

Healthcare provider perceptions of an integrated Community Health Navigator program in Alberta: a qualitative descriptive study



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Background

- There is growing interest in primary care settings to improve care access and coordination, particularly for patients with complex, chronic health conditions and those experiencing barriers to care (such as social and care access/equity barriers).¹
- Integration of trained, non-clinical team members in the Patient Medical Home (PMH), such as Patient Navigators and Community Health Navigators (CHNs), is increasingly common; however, health care providers' (HCPs) experience with these expanded care programs are not well understood.²
- Objective:** We sought to describe HCP experience, including: (1) acceptance, (2) barriers/facilitators to HCP engagement, and (3) suggestions for improvement, with a CHN program that was implemented in four Primary Care Networks (PCNs) in Alberta, Canada



Methods

- Qualitative descriptive study using semi-structured interviews with HCPs. Interviews were conducted from November 2022 to April 2023.
- We used codebook thematic analysis³ and mapped themes to The Acceptability Framework.⁴
- This study is a sub-study of a provincial evaluation of the CHN intervention.

CHN program eligibility & participation

- Patients were eligible to receive CHN services if they had ≥ 2 of 6 chronic conditions* and were experiencing a barrier to care.
- 422 patients were enrolled** in the CHN program from 2018 to 2023.

*hypertension, diabetes, chronic kidney disease, heart disease, heart failure, chronic obstructive pulmonary disorder/asthma

Results

- HCP acceptance:**
 - HCPs value the addition of CHNs in the PMH, particularly as supports to the multidisciplinary team (Figure 1.1).
 - HCPs felt the services provided were appropriate and patients achieved tangible outcomes.
- Barriers/facilitators to HCP engagement:**
 - Some HCPs initially had a poor understanding of the CHN program & role, though this generally improved as they had more exposure to the program (Figure 1.2).
 - Many HCPs felt the referral criteria were too restrictive.
 - Greater CHN integration in the team facilitated communication and program understandability.
- Suggestions for improvement:**
 - Improve awareness of the CHN role and communication between CHNs and HCPs (Figure 1.3)
 - Broaden program eligibility & streamline referral processes

Table 1. Interview participant characteristics

Participant Characteristic (n=22)	n (%)	
HCP Role	Physician	9 (40.9)
	Nurse	6 (27.3)
Multidisciplinary Team (MDT)		7 (31.8)
Gender	Male*	4 (18.2)
	Female	18 (81.8)
Age (years)	25-40	8 (36.4)
	41-55	7 (31.8)
	> 55	7 (31.8)
Length of time in role (years)	< 5	6 (27.3)
	5-10	9 (40.9)
	> 10	7 (31.8)
Clinic location	Calgary & area	13 (59.1)
	Edmonton & area	9 (40.9)

*Male participants were all physicians



Figure 1: HCP perceptions of the CHN program, including 1) acceptance of the CHN program, 2) barriers/facilitators to engagement, and 3) suggestions for improvement.

Discussion

- Acceptability of the program overlaps with acceptability of the research study.
- There may be an association between constructs – e.g., perceived effectiveness likely influences affective attitude.
- Perceptions of other participants (patients, CHNs, leadership) will add to our overall understanding of acceptability.

Conclusions

- Results of this study will be used to inform potential adaptations to and expansion of the CHN program.
- This study also provides insight relating to HCP experience with non-traditional care roles.

References

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