

Doctoral Thesis Project

Project Title: Integrating an interactive, patient-oriented virtual health system into the New Brunswick navigation centre for children with complex health conditions

Supervisors: Dr. Shelley Doucet (UNB) and Dr. William Montelpare (UPEI)

Abstract: The Canadian health care system consists of fragmented components that are not well coordinated, resulting in barriers to optimal health care delivery. This is particularly the case for children with complex health conditions (CCHC) and their families. Patient navigation (PN) services offer an opportunity to help patients and their families navigate through the complicated maze of health care services. New Brunswick is home to a recently launched PN initiative called NaviCare/SoinsNavi; this centre assists CCHC across the province, by facilitating integrated care solutions to support the needs of children and their families. However, NaviCare/SoinsNavi is currently limited to telephone communication, which restricts how navigators and patients can share and track information. Alternatively, virtual services offer an opportunity to organize and manage information in a way considered to be more accessible and flexible by patients.

The current research aims to develop and implement a virtual health platform into NaviCare/SoinsNavi. This virtual system is conceptualized as a web-based resource with two distinct components: 1) planning tool to engage children and their families and 2) information destination for patients to connect with navigators. The system will be designed using a secure and independent virtual environment. This system will be evaluated through mixed-method measures related to perceived accessibility to health care services, wellbeing, and health literacy.

Ancillary Projects

Project Title: Adopting a nurse practitioner clinic into an existing community organization to support unaffiliated patients: A case study.

Authors: Thompson, K., Malinski, P., Doucet, D. & Montelpare, W.

Abstract: Community-based nurse practitioner-led clinics (NPLCs) can improve access to primary healthcare. This is important today because many Canadians do not have access to a primary care provider. The purpose of this report was to explore the motivators for establishing the CHANCES Family Health Clinic, a non-profit NPLC in PEI, and to explore its successes and limitations. Data mining of patient profiles and interviews with clinic stakeholders were conducted to learn about these topics. Through this report, it is hoped that other local health authorities will see the value in incorporating an NPLC into existing community organizations.

Project Title: Differentiating patient navigators from case managers: A scoping review

Authors: Thompson, K., Doucet, S. & Montelpare, W.

Abstract: Patient navigators (PN) and case managers (CM) provide individualized assistance to patients, typically with complex needs. However, these terms are often used inter-changeably, despite observed differences, resulting in a lack of clarity. This study aimed to compare the responsibilities and characteristics of PNs and CMs in the context of healthcare delivery.

A scoping review was conducted to map and compare the key functions between PNs and CMs. Relevant articles in the literature were identified through comprehensive searches in academic and grey literature databases, and assessed according to predetermined inclusion criteria. Data from included articles were then extracted and organized according to unique functions and professional roles.

A total of 1040 articles were identified through the search strategy. After the removal of duplicates, 257 articles underwent full-text screening. Using an iterative process, a total of 116 academic articles were included in the final analysis. Emerging functions were organized into: 1) Responsibility Domains (i.e. tasks or functions of each role) and 2) Characteristic Domains (i.e. professional features of each role). Domains were organized according to three PN and CM role types: professional PN (e.g. registered nurse), lay PN (e.g. peer), and CM. A variety of unique functions emerged, however a lack of information regarding nuanced differences between role type remains.

Project Title: Towards the development of an asynchronous e-health patient navigation system: A scoping review

Authors: Thompson, K., Doucet, S., Harper, T. & Montelpare, W.

Abstract: Electronic health (e-health) services offer an innovative means towards improving access to the Canadian healthcare system. E-health is broadly defined as the use of digital communication technologies that connect patients with healthcare professionals remotely. Traditionally, e-health programs have relied on synchronous communication whereby users are connected in real time (e.g. telehealth). This method, however, limits the way in which users can store, track, and manage information. In contrast, asynchronous communications, which do not require real-time connections, have begun to emerge as a means of providing more cost-effective and accessible care. The purpose of this study was to explore the literature to identify the core components necessary to developing an effective asynchronous e-health system for patients with complex health conditions.

A scoping review was conducted to map the key components of existing asynchronous e-health systems within the literature, and to identify the range and extent of knowledge in the field. Comprehensive searches were conducted in academic databases relevant to health and technology, along with a structured gray literature search. Identified articles were assessed by two researchers according to predetermined inclusion and exclusion criteria. Data from included

articles were compiled into a data charting form, then organized according to emerging overarching themes. The findings from this review will inform the development of e-health interventions, including a virtual navigation service in New Brunswick.

Project Title: Policies and programme innovations that connect primary health care, social services, public health and community support in Canada: A comparative policy analysis

Authors: Haggerty, J., Barrett, M., Berg, S., Junker, A., Roy, D., Tschupruk, C., Courturier, Y., Currie, L., Dawe, R., Doucet, S., Montelpare, W., Scott, C., Stewart, T., Sutherland, J. & Urquhart, R., Dionne, E., Quesnel-Vallee, A., Thompson, K., Zinnick, S., et al.

Abstract: Comprehensive management in primary health care services to support patients with complex care needs often requires social services, public health services and community supports. Failure to connect to needed services leads to negative experiences for patients, caregivers and health professionals, as well as poor access, inefficiencies and fragmentation of care. More seriously, it can lead to health deterioration, costly social consequences or high intensity health care interventions.

This comparative policy and program analysis will inform effectiveness research of integrated service delivery models across Canada, with the following specific objectives: (1) Describe and compare the structures and policies in Canadian provinces and territories that govern primary health care and the community-based social services, public health and community supports required for children and youth with complex care needs and community-dwelling older adults that require additional supports; (2) Identify and describe publicly-supported programs that connect primary health care to social services, public health, and/or community supports for our two target patient populations; (3) Evaluate design elements of the above programs, and successful implementation measures; and (4) Describe the provincial/territorial policies and legislation that encompass information sharing across services, and find examples of programs that support information sharing across services.