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CONFERENCE ABSTRACT

Effectiveness of System Navigation Programs Linking Primary Care with Community-Based Health and Social Services: A Systematic Review

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Introduction: Fragmented delivery of health and social services can impact access to high quality, efficient, person-centred care for adults with complex health and social needs. System navigation is a potential strategy to break down divisions between health and social systems, reduce barriers to care, and improve quality of life. However, evidence of effectiveness of system navigation programs remains largely unknown. This understanding is necessary to inform practice and policy decision-making related to optimal models and impacts. The EMBOLDEN study uses community co-design, partnering with community stakeholders and citizens to develop an evidence-informed, mobility-enhancing intervention for older adults that includes system navigation.

Aims, Objectives, Theory or Methods: This systematic review aims to identify the effectiveness of system navigation programs linking primary care with community-based health and social services to improve patient and health system outcomes. The primary outcome is health and social service utilization. Secondary outcomes include patient health/wellbeing, patient and caregiver experiences, and costs. Building on a previous scoping review, PsychInfo, EMBASE, CINAHL, OVID MEDLINE, and Cochrane Clinical Trials Registry were searched for studies published between January 2013 and August 2020. Relevant interventions included system navigation or social prescription programs for adults aged 18+ years. Two independent reviewers completed study selection, critical appraisal, and data extraction. Research partners informed review design and interpretation.

Highlights or Results and Key Findings: Twenty-one intervention studies with generally low to moderate risk of bias were included. The average age of participants was 67 years. System navigation programs included lay person models (i.e., trained non-professionals; n=10), health professional models (e.g., social worker, nurse; n=4), team-based models (i.e., lay person(s) and health professional(s), or teams of health professionals; n=6), and self-navigation with lay support (n=1). High-quality evidence supports a team-based navigation approach for improving health and social service utilization. Moderate quality evidence supports either lay or health professional models for improving patient experiences with quality of care. None of the system navigation models identified consistently improved patient health outcomes, such as wellbeing/mental health, social participation, or health behaviours. There was insufficient evidence to determine the impact of system navigation on caregiver outcomes or cost effectiveness. EMBOLDEN's Strategic Guiding

Council of older adults and health/social service providers were actively engaged in interpreting the findings.

Conclusions: System navigation programs linking primary care with community-based health and social services demonstrated mixed effectiveness. The ideal model of system navigation for improving healthcare system and patient outcomes remains unclear. Further research is warranted, specifically to understand the impact of system navigation on caregiver and cost-related outcomes.

Implications for applicability/transferability, sustainability, and limitations: Review findings offer insight into the most promising system navigation models to support integrated care delivery. Study heterogeneity precluded meta-analyses. Findings will guide EMBOLDEN intervention co-design as community stakeholders and older adult citizens partner to determine how to apply these results within local contexts, considering community needs, preferences, and resources.