

MAY 1-2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Poster Presentation Abstracts

Title: The Scope of Patient Navigation Programs in Canada

Authors: **Rachel Russell, MA**; Simran Arora, MSW, RSW; Sander L. Hitzig, PhD; and Roula Markoulakis, PhD

Abstract:

Introduction: Patient navigation programs (PNPs) provide patients and their families with support and guidance in accessing healthcare resources. Although patient navigation is increasingly becoming a normal in Canadian healthcare, there is significant variation in its conceptualization and implementation, including differences in the scope of practice, patient population, delivery methods, and settings. This project aims to better understand the key characteristics of PNPs across Canada.

Design: PNPs were identified from a previous environmental scan of Canadian PNPs. An online REDCap survey was designed to collect data on the composition of PNPs across Canada.

Results: Of the 148 identified PNPs, 19 responded to the survey [8 ON; 3 BC; 2 NL; 1 PE; 1 NS; 1 NB; 1 SK; 1 AB; 1 Canada-wide], and 1 declined. In terms of patient populations, 11 PNPs focused on acquired brain injury, while the rest were providing care on a variety of conditions (e.g., dementia or complex medical care needs, neurodevelopmental disorders, physical disabilities, etc.) across communities (e.g., Indigenous communities). Most PNPs are community-based (68%), with 12 using a hybrid model and 6 operating solely virtually. Over half of the PNPs are government-funded and 74% reported having inadequate resources. Waitlists for external programs and services as well as lack of awareness of the navigation programs were reported as major barriers to PNP service delivery.

Conclusion: The present study provides some additional insights into the scope of available PNPs in Canada. There is a strong focus on supporting the acquired brain injury community as well as other programs across Canada for various equity-deserving populations. However, our findings are hampered by the low response rate, and further efforts are being undertaken to increase our sample size. A better understanding of PNPs across Canada can serve to clarify what patient navigation entails and for whom it is most beneficial.

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Poster Presentation Abstracts

Title: Engagement of Primary Care Providers in Social Prescribing: A Systematic Review

Authors: **Manirambona Linda, PhD Candidate**; Simone Dahrouge, PhD; and Vivian Welch, PhD MSc BSc

Abstract:

Introduction: Addressing social determinants of health within primary care settings presents inherent challenges. While there is acknowledgment of the detrimental impact of unmet social needs on health outcomes, there remains a pressing need for effective and practical innovations to support primary care providers in implementing social prescribing navigation systems. These systems aim to facilitate the effective connection of patients with non-medical needs to community resources, thereby addressing their social needs.

Primary care providers play a pivotal role as key stakeholders in population health interventions. Despite documented instances of their engagement in health system innovation, there exists a gap in understanding how best to involve them, particularly in the context of social prescribing navigation systems. The implementation of a novel navigation system may encounter challenges in the absence of clearly defined strategies to engage key stakeholders.

Design: This study proposes a systematic review to elucidate the factors influencing the engagement of primary care providers with social prescribing programs. Engagement is defined as enrollment in a social prescribing program and subsequent referral-making. Specifically, the study will focus on a navigation model where prescriptions originate within a primary care setting, with referrals made to community resources. Programs referring exclusively to in-practice resources will be excluded.

Results: The preliminary results will provide comprehensive understanding of factors related to the social prescribing navigation itself, contextual considerations, along with the interrelation with individual, systemic, or practice-level factors. The findings will inform policymakers, practitioners, academicians and stakeholders on the optimal approach to engaging primary care providers.

Conclusion: The adoption of social prescribing navigation systems holds promise in addressing social determinants of health within primary care settings. Essential to this endeavor is a nuanced understanding of the barriers and facilitators faced by frontline implementers.

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Poster Presentation Abstracts

Title: Transitions in MHA Care: Toolkits for Youth, Families, Service Providers, and Decisions Makers

Authors: **Simran Arora, MSW, RSW**; Roula Markoulakis PhD; Sugy Kodeeswaran BSc, MHSc; Cathy Walsh BA; Deepy Sur, MSW, PhD, RSW; David Willis MB; and Anthony Levitt MD

Abstract:

Transitional-aged youth (TAY) with mental health and/or addictions (MHA) concerns have complex needs when transitioning through the healthcare system. TAY and their families encounter numerous individual and systemic barriers preventing them from finding and accessing appropriate care during these transitions. To understand the experiences of TAY and families, a scoping review of literature was conducted to explore the roles of families in supporting TAY with MHA concerns along with the barriers and facilitators of access to MHA care for this group. Furthermore, TAY, family members, and system providers were interviewed to obtain an understanding of the supports needed to access MHA care and the role of navigation services in addressing MHA needs. A toolkit was then developed for TAY, family members, service providers, and decision makers based on the findings of the two studies. The toolkit provides practical information on a range of topics tailored to different stakeholder audiences. The toolkit includes information such as,

- What can help when transitioning between child and adult systems,
- What to expect when engaging with the MHA system and navigation services,
- The experiences of TAY and their families,
- Key considerations for service providers,
- and the role of navigation services.

Before publishing the toolkit, TAY, families, service providers, and decision makers were invited to provide feedback on the toolkit. The research team incorporated the feedback and will publish the toolkit online. Highlights from the toolkit will be presented at the conference. This toolkit includes messages for different groups to optimize stakeholder's experiences and enhance the understanding of the role of navigation in supporting seamless transitions in care for youth and their families.

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Poster Presentation Abstracts

Title: Navigating healthcare among Canadians with ASD during transitions to adulthood

Authors: **Paige Kavanaugh, BSc, MA Candidate;** and Parisa Ghanouni, PhD

Abstract:

Introduction: The transition to adulthood presents specific challenges for individuals with Autism Spectrum Disorder (ASD) and their parents, particularly in navigating healthcare systems and adjusting routines. Transitioning into adulthood requires a shift from parental oversight to fostering independence, a process that includes many challenges when managing healthcare needs. Although crucial, understanding how to navigate the healthcare system effectively remains difficult. Despite existing research on the barriers faced by individuals with ASD during the transition to adulthood, limited information specifically addresses healthcare navigation. This study aims to address this gap by exploring the experiences of youth with ASD, their parents, and service providers to gain a comprehensive understanding and identify crucial components for navigating healthcare systems successfully.

Design: 21 interviews were conducted, including 8 youth with ASD, 7 parents of youth with ASD, and 6 service providers across Canadian provinces.

Results: Thematic analysis revealed three main themes essential to navigating the healthcare system: (a) information sharing, emphasizing the significance of accessible and comprehensive information exchange regarding healthcare resources; (b) community-based programs, underscoring the role of community resources and support networks in facilitating healthcare access and transition; and (c) transitional supports, highlighting the necessity of tailored and ongoing support mechanisms to assist individuals with ASD during the transition process.

Conclusion: This study contributes to the existing literature on the transition to adulthood for individuals with ASD by identifying key factors influencing healthcare system navigation. Recognizing and addressing these factors are vital due to their profound impact on youth and their families. The findings highlight the importance of accessing navigational services to facilitate a successful transition of healthcare systems. Furthermore, these findings can inform the development of navigational support interventions aimed at making the transition to the adult healthcare system more efficient and equitable for youth with ASD.

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Poster Presentation Abstracts

Title: A qualitative investigation of youth's experiences in a transition navigation program

Authors: **Soha Salman, MEd**; Julia Davies, PhD Candidate; Lexi Ewing, PhD; and Kristin Cleverley, PhD

Abstract:

Introduction: Transition navigation services for supporting youth during their transition out of child and adolescent mental health services (CAMHS) to community or adult mental health services (AMHS) are being increasingly provided across mental health agencies. Yet there is limited knowledge regarding youth's experiences within these services, primarily due to a lack of program evaluations. To address this gap, a mixed-methods evaluation study was conducted with youth participants who received navigation services during their transition out of a hospital-based CAMHS. The objective is to present findings from the qualitative arm of the study, where youth participants shared their insights regarding receiving transition navigation services.

Design: Semi-structured, in-depth qualitative interviews were conducted with 20 youth participants who were asked about their experiences regarding the types of support they received in the navigation program and aspects of the program they found most and least helpful. Data was transcribed and coded on NVivo.

Results: Using a directed content analysis approach, the types of support described by youth were coded under the appropriate core components of supporting youth transitions from CAMHS to AMHS as described in the literature. Based on participant's reports, the most common components being implemented within the program were the navigator conducting regular readiness assessments with youth, identifying an appropriate adult mental health provider with them, and providing them with appropriate community mental health resources. The most helpful aspect of the program was commonly reported as getting connected to appropriate mental health services, while the least helpful aspect was described as limited communication being maintained during the course of the program.

Conclusion: These findings offer several courses of action for improving the transition navigation intervention, which is integral to supporting continuity of mental health care for youth.

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Poster Presentation Abstracts

Title: Survivor Advisor: Navigating the Survivorship Journey with Digital Guidance and Support

Authors: **Dr. Kimberley Kaseweter, PhD**; Mark Nazemi, PhD; Nina Gregoire, PhD Student; and Anna Wilkinson, MD

Abstract:

Introduction: The increasing number of breast cancer survivors transitioning into follow-up care highlights the need for enhanced navigation support in the Canadian healthcare system. This trend, alongside existing challenges during the transition from treatment, underscores the critical role of guidance and support. Indeed, oncologists are challenged in providing high-quality, comprehensive care to this expanding population. Furthermore, many survivors already grapple with physical, emotional, and practical concerns, amplifying the demand for streamlined, patient-centered care. Survivor Advisor aims to bridge this gap between patient needs and healthcare complexities by empowering survivors to navigate their journey with confidence and clarity.

Methods: Survivor Advisor facilitates navigation by offering personalized, 5-year care plans for breast cancer survivorship. These plans integrate user-friendly, high-quality resources and timely appointment reminders for screenings, aligned with clinical guidelines. Additionally, it empowers oncologists to generate these plans in minutes, rather than hours, streamlining care planning.

Anticipated Results: Data collection is currently underway at The Ottawa Hospital, with the aim of enrolling 50 survivors. It is anticipated that by offering high-quality guidance, survivors will develop enhanced knowledge, empowerment, and improved navigation skills throughout their survivorship journey. This, in turn, is expected to result in improved adherence to screenings and self-management, while simultaneously allowing oncologists to allocate more time for direct patient care.

Discussion: Survivor Advisor empowers breast cancer survivors by offering personalized guidance and streamlined access to resources through tailored digital care plans, easing the challenges of navigating survivorship. As we move forward, extending the scope of Survivor Advisor to encompass the needs of survivors facing other types of cancer could further enhance its impact. Ultimately, by delivering high-quality support in a patient-centered, easily accessible manner, Survivor Advisor strives to enrich the survivorship journey and foster improved patient outcomes, underscoring the crucial role of effective navigation in the survivorship process.

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Poster Presentation Abstracts

Title: Lived experience as lived knowledge: Evaluating a youth-led workshop series

Authors: **Deewa Anwarzi, BA, MSc**; Fahad Riaz PhD, Roula Markoulakis PhD, Sugy Kodeeswaran MHSc, and Anthony Levitt MD

Abstract:

Introduction: Youth engagement in mental health (MH) programs has been linked with improved mental health outcomes. To promote youth engagement and empowerment, the Family Navigation Project (FNP), a GTA-based youth mental health and addiction (MHA) navigation service, has incorporated a Youth Advisory Council (YAC), comprised of youth ages 16–26 living with MHA, into their service. Since 2021, each term of the YAC has been afforded the opportunity to lead a project that seeks to improve youth access to MHA care.

Design: During the September 2022-October 2023 term, the 10 council members collaborated with the research and navigation team to design and evaluate a workshop series on mental health and mental health navigation from a lived experience perspective. The goal of this research project was to assess the impact of a youth-led, lived experience-based workshop series, on youth participant's knowledge of mental health (MH) related topics and engagement. Reflecting on their own MH journey, the YAC developed four workshops, each one centered on a personal or mental experience that may influence youth access to MH care: 1. Socio-Economic Status and Finance, 2. Gender Queer identity, 3. Social Anxiety and Depression and 4. Body Image. To evaluate participant's knowledge and awareness of MH and MH services and workshop engagement, the YAC developed a 12-item pre-training survey and a 7-item post-training survey.

Results: So far, two of the four workshops have been implemented (n=24). Preliminary analysis of the survey data suggests that lived-experience based workshops can improve youth knowledge and awareness of MH-related topics as well as promote engagement.

Conclusions: Considering the paucity of research on the role of lived experience in youth MH care, this early line of work is essential for researchers and clinical professionals looking for ways of better connect, engage and educate youth in the MH care process.

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Poster Presentation Abstracts

Title: Quantifying the value of health navigation services in children with medical complexity

Authors: **Sara Long-Gagne, MD, MSc**; Laura Gagnon, MSW; Julie Bergeron MEd, CCLS; Tanya Radhakrishna BEng; Clelia Coccia BSc(N); and Laurie Cleoplat, PNP, MSc(A)

Abstract:

Introduction: A hospital-based Coordination and Navigation (CAN) improvement project implemented non-clinical care coordinators (CC) to harmonize ambulatory care services for children with medical complexity (CMC). The main objective was to assess the effectiveness of CAN by measuring outcomes occurred/prevented following a CC encounter for patients aged 0-18 years, followed by at least 3 medical providers at the hospital, and enrolled to CAN.

Design: Data was collected from August 2020 to July 2023 using an adapted version of the Boston Children's Hospital Care Coordination Measurement Tool (CCMT). The CCMT was filled by the CC after an encounter. An encounter was defined as CC activities to solve a request communicated by a parent or healthcare provider. The CCMT recorded events that occurred (outcome occurred) and foreseen events if CC activities had not been provided (outcome prevented).

Results: During the project, 293 patients were enrolled and 2267 encounters were conducted. Activities of the CC involved direct family communications, assisting booking visits, researching patient questions, facilitating access to internal/external healthcare services and tracking referrals/documentations. The majority of outcomes occurred were related to the organization of hospital visits. The CC prevented 706 delays in accessing care, 619 unnecessary travel to the hospital, 213 missed visits, 60 unnecessary visits/tests and even 8 emergency department visits.

Conclusion: Implementing health navigation may be an effective solution to engage families and provide the right care at the right time. CC not only helped access care, but also organized care in a way that saves time, avoids unnecessary expenses, and even reduces emergency department visits.

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Poster Presentation Abstracts

Title: Going to the Emergency Room: Examining Parents Decision-Making

Authors: **Philip Dovey, RN, BSc, MScN Candidate**; and Dr. Caroline Sanders RN, PhD

Abstract:

Introduction: In Canada, visits to emergency departments (ED) are on the rise, especially for young children. A consensus in the literature is that unnecessary pediatric ED visits contribute to overcrowding, increased health care costs and increased morbidity and mortality. The perception of the child's condition as urgent, easier access to the ED, trust in ED care, lack of confidence in treating their child at home, and low health literacy are common causes of non-urgent ED visits in the pediatric population. A Much study has been done around the reasons caregivers attend the ED and trials of novel resources designed to improve health literacy have had limited success. There is no evidence regarding the decision-making process of caregivers for the care of their acutely unwell child.

Our objective is to investigate the decision-making process and needs of caregivers of children aged 0-5 years when their child is acutely unwell to access health services or care for their child at home.

Design: Our poster will 1) highlight the extent of the challenges related to unnecessary ED visits in Canada, and 2) Demonstrate the difficulty caregivers of young children have in finding, accessing and utilizing materials designed to support their decision making regarding accessing health care services versus caring for their sick child at home. We will present a comprehensive review of the literature sharing how dialogue with those in the United Kingdom who have been leading work in this area since 2011 can translate to a Canadian context.

Conclusion: Understanding the needs of caregivers of young children in the moment of making the decision of if they should access care and where to access it could contribute to new supports designed to signpost caregivers in the future towards the most appropriate choice for the care of their young child.