

CASE ANALYSIS OF A FREE VOLUNTEER PATIENT ADVOCACY SERVICE IN ALBERTA

Zach Hong, BSc, Advocacy and Outreach Co-Chair

Farwa Naqvi, BCr, Advocacy Chair

We would like to thank Hali Melnyk, our client intake coordinator, and our patient advocates for their dedicated work to helping Albertans address their health care concerns.

Open Arms Patient Advocacy Society

zhong@openarmsadvocacy.com
fnakzwa@openarmsadvocacy.com

1-844-548-2747

www.openarmsadvocacy.com

Facebook, Twitter

BACKGROUND

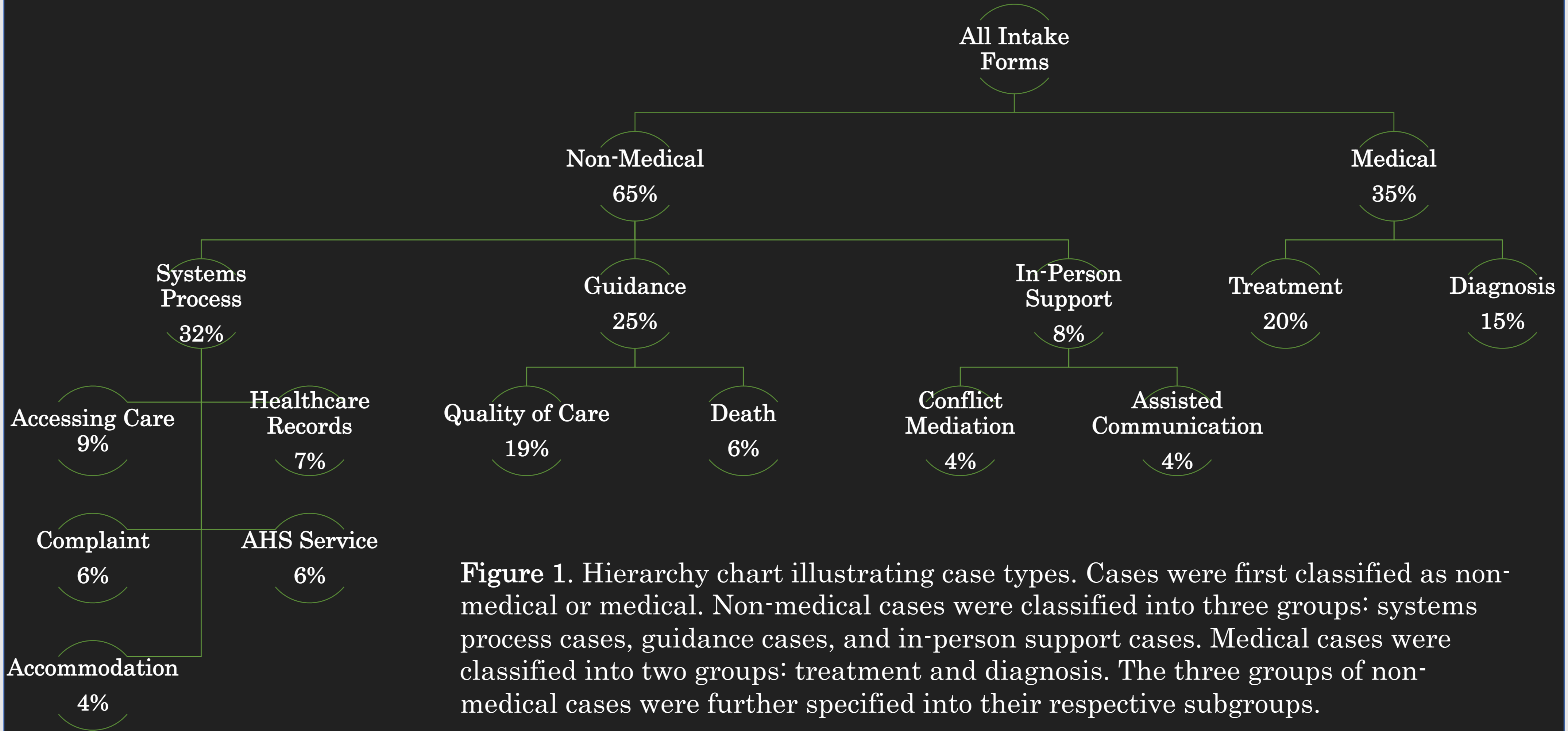
In often-complex healthcare systems, patients can encounter navigational challenges while addressing their healthcare concerns.

These challenges can be exacerbated by determinants of health such as socioeconomic status, access to care, cultural differences, and health literacy.

As a result, patient advocacy services are becoming increasingly prevalent to assist patients with navigation and resolution of their healthcare concerns.

By leveraging the underutilized data of patient advocacy organizations, health policy and health services can be better informed to accommodate patient needs.

CASE TYPES (NAVIGATION)



KEY FINDINGS

Patient advocacy services are continually utilized by patients in Alberta. This suggests they have utility as a healthcare support for assisting patients with healthcare navigation.

Our service was utilized by low-income populations such as patients experiencing homelessness. To our knowledge, there are few, if any, other organizations that provide free patient advocacy services in Canada. Moving forward, more free versions of these services could contribute to improved public health.

The most common users of the service were middle-aged adults and females. For secondary navigational case types, the mean age of clients ranged from 38-47 years, and the mean percentage of female clients ranged from 58-88%.

For systems process related concerns, two notable themes were accessing health records and filing complaints. As Alberta is transitioning to electronic records, the former may be addressed soon.

For guidance, the two identified themes were addressing quality of care and attaining resolution after the death of a family member. This suggests healthcare facilities and professionals could increase awareness of available options when these circumstances arise.

50% of cases were neurological (including pain, neurosurgery) or psychiatric. This suggests these concerns may be the most challenging for independent management.

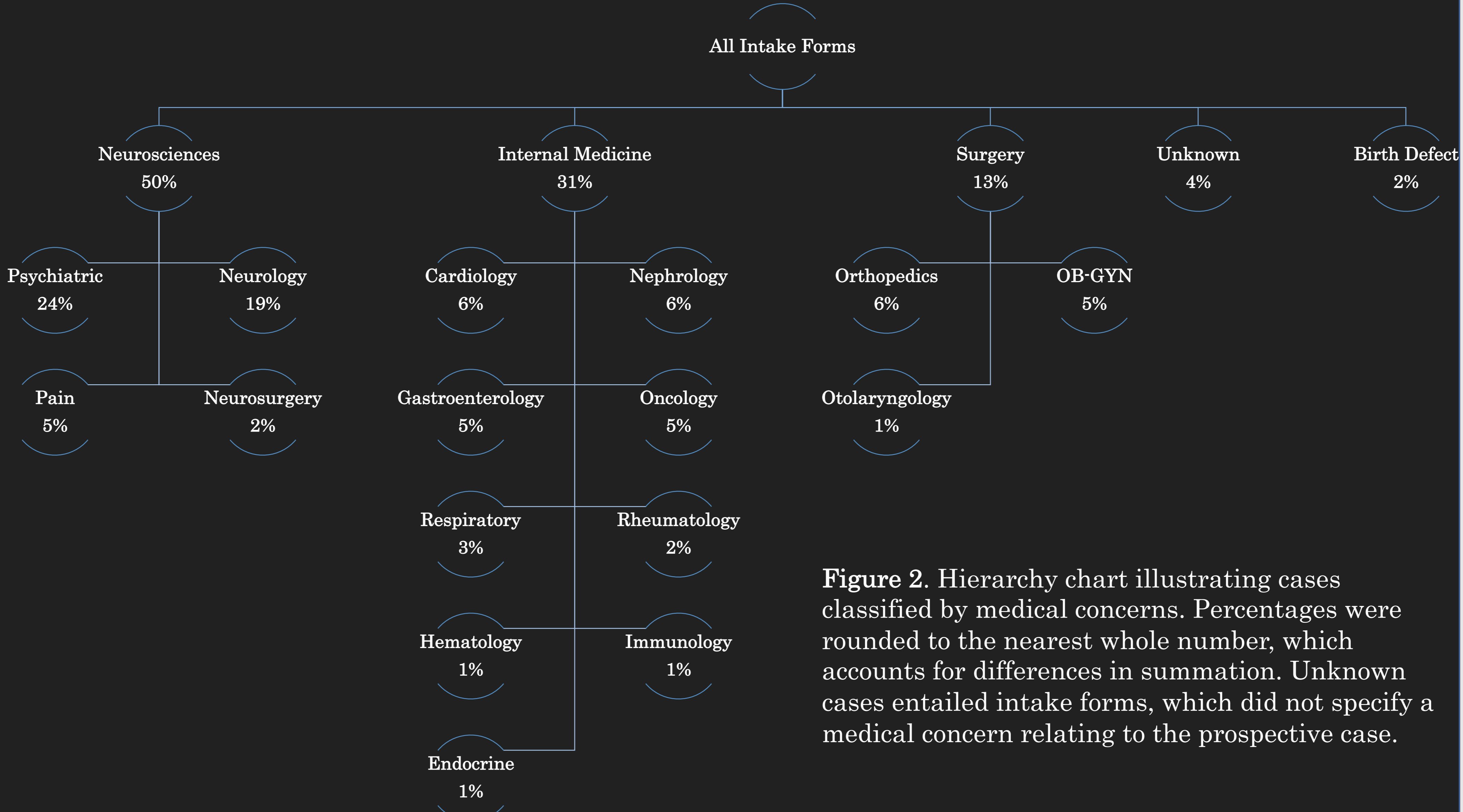
Upstream, additional health literacy initiatives may improve patient navigation of the healthcare system.

METHODS

All client intake forms submitted online from 2014-2018 were retrospectively analyzed. Cases were classified using elements of the constant comparative method of thematic analysis.

Clients seeking financial support (income support, affording medication), legal (complaints), and/or medical advice are not within the scope of the service. Cases resolvable by the client intake coordinator were also excluded.

CASE TYPES (MEDICAL)



DEMOGRAPHICS

96 Clients
Mean Age: 44±19

73% Female
27% Male

10% <18 Years Old

26% 18-40 Years Old

50% 40-65 Years Old

12.5% 65+ Years Old