Implementation of a Community Health Navigator Program in Alberta: Barriers, Facilitators, and Lessons Learned

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BACKGROUND AND OBJECTIVE

ENhancing COMmunity health through Patient navigation, Advocacy and Social Support (ENCOMPASS) is a program of research investigating the use of a community health navigator (CHN) for adults with multiple chronic conditions in primary care. The CHN program aims to support patients in accessing health and social services to improve wellbeing, self-management, and access to needed care.

This study aims to understand barriers and facilitators to implementation of the CHN program in Alberta Primary Care Networks (PCNs) and provide recommendations for program sustainability and expansion.

STUDY DESIGN

Qualitative descriptive study using semi-structured interviews analyzed using codebook Thematic Analysis informed by the RE-AIM framework

METHODS

We partnered with four PCNs in Alberta to conduct randomized control trials of the Community Health Navigator (CHN) innovation (2018 - 2022).

Semi-structured interviews conducted from March 2022 to March 2023 with participants purposely sampled from all impacted groups: leadership and interdisciplinary team members within the PCN; physicians and clinic staff within primary care clinics; CHNs, and patients.

An evidence-based program theory[1] and the RE-AIM framework[2] guided the implementation and evaluation of the innovation.

Three researchers independently coded transcripts using Codebook Thematic Analysis.[3] All authors participated in discussion of findings and interpretation during theme construction.

PARTICIPANTS

	CHNs (22)	Healthcare providers (22)	Organizational leaders (13)
Gender	19 (86 %) Female 3 (14 %) Male	18 (82 %) Female 4 (18 %) Male	10 (77 %) Female 2 (15 %) Male 1 (prefer not to answer)
Years in role	Median 1.7 years (7 months – 5 years)	Median 8 years (1 – 42 years)	Median 4 years (11 months – 7 years)
Highest level of education	Bachelor's degree 9 (41 %) non-university Diploma 10 (45 %) Master's degree 3 (14 %)	Bachelor's degree 5 (23 %) non-university Diploma 3 (13 %) Master's degree 5 (23 %) MD 9 (41 %)	Bachelor's degree 5 (39 %) Master's degree 6 (46 %) PhD. 2 (15 %)

Figure 1. Characteristics of interview participants

FINDINGS

Adoption

Facilitators

- PCN and physicians' values align with program
- Awareness of patients' health–related social needs
- Program design and low complexity
- Funding
- CHN training package

No other programme at [PCN1, name removed] that we had implemented […] had received that much support in its design and implementation. And I would say that's a huge asset that's often lost or undervalued from an operational perspective. (L107)

Barriers

- PCN and physicians' competing priorities
- Low understanding of CHN role, capacities
- Organizational and social context (the COVID pandemic)
- Research component of the innovation

Both within our organisation […] as well as the physician offices didn't quite understand who this person is - who is not a quote, unquote "professional". […] There's no degree, there's no certificate […] these are not medical professionals. So, what can the doctors ask them to do? And what can't they ask them to do? (L201)

Reach (patients)

- Established trust with their physicians
- Physician referred/discussed program with patient
- Awareness of their needs for support
- Isolation / loneliness

Cold-calling a patient when they've never heard about the program, we got a lot more declines, whereas like a patient who had already talked to their doctor about it or somebody at the clinic about the program and agreed to be contacted, were more likely to agree because they've already heard about it. (Sup4)

- Patients overwhelmed/stressed by sickness, caregiver demand
- Limited trust
- Unaware of their needs
- Recruitment over a phone without previous knowledge of the program
- Research component of the innovation

I would say it was about 50/50. I think everyone thought that the program could be useful, but only 50 percent of the people we were talking to thought that they needed it or could benefit from it. I think a lot of people thought that they were in better control of their conditions than they actually are. (CHN32)

Implementation

- Well supported physicians (by clinic staff)
- Evidence of benefits: Early successes/experiences with program
- Patient motivation/activation
- Strong CHN – patient connection

When we're looking at projects or QI work, it tends to be the same people stepping up and stepping forward. The ones that are most successful have fairly stable clinical staff, MOAs, practice facilitators, they may have a nurse in clinic and typically if they have a nurse in clinic, they're very collaborative with that nurse. (L104)

- Physician burnout
- Narrow referral criteria (research-related)
- Minimal integration with physicians and clinic teams
- Challenging engagement with some patients & unrealistic expectations
- Restrictions on in-person contact during the COVID-19 pandemic

Physicians don't want to talk to anyone right now. It's huge burnout […] physicians are experiencing information overload. […] You're just catching us at a thin time with communications within the PCN. […] I think it's hard for people to imagine the amounts of different players in primary care. So, the amount of different information that comes on a daily basis to physicians about different things. HCP301

Effectiveness

- Patient motivation/activation
- Strong connection between CHN and patients, trust.
- CHN supports to access resources/services
- Improved communication with clinicians

They [patients] have to have a certain amount of desire to actually do these things to improve their life. […] You need to want to do this and be successful at it because it's better for you. You're the one that receives the better benefit. (Patient 2005)

- Patient motivation/activation
- Complex or deteriorating patient health
- Unmet needs or expectations
- Limited availability and access to long-term supports

They were so engaged, and their adherence to the program was like very strong. And […] because their situation was so extreme. And there was nothing that exists in the community that can help them. (CHN23)

Maintenance

- PCN values align with program
- Awareness of patients' health-related social needs
- CHN training/expertise gained – low turnover
- Available funding

One of the things that we're seeing with our primary care physicians is challenges with system navigation and patients not knowing where to go, how to access care. Physicians themselves as well are not sure where to refer, how to connect people to those resources, and related to social determinants of health too, right. So, we found that that's been quite valuable, that was a gap and this program certainly worked to address the gap. (L402)

- Cost
- Evidenced for the innovation still lacking (but expected)
- Organizational context – competing priorities, leadership uncertainties
- Minimal awareness and understanding of program availability and capacity

We've opened the criteria. […] their [CHN] caseloads are still pretty small. I think about like maybe 10 patients each or something at a time. (L401)

I'm not sure that the CHNs are they still doing those things. It's been some time since I heard from PCN regarding CHNs. (HCP108)

Figure 2. Facilitators and barriers identified per RE-AIM domain (Adoption, Reach, Implementation, Effectiveness and Maintenance)

DISCUSSION

Three PCNs sustained the innovation with adaptations after the trials concluded.

The COVID pandemic and processes inherent to the research may have impacted perceptions of barriers and facilitators.

Lessons learned from the trials will help leaders and implementers to successfully sustain and uptake the program, informing potential scalability of the CHN program as a PCN health service.

Addressing barriers – intervention strategies

- Barriers: understanding, awareness, time constraints, evidence base, effectiveness

- Strategies:

Promotional activities highlighting the value of the CHN role and program successes (clinic, PCN, presentations, videos (patient stories), patient materials).

Once results of the evaluation study are available, dissemination through workshops, webinars, brochures, and publications.

Involving physicians and other HCP champions, role models to increase provider engagement.

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