

**Submission Id:** 3924

**Title**

*Impacts of primary-care based system navigation programs on patient and healthcare system outcomes: A systematic review*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

Rebecca Ganann, PhD, RN, Aref Alshaikhahmed, BA, Certificate in Leadership in Community Engagement, Caroline Moore, Kylie Teggart, BSN, RN, CON(C), PhD Student, Abbira Nadarajah, BHSc, Penelope Petrie

**Abstract**

Context: 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 may support integration of health and social systems, reduce barriers to care, and improve quality of life. However, evidence of effectiveness of system navigation programs remains largely unknown. Objective: 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. Study Design and Analysis: Building on a previous scoping review, five published databases were searched for studies published between January 2013 and August 2020. Two independent reviewers completed study selection, critical appraisal, and data extraction. Study heterogeneity precluded meta-analyses A Strategic Guiding Council of older adults and health/social service providers informed the review design and were actively engaged in interpreting the findings. Setting: Primary care and community. Population studied: Adults aged 18+ years. Interventions: System navigation or social prescription programs. Outcome measures: Primary outcome: health and social service utilization. Secondary outcomes: patient health/wellbeing, patient and caregiver experiences, and costs. Results: Twenty-one intervention studies were included; studies had low to moderate risk of bias. 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. None of the models identified consistently improved health outcomes. There was insufficient evidence to determine the impact of system navigation on caregivers or costs. Conclusions: System navigation programs linking primary care with community-based health and social services

demonstrated mixed effectiveness. Review findings offer insight into the most promising system navigation models to support integrated care delivery, however, further research is needed.