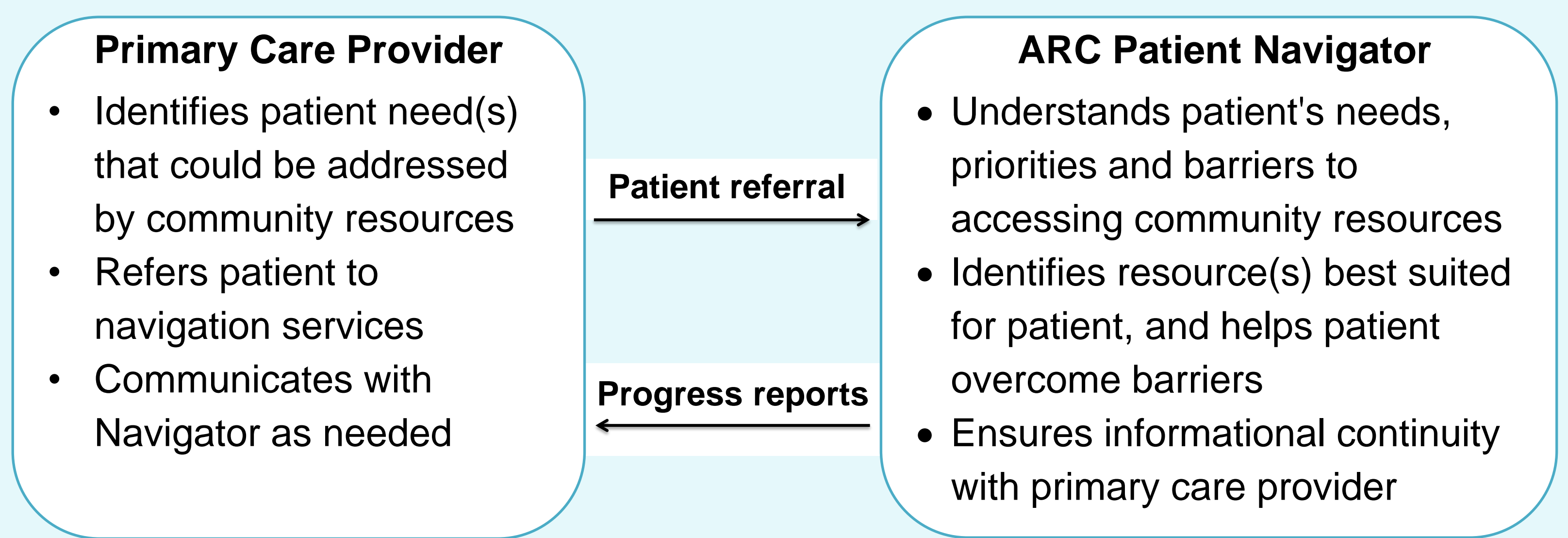


## Background

- A breadth of community resources exist to support individuals achieve their health and wellbeing goals
- Primary care providers (PCPs) and their patients lack awareness of the available resources in their community
- A person centered approach to support patients navigate the health care system may help to improve equitable **Access to Resources in the Community (ARC)**
- A lay patient navigator attached to primary care practices and offering person centered navigation services may optimize patients' ability to access the community resource(s) best suited to address their needs

## ARC Patient Navigator Approach



## Objective



## Report on the experience of primary care providers with lay navigation services integrated in their practice

## Methods

**Setting:** Ottawa, Ontario; Champlain Local Health Integration Network (LHIN)

**Context:** 3 capitation based (CAP) and 1 CAP + interprofessional (CAP-IP) practices

- CAP practices:** 2 to 5 physicians + nurse and/or admin staff
- CAP-IP practice:** 22 physicians + 70 support/admin staff including nurse practitioners, a social worker, diabetes educator, registered dietitian, etc.

**Design:** Single arm, pre-post feasibility study

**Data Collection Tools:**

**Referral form:** Completed by PCPs when referring a patient to the study

**Surveys:** Completed by PCPs pre and post-intervention

- Measures:** Acceptability, integration, efficacy.

## Results

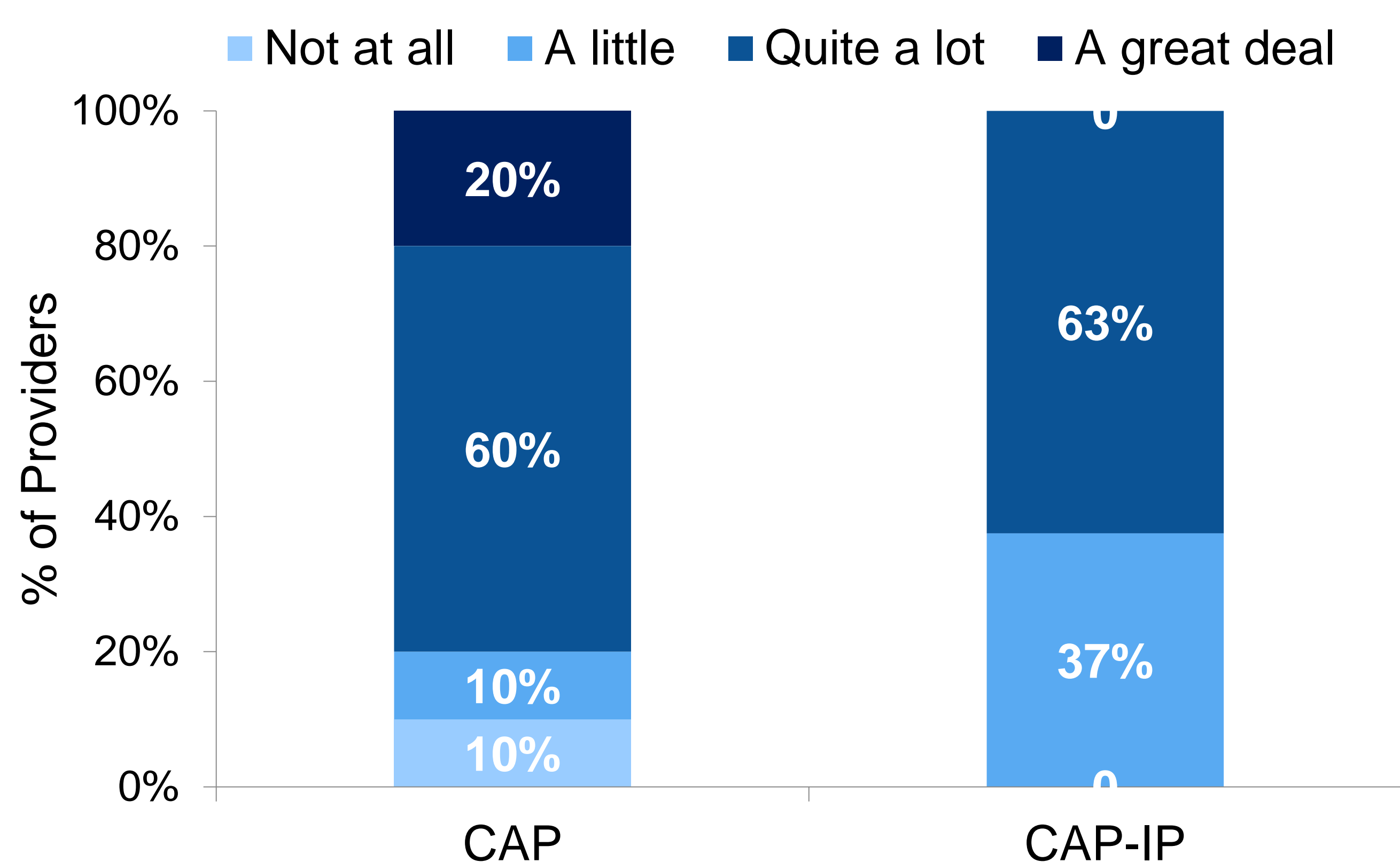
### Demand – Did PCPs refer their patients?

Practice Model	# PCPs (participated)	# (%) referring	Total referrals	# Pts/PCP
CAP	13	12 (92%)	102	7.8
CAP-IP	22	17 (77%)	29	1.3
<b>Total</b>	<b>35</b>	<b>29 (83%)</b>	<b>131</b>	<b>4</b>

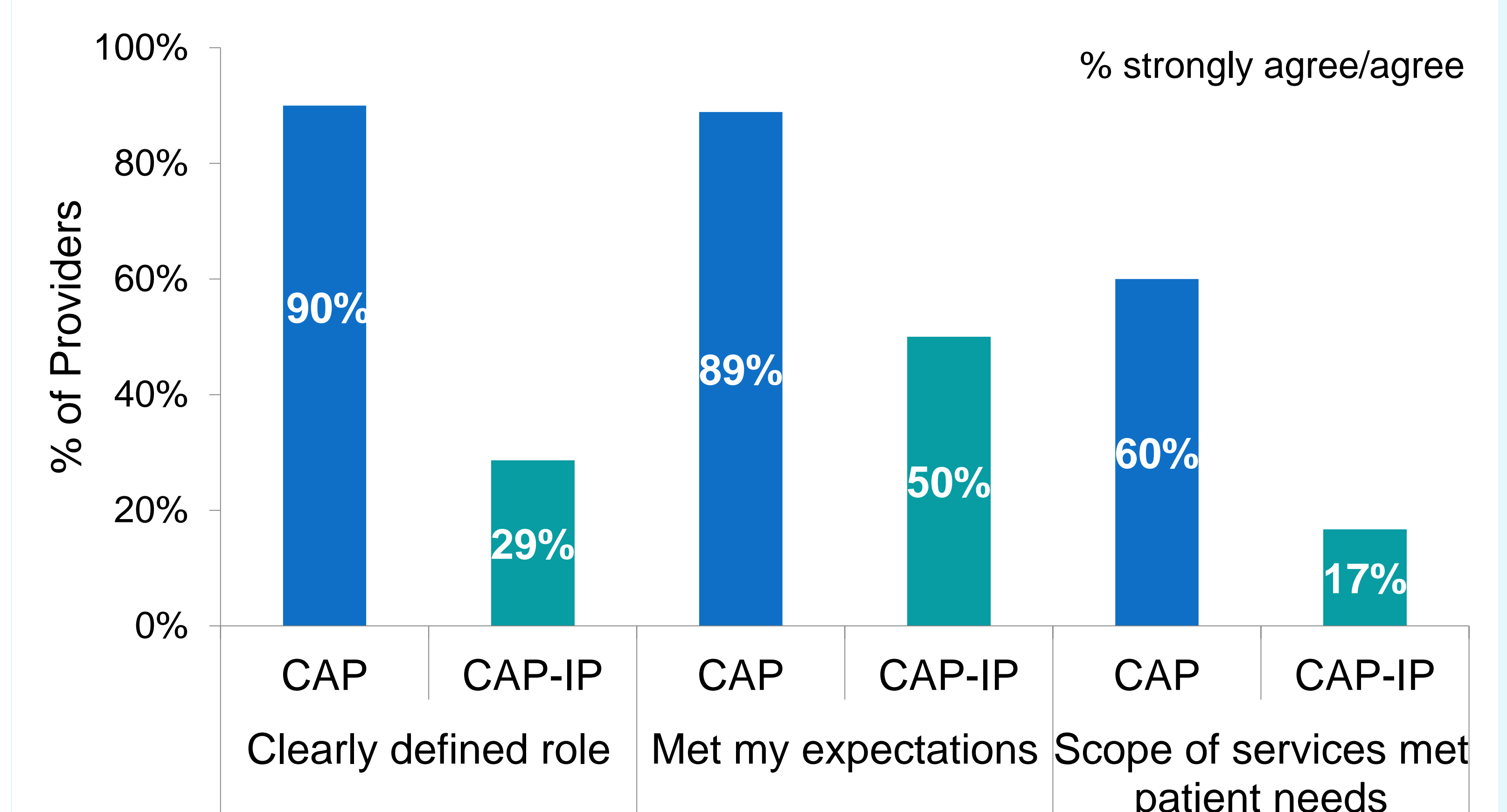
### Study Participants

	Practice model		Total
	CAP	CAP-IP	
# of PCPs (completed surveys)	10	8	18
# of female PCPs	6 (60%)	3 (38%)	9 (50%)
Age (years) – Mean (SD)	57 (9)	56 (10)	57 (9)
Years in PC – Median (IQR)	29 (11,35)	20 (15,35)	28 (15,35)
# Clinical half-days – Median (IQR)	8 (7,8)	5 (4,7)	7 (5,8)

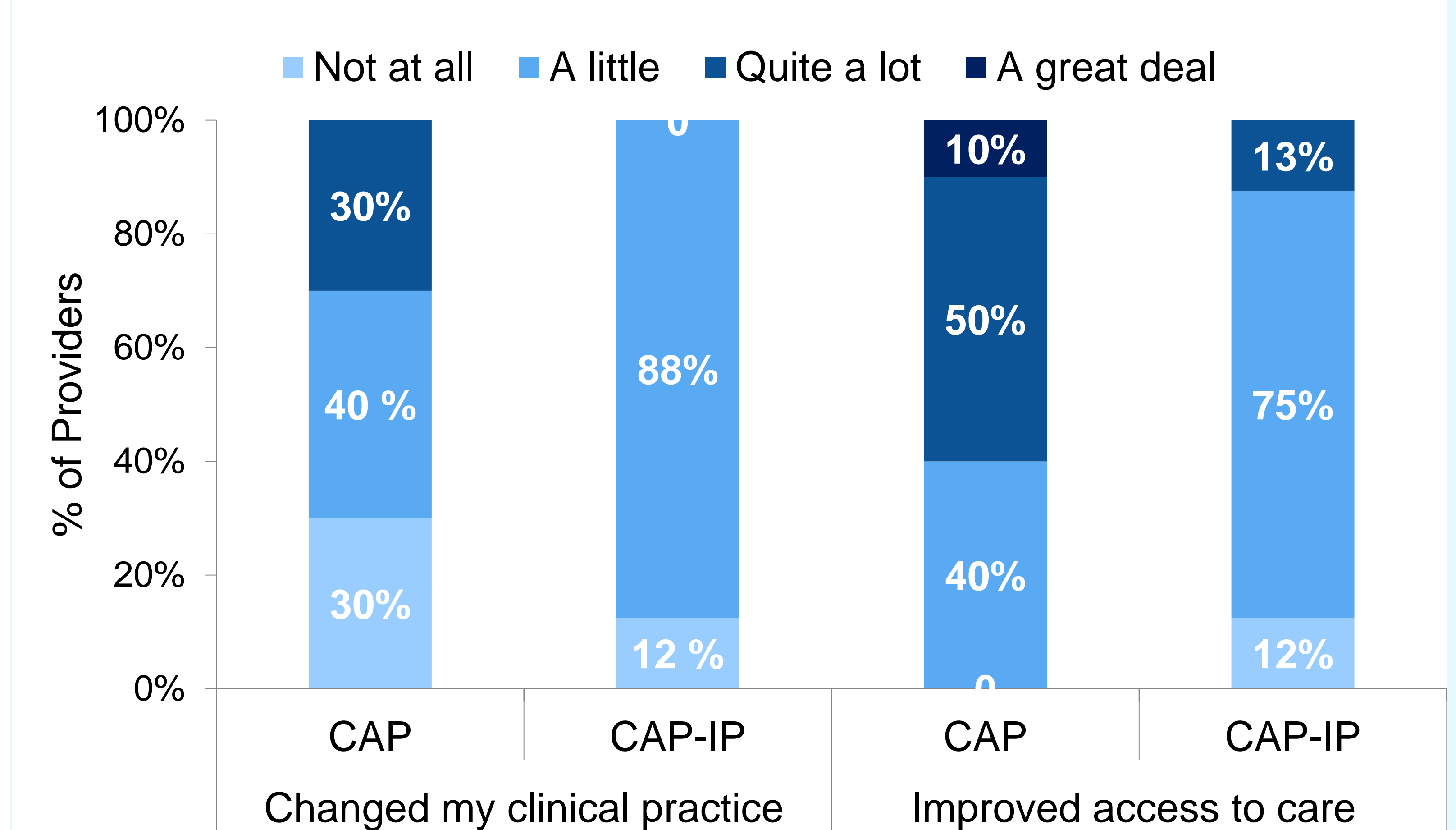
### Acceptability – Would PCPs continue to use the intervention?



### Integration – How did PCPs perceive the ARC navigator?



### Efficacy – Was the intervention beneficial?



## Conclusion

The ARC patient navigator intervention is feasible in different types of primary care practices. However, it had greater perceived acceptability and benefit among providers in the non-interprofessional practices (i.e., CAP), perhaps because these practices do not have interdisciplinary staff onsite to facilitate comprehensive care. A randomized controlled trial is underway in Ottawa and Sudbury to test the ARC patient navigator intervention more rigorously and across different settings.