Implementing a Navigation Intervention in Differing Geographic Locations; Implications for Scalability and Sustainability

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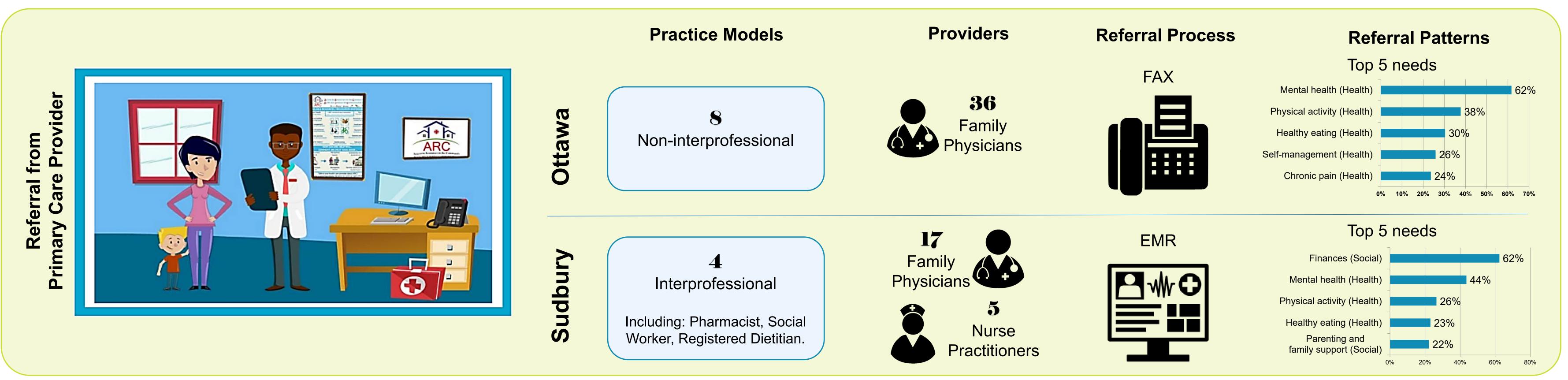
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Context

- Community-based health and social resources (CRs) can help patients achieve better health and well-being. However, patients with social vulnerabilities who could most benefit from such resources are least likely to utilize them.

- Intervention: A patient-centered navigation model integrated within primary care practices (PCPs) with the intention to improve equitable Access to Resources in the Community (ARC) for primary care patients.

Objective

To explore differences in the implementation of the ARC intervention by geographic context and practice model, and to identify essential elements for future scalability and sustainability.

Setting

Region of Ontario	Ottawa (Eastern)	Sudbury (Northern)
Population (2016)*	934,243	161,531
Francophones*	17.3%	25.9%
Fair/poor perceived health‡	6%	15.5%
Low income‡	12.6%	13%
Unemployed‡	7.2%	8.8%

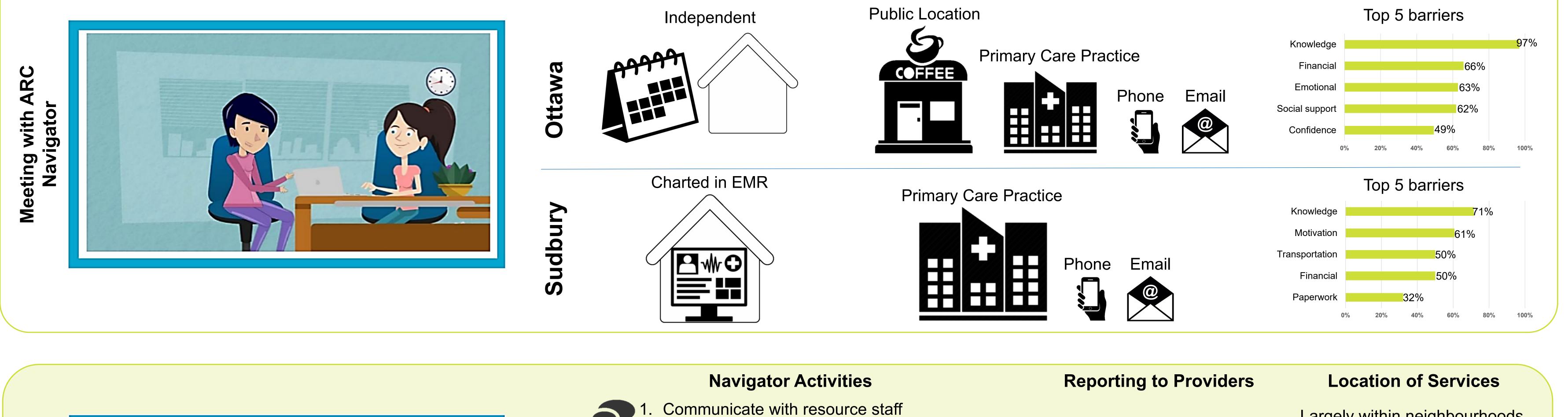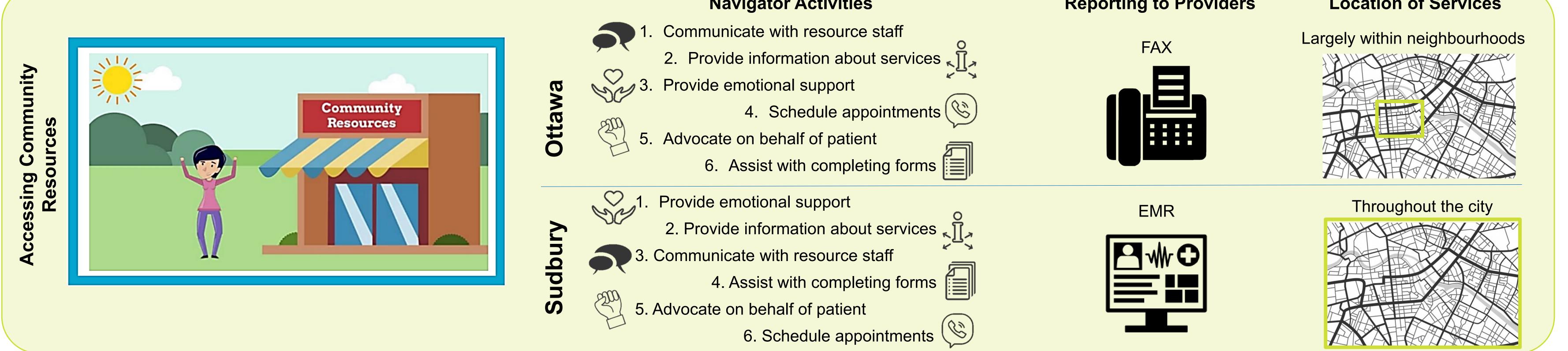* Statistics Canada, Census Profile, 2017.; ‡ Public Health Ontario, Snapshots, 2019.

Results

THE ARC MODEL

Regional Differences

Referral from Primary Care Provider

Practice Models / Providers / Referral Process / Referral Patterns

Ottawa
- Practice Models: 8 Non-interprofessional
- Providers: 36 Family Physicians
- Referral Process: FAX
- Referral Patterns — Top 5 needs:
  - Mental health (Health) 62%
  - Physical activity (Health) 38%
  - Healthy eating (Health) 30%
  - Self-management (Health) 26%
  - Chronic pain (Health) 24%

Sudbury
- Practice Models: 4 Interprofessional — Including: Pharmacist, Social Worker, Registered Dietitian.
- Providers: 17 Family Physicians; 5 Nurse Practitioners
- Referral Process: EMR
- Referral Patterns — Top 5 needs:
  - Finances (Social) 62%
  - Mental health (Health) 44%
  - Physical activity (Health) 26%
  - Healthy eating (Health) 23%
  - Parenting and family support (Social) 22%

Meeting with ARC Navigator

Navigation Scheduling / Meeting with Patients / Patients Access Barriers

Ottawa
- Navigation Scheduling: Independent
- Meeting with Patients: Public Location, Primary Care Practice, Phone, Email
- Patients Access Barriers — Top 5 barriers:
  - Knowledge 97%
  - Financial 66%
  - Emotional 63%
  - Social support 62%
  - Confidence 49%

Sudbury
- Navigation Scheduling: Charted in EMR
- Meeting with Patients: Primary Care Practice, Phone, Email
- Patients Access Barriers — Top 5 barriers:
  - Knowledge 71%
  - Motivation 61%
  - Transportation 50%
  - Financial 50%
  - Paperwork 32%

Accessing Community Resources

Navigator Activities / Reporting to Providers / Location of Services

Ottawa
- Navigator Activities:
  1. Communicate with resource staff
  2. Provide information about services
  3. Provide emotional support
  4. Schedule appointments
  5. Advocate on behalf of patient
  6. Assist with completing forms
- Reporting to Providers: FAX
- Location of Services: Largely within neighbourhoods

Sudbury
- Navigator Activities:
  1. Provide emotional support
  2. Provide information about services
  3. Communicate with resource staff
  4. Assist with completing forms
  5. Advocate on behalf of patient
  6. Schedule appointments
- Reporting to Providers: EMR
- Location of Services: Throughout the city

Conclusion

Similarities and differences in the implementation of the navigation intervention in both geographic regions and in differing practice models will inform larger scale implementations and sustainability of the ARC navigator model in PCPs.

Key Message

Independent of regional differences and/or level of integration within PCPs, essential elements of the ARC navigation model include:
1. Providers identifying social and health needs and referring patients
2. ARC navigator meeting with patients in person to prioritize needs
3. ARC navigator helping patients overcome access barriers

Funding Agencies

CIHR IRSC — Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

ONTARIO SPOR SUPPORT UNIT

ARC — Access to Resources in the Community / Accès aux ressources communautaires