (care, palliative[MeSH Terms])) OR ((palliative nursing[Title/Abstract] OR (palliative nursing[MeSH Terms]))) AND (((nursing[Title/Abstract] OR (nursing[MeSH Terms])) OR ((nursing care[Title/Abstract] OR (nursing care[MeSH Terms])))))	MEDLINE	48
(((case management) OR (Case Managers)) AND ((Palliative Care) OR Palliative Nursing) OR (Care, Palliative)) AND ((Nursing) OR (Nursing Care)))	Scielo	0
	LILACS	0
	OpenGrey	30
	DART –Europe	0
	RCAAP	14

The relevance of the articles found was analyzed by two independent reviewers based initially on the information provided in the title and summary. Two reviewers independently (LM and RM) examined the full text of the articles to verify that they met the inclusion criteria. Disagreements between the two auditors were resolved through discussion, and the opinion of a third reviewer was not required. The full article was recovered for all studies that met the inclusion criteria previously stipulated and mentioned above. We used the form developed by the JBI (12) for data extraction, which includes the year, country, aim/purpose, sample, research design, results, and evidence level. A narrative analysis was made to summarize the data of the studies included in the review to perform a qualitative synthesis. The researchers conducted a thematic content analysis on included studies. The emerging themes were in line with the study's objectives, and the

implications there for future research, policy-making, and implications were assessed. As a result, we identified themes in the area of nursing case management that emerged from the literature. The assessment of the evidence level was performed by categorizing each study design according to JBI Levels of Evidence and Grades of Recommendation Working Party (13).

The summary of the search process is shown in the adapted Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA) flow diagram (Figure 1), which illustrates the three main stages of identification, screening, and inclusion.

Results

The results of the scoping review process are shown in Figure 1. Of the 141 eligible studies, ten studies focusing on nursing case management in the context of palliative care were included in the review.

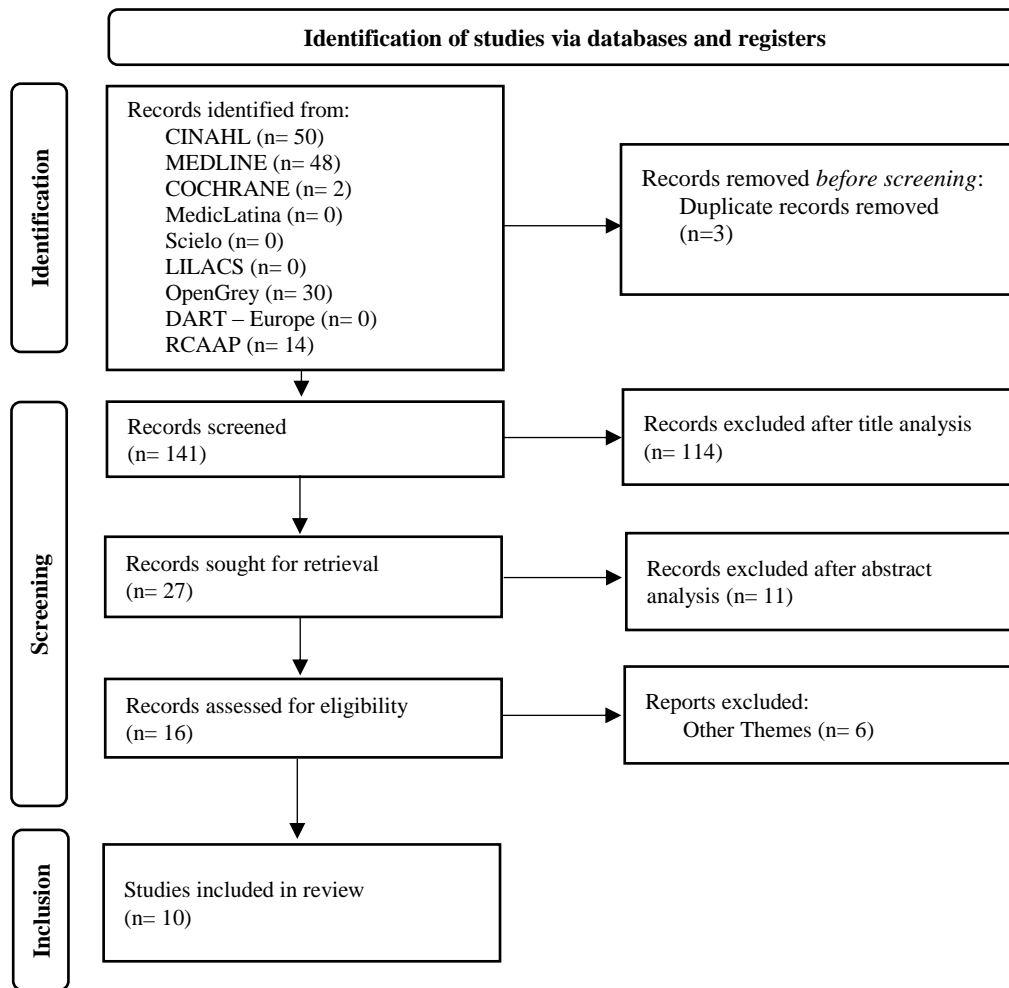


Figure 1. PRISMA Flow diagram

The studies included in the review process are distributed across Germany (n=2), the Netherlands (n=2); United States of America (n=4), Australia (n=1) and Turkey (n=1). The studies included in the review process have different research designs: retrospective cohort study (n=2), quantitative study (n=1), qualitative study (n=1), multi-site action (n=1), prospective pre-post study (n=1), experimental research (n=1), descriptive retrospective study (n=1), cross-sectional questionnaire study (n=1) and qualitative case study (n=1).

Three categories emerged from the analysis of the results of the studies included in the review: health services management, the centrality in patient/family care, and the case manager role.

Health services management

The studies included in the review process demonstrate the relevance of health services management in nursing case management. It has been shown that a nursing case management in the context of palliative care reduces health costs (14), decreases the number of hospital admissions (14, 15), can increase the number of days of hospitalization (15), increases the use of health services (15) and promotes the efficient coordination of health services (15). In one of the studies, the case management program had no impact on costs (16). This study (16) has a major level of evidence but with limited sample size.

The centrality in patient/ family care

All the process of nursing case management has centrality on the patient/family. In this way, a case

management program should ensure continuity of care (7), may translate into less need for complex interventions (15), and improve quality of care (7, 9,16). It also allow the dedication of more time to a patient (9), result in greater involvement of patients in care (7,17), as well as their families (18), and achieve greater patient and family satisfaction (16). The study with more contribution to defining the theme area (Centrality in patient/family care) has a low level of evidence and limited sample size (7).

Case manager role

In the studies included in the review process, the role assumed by the case manager is vital to guarantee the best results for the nursing case management. The case manager must have leadership features (18), manage to improve inter-professional collaboration (9,19,20), ensure quality in auditing processes for designing advanced care plans (18), and adequate patient screening to be integrated into case management programs (21). The study with more contribution to defining the theme area (Case manager role) has a low level of evidence and limited sample size (18).

Table 2. Summary of literature

Number	Author/s	Year	Country	Aims/purpose	Sample	Research design	Results	Evidence level
1	Baquet-Simpson et al	2019	USA	To evaluate the impact of Aetna's Compassionate Care Program (ACCP) on health care utilization and hospice enrolment among enrolled members.	Aetna Medicare Advantage members (n=299) with medical and pharmacy benefits who had died between January 2014 and June 2016	Retrospective cohort study	Cost Measures: Hospice use. Health care utilization. Medical costs. Pharmacy costs. All cost measures were calculated on a per member per month (PMPM) basis for the periods of 30 and 90 days before death. Cost savings decrease in the number of hospital admissions.	3.e
2	Spettell et al	2008	USA	To evaluate the impact of comprehensive CM and expanded insurance benefits on use of hospice and acute health care services among enrollees in a national health plan	1. Case Management (CM) Group (n=3491); 2. Enhanced Benefits CM Group (n=387); 3. Medicare CM Group (n=447); Historical control groups.	Retrospective cohort study	Rates of hospice and mean the number of days in hospice was expected to be higher in the groups receiving case management and expanded hospice benefits compared to the control groups. Decrease in the number of hospital admissions; Increased number of days of hospitalization Increased use of health services; Less need for complex interventions; Efficient coordination of health services.	3.c
3	van der Plas et al	2012	Netherlands	To formulate the aims of CM and describe essential characteristics of management in palliative care in the Netherlands.	76 experts with experience in palliative care to participate in the expert panel.	Quantitative study	Nine out of ten aims of case management were met with agreement. The most important areas of disagreement with regard to characteristics of case management were hands-on nursing care by the case manager, target group of case management, the performance of other tasks besides case management, and accessibility of the case manager. Guarantee of continuity of care. Improving the quality of care. Greater involvement of clients in care.	5.b
4	Head et al	2010	USA	To integrate palliative care principles and practices into the day-to-day operations of a Medicaid managed care provider.	25 staff members	Qualitative Study	The educational experience was the most cited strength of the project. The resource manuals provided to the case managers were another heavily cited strength. Lack of resources for terminal pediatric patients and patients living in rural areas. The need to mandate ongoing education programs for all staff, including in-house pharmacists and physicians. Greater involvement of clients in care.	5.b

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5	Blackford & Street	2011	Australia	To determine the feasibility of an advanced care planning model developed with Australian community palliative care services	There are three community palliative care services: one regional and two metropolitan services in Victoria, Australia. Three key representatives from each service (n= 9) and the facilitating researchers (n= 4) participated.	Multi-site action research	To effectively develop advance care planning as a health-promoting practice, community palliative care services need to engage with local communities, including communities of practice. Greater involvement of family in care. Leadership as a fundamental characteristic of the case manager. Quality in auditing processes for designing advanced care plans.	3.e
6	Strupp et al	2018	Germany	To evaluate the effects of CM newly implemented in a specialized palliative care unit by evaluating team members' tasks and time resources before (T0) and after implementation (T1).	2 physicians, 13 members of nursing staff, and one social worker in 2006, and by three physicians, 19 members of nursing staff, and one social worker in 2009	Prospective pre-post study	A significant pre-post difference was found for the time spent on "discharge interview and discharge", with less time spent on this activity. The nursing staff had significantly more time for "conversations with patients". They spent significantly less time on "patient-related requests/advice by telephone" and "discussions with relatives/participation in family discussions" at post assessment. The social worker had significantly more time for "patient advice and support services". Improving the quality of care. Improving interprofessional collaboration. Dedicating more time to the patient.	2.d
7	Ozcelik et al	2014	Turkey	To investigate the improvement in symptoms, quality of life, patient and family satisfaction with care, and direct costs resulting from a palliative care case management model	44 patients (22 control and 22 intervention group)	Experimental research	Improving the quality of care. Greater customer and family satisfaction.	1.c
8	Kuhn et al	2012	Germany	To analyse the extent to which the new structure is used by various contact groups within and outside the hospital and what kinds of queries are submitted.	First thousand enquiries received by case management in the 16 month period after its implementation (23 January 2006 to 25 May 2007).	Descriptive retrospective study	Most enquiries to the case management were made by telephone. The majority of requests regarded patients with oncological disease. The largest enquiring group was composed of patients and relatives, followed by internal professionals of the hospital. Most of the enquiring persons asked for a patient's admission to the palliative care ward. The second most frequent request was for consultation and advice, followed by requests for the palliative home care service. Frequent reasons for actual admissions were the need for the treatment of pain, the presence of symptoms and the need for nursing care. Adequate screening of clients to integrate a case management program.	4.d
9	van Plas et al	2016	Netherlands	To investigate how general practitioners and community nurses value the support that they receive from a nurse case manager with expertise in palliative care.	168 general practitioners and 125 community nurses	Cross-sectional questionnaire study	Of general practitioners, 46% rated the case manager as helpful in realizing care that is appropriate for the patient; for community nurses, this was 49%. The case manager did not hinder the process of care and had added value to patients, according to the general practitioners and community nurses. The tasks of the case manager were associated with whether or not the case manager was helpful in realizing appropriate care, whereas patient characteristics and the number of contacts with the case manager were not. Improving the quality of care. Improving interprofessional collaboration.	4.b
10	Head et al	2009	USA	To illustrate the integrations of palliative care principles and practices within a managed care organization serving Medicaid patients.	1 patient	Qualitative case study	Palliative care principles and practices can be successfully integrated into managed care as a means for providing quality end-of-life care, a cost-effective yet patient-centered approach to care, and an alternative when hospice care is not indicated or available. Improving the quality of care. Improving interprofessional collaboration.	4.d

Discussion

With only ten articles, the limited research evidence was focused on health services management, the centrality in patient/family care, and the case manager role. Most of the studies included in the review were carried out outside Europe. These findings may be related to case management programs starting in the United States of America (22). They have more experience consequently in developing research. The studies included in the review process have low evidence (13) and limited sample size. Therefore, the data must be viewed with caution. It is recommended to do more experimental studies with random samples.

Health services management is a key area of a case management program. Efficient coordination of health services is paramount in managing services (15). Payne and colleagues (23) consider that adopting a single information system is an excellent contribution to the integration of health services.

Regarding the coordination of health services, Hasselaar & Payne (24) point to the integration of services as the facilitator of the continuity of care, contributing to the improvement of quality of life and the reduction of inappropriate hospital admissions (14,15). Efficient coordination of health services reduces duplication of services, seen as the fragmentation of these. Fundamentally, health services are not like "islands" to which the customer goes through (25). The integration of health services involves the joint work of administrative, organizational, clinical, and service aspects in order to promote continuity of care among all actors involved in the care of the person in a palliative condition (26).

Health costs emerge controversially in the studies included in the review process, as in one of the studies, a case management program reduces health costs (14), and in another, there is no impact on costs (16). Thus, the impact of the case management program on health costs

should be further exploited to better understand its cost-benefit. Another study (15) shows an increase in the number of days of admission and an increase in the use of services. The increase in days of hospitalization may be justified by the increased need to promote the potential for the patient's autonomy, which will be reflected in the need for more days of preparation for returning home. In this context, the moments of integrating the patient into the program and evaluating the time of admission must be considered in the analyses. However, a study developed by Wang and collaborators (27) concluded that a case management program could reduce the hospitalization of a person in a palliative condition. A systematic literature review found evidence that the case management program reduces hospital utilization (22).

Thomas and collaborators (22) concluded that case management in end-of-life people is useful for the person in palliative condition and his family and improves the quality of life. Case management programs require a greater dedication of time to the patient (9). In an era marked by scarce human resources, it is difficult to devote the time that the needs of each particular patient require because health professionals often have the time that the system allows them to have. Dedication of time to the patient has an impact on the quality of care. Quality of care is an indicator of case management programs. The studies included in the review point to the quality assurance of care (9), for which support to the patient and family is fundamental through education and guidance on the progress of the disease, expectations of care, and limitations of services (28).

Patient and family satisfaction with care (16) is an indicator (process and/or result) of monitoring a nursing case management, which will be reflected in the quality of care in a palliative context. In a randomized study with people with

advanced chronic obstructive pulmonary disease, congestive heart failure, or cancer, the implementation of case management resulted in greater satisfaction of the person with the care and the timely development of guidelines (29).

A case management nursing program has its centrality in the patient and his family, resulting in the greater involvement of the family (18) and patients (7,17) in care and, therefore, an excellent contribution to promoting the autonomy potential of the person receiving care. Patients and families of palliative care must develop empowerment through the knowledge and increase their active role in the health process (28). In this way, it will be possible to translate into a lower patient need for complex interventions (15). A case management program in the area of palliative care should ensure continuity of care (7), in a perspective of continuity of information (30,31) and continuity of services.

In the case of managing, the case manager plays a key role in the efficient coordination of health services, improved inter-branch collaboration, leadership, screening of cases to be included in the case management, and improved audit quality of advanced care plan design processes. According to Thomas and collaborators (22), it is important to meet the “roles or duties that case managers are expected to fulfill and if or how they are hampered in assisting their clients” (p. 12).

It is fundamental to improve inter-professional collaboration and inefficient coordination of the health services (9,19,20), which results from the leadership capacity of the case manager (18). In this sense, it is essential that the case manager has specific training in the area of palliative care and is recognized by the team. An increase in the qualification of case managers is needed so that they are qualified professionals to coordinate care and form meaningful relationships (23) with the team, patient and family.

The screening of the patients to be included in the case management (21) is one of the most complex stages, as it is essential to define the criteria that allow the identification of the deviant and most vulnerable cases.

The conceptualization of care in case management should be shared by the entire team, with audit processes (18) being key to team learning and development to ensure continuity and quality of care.

Conclusion

Case management in palliative care is characterized by the centrality of care in the patient/family, management of health services, and having the case manager a key role to play.

A nursing case management in palliative care must ensure the continuity and quality of care, in which the patient and family assume a central role, in an environment of constant inter-professional collaboration. It is essential to monitor patient and family satisfaction levels in the sense of continuous improvement. The optimization of resources and services highlighted the greater availability of time for the provision of care and the satisfaction of the person and family with these. The case manager's role is highlighted, which is crucial throughout nursing case management.

Since most of the studies were found to have a low level of evidence and limited sample size, it is important to evolve into experimental studies that analyze the impact of these programs regarding their cost-benefit.

This review shows that a case management program is very relevant to promoting continuity and quality of care. The nurses need to develop case management programs according to the necessities of each person who needs palliative care. Identifying areas related to palliative care case management programs make it possible to know state of the art in this field and thus develop programs that meet the real needs of each patient.

Acknowledgments

The researchers would like to thank the Portuguese Red Cross Northern Health School and its Research Unit for their support in carrying out the study.

Conflict of interest

The authors declare no conflicts of interest.

References

- Doménech-Briz V, Gómez Romero R, de Miguel-Montoya I, Juárez-Vela R, Martínez-Riera JR, Mármol-López MI, Verdeguer-Gómez MV, Sánchez-Rodríguez Á, Gea-Caballero V. Results of nurse case management in primary health care: bibliographic review. *International Journal of Environmental Research and Public Health*. 2020 Jan;17(24):9541. doi: 10.3390/ijerph17249541
- Meleis AI. *Theoretical Nursing: development and progress*. 2012. Philadelphia: Wolters Kluwer Health Lippincott Williams & Wilkins.
- Manning E, Gagnon M. The complex patient: A concept clarification. *Nurs Health Sci*. 2017 Mar;19(1):13-21. doi: 10.1111/nhs.12320
- Mullahy C. *The Case Manager's Handbook*. 2017. MA: Jones & Bartlett Learning.
- Cronicidad SM. complejidad: nuevos roles en Enfermería. *Enfermeras de Práctica Avanzada y paciente crónico*. *Enfermería Clínica*. 2014;4(1):79-89.
- Case Management Society of America. What is a case manager. Case Management Society of America. 2017. Consulted in 10/09/2021. <http://www.cmsa.org/who-we-are/what-is-a-case-manager/>
- van der Plas AG, Onwuteaka-Philipsen BD, van de Watering M, Jansen WJ, Vissers KC, Deliëns L. What is case management in palliative care? An expert panel study. *BMC Health Services Research*. 2012 Dec;12(1):1-8. <https://doi.org/10.1186/1472-6963-12-163>
- Palliative Care's Role for Case Managers Increases. *Case Management Advisor* [Internet]. 2016 Apr [cited 2021 Aug 29];27(4):1-2. Available from: <https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=114159763&lang=pt-pt&site=ehost-live>
- Strupp J, Dose C, Kuhn U, Galushko M, Duesterdiek A, Ernstmann N, Pfaff H, Ostgathe C, Voltz R, Golla H. Analysing the impact of a case management model on the specialised palliative care multi-professional team. *Supportive Care in Cancer*. 2018 Feb;26(2):673-9. <https://doi.org/10.1007/s00520-017-3893-3>
- Radbruch L, De Lima L, Knäul F, Wenk R, Ali Z, Bhatnagar S, Blanchard C, Bruera E, Buitrago R, Burla C, Callaway M. Redefining palliative care—A new consensus-based definition. *Journal of pain and symptom management*. 2020 Oct 1;60(4):754-64. <https://doi.org/10.1016/j.jpainsymman.2020.04.027>
- Reigada C, Hermida-Romero S, Sandgren A, Gómez B, Olza I, Navas A, Centeno C. Interdisciplinary discussions on palliative care among university students in Spain: giving voice to the social debate. *International journal of qualitative studies on health and well-being*. 2021 Jan 1;16(1):1955441.
- Peters MD, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L, McInerney P, Godfrey CM, Khalil H. Updated methodological guidance for the conduct of scoping reviews. *JBIM evidence synthesis*. 2020 Oct 1;18(10):2119-26. <https://doi.org/10.11124/JBIES-20-00167>
- Joanna Briggs Institute. *JBIM Levels of Evidence and Grades of Recommendation*. 2014. Available from: <https://ospguides.ovid.com/OSPguides/jbidb.htm>
- Baquet-Simpson A, Spettell CM, Freeman AN, Bates AM, Paz HL, Mirsky R, Knecht DB, Brennan TA. Aetna's compassionate care program: Sustained value for our members with advanced illness. *Journal of Palliative Medicine*. 2019 Nov 1;22(11):1324-30. <https://doi.org/10.1089/jpm.2018.0359>
- Spettell CM, Rawlins WS, Krakauer R, Fernandes J, Breton ME, Gowdy W, Brodeur S, MacCoy M, Brennan TA. A comprehensive case management program to improve palliative care. *Journal of palliative medicine*. 2009 Sep 1;12(9):827-32. <https://doi.org/10.1089/jpm.2009.0089>

16. Ozcelik H, Fadiloglu C, Karabulut B, Uyar M. Examining the effect of the case management model on patient results in the palliative care of patients with cancer. *American Journal of Hospice and Palliative Medicine*. 2014 Sep;31(6):655-64. <https://doi.org/10.1177/1049909113506980>
17. Head BA, LaJoie S, Augustine-Smith L, Cantrell M, Hofmann D, Keeney C, Pfeifer M. Palliative care case management: increasing access to community-based palliative care for medicaid recipients. *Professional case management*. 2010 Jul 1;15(4):206-17. <https://doi.org/10.1097/NCM.0b013e3181d18a9e>
18. Blackford J, Street A. Is an advance care planning model feasible in community palliative care? A multi-site action research approach. *Journal of advanced nursing*. 2012 Sep;68(9):2021-33.
19. Head BA, Cantrell M, Pfeifer M. Mark's journey: a study in medicaid palliative care case management. *Professional Case Management*. 2009 Jan 1;14(1):39-45. <https://doi.org/10.1097/01.PCAMA.0000343146.81635.38>
20. van der Plas A, Onwuteaka-Philipsen B, Vissers K, Deliens L, Jansen W, Francke A. Appraisal of cooperation with a palliative care case manager by general practitioners and community nurses: a cross-sectional questionnaire study. *Journal of Advanced Nursing*. 2016. 72(1):147-57. <https://doi.org/10.1111/jan.12818>
21. Kuhn U, Düsterdiek A, Galushko M, Dose C, Montag T, Ostgathe C, Voltz R. Identifying patients suitable for palliative care—a descriptive analysis of enquiries using a Case Management Process Model approach. *BMC Research Notes*. 2012 Dec;5(1):1-8. <https://doi.org/10.1186/1756-0500-5-611>
22. Thomas RE, Wilson DM, Birch S, Woytowich B. Examining End-of-Life Case Management: Systematic Review. *Nurs Res Pract*. 2014; 2014: 651681. doi: 10.1155/2014/651681
23. Payne S, Eastham R, Hughes S, Varey S, Hasselaar J, Preston N. Enhancing integrated palliative care: what models are appropriate? A cross-case analysis. *BMC Palliat Care*. 2017 Nov 28;16(1):64. <https://doi.org/10.1186/s12904-017-0250-8>
24. Hasselaar J, Payne S. Integrated palliative care. Nijmegen: Radboud University Medical Centre. 2016 Sep 30
25. Mota L. A model of nursing follow-up: case management - In the care of the person who were submitted to a liver transplantation. 1st ed. Mauritius: Novas Edições Acadêmicas; 2018.
26. Ewert B, Hodiament F, van Wijngaarden J, Payne S, Groot M, Hasselaar J, Menten J, Radbruch L. Building a taxonomy of integrated palliative care initiatives: results from a focus group. *BMJ supportive & palliative care*. 2016 Mar 1;6(1):14-20. <https://doi.org/10.1136/bmjspcare-2014-000841>
27. Wang L, Piet L, Kenworthy CM, Dy SM. Association between palliative case management and utilization of inpatient, intensive care unit, emergency department, and hospice in Medicaid beneficiaries. *American Journal of Hospice and Palliative Medicine*. 2015 Mar;32(2):216-20. <https://doi.org/10.1177/1049909113520067>
28. Seow H, Bainbridge D. A review of the essential components of quality palliative care in the home. *Journal of palliative medicine*. 2018 Jan 1;21(S1):S-37. <http://doi.org/10.1089/jpm.2017.0392>
29. Engelhardt JB, McClive-Reed KP, Toseland RW, Smith TL, Larson DG, Tobin DR. Effects of a program for coordinated care of advanced illness on patients, surrogates, and healthcare costs: a randomized trial. *planning*. 2006;11:93-100.
30. Bone AE, Morgan M, Maddocks M, Sleeman KE, Wright J, Taherzadeh S, Ellis-Smith C, Higginson IJ, Evans CJ. Developing a model of short-term integrated palliative and supportive care for frail older people in community settings: perspectives of older people, carers and other key stakeholders. *Age and Ageing*. 2016 Nov 2;45(6):863-73. <https://doi.org/10.1093/ageing/afw124>
31. den Herder-van der Eerden M, Hasselaar J, Payne S, Varey S, Schwabe S, Radbruch L, Van Beek K, Menten J, Busa C, Csikos A, Vissers K. How continuity of care is experienced within the context of integrated palliative care: A qualitative study with patients and family caregivers in five European countries. *Palliative Medicine*. 2017 Dec;31(10):946-55. <https://doi.org/10.1177/0269216317697898>