CMO Configurations - **C** = context; **CMO** = context + mechanism = outcome; **M** = mechanism; O = outcome.		
Theme	**CMO Configuration**	**Evidence (References)**
Coordination and healthnavigation	*If frequent users are directed through the health care systemand are enabled to connect with clinicians and communityservices working in close collaboration (C), they have a better understanding of how to access and obtain relevanthealth care services in appropriate settings. Theirknowledge and ability to navigate within the health caresystem and to communicate with clinicians arestrengthened, and they become more engaged in their care(M). This improves their self-management skills and healthstatus and reduces health care use and costs (O). (CMO 1)*	*Grimmer-Somers et al, 2010; Grinberg et al, 2016; Hudonet al, 2015; Navratil-Strawn et al, 2014; Reinius et al,2013; Roberts et al, 2015; Shah et al, 2011; Weerahandiet al, 2015*
Patient and health care clinician relationship	*If case managers are able to develop trusting relationshipswith frequent users (C), frequent users trust them, feel safe, and develop meaningful relationships with them. Thismeaningful relationship motivates patients to be engaged intheir care (M). In turn, their self-management skillsimprove, their health condition(s) stabilizes, and healthcare use and costs are reduced (O). (CMO 2)*	*Crane et al, 2012; Grinberg et al, 2016; Hudon et al,2015; Roberts et al, 2015; Weerahandi et al, 2015*
	If frequent users have a negative interaction with casemanagers, feel disrespected, discriminated against, or notconnected with them (C), frequent users feel upset,dissatisfied, and frustrated with their encounter. They areunable to develop a trusting relationship with their casemanagers and are not willing to engage in their care (M).This limits the development of their self-managementskills, does not improve their quality of life, and does notchange health care use and costs (O). (CMO 3)	*Grinberg et al, 2016 Sledge et al, 2006*
Patient and health careclinician engagement	*If case managers are flexible, able to adapt, and open tochange their approach by involving frequent users in theircare planning (C), frequent users tend to accept the CMprogram, tend to understand their role in it, and are willingto engage in their care (M). This improves their self-management skills, health status, and quality of care andreduces health care use and costs (O). (CMO 4)*	*Adam et al, 2010; Crane et al, 2012; Grimmer-Somers etal, 2010; Grinberg et al, 2016; Hudon et al, 2015;McCarty et al, 2015; Roberts et al, 2015; Weerahandi etal, 2015*
	If case managers are willing to be engaged and committed tothe program and to take an active role in care planning (C),frequent users accept the program, perceive it to bebeneficial, and become more engaged in their health care(M), which improves their self-management skills andreduces health care use (O). (CMO 5)	*Adam et al, 2010; Grinberg et al, 2016; Grover et al,2010; McCarty et al, 2015; Pope et al, 2000; Skinner etal, 2009; Weerahandi et al, 2015*
	If frequent users are not involved in their care planning (C),they do not feel engaged and will deviate from their careplan because they do not understand it or do not agree withit (M). Consequently, they will continue to frequently andinappropriately use health care services (O). (CMO 6)	*Adam et al, 2010; Bodenmann et al, 2017; Pope et al,2000*
	If clinicians do not follow the care plan that includesrestriction of narcotics for frequent users with substanceuse issues (C), patients are unwilling to follow the care plan(M) and continue to frequently and inappropriately usehealth care services to obtain narcotics (O). (CMO 7)	*Grover et al, 2010; Pope et al, 2000*
Patient and health careclinician support	*If a comprehensive and holistic approach addressing bothmedical and social issues is provided to frequent users (C),*	*Brown et al, 2005; Grimmer-Somers et al, 2010; Hudonet al, 2015; Pope et al, 2000; Shah et al, 2011*

Fonte: Hudson et. Al 2020