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## Conference Abstract

### The development of a preliminary taxonomy on case management of brain injury for a common language

*Sue Lukersmith, University of Sydney, Lifetime Care & Support Authority University of Sydney, Australia*

*Ana Fernandez, University of Sydney, Australia*

*Millington Michael, University of Sydney, Australia*

*Nominal group BICM-PT, Lifetime Care & Support Authority University of Sydney, Australia*

*Luis Salvador-Carulla, University of Sydney, Australia*

Correspondence to: **Sue Elizabeth Lukersmith**, Lifetime Care & Support Authority University of Sydney, Australia, E-mail: [sluk3618@uni.sydney.edu.au](mailto:sluk3618@uni.sydney.edu.au)

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## Abstract

**Introduction:** Case management (CM) is a key element of integrated care and makes a unique contribution towards improved functioning and community participation of a person with a complex health condition. However, there is a dearth of information and international consensus on the definition and components of CM. The need for common language and clarity about what is, and is not case management was the impetus for the development of a preliminary taxonomy on case management for persons with brain injury or spinal cord injury.

**Method:** The development of the brain injury CM preliminary taxonomy (BICM-PT) occurred in five phases. Phase 1 involved a systematic search and review of the case management literature to extract information on the components, activities and descriptors of CM. Phase 2 was a critical review of appropriate frameworks to inform the structure of the taxonomy. Phase 3 involved iterative development and refinement of the draft taxonomy with a nominal group of experts in case management. Phase 4 involved mapping the actions, main actions and related actions of the draft taxonomy to the International Classification of Health Interventions (ICHI) (Pavot et al, 2011) to identify the alignment and gaps. Phase 5 involved mapping the 'main types of care' (MTCs) of CM to the international classification of services DESDE-LTC (Salvador-carulla et al, 2013).

**Results:** The BICM-PT beta 1 developed following Phase 1 and 2 included 12 actions and more than 50 components. In the beta 2 version, the nominal group of multi-disciplinary expert case managers who work with children, adults in both urban and regional areas and different service contexts, refined the taxonomy to 13 actions and 37 components. The mapping to ICHI (Phase 4) involved further refinement to 9 actions: engage with the client, holistic assessment, planning, education, training and skills development, emotional and motivational support, advising, coordinating, monitoring. The actions include 28 components and a series of extensions or qualifiers. Three new MTCs were added to the branch A4 (Care coordination) of the DESDE-LTC classification of services to fully describe the main types of care with CM.

**Conclusion:** To our knowledge, this is the first taxonomy of case management jointly developed by CM experts and decision makers in this field following a qualitative approach. It was designed as a related classification to ICHI within the WHO Family of Classifications (WHO-FIC). The preliminary taxonomy provides a framework to understand community case management and an agreed language for the assessment of case management in integrated care.

**Lessons learned:** The use of two related international frameworks DESDE-LTC and ICHI to study the inputs (services) and throughputs (interventions of CM) respectively potentially enhances the generalisability of the BICM-PT.

**Limitations:** The focus during development of the BICM-PT was on brain injury and spinal cord injury. Wider dissemination and feasibility to different health conditions and contexts is required.

**Future research:** The next phases of the research involve (i) dissemination (ii) feasibility analysis for international country contexts and other health conditions to determine the generalisability to other areas of integrated care.

## Keywords

**case management; taxonomy; brain injury; classification of interventions; classification of services**

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