

# IMPACT



## Access to Resources in the Community: Provider and Patient Perspectives of a Non- Clinical Patient Navigator in Primary Care.



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# Our Partners



# Funding Agencies



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Soins de santé de première ligne  
Organisational Context  
Local Innovative Partnerships  
Comprehensive Primary Health Care  
Community-Based Primary Health Care  
Interventions Literature Review

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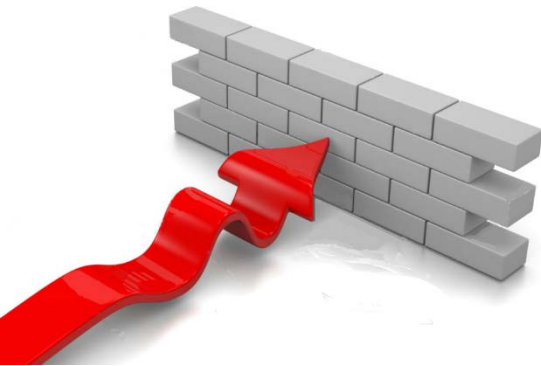
Closing the equity gap in healthcare access

Réduire les inégalités d'accès aux soins de santé

## Background

# What is the problem?

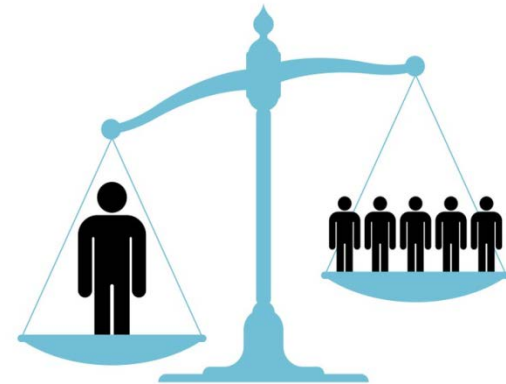
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Barriers to access  
community resources



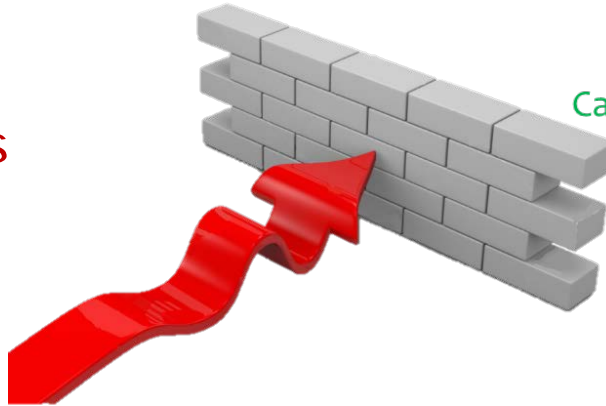
Underutilized health  
and social services



Increased unmet health  
needs and inequities

# Barriers to Access Community Resources

- Awareness
- Finances
- Language
- Literacy
- Transportation
- Caregiver



**MENTAL HEALTH**  
Support & counselling

**HEALTHY LIVING**

Diet, physical activity, smoking cessation

**CHRONIC DISEASE**

Disease prevention & management, diabetes education

**SENIORS' HEALTH**

Falls assessment & prevention

**SOCIAL SERVICES**

Caregiver support, transportation, financial assistance





# Access to Resources in the Community Accès aux Ressources Communautaires

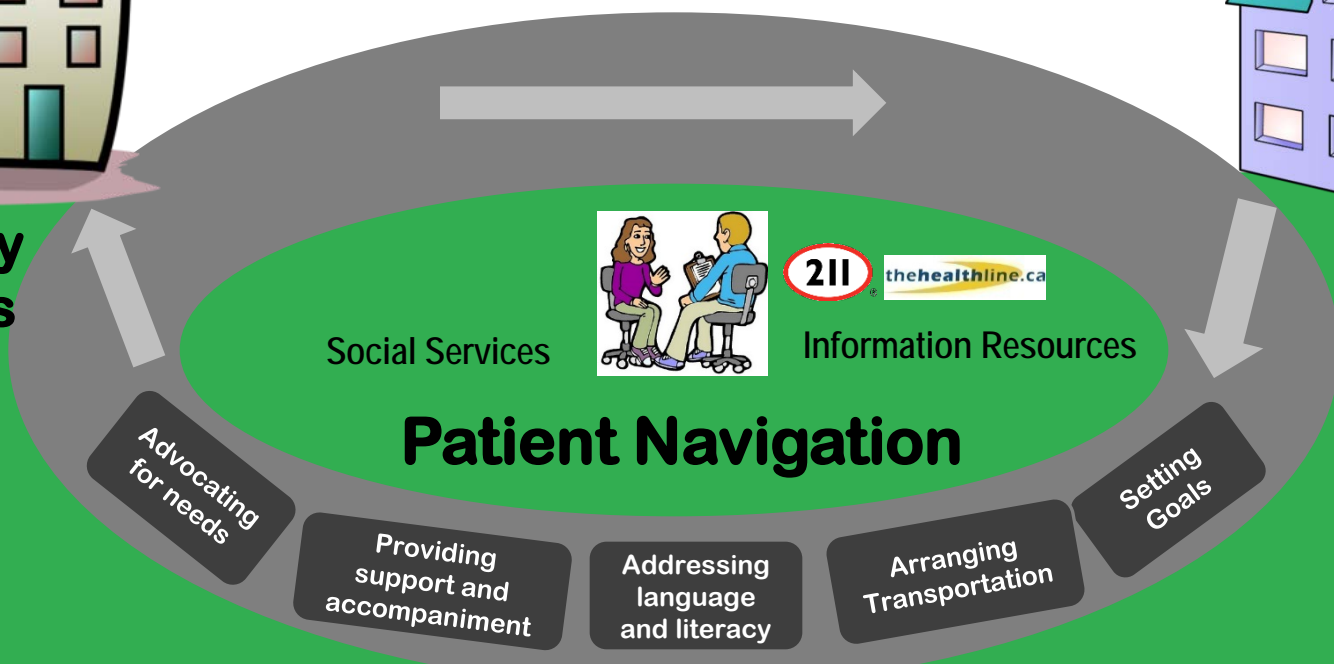
Mission: To enhance equitable access to primary health care resources in the community.



**Community Resources**



**Primary Care**



Social Services



Information Resources

## Patient Navigation

Advocating for needs

Providing support and accompaniment

Addressing language and literacy

Arranging Transportation

Setting Goals

Vision: An integrated system of primary and community care that supports health



# Key aspects of ARC Navigator Intervention

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## 1. Lay person

- Lower costs and specific training

## 2. Integrated in primary care practices

- Continuity of care

## 3. A “generalist”

- Support for broad patient population

## 4. Attached to a Community Health Centre

- Learning and support



# Objective

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- Report on primary care providers' and patients' assessment of the ARC navigator intervention.

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access

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soins de santé

## Methods

# Methods

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- **Design:** Single arm, prospective, explanatory mixed method, pre-post feasibility study
- **Participants:**
  - 4 primary care practices in central Ottawa, Ontario
    - 3 capitation, non-interprofessional
    - 1 capitation + interprofessional (teaching)
  - 35 providers enrolled across all sites
  - 82 patients enrolled across all sites

# Study Timeline

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- 9 month intervention period
  - 3 month patient participation
- Patient data (pre-post)
  - Staggered across 9 months
- Provider data (pre-post)
  - Prior to intervention set-up + removal

# Patient Navigation Timeline

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1. Provider referral sent to the Navigator
2. First encounter with the patient
  - a) Navigator initial report to provider
3. 3 month navigation services
  - b) Interim Navigator report(s) to provider
4. End of navigation services
  - c) Final Navigator report to provider

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Réduire les inégalités d'accès aux soins de santé

## Results: Provider Assessment

# Provider Referrals

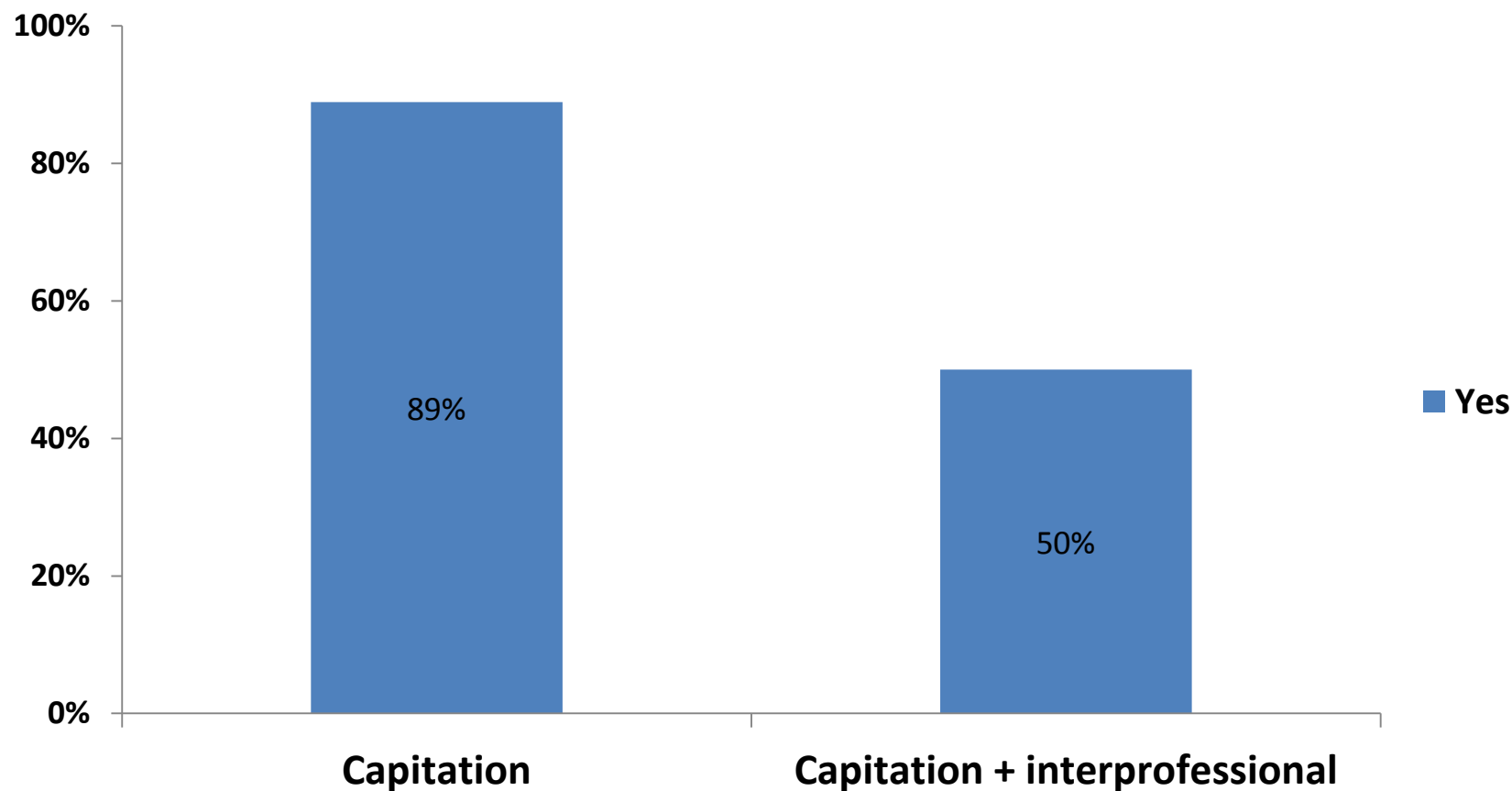
	# PCPs	# Referrals	# Pts/PCP
<b>Capitation</b>	12	102	9
<b>Capitation + interprofessional</b>	17	29	2
<b>Total</b>	<b>29*</b>	<b>131</b>	<b>4</b>

\*Data collected from 18 providers: 10 capitation and 8 capitation + interprofessional



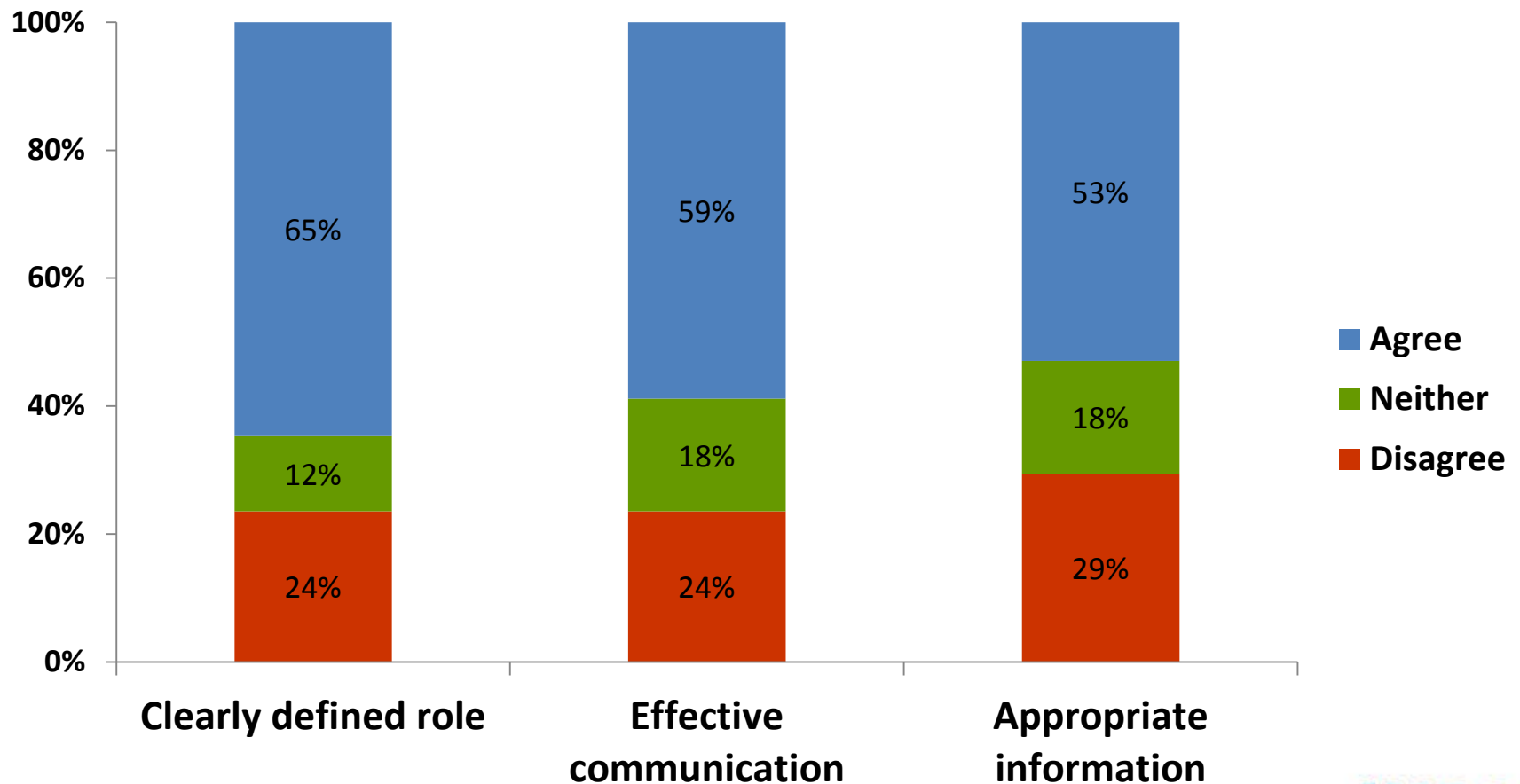
# Provider Assessment of Navigation Services (N = 18)

- Met your expectations?



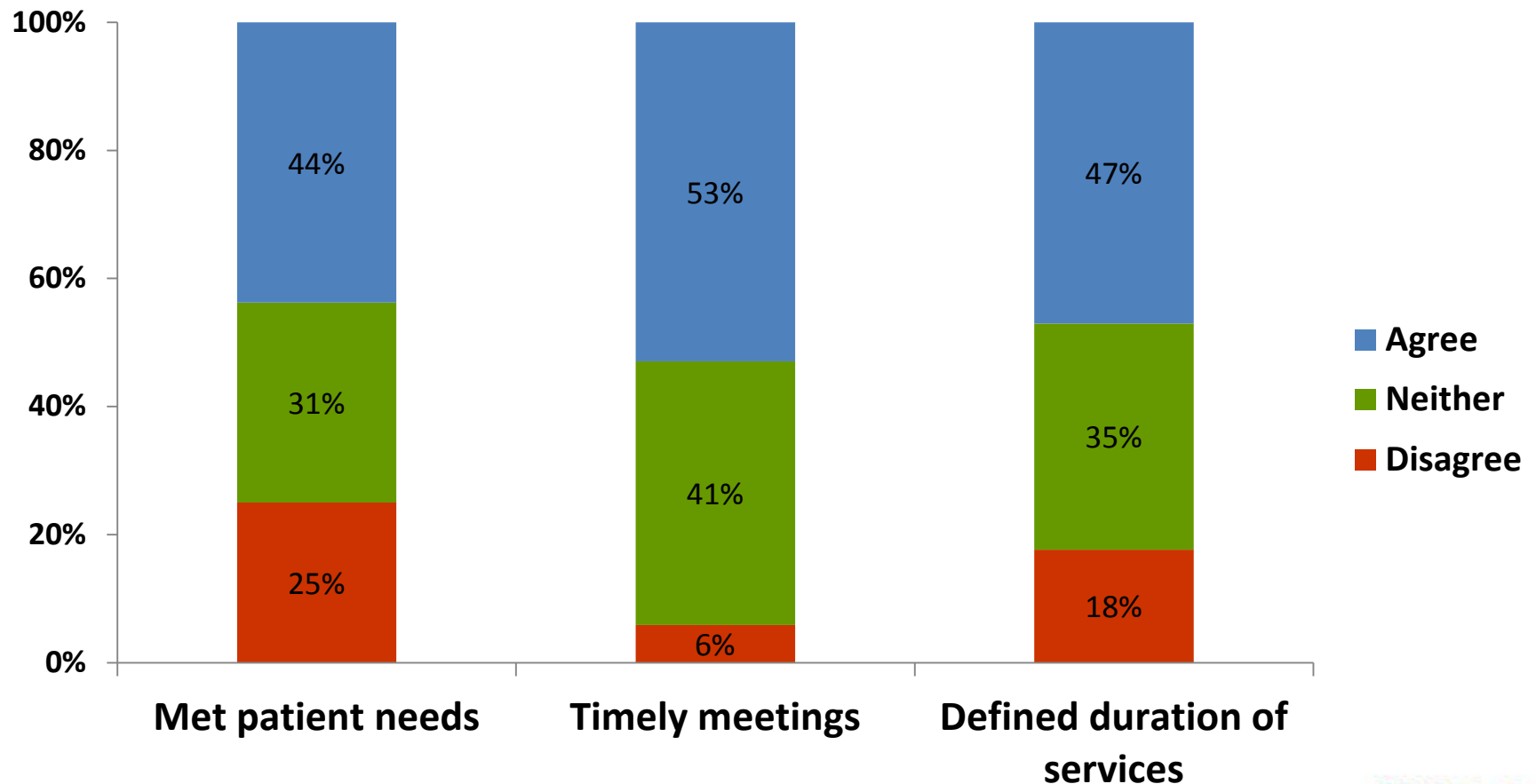
# Provider Assessment of the Navigator

## 1. Integration of Navigator in Primary Care Team



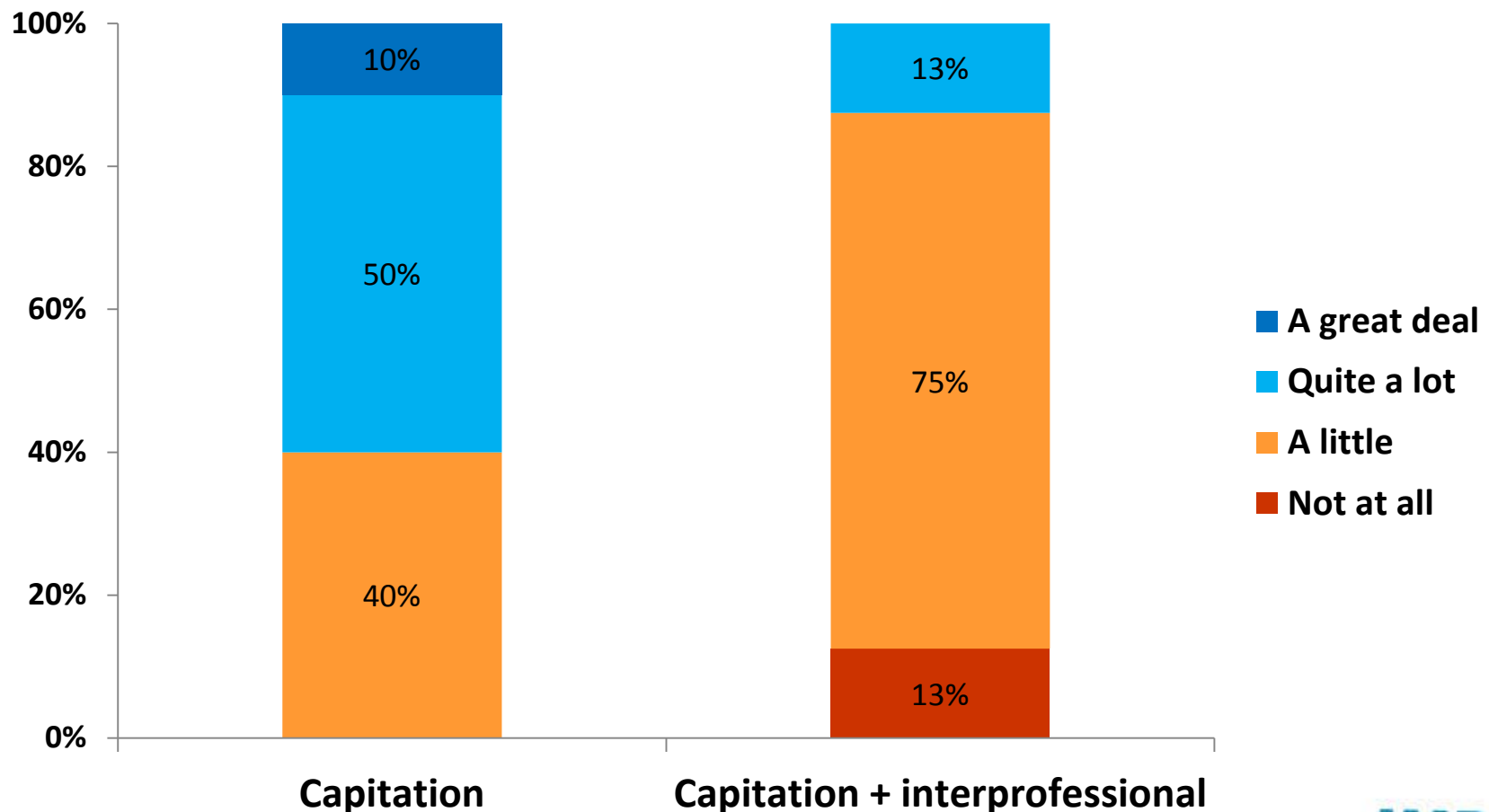
# Provider Assessment of the Navigator (Cont'd)

## 2. Navigation Services for Patients



# Provider Assessment of the Intervention

- Improved access to care for vulnerable patients?



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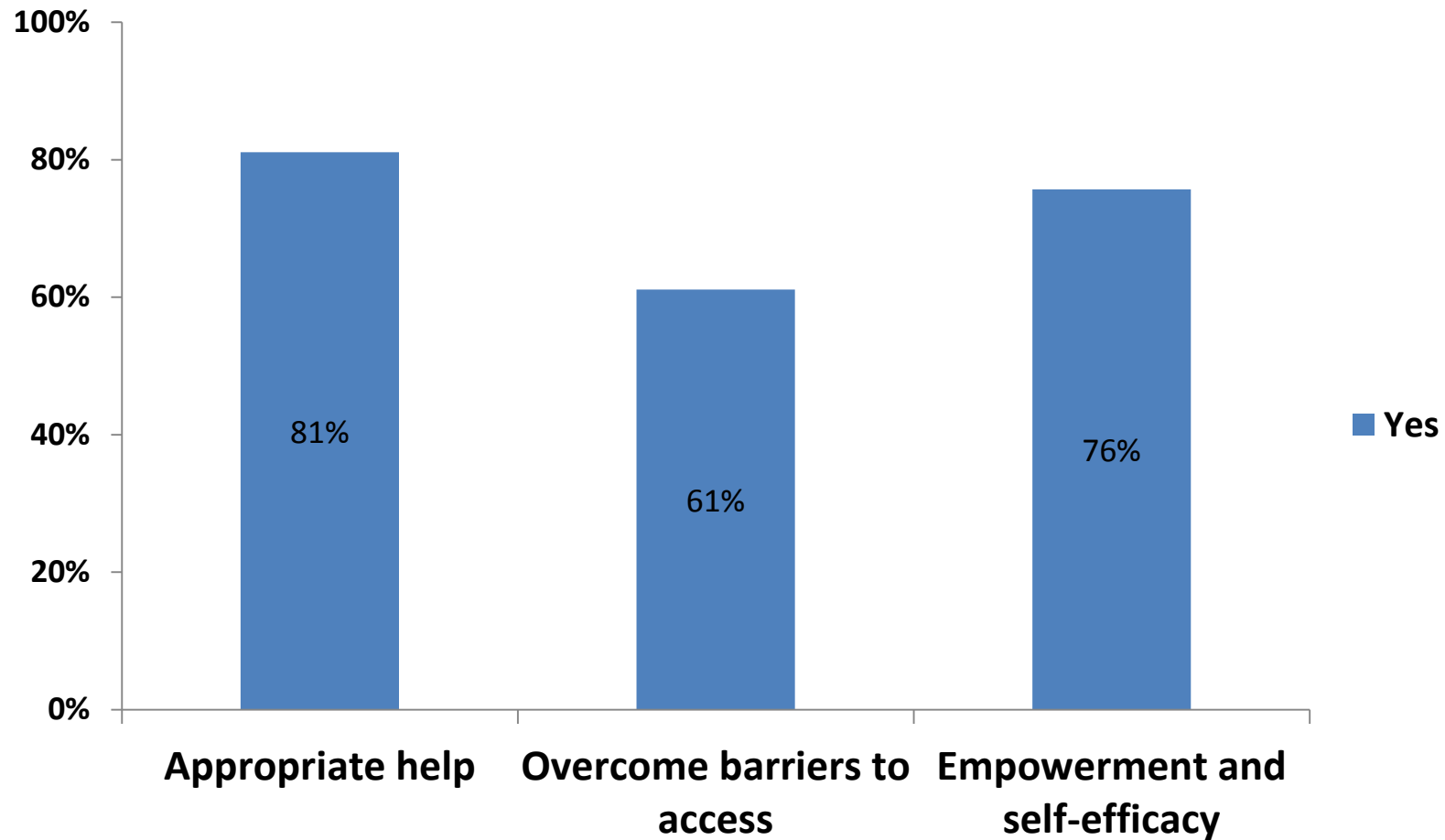
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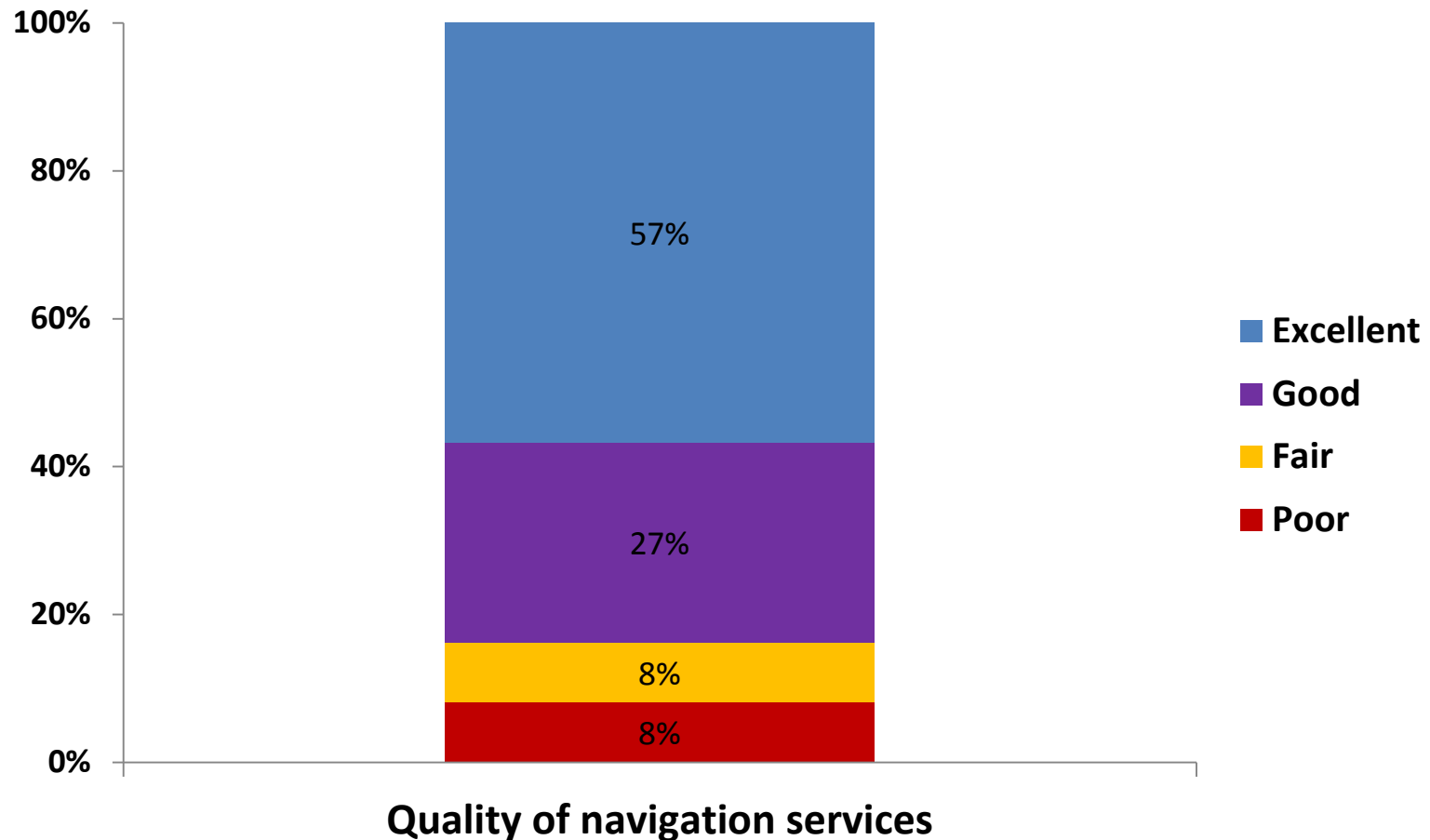
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## Results: Patient Assessment

# Patient Assessment of Navigation Services (n = 37)



# Patient Assessment of Navigation Services (Cont'd)





# Next Steps – Randomized Controlled Trial

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- Consider prioritizing the ARC navigator intervention in non-interprofessional practices.
- Better understand patient barriers to access:
  - Systemic?
  - Innate patient characteristics (e.g., motivation)?
  - Navigator activities?
- Improve communication structure between providers and the Navigator.

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Canada Evaluation Revue de littérature  
Communication Partenariat local pour l'innovation  
Populations vulnérables Reduce Unmet Needs Hospitalisations évitables  
innovation Australia Improve Access Contexte organisationnel  
Avoidable Hospitalizations  
Innovative Actions Knowledge exchange and translation Primary Health Care  
Accès Soins de santé communautaires de première li  
Réduire les besoins non comblés  
Typologie des innovations Soins de santé de première ligne  
Health Equity Local Innovative Partnerships Organisational Con  
Évaluation Comprehensive Primary Health Care  
Intervention Implementation Community-Based Primary Health Care  
Mise en œuvre des interventions Literature Revi

# QUESTIONS?

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