

Appendix Practice Information sheet

 **This is an example from ARC program. Please adapt it for your setting.**



Primary Care Practice and Provider Information Sheet and Consent Form

Title of Study: ARC – Access to Resources in the Community / Accès aux Ressources Communautaires

Principal Investigator (PI)

Simone Dahrouge, PhD
613-562-6262 ext. 2913

Funding Agencies:

Canadian Institutes of Health Research
SPOR initiative

Participation in this study is entirely voluntary. Please read this Information Sheet and Informed Consent Form carefully and feel free to ask the study team as many questions as you like to help inform your decision about participating in the study.

Why is my primary care practice being given this form?

This study is recruiting primary care practices in Ottawa (central and eastern regions of Champlain Local Health Integration Network (LHIN)) and in Sudbury (within the North East LHIN). Your practice is situated in one of these regions.

Why is this study being done?

Primary care providers deliver essential services that can help prevent the onset of disease and the deterioration of existing ones. There are numerous health and social services available to patients residing in this community that can help complement the services provided in primary care, and further support patients to achieve good health and wellbeing.

Some of these resources include health promotion services such as:

*Falls prevention Smoking cessation Chronic disease education programs
Mental health counseling Exercise programs Dietary counseling*

Others services address the social barriers that patients may face, which can contribute to poor health. These services include:

*Caregiving support Translation Advocacy Accompaniment (e.g. to appointments)
Transportation (e.g. to access required services)*

Many of these services are underutilized. Consultations with local primary care physicians and nurses have revealed that they are largely unaware of the extent of services available and do not know where to find such information consistently. When shown where that information can be readily obtained, they were encouraged by the breadth of services available and the ease with which the information can be accessed. There is therefore an opportunity to increase patient access to these resources by **enhancing primary care patients and providers' knowledge** of these resources and of the

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navigation tools that can support them to identify the appropriate resource (**Enhancing knowledge of resources**).

In addition, patients with social barriers (e.g. a lack of transportation or social support, and language or literacy barriers) face additional challenges in reaching these resources despite having received a recommendation from their provider and knowing their availability. There is considerable evidence that a lay navigator can help individuals with social barriers that limit their ability to access these services overcome these barriers and make use of these services (**Lay Navigator support**).

What is the objective of the study?

The objective of the study is to determine whether a lay patient navigator helps patients access community resources that can benefit their health and wellbeing.

How is the study designed?

This study will be conducted in 12-15 family medicine practices in the Ottawa and Sudbury regions. Primary Health Care Providers that can refer patients to community resources are invited to participate in the study.

The study will compare the effect of a lay patient navigator to that of existing navigation services (211 services) on the patients' ability to access community services.

All practices/providers agreeing to participate will receive the following:

1. An orientation on the breadth of available community based health and social resources available in their region (offered to all members of the practice)
2. Waiting room promotional material (e.g., posters, flyers, videos) demonstrating the breadth of existing community based health and social resources, and advertising the ARC study.
3. A standardized referral form to facilitate and streamline the process of referring patients to community resources.

Providers identifying the need for a patient to access one or more community resource will invite these patients to take part in the ARC study.

Patients having agreed to participate in the ARC study will be randomized to the Intervention arm or the Control arm.

Arm #1: Control: Enhancing knowledge of resources

Patients randomized to the control arm will be given information to access Ontario 211, a telephone and online navigation service available to all Ontarians.

These patients will be informed that Ontario 211 provides services to help people identify the resource they need. Patients will be instructed to dial 2-1-1 to obtain more information on the nature of this service from a 211 representative.

Arm #2: Intervention: Enhancing knowledge of resources + Lay Navigator support

Patients randomized to the intervention arm will have access to the services of a lay Patient Navigator to support them in accessing the community resource to address the identified need.

The Patient Navigator will help the patient identify the appropriate program in their community that can address a need identified by their provider on the referral form, or additional needs identified by the patient during their encounter with the Navigator, unless the needs identified by the patient are of a

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medical nature. In that case, the provider will be notified of the patient's request, and asked for approval to proceed. The navigator does not provide support to accessing specialized medical care. The Navigator will help patients assess and address potential social barriers that would prevent them from accessing the program (e.g., obtain transportation or translation services), and provide other support to enhance utilization as needed. The Patient Navigator will also facilitate information continuity between the community resources and the patient's provider. To empower patients and to improve their self-efficacy for future needs, the navigator will also orient the patient to the Ontario 211 navigation services.

What is expected from my practice?

All primary care practices participating in the study will be expected to:

- Complete a practice baseline survey that allows the research team to understand their practice context (one per practice; approximately 10 minutes to complete);
- Provide space in the waiting room to display promotional material relating to community resources and the ARC study (if feasible);
- Identify a practice "Champion" (practice clinical or administrative staff) as the main person responsible for the communication between the research team and practice members and to oversee the study in the practice;
- Where feasible: Provide space in the practice for meetings to take place between the Patient and Practice Navigator (approximately one half day a week);

What is expected from providers?

All primary care providers participating in the study will be expected to:

- Attend an orientation session about available community resources;
- Participate in a baseline and follow-up survey to assess their experience with the study (one per provider; approximately 20 minutes to complete, each);
- Collaborate with the Patient Navigator to the extent they deem appropriate in the exchange of information relating to their patients' access to the community resources;
- Complete a brief standardized referral form for each patient for whom they identify a need that can be addressed through access to a community resource and who consents to being contacted by phone by a research team member at Bruyere for participation in the study. Provide all referred patients with a sealed study information package.

Note that some providers may be contacted to participate in an interview to assess their experience with the study. Consent for that aspect of the study will be obtained separately at that time for those invited.

What is expected from my patients?

Patients having agreed to take part in the study will be asked to complete a survey at the time of the referral and another similar survey three months later to understand their expectations and experience accessing the community resource to address their need. The surveys should take approximately 30 minutes to complete and will be administered by telephone by a member of the research at the Bruyère Research Institute. Patients will also be asked to provide their Ontario Health Plan Number to allow the researchers to link their study information to health administrative data for the purpose of analyses (optional). These analyses are conducted to allow the researchers to obtain information about the types of health services used by patients in the study.

Patients enrolled in the study will be randomized either to the control arm or the intervention arm. Patients randomized to the control arm will be given information to access the Ontario 211 navigation services available to the public. Patients randomized to the intervention arm will have access to the services of a lay Patient Navigator working with their primary care provider.

Some patients may be invited to take part in an interview following the second survey at the end of the study to better understand their experience with the study. Consent for that interview will be obtained separately at that time.

How long will I be involved in the study?

The entire study will last approximately 18 months. Patient recruitment in the study will take place over 12 months. Your patients' participation in the study will be approximately three months. Allowing for that follow up period, the total study period during which there is patient involvement will be 15 months. Allowing for some preparatory work in the practice before the process is established, your involvement in the study will be approximately 18 months.

What are the potential risks I may experience?

This study has minimal risks to your practice and patients. We will take all reasonable steps to avoid disruption to your practice. Some study related requirements, such as working with the ARC Research Coordinator, completing the survey or referral form, may cost the practice time.

We will minimize the risk that any confidential and sensitive patient information be accessed by unknown parties. All electronic communication between you and the study personnel (including Patient Navigator) that relate to patients will take place through secure communication channels. All data collected will be securely stored in the study database using all reasonable protection steps (encryption, secure network, limited access, password protection).

Will I or my practice be paid for our participation?

To offset the opportunity costs associated with your practices' participation in this study we offer \$400 per practice, plus \$200 per primary care provider (up to \$800) for their participation in the study for a total practice payment up to \$1,200.

Can I expect to benefit from participating in this research study?

Your practice, primary care providers and patients may or may not directly benefit from participation in this study. The facilitation services offered to your practice to help incorporate referrals to

community resources into the usual practice routine may make it easier for providers to make referrals to community resources, and thereby enhance patients' access to health promoting community resources.

All practices participating in this study may benefit from learning about available community resources that are available to help meet their patients' needs.

The study team can provide you with summary information collected in the patients' study surveys, and this may be helpful to understand the needs of your patients. For example, the research team may provide your practice with the results of an analysis comparing the profile of patients you have referred to a community resource and who have used the recommended resource those who haven't. A list of barriers they face, and their self-reported ability to address their health needs could be provided.

Patients randomized to Arm #1 (Control): Enhancing knowledge of resources may benefit from the navigation services offered by Ontario 211; potentially raising awareness of existing health and social services available in their community.

Patients randomized to the Arm #2 (Intervention): Enhancing knowledge of resources + Lay Navigator support may benefit from the support the Patient Navigator is providing them; potentially overcoming the social barriers they face in accessing the services and become more likely to utilize the recommended service.

Do I have to participate? What are my options? If I agree now, can I change my mind and withdraw later?

Both you and your practice's participation in this study is entirely voluntary. Even if your practice chooses to participate, you do not have to. The alternative to this study is for you to continue providing the usual standard of care.

You can refuse to answer any question during the surveys and/or the interview.

You may at any time after agreeing to participate withdraw from the study. You may request to remove all of your data that had been collected to date. If your entire practice withdraws, all data relating to your practice that had been collected to date can be removed and the study team will no longer collect your or your patients' personal information for research purposes.

Your decision to participate in this study or not will not impact your practice's status within your region or your employment status within your practice.

How is my practice and my personal and my patient information being protected?

- If you decide to participate in this study, the investigator(s) and study staff will collect your and your practice's identifying information.
- Information that identifies you and your practice will be released only if it is required by law.
- All information collected during your and your practice's participation in this study will be identified with a unique study number (for example participant # AB01), and will not contain information that identifies you or your practice.
- All information and data collected during your and your practice's participation in this study will be securely stored at the Bruyère Research Institute.
- Documents leaving the Bruyère Research Institute will only contain the coded study number.

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- A Master List provides the link between your and your practice's identifying information and the coded study number. This list will only be available to Dr. Dahrouge and her staff and will not leave Bruyère Research Institute.
- The Master List and coded study records will be stored securely.
- Coded study data will be entered into a secure electronic database, which all participating site investigators and study teams will have access to. This means that your coded study data will be shared with participating researchers in Sudbury and Oshawa.
- For audit purposes only, all original study records may be reviewed under the supervision of Dr. Dahrouge's staff by representatives from:
 - the Ottawa Health Science Network Research Ethics Board (OHSN-REB),
 - the Ottawa Hospital Research Institute
 - the Bruyère Continuing Care Research Ethics Board
 - the University of Ottawa Research Ethics Board
 - the Hôpital Montfort Research Ethics Board
- Neither you or your practice will be identified in any publications or presentations resulting from this study.
- Research records will be kept for 10 years, as required by the OHSN-REB.
- At the end of the storage time, all paper records will be shredded and all electronic records will be securely deleted.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

This research study can be found on the above listed website by using the clinical trial registration number NCT03451552.

The purpose of linking the study data to ICES is to evaluate the effect of the intervention on health service utilization. Physical security measures, technological safeguards like encryption and a robust framework of policies and procedures work together to protect information. These data are securely held in encoded form and analyzed at the ICES (www.ices.on.ca). All relevant datasets will be linked using unique, encoded identifiers and analyzed at ICES. You may find this brief video intended to inform the population about the work being done at ICES useful "The power of data to improve health" at <https://www.youtube.com/watch?v=5pZhRSM1cyk&feature=youtu.be>

Will I be informed about any new information that might affect my decision to continue participating?

You will be told immediately of any new findings during the study that could affect your willingness to continue in the study.

Who can I contact if I have questions?

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If you have any questions or should you no longer wish to remain a part of the ARC study, please call Andrea Perna (613) 562-6262 ext.2920 or email arc@bruyere.org.

You can also contact the study principal investigator, Simone Dahrouge at (613) 562-6262 ext. 2913 or sdahrouge@bruyere.org.

The Ottawa Health Science Network Research Ethics Board (OHSN-REB), Bruyère Research Ethics Board, Montfort Research Institute, University of Ottawa Research Ethics Board and the ethics boards of our research partners have reviewed this protocol. These Boards consider the ethical aspects of all research studies involving human participants at participating hospitals, institutes and universities.

If you have any questions about your rights as a study participant, you may contact:

- Chairperson, OHSN-REB at 613-798-5555, ext. 16719
- Research Ethics Coordinator, Bruyère Research Ethics Board at reb@bruyere.org or 613-562-6262 ext. 4003
- Montfort Hospital Research Ethics Board, 745A suite 102 Montreal road, Ottawa, Ontario at 613-746-4621, ext. 2221 or via email at ethique@montfort.on.ca
- Protocol Officer for Ethics in Research, University of Ottawa, at_ethics@uottawa.ca or 613-562-5387

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Consent for Practice Participation

- ✔ This study was explained to me by _____.
- ✔ I have read each page of this Practice and Provider Information and Consent Form.
- ✔ All of my questions have been answered to my satisfaction.
- ✔ If I decide later that I would like to withdraw my or the practice's participation from the study, I can do so at any time.
- ✔ I voluntarily agree on behalf of _____ (practice name) to participate in this study.
- ✔ I have been given a copy of this signed Practice Informed Consent Form.

Practice Delegate Printed Name Practice Delegate Signature Date

On behalf of: _____
Practice Name

Investigator or Delegate Statement

I have carefully explained the study to the Practice Delegate. To the best of my knowledge, the Practice Delegate understands the nature, demands, risks and benefits involved in taking part in this study.

Investigator/Delegate's Printed Name Investigator/Delegate's Signature Date

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

Consent for Provider Participation (one copy per provider)

I am being invited to participate in this RANDOMIZED CONTROLLED study.

I therefore understand that the patients I refer to community resources using the ARC referral form and that consent to participate in the ARC study will be randomly assigned to the Arm #1: Enhancing knowledge of resources OR Arm #2: Enhancing knowledge of resources + Lay Navigator support to patients through a chance process at the start of patients' enrollment in the study

- This study was explained to me by _____.
- I have read each page of this Practice and Provider Information and Consent Form.
- All of my questions have been answered to my satisfaction.
- If I decide later that I would like to withdraw my participation from the study, I can do so at any time.
- I voluntarily agree to participate in this study.
- I have been given a copy of this signed Provider Consent Form.
- I agree that the ARC Patient Navigator can support my patients to access resources that I did not recommend (only resources that do not require a physician referral)

Provider Printed Name Provider Signature Date

Investigator or Delegate Statement

I have carefully explained the study to the Provider. To the best of my knowledge, the Provider understands the nature, demands, risks and benefits involved in taking part in this study.

Investigator/Delegate's Printed Name Investigator/Delegate's Signature Date



This is an example from ARC program. Please adapt it for your setting

Programs available to help patients with:

- ✓ Healthy eating
- ✓ Physical activity
- ✓ Quitting smoking
- ✓ Mental health
- ✓ Parenting
- ✓ Support for ongoing health conditions
- ✓ Caregiver support
- ✓ and more!

Contact Us:
Ottawa
Coordinator
arc@bruyere.org

Community resources can improve patients' well-being

We've heard from primary care providers that knowing about and sorting through the many programs in the community is very time consuming.

ARC - Access to Resources in the Community is a randomized controlled trial with the goal of creating an **efficient and accessible pathway from primary care to community resources** in patients' preferred language. We are looking to see if having a Patient Navigator working within the practice will result in increased access to community resources among primary care patients.

Practices participating in this study will receive:

- An orientation session on the availability of community-based health and social resources, promotional material highlighting the breadth of available resources, and a Patient Navigator integrated in the practice.

Patients participating in this study may receive (based on chance):

- Access to services from a lay Patient Navigator to support their access to community resources.
- OR
- Information to access services from the Ontario 211 directory of community resources.

What are the services offered by the Patient Navigator?

The Navigator will offer patients assistance and support to address barriers to accessing recommended resources. This includes

- Explaining the benefits of the resource;
- Connecting them to the most appropriate resource;
- Helping them overcome barriers to access, including transportation, language, and financial services as required.

What impact can this have on your practice?

"The patient navigator model is a promising and acceptable strategy to link patient, PCP, and community resources for promoting lifestyle modification."
(Natalia et al., 2015)

Interested? Contact us to learn more about how **the ARC project** can support your patients optimize access to services in the community and reduce unmet needs.

Appendix Practice Information Session

 This presentation is an example from ARC program. Please adapt it for your setting

Access to Resources in the Community/Accès aux ressources communautaires (ARC) – A Randomized Controlled Trial

Principal Investigator: Simone Dahrouge, PhD
Bruyère Research Institute

Outline

1. Research Team
2. Background & Objectives
3. ARC Study
4. Practice & Patient Participation
5. Questions & Discussion

ARC Research Team

Simone Dahrouge, PhD

Dept. of Family Medicine, University of Ottawa

Alain Gauthier, PhD

Centre for Rural and Northern Health Research

François Chiochio, PhD, PMP, CHRL

Telfer School of Management, University of Ottawa

Denis Prud'homme, MD, MSc

Institut du Savoir Montfort

Marie-Hélène Chomienne, MD, MSc

Institut du Savoir Montfort

Manon Lemonde, PhD (RN)

Faculty of Health Sciences, University of Ontario
Institute of Technology

Justin Presseau, PhD

Methodologist, Ottawa Methods Centre

Claire Kendall, MD, PhD

Dept. of Family Medicine, University of Ottawa

Kamila Premji, MD, PhDc

Dept. of Family Medicine, University of Ottawa

Andrea Perna, MSc, PhD

Bruyère Research Institute

Darene Toal-Sullivan, PhD, OT. Reg (Ont.)

Bruyère Research Institute

Natacha Ndiokubwayo, SSW, BA

Bruyère Research Institute

Natacha Butera, BSc, MSc

Bruyère Research Institute

Patrick Timony, MA

Centre for Rural and Northern Health Research

Chloé Jutras, BSW, MSc

Centre for Rural and Northern Health Research

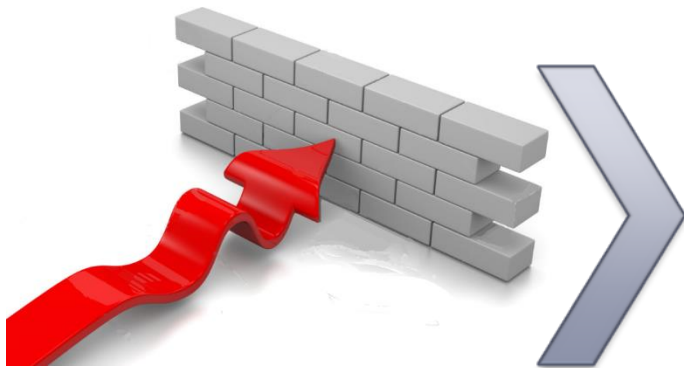
BACKGROUND & OBJECTIVES

Objectives

**Increase equitable access to
resources in the community**

***Including access to language
concordant services where available***

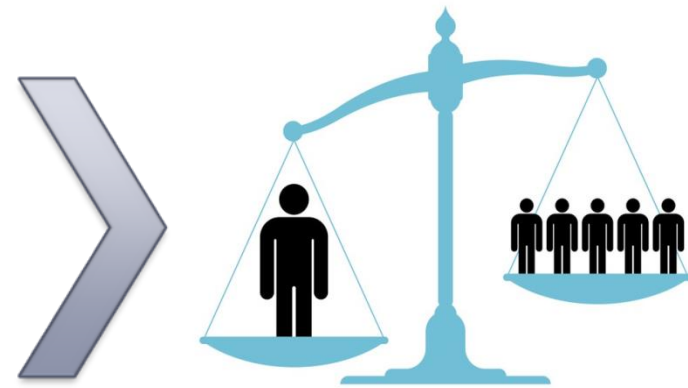
The Access Gap



Barriers to ACCESS
community resources



Underutilized health
and social services



Increased unmet health
needs and inequities

Barriers to Accessing Community Resources

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

Language

Awareness

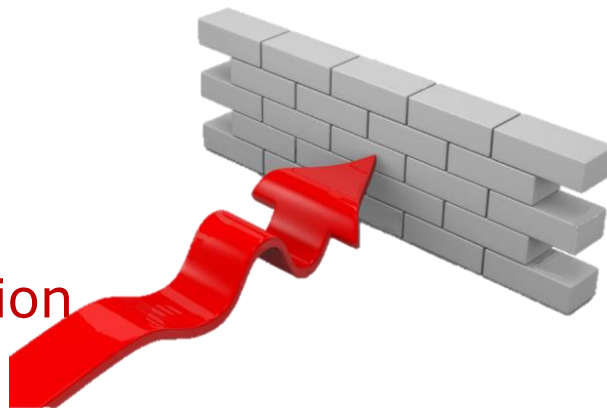
Finances

Literacy

Transportation

Caregiver

Confidence

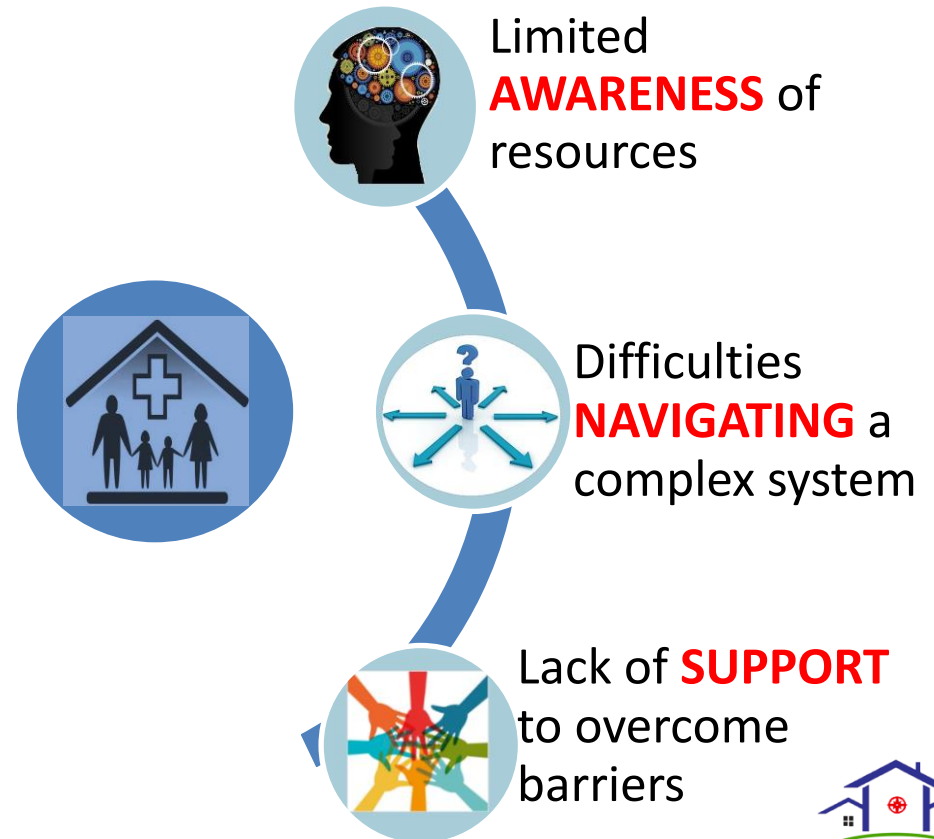


Access to Resources in the Community
Accès aux ressources communautaires

Stakeholder Consultations

PRIMARY CARE PROVIDERS

PRIMARY CARE PATIENTS



Ontario Local Innovative Partnership

Health Planners

Jacques Lemelin	Primary Care Network Lead
Karen Patzer	Senior Integration Specialist
Renee Lebovitz	Integration Specialist

Service Providers – Community Health Centres

Laura Muldoon	General Practitioner
Mike Hirsh	General Practitioner & Director, Social Accountability
Jennifer Simpson	Health Planner
Ana Mercedes-Guerra	Social Worker

Service Providers – Community Organizations

Michel Fournier	211 services - Data Manager
Jeanne Bonnell	Home Care - Care Coordinator
Anne Desjardin	Home Care - Care Coordinator
Nada Hamade	Home Care – PC Integration

Patient Partners - Community Members

Guillaume Mulimbwa	Newcomers
Karen James	Mental Health and Addictions
Dee Campbell	Caregiver
Marie-France Proulx	Francophones
Ginette Carrière	Francophones



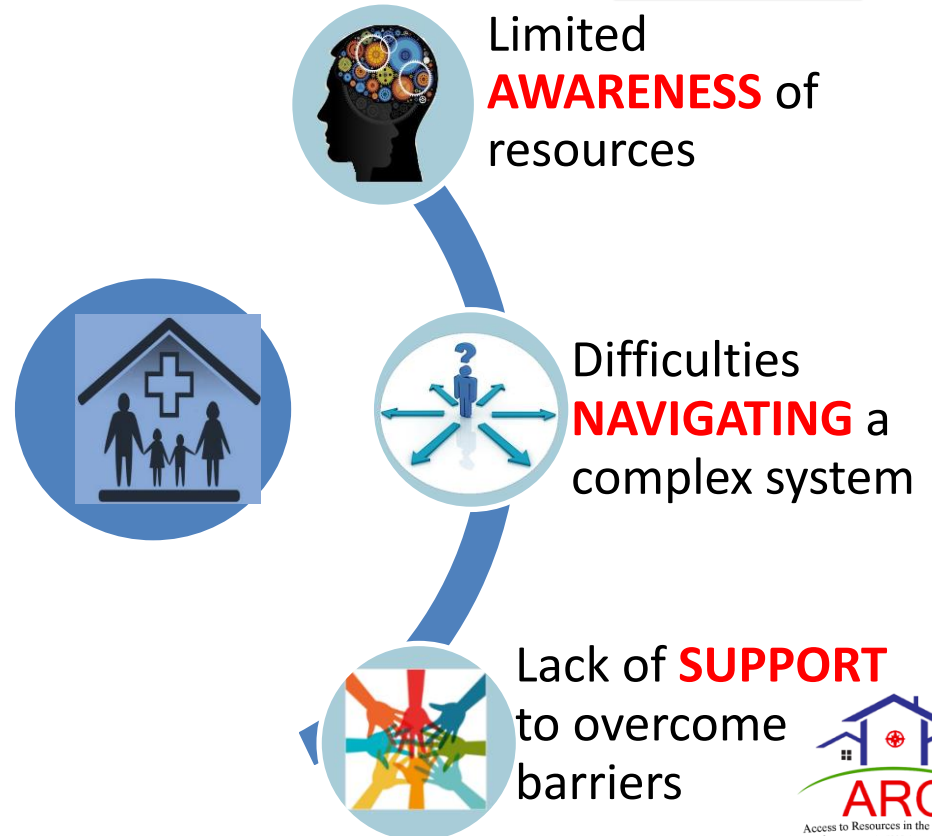
Approach

- Increase Awareness of CR
- Direct patient to study

- Increase Awareness of CR
- Navigation Support

PRIMARY CARE PROVIDERS

PRIMARY CARE PATIENTS



ARC Study

Study Design

Randomized Controlled Trial comparing:

– Existing provincial navigation services



When you don't know where to turn.™

– Innovative approach to navigation: ARC Navigation Model



Ontario 211 services



Web-based and telephone helpline (call 2-1-1):

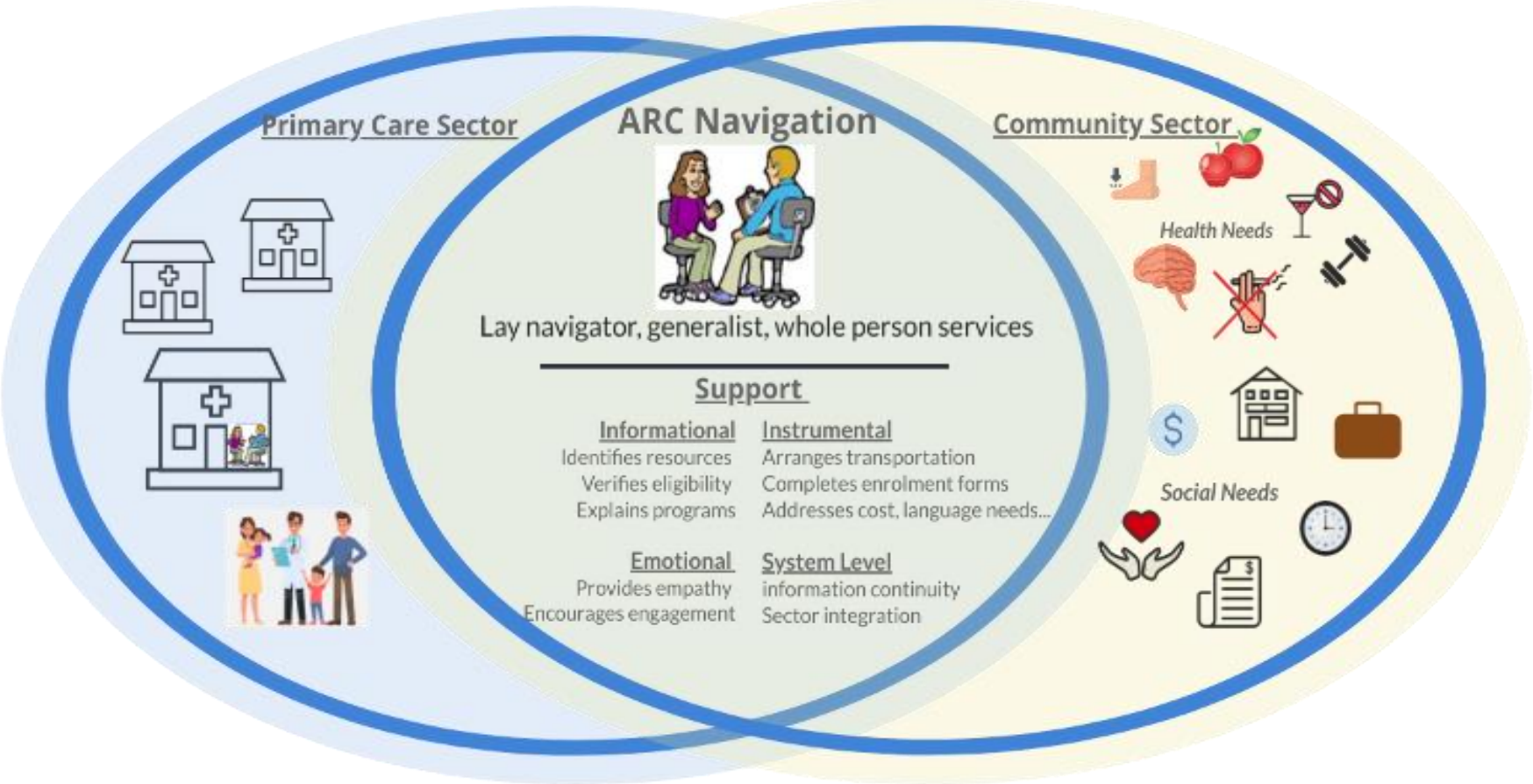
- Informs and orients individuals to the available community resources (social & health-related) in Ontario
- Connects individuals to over 60,000 community services in our region
- Functions 24/7
- Operates in over 150 languages



ARC Model



Access to **R**esources in the **C**ommunity
 Accès aux **R**essources **C**ommunautaires



Primary Care Sector

ARC Navigation

Community Sector



Lay navigator, generalist, whole person services

Support

- Informational
Identifies resources
Verifies eligibility
Explains programs
- Instrumental
Arranges transportation
Completes enrolment forms
Addresses cost, language needs...
- Emotional
Provides empathy
Encourages engagement
- System Level
information continuity
Sector integration



ARC Navigation Model

1. Support for needs addressed in the community
2. “Generalist” Navigator
 - *support for needs across the breadth of patient population*
3. Bilingual, lay person
4. Integrated in primary care practices
 - *Promote continuity, coordination of care*
5. Attached to a Community Health Centre
 - *Reduce fragmentation, promote learning and support*
 - Services provided in person, by telephone, email, text, as preferred by the patient

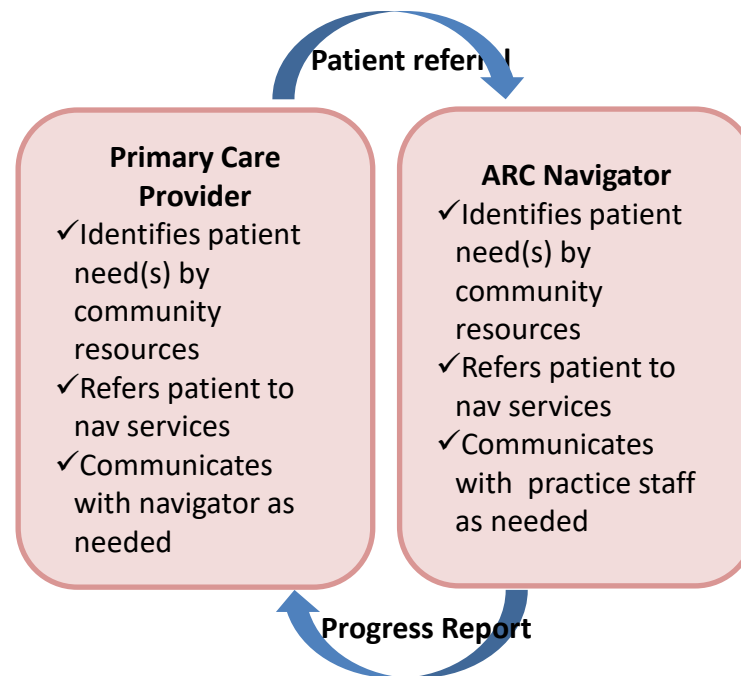
ARC Navigation Model

Practice Set-up

1. Clinical & Admin Champions
2. Staff Orientation
3. Promotional material
4. Referral form
5. Encounter room

Social Prescribing

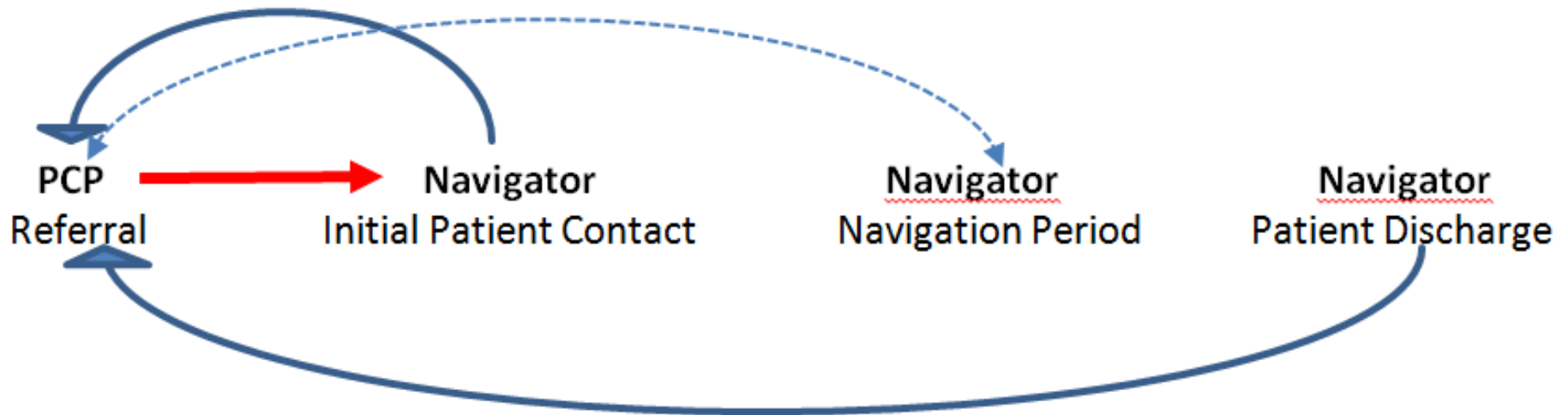
1. Identify patient needs
2. Engage patient in taking action – self care
3. Make referral



Role of Navigator

- Understand patients' priority needs and the potential barriers that may limit their access to resources
 1. Co-develops with patient a tailored action plan for accessing resources
 2. Identifies resources options best suited for the individual
 3. Assists patient overcome potential barriers
 4. Orients patient on 211 and promotes patient empowerment and self-efficacy
 5. Ensure informational continuity with primary care provider

Role of Navigator (cont'd)

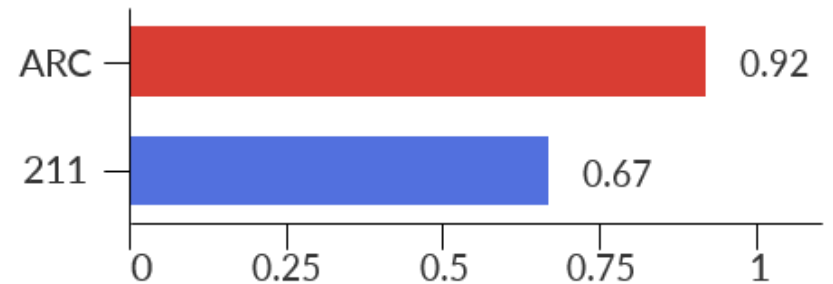


ARC- RCT – What we learnt

- ARC addresses an important gap related to system integration navigation
- ARC offers a single point of entry for patients to access navigation support for all health and social needs
- ARC is effective at reducing inequities in access, although 211 was found appropriate for a fragment of the population
- Patients highly value ARC's patient-centered approach
- ARC may reduce access gaps across social strata

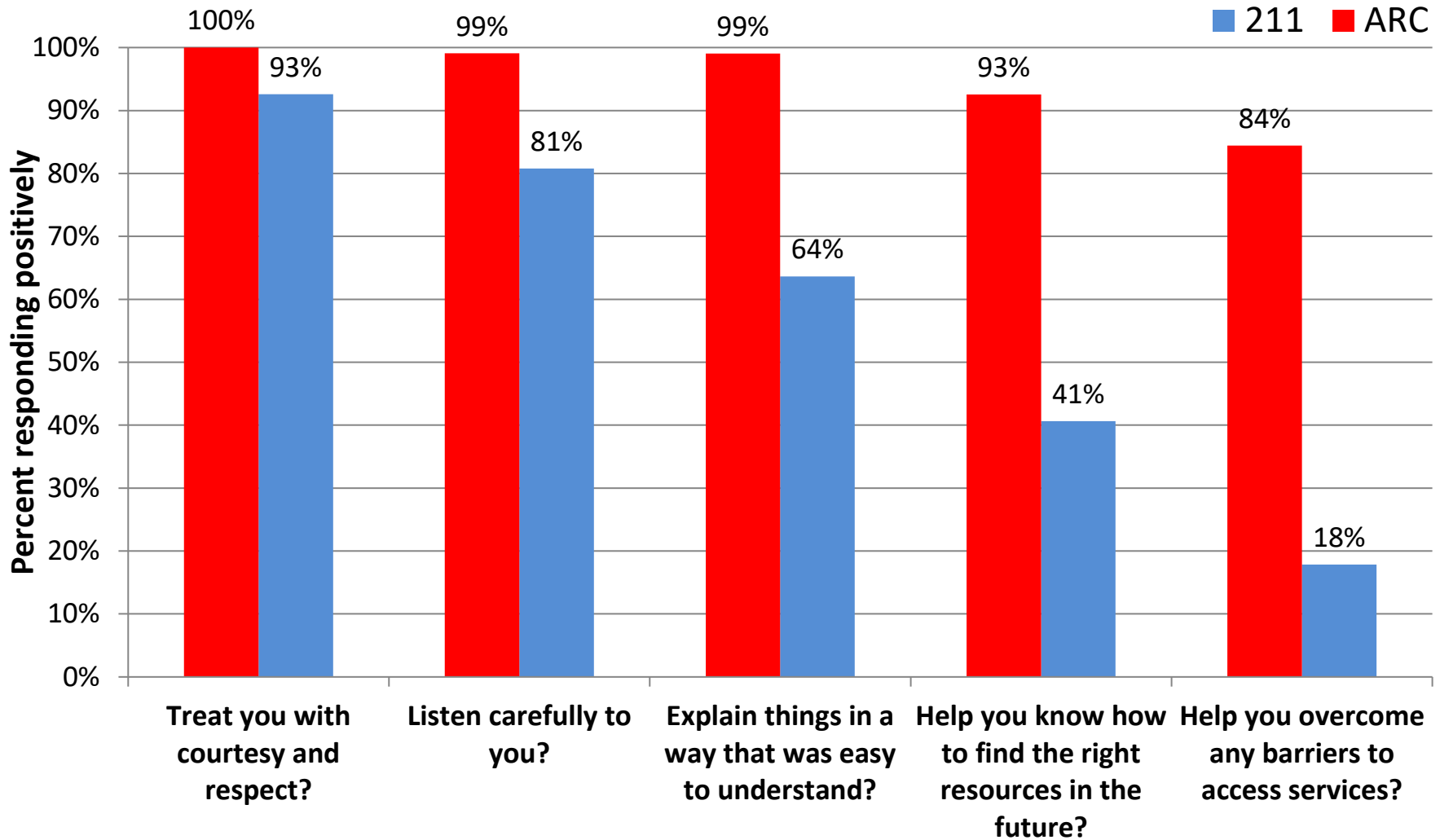


Patients who accessed at least one resource

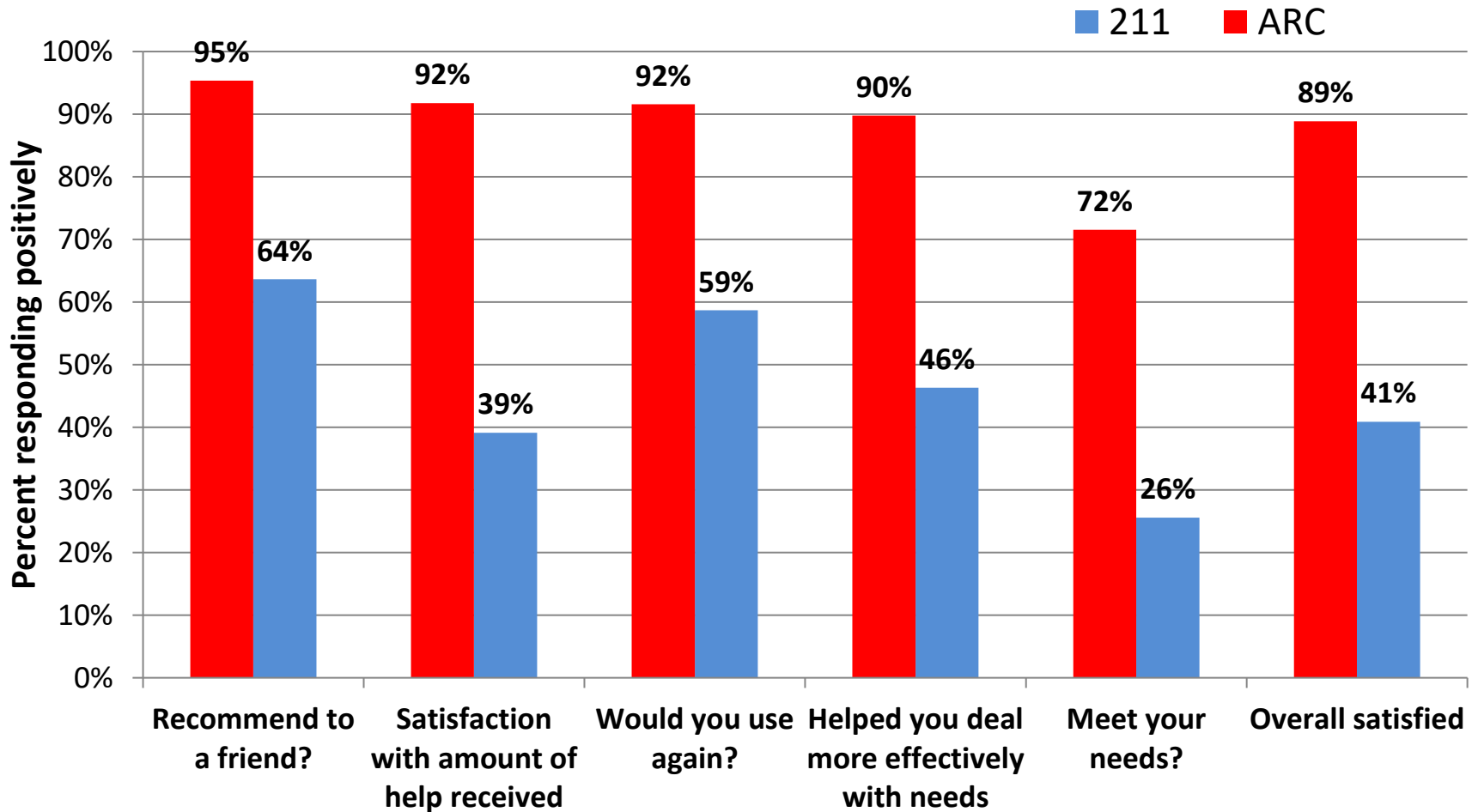


Mean no. of resources accessed/patient

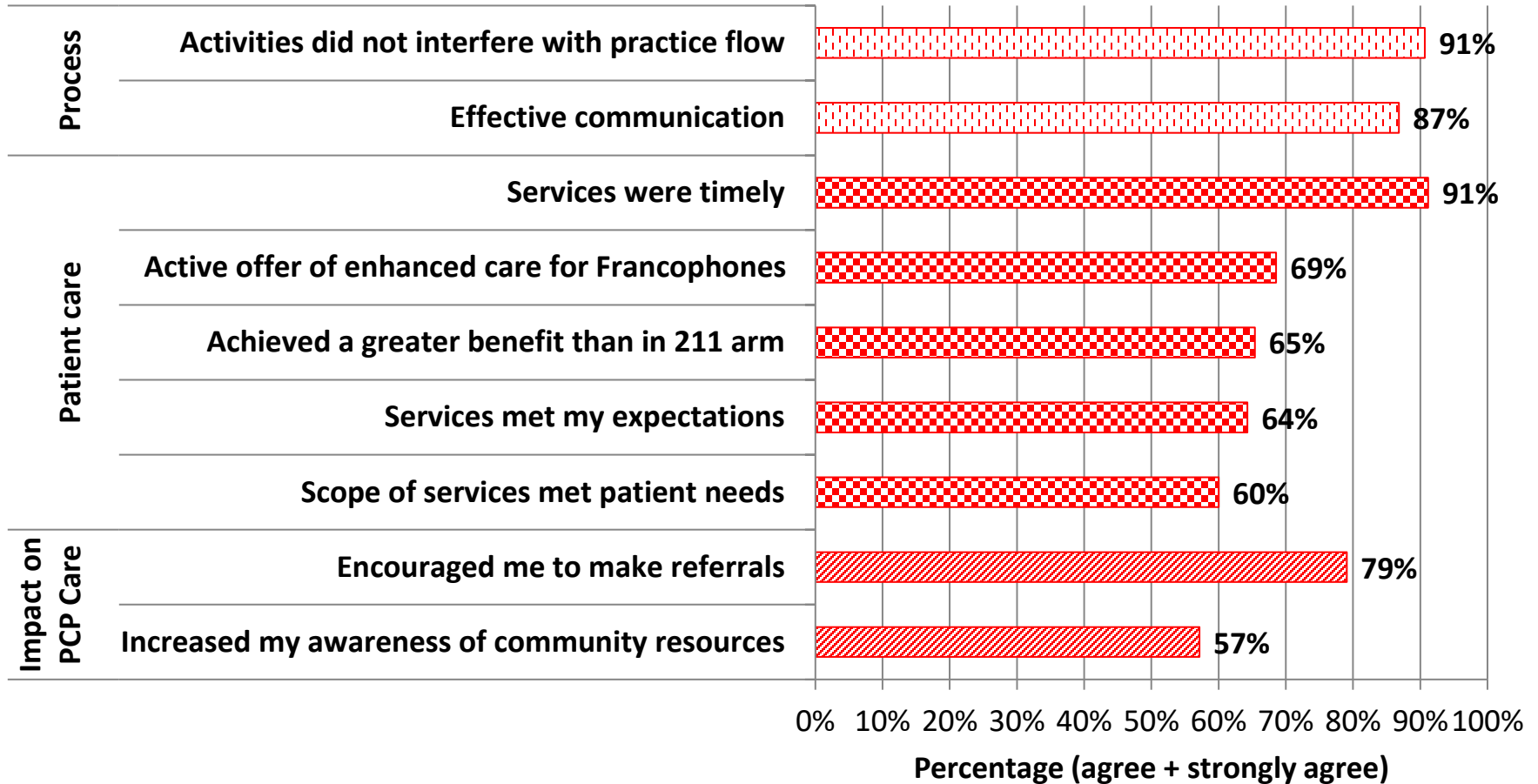
Patient Experience



Patient Perceived Benefit



Primary Care Provider Experience



What's required of me?

Practice (Practice Champion)

Intervention set-up

- Integrate ARC referral form in routine practice (e.g., EMR)
- Display promotional poster/pamphlets in the waiting room and/or examining rooms
- Integrate ARC navigator on site: Provide an area on site for the navigator to meet with patients (1/2 day per week)

Complete this form **ONLY** if the patient consents to be contacted by a member of the study team at Bruyère Research Institute in Ottawa, Ontario.

Name: _____

Telephone #: _____
(____) _____ - _____
Best time: AM PM Evenings Weekends
 Other _____

Male Female Other

Age: _____ years

- The patient agrees to have their name and telephone number sent to the researchers in Ottawa so they can be contacted to receive more information about the ARC study.
 The patient was provided with the study information package and the research team's contact information.

Please select one option:

- Able to communicate with research team in French or English
Preferred language for contact:
 French English
 Requires interpretation services *please specify:* _____
 Requires support from parent or proxy. *Proxy Contact Information:*

Name: _____ Telephone #: _____

Seeking resources to address the following needs:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Diabetes education | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Parenting and family support | <input type="checkbox"/> Self-management |

Other (specify): _____

Additional Comments

Main Responsible Provider's name: _____

Referring Provider's name (Please Print): _____

Signature: _____ Date: 201_/_/_
Year / Month / Day

Provider

Training – 30 min orientation session on:

- Breadth of community resources
- How to complete the referral form
- What to expect

Intervention – 9 mos patient recruitment + 3 mos follow-up

- Identify patient needs and complete the ARC referral form
- Periodic communication with the ARC navigator (by fax)



Study on **A**ccess to **R**esources in the **C**ommunity Étude sur l'**A**ccès aux **r**essources **c**ommunautaires

AVAILABLE RESOURCES / RESSOURCES DISPONIBLES

56,000 + community resources in Ontario!
56,000 + ressources communautaires en Ontario!

Mental Health
Santé mentale

Parenting support
Soutien parental

Seniors' Health
Santé des aînés

Falls prevention
Prévention des chutes

Pain management
Gestion de la douleur

Financial advice
Conseils financiers

Caregiver support
Soutien aux proches aidants



Foot care
Soin des pieds

Quitting smoking
Arrêter de fumer

Healthy eating
Manger sainement

Social assistance
Assistance sociale

Physical Activity
Activité physique

Diabetes education
Éducation sur le diabète

Addiction services
Services de toxicomanie

HOW CAN THE ARC STUDY HELP YOU? COMMENT L'ÉTUDE ARC PEUT VOUS AIDER?

My Health Care

Referral



Mes soins de santé

Renvoi

Navigation

Support



Navigation

Soutien

Community Service

Access the service!



Service communautaire

Accéder au service!

Talk to your health care provider about the ARC study!
Parlez à votre fournisseur de soins de santé au sujet de l'étude ARC!



Version date March 21, 2018



Our commitment to you

- Minimize disruption to your practice
- Adapt study activities to your needs
- Oversee integration of the Patient Navigator
- Monitor acceptability of implementation throughout study

What's required from my patients?

Patient

Eligibility

- Medically stable, socially complex (as deemed by PCP)

Intervention – Up to 3 mos

- Random allocation to one of two navigation services:
 - A. Provincial navigation service (Ontario 211)**
 - Contact information is provided
 - B. In person navigation service (ARC intervention)**
 - Meets with navigator as needed for up to three months

Questions & Discussion

Information and Consent Forms:

- Practice Consent: Practice delegate
- Provider Consent: 1 per provider

Contact us:

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Phone number: 613-562-6262 ext. 2913

Email: sdahrouge@bruyere.org

ARC Coordinator: Andrea Perna

Phone number: 613-562-6262 ext. 2920

Email: aperna@bruyere.org

Our Partners



Funding Agencies



Appendix Establish Processes

 This is an example from ARC Program. Please adapt it for your setting.

Establishing Social Prescribing Processes in Primary care

The ARC intervention is comprised of 4 components:

1. Orientation on community resources
 - a. Providers will receive an orientation on available resources in the community with an emphasis on resources addressing the priority issues of their patients.
2. Promotional material
 - a. Flyers, posters, pamphlets, videos promoting resources in the community in the practice waiting room. Promotional material will be tailored according to the priority issues of your patients.
3. Referrals
 - a. Providers complete a referral form (adapted to the provider needs/preferences) for each patient referred to a community resource.
4. Patient Navigator
 - a. Nonclinical services provided by a lay person to support patients that are referred to community resources identify and overcome barriers to accessing the resource.

Pre-set up Practice information

Seek from practice champion information on how to establish implementation processes your practice.

1. Orientation to resources in the community
 - a. How do you currently recommend patients to community resources, such as diabetes education, self-management support, or other social services?
 - b. What are the most common issues faced by your patients that could potentially be addressed by community-based health and social resources?
2. Promotional material in the waiting room
 - a. Is there space in the waiting room to display promotional material?
 - b. What are the priority issues for your patients (e.g., prevalent health problems, common social barriers)?
 - c. Do you have a television screen to display promotional videos? Is there space in the waiting room to install a television screen?
 - d. What promotional material related to community resources do you currently distribute to patients in the waiting room or through other mechanisms?
3. Facilitating the referral process

ARC: Access to Resources in the Community/Accès aux Ressources Communautaires

Should the content on the referral form be modified (e.g., a new list of resource topics to reflect patient priority issues at the practice)?

- a. What is the optimal process to prompt provider referral, e.g., reception staff may add the referral form to each patient's file on a daily basis? Are copies of referral forms maintained in the exam room or in another location?
 - b. How should the referral form be integrated with minimal disruption to the practice? Should the referral form be incorporated into the EMR?
 - c. Where will blank hard copy referral forms be maintained (e.g., at reception, in patient exam room)? Where will completed referral forms be kept?
 - d. Who will be responsible for faxing completed referral forms to the ARC research team? Will referral forms be faxed to the ARC research team daily, more than once per day?
4. Integrating the Patient Navigator in the practice
- a. Is there an office/room in the practice that is available for the Navigator to meet with patients on a weekly basis?
 - b. How often can the Navigator meet with patients at the practice site? Hours/day? Days/week? What day(s) of the week?
 - c. How will the Navigator communicate with participating providers about encounters with patients? EMR? Written reports?
 - i. EMR chart (patient-specific)
 - ii. EMR communication (general)
 - iii. Hard copy (scan)
 - d. What specific information should the Navigator provide to physicians about patient encounters (e.g., patient barriers, action plan and goal setting, etc.)?
 - e. How frequently will the Navigator communicate with participating providers? Daily? Weekly? As needed?

Appendix Referral Form

 **This is an example from ARC Program. Please adapt it for your setting.**



ARC Community Resource Referral Form

ARC Research Team Contact information:

Tel: 613-562-6262 ext. 2920

Fax: 613-782-2777

Complete this form **ONLY** if the patient consents to be contacted by a member of the study team at Bruyère Research Institute in Ottawa, Ontario.

Name: _____	Telephone #: (_ _ _) _ _ _ - _ _ _ _ Best time: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Age: _____ years	
<input type="checkbox"/> The patient agrees to have their name and telephone number sent to the researchers in Ottawa so they can be contacted to receive more information about the ARC study. <input type="checkbox"/> The patient was provided with the study information package and the research team's contact information.		
Please select one option: <input type="checkbox"/> Able to communicate with research team in French or English Preferred language for contact: <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Requires interpretation services <i>please specify:</i> _____ <input type="checkbox"/> Requires support from parent or proxy. <i>Proxy Contact Information:</i> Name: _____ Telephone #: _____		
Seeking resources to address the following needs:		
<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Diabetes education	<input type="checkbox"/> Mental health
<input type="checkbox"/> Physical activity	<input type="checkbox"/> Stop smoking	<input type="checkbox"/> Addiction
<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Parenting and family support	<input type="checkbox"/> Self-management
<input type="checkbox"/> Other (specify): _____		

Additional Comments

Main Responsible Provider's name: _____

Referring Provider's name (Please Print): _____

Signature: _____ **Date:** 201__/__/__
Year / Month / Day

Appendix Practice Set-Up Log



This is an example from ARC program. Please adapt it for your setting

Practice ID: _____

Initial practice set-up information

Date: [Click here to enter a date.](#)

Objective: Explain intent of the program (i.e., increase awareness of community resources via orientation to existing resources and navigation services, waiting room material, and patient navigation services), and inquire about the practice's impression of patient needs (i.e., priority setting), as well as aspects that are context-specific (e.g., size of practice), limitations, facilitators, ...

Capture discussion with practice provider/staff/Champion relating to following program activities to be facilitated:

1. SP program and Community resources orientation

[Click here to enter text.](#)

2. Referral process and form

[Click here to enter text.](#)

3. Waiting room material

[Click here to enter text.](#)

4. Navigator integration

[Click here to enter text.](#)

Actions (to be completed within one month; shorter better)

Date: [Click here to enter a date.](#)

Record below the date of each encounter with the practice, the initials of the individuals with whom you met, the program aspect you addressed, your impression of the practice engagement, and notes relating to the discussion and activities performed. You may also use this form to record encounters with individuals other than practice members. In these cases, record the name and organization of the individual

Date	Who	Content	Engagement
Click here to enter a date.		Choose an item.	Choose an item.
	Click here to enter text.		
Click here to enter a date.		Choose an item.	
	Click here to enter text.		

ARC: Access to Resources in the Community/Accès aux Ressources Communautaires

Click here to enter a date.		Choose an item.	
	Click here to enter text.		

List up to 10 things/actions you did to help implement the program activities in the practice, and comment on the extent to which you felt that these actions would contribute to the successful implementation of program activities in the practice.

List of actions	Comment on contribution to program success in this practice
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Additional Information:	
Click here to enter text.	

Summary (to be completed within 1 week of completing implementation of the intervention).

At the end of the implementation, please assess the integration of the program activities in the practice.

Please rate the following statements:

1 = Completely disagree; 2 = Strongly disagree; 3 = Somewhat disagree; 4 = Neither agree nor disagree; 5 = Somewhat agree; 6 = Strongly ; 7 = Completely agree

The practice believes that:

	1	2	3	4	5	6	7
<i>Implementing the program activities in the organization serves an important purpose</i>							

<i>The program activities will improve the organization's overall efficiency</i>							
<i>The program activities are consistent with the priorities of the organization</i>							
<i>The program activities will negatively impact the organization</i>							
<i>The program activities are unnecessary</i>							
<i>The time spent implementing these activities should be spent on something else</i>							

Appendix Program Implementation Checklist



This is an example from ARC program. Please adapt it for your setting

Date:

Attendance:

Item	Status	Details
1. Provide orientation to the practice staff on SP program and community resources		
2. Collect information to establish referral process, navigation process communication mechanisms and practice priorities		
3. Introduce referral form		
4. Establish referral process		
5. Establish patient engagement process		
6. Provide copies of study information package		
7. Establish Navigation process		

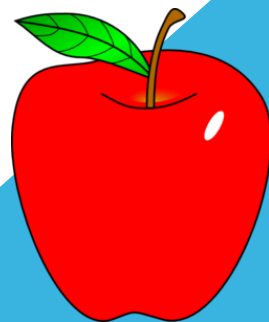
8. Introduce new promotional material in the waiting room		
--	--	--

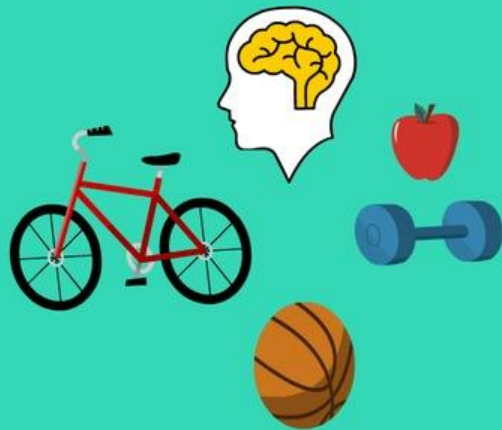
Appendix Provider Orientation Session

 This presentation is an example from ARC program. Please adapt it for your setting

ORIENTATION TO COMMUNITY RESOURCES

THROUGH THE LENS OF PATIENT NAVIGATION SERVICES





A Study on
Access to
Resources in the
Community

ARC Research Team

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Centre for Rural and Northern Health Research

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Centre for Rural and Northern Health Research

Session Objectives

1. Review ARC study process
2. Review navigation model using case studies
3. Review ARC referral process: Provider role
4. Obtain provider input on study process

ARC Study Process

1 The ARC study is advertised in your practice waiting room



2 You and your patient identify their priority need(s)



3 The ARC research team contacts your patient to obtain consent to participate in the study



4 Your patient is offered the services of the ARC Patient Navigator



OR

Your patient is instructed to call 211 for navigation services



5 Your patient accesses the community resource that is right for them.



The Navigator can help the patient...

- Identify the most appropriate resources
- Overcome barriers to access by:

- arranging transportation
- scheduling appointments
- completing forms
- & much more...

The 211 service can help the patient...

- Connect to their communities and maintain a good quality of life



CASE STUDY #1 – Identifying Patient Needs

1. ARC Referral Form

Provider & patient identify patient needs

<input checked="" type="checkbox"/> Chronic Pain	<input checked="" type="checkbox"/> Housing
--	---

2. Patient & Navigator Encounter(s)

Navigator elicits patient priorities & barriers

Additional needs may be identified

PRIORITIES	
1. Housing	3. Chronic Pain
2. Social isolation	

BARRIERS	
<input checked="" type="checkbox"/> Finances	<input checked="" type="checkbox"/> Knowledge
<input checked="" type="checkbox"/> Physical	<input checked="" type="checkbox"/> Confidence



Suzanne

Female, 63 y.o.

Lives alone, independently,
very shy, does not like to
ask for help

CASE STUDY #1 (Cont'd) – Enabling Access to Care

PRIORITY NEED	COMMUNITY RESOURCE	ELIGIBILITY	FEE
1. Housing	Housing assistance program	Anyone in the Ottawa area	None
2. Social Isolation (combining Physical Activity)	AquaFit classes membership	Anyone in the Ottawa area	Per class
	Book Club at a Community Center (once a week)	Seniors (>50)	Free
3. Chronic Pain	6-week assessment & treatment	OHIP-card, Provider referral	None

BARRIERS TO ACCESS COMMUNITY RESOURCES FOR IDENTIFIED PRIORITY NEEDS

1.1 Finances	Financial assistance program (\$170/year)	Income <20,000	None
2.2 Confidence	Navigator empowers patient by accompanying them to first AquaFit class	Patient in service area	N/A

CASE STUDY #2 – Identifying Patient Needs

- **ARC Referral Form**

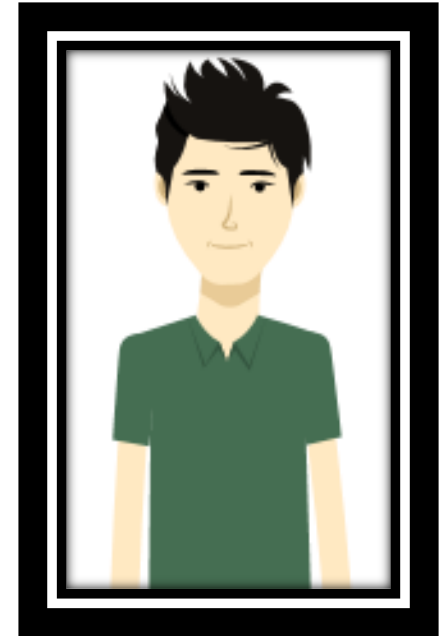
Provider & patient identify patient needs.

<input checked="" type="checkbox"/> Mental Health

- **Patient & Navigator Encounter(s)**

Navigator helps patient identify priorities & barriers.

- Additional needs may be identified



William
Male, 19 y.o.

Lives with a friend, dropped out of highschool, not much support from family

PRIORITIES	
1. Mental Health	
2. Employment	

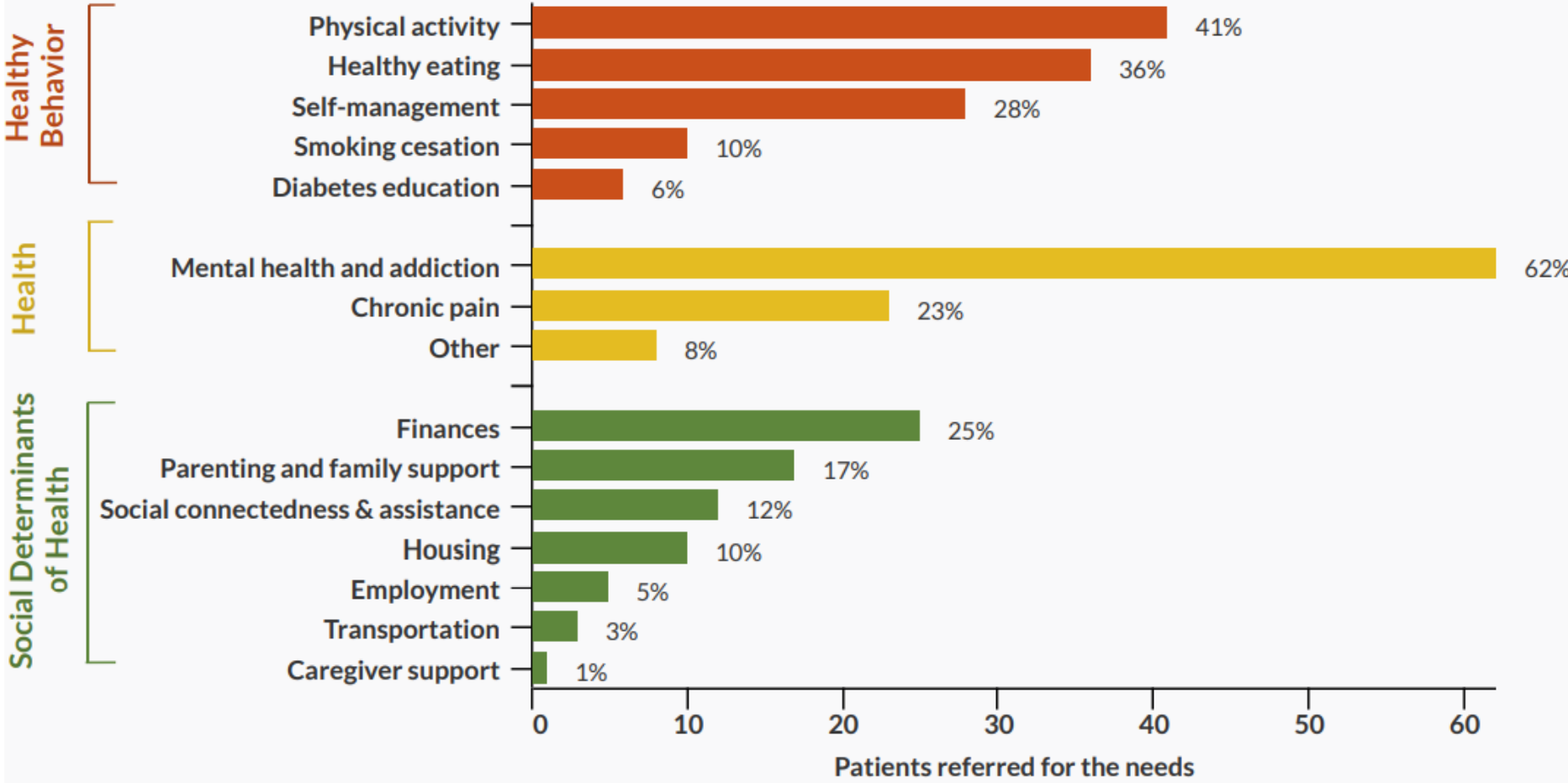
BARRIERS	
<input checked="" type="checkbox"/> Motivation	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Knowledge	<input checked="" type="checkbox"/> Finances

CASE STUDY #2 (Cont'd) – Enabling Access to Care

PRIORITY NEED	RESOURCE	ELIGIBILITY	FEE
1. Mental Health	One-on-one short-term counselling	Anyone in the Ottawa area	None
	Individual counselling sessions	Anyone in Ontario	None
2. Employment	Employment and Family Services at local Community Service Centre	Patient lives in service area	None
BARRIERS TO ACCESS RESOURCES FOR IDENTIFIED PRIORITY NEEDS			
1.1 Transportation	Subsidized bus pass	Income <20,675	1.75/ride 58.25/pass
2.2 Knowledge	Workshop on mental health or employment at local Community Service Center	Patient lives in service area	No fee

Commonly Identified needs : ARC-RCT

Needs Identified by Referral



The "other" category includes: foot care, falls prevention, medical devices, dental/eye/hearing, physiotherapy

Needs Identification Process (ARC)

- Waiting room information (video/posters/ pamphlets) to encourage patients to raise the subject with provider
- Provider aware of the needs of patient; discusses these with patient.
 - Joint decision to address the identified need by using ARC referral process.

ARC Referral Process: Provider Role

1. Identify needs with the patient
2. Obtain the patient's verbal consent to share contact information with the research team
3. Complete the ARC referral form (integrated in EMR)
4. Send the referral form to the research team (fax)
5. **Give a copy of the referral form to the patient**
6. **Give the patient a study information package (brown envelope)**

Complete this form **ONLY** if the patient consents to be contacted by a member of the study team at Bruyère Research Institute in Ottawa, Ontario.

Name: _____ _____	Telephone #: _____ (____) _____ - _____ Best time: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other _____
----------------------	--

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Age: _____ years
--	------------------

- The patient agrees to have their name and telephone number sent to the researchers in Ottawa so they can be contacted to receive more information about the ARC study.
- The patient was provided with the study information package and the research team's contact information.

Please select one option:

- Able to communicate with research team in French or English

Preferred language for contact:

- French English

- Requires interpretation services *please specify:* _____

- Requires support from parent or proxy. *Proxy Contact Information:*

Name: _____ Telephone #: _____

Seeking resources to address the following needs:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Diabetes education | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Parenting and family support | <input type="checkbox"/> Self-management |

- Other (specify): _____

Additional Comments

Main Responsible Provider's name: _____

Referring Provider's name (Please Print): _____

Signature: _____ Date: 201_/_/_
Year / Month / Day

Follow-up

1. Research assistant contacts all patients, explains study to obtain full consent
2. For all patients, if patient not consent:
 - Research assistant informs provider (fax)
3. For patients randomly allocated to the **ARC Navigator only**:
 - Navigator sends first communication when initial contact is made and plan is developed (fax)
 - Navigator meets face-to-face with patient (office hours at practice)
 - Navigator may consult with provider about needs (by fax)
 - Navigator sends last communication to report on support provided to patient and their status at last contact (fax)

Study Progress

Please provide:

- Feedback on any aspect of the study as needed
 - Processes can be modified (Pragmatic trial)
- Best way to obtain feedback from navigator

Expect:

- Regular emails with study progress and updates, and encouraging feedback
- Offer to present cases at a lunch and learn to broaden understanding of available resources
- End of study report and presentation

Questions?

Contact information

Primary Investigator: Simone Dahrouge sdahrouge@bruyere.org

Coordinator: Andrea Perna aperna@bruyere.org

Research Assistant: Natacha Butera nbutera@bruyere.org

Patient Navigator: Natacha Ndiokubwayo nndiokubwayo@bruyere.org