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Title

Access to Resources in the Community (ARC) – A randomized control Trial

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Access to Resources (ARC) navigation model is an innovative, whole-person, primary care integrated navigation service developed through a multi-stakeholder engagement process that aims to optimize equitable access to health enabling resources (HERs) for primary care patients. Objective: To examine the effectiveness of ARC model against navigation services from the provincial online and telephone Ontario-211 program. Study Design: Mixed method randomized controlled trial Setting: Ottawa and Sudbury. Population: 326 medically stable patients referred by the participating primary care providers, were randomized (1:1 allocation) to ARC/O-211 services. Intervention: ARC navigator offered bilingual services using the “active offer” approach to support patients overcome social barriers to accessing HERs. Patients allocated to the control arm received information on O-211 services. Main Outcome: Resource/s accessed (defined as used/waitlist/appointment made) Results: 326 patients enrolled (32% Francophones), 237 (73%) completed 3-month questionnaire, and 29 patients were interviewed (28% Francophones). Participants were 62% female, 15% immigrants, 28% university educated, and patients who showed higher social complexity (56% tight/poor financially, 41% lived alone, 68% unmarried, 60% not working). ARC intervention was more effective in supporting patients’ access to resource, compared to O-211 (50% vs 36%; $p=0.014$) adjusted for patient factors (OR 1.8, 95% CI 1.1 – 2.8). Francophone patients achieved better access compared to Anglophones in both arms (OR 2.0; 95% CI =1.2-3.4). Language concordance between patient’s preferred language for receiving services and language of service received was greater for ARC compared to O-211 (91%/31%). Patients highly valued ARC’s patient-centered approach and reported higher satisfaction (91%/61%) and experience (94%/67%) with the ARC vs O-211 services. Patients expressed gratitude for the ARC navigation support they received, and expressed disappointment that ARC services were time bound. Conclusion: ARC may potentially reduce access gaps across social strata. It can readily be implemented

in primary care, and is highly acceptable to patients and providers. We recommend direct referrals of patients to the O-211 services be implemented in primary care EMR systems, and that an ARC like service be integrated into existing O-211 services to support more complex patients achieve access.