

CAST ADRIFT IN THE CARE SYSTEM? A SYSTEMATIC SCOPING REVIEW OF CARE NAVIGATION FOR OLDER PEOPLE

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Introduction

The health and social care environment is being transformed by the needs of the aging population, higher levels of multimorbidity, and shifts in the care landscape, such as specialisation, 'privatisation' and fragmentation.

Multimorbidity however requires patients to seek care from different clinicians and professionals, within and beyond primary care. Yet, little is known about how multimorbidity impacts effective care navigation.

There is an urgent need to redesign existing structures and care delivery to address the needs of the population, ensuring individuals can access the right care at the right time and in the right place. Insufficient navigation of health, social and third sector care, is likely to increase expenditure through use of inappropriate services and a reduction in patient satisfaction and well-being.

This study aimed to scope the literature on how older people (aged 55 years and over) with multimorbidities effectively navigate the care system, addressing the following research question:

"What evidence is available in the literature regarding care system navigation in the setting of older people with multimorbidity?"

Method

A scoping review was conducted using a detailed search strategy. The following inclusion criteria were applied: literature published between 2003-2014 in English, Dutch, French or German, holding the key terms of *navigat* AND multi*morbid**. Five electronic academic databases were searched together with a review of ten grey literature sources:

Selecting Data Sources

ACM Digital Library	The Health Foundation
CINAHL	National Technical Information Service
IEEE	Ethos
Medline	University of Lincoln search database
Science Direct	Greylit
	The King's Fund
	Social Care Institute for Excellence

Selecting Papers

First selection on title
Second selection on abstract reading
Final selection by full text reading

Data extraction

Data extraction from final selection

Results

From 3171 papers, 367 papers were identified through title and abstract. In-depth review of abstracts and full texts resulted in a final selection of 12 papers. The following six main themes arose from these papers:

- Navigating the care system was a daunting task. Users had to find their own way, learning from experience.
- Users expressed the need for informational support regarding where to go (appropriate practitioner) and how to get there (gatekeepers).
- Users expressed the need for practical support such as how to manage several different appointments.
- Mixed evidence and opinions on who should fulfil the role of care navigator (person who helps users find their way through the system).
- The use of care navigators showed benefits (e.g., increased wellbeing) for users with a single disease (e.g., chronic lung disease).
- Barriers regarding the implementation of care navigators in primary care related to location (need for central working place) and finance of the role.

Discussion

The limited number of studies found were vague about underlying issues of care navigation for older people with multimorbidity. Care navigation was described as a 'daunting task' for users, but no in-depth information was available on what people exactly experience as being daunting.

The same can be said for the 'added' burden due to having more than one disease.



Conclusion

Navigating the care system is a daunting task for older people with multiple morbidities. In order to maximise their health and wellbeing, to limit the expenditure due to inadequate navigation, and to increase patient empowerment and satisfaction, support is needed. Although it is clear which type of support (practical, informational and emotional) could benefit these patients, it remains unclear how this should be delivered.