Local Innovations From the IMPACT Program of Research: ARC
Patient Navigation to support Equitable Access to Resources in the Community

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Background

- Despite the breadth of existing community health and social resources available to address primary health care needs and promote healthy living, they are severely undersubscribed.
- The constantly changing landscape of these resources and poor integration with primary care are such that most providers and patients are unaware of them.
- Electronic navigation tools exist to identify resources, but require high literacy and are largely unknown to providers and patients.
- Individuals with social barriers are especially vulnerable to poor access, and Francophones living in minority situations face additional language barriers.
- **Patient Navigator** programs (where a person is tasked with helping connect patients to community resources) have been demonstrated to be useful in specific medical contexts (such as cancer) in supporting patients access resources they need, and promote equity.
- Very little is known about whether a **Patient Navigator** program **integrated within primary care** can help address the diverse access needs of the general population.

Objective

Optimize equitable utilization of community health and social resources* to promote health and well being

Methods

Design

- **Feasibility study** (4 practices) receiving the intervention, followed by
- **Cluster Randomized Control Trial** (N=24-30)
  Mixed method, community engagement in co-design. Stratification by region (2) and practice model (2). Rapid cycle evaluation. Practices randomized to:
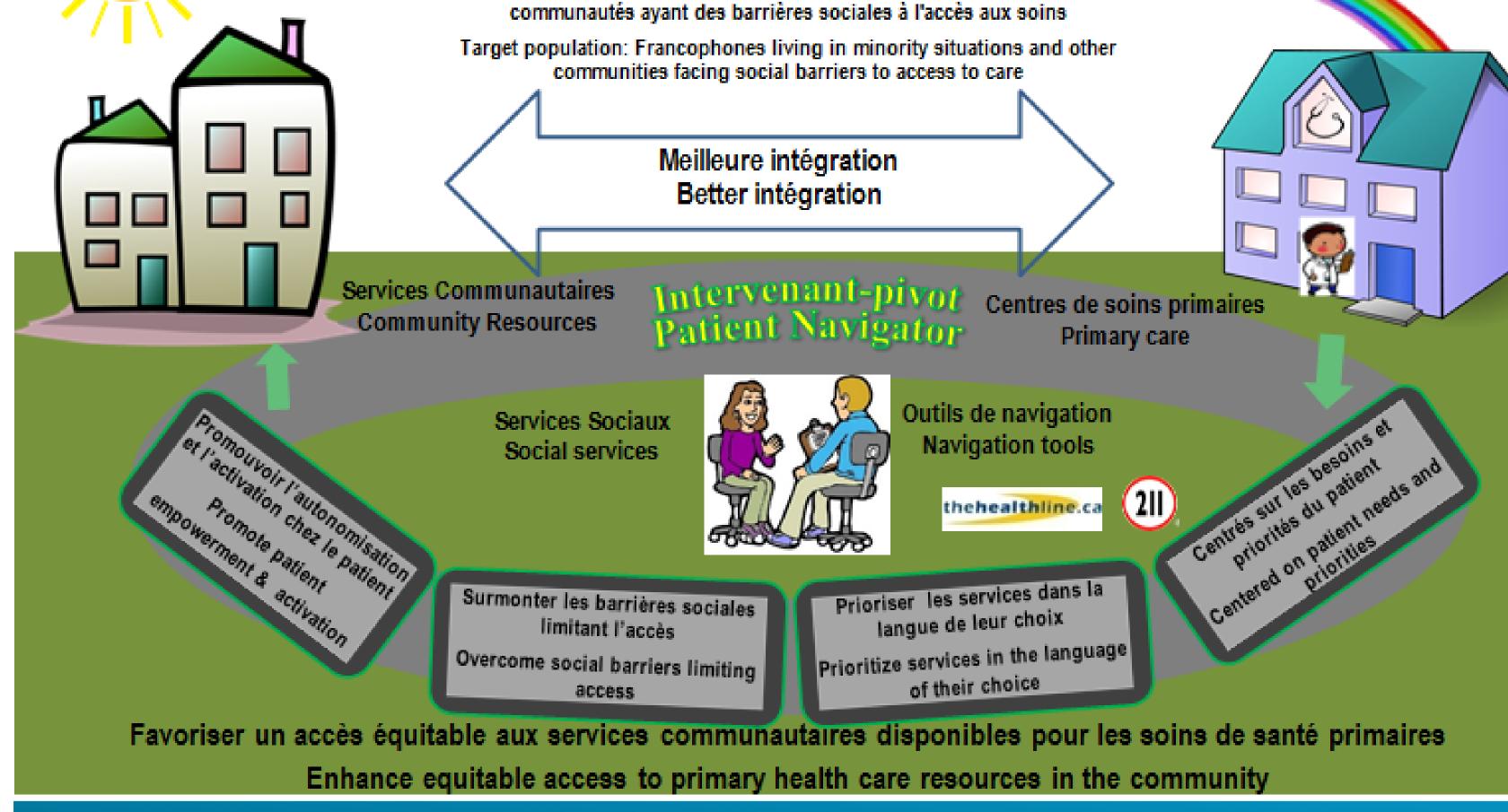
Setting: Ontario (Canada): Population 13 million. Public healthcare system.

Tools: **Surveys:** Practice, Provider, and Patient (Pre and Post); **Interviews:** Provider, Patient, and Navigator; **Study documentation**; Health Administrative data
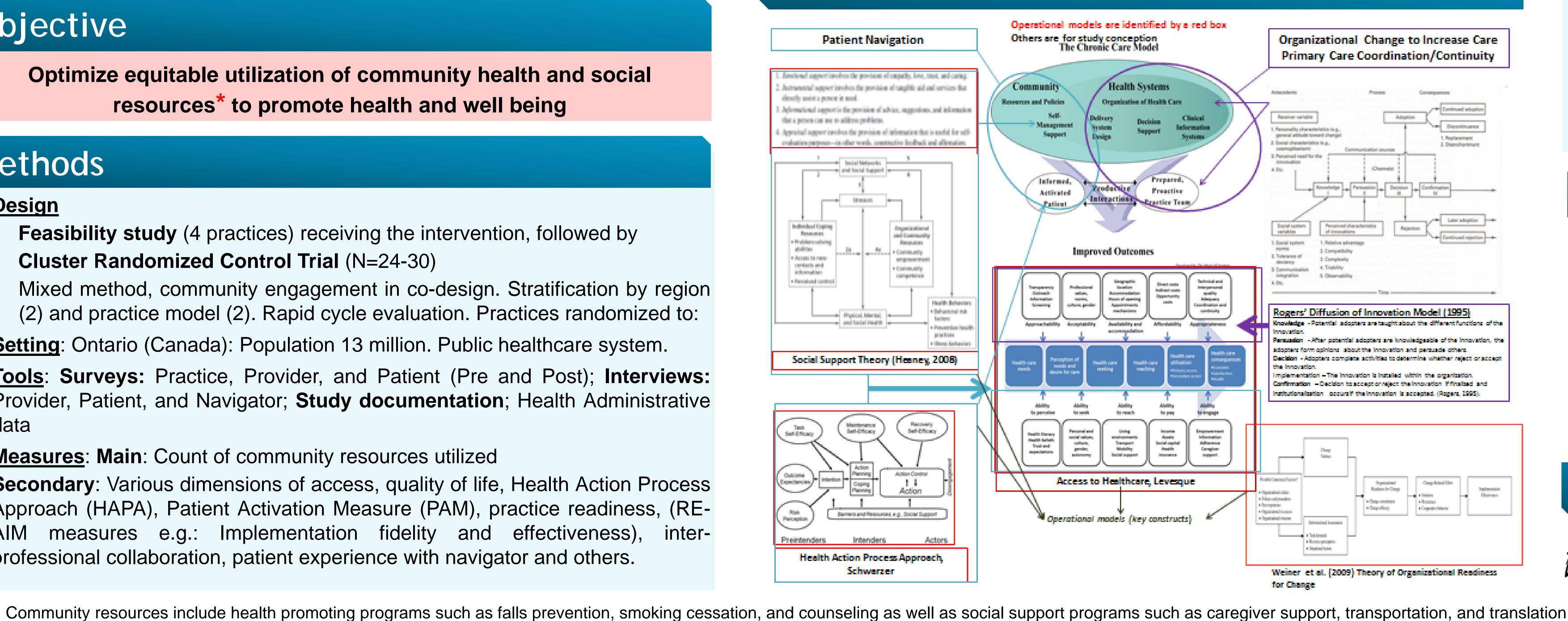
Measures: **Main**: Count of community resources utilized

Secondary: Various dimensions of access, quality of life, Health Action Process Approach (HAPA), Patient Activation Measure (PAM), practice readiness, (RE-AIM measures e.g.: Implementation fidelity and effectiveness), inter-professional collaboration, patient experience with navigator and others.

Intervention

Intervention arm:
- Practices will receive: 1. facilitation to integrate referral into their practice process and Patient Navigator into their team; 2. Orientation to community health and social resources, with a focus on practice priorities; and 3. Waiting room promotional material to increase patient awareness and motivation to access community resources.

Control arm:
- Practices will receive orientation to community health and social resources and available electronic and telephone navigation services.

Theoretical Framework

Expected Outcomes

The intervention will improve access and reduce inequities
- **Providers** in the intervention arm will : Be more likely to refer to community health and social resources; Feel better equipped to address and support the needs of socially complex patients.
- **Patients** in the intervention arm will : Have higher rates of referral to community health and social resources and higher utilization rates across social and language strata; Report better scores on measure of health services experience (e.g. access), self care (e.g. HAPA, PAM) and well being (quality of life).
- This study will also provide an understanding leavers and barriers to Patient Navigator implementation effectiveness with a view to provide "Best practices".

Conclusion

The use of Patient Navigators in healthcare is not a new concept. However, studies to date have focused on medically or socially homogeneous patient populations.

Introducing Patient Navigators in primary care adds a layer of complexity because of the diversity of the population's health needs and social barriers. However, this single point of entry into system navigation may prove effective and potentially more efficient, especially for individuals with multiple needs.

Our Partners

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* Community resources include health promoting programs such as falls prevention, smoking cessation, and counseling as well as social support programs such as caregiver support, transportation, and translation