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Title	Patient navigation programs in Alberta, Canada: An environmental scan
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Reviewer 1	Dr. David Snadden
Institution	University of British Columbia Faculty of Medicine
General comments and author response	Thank you for giving me an opportunity to read your research. This is a simple descriptive environmental scan of patient navigation programs in Alberta. **The introduction reads well and provides a rationale for the study.** **The methodology is in two parts. Phase 1 being an identification of programs and phase 2 being a 15-minute telephone survey of the programs that met the inclusion criteria. The response rate is good enough to bring some value to the study.** **1. One element missing for me in the methods is how the survey instrument was created and whether it was tested and validated in any way. This is part of the requirements of thereporting guideline cited and have not been met in the article.** Thank-you for this comment. Please see our response to Editor Comment # 5, under Methods. **2. Given that environmental scans originated as mechanisms by which organizations could understand themselves better, in other words, as management tools used to identify areas of improvement they seem to have been used in public health more recently. That use seems to have a variety of approaches and the theoretical frameworks underpinning use of environmental scans in health care seem to be somewhat vague. The following article, which is a protocol but does touch on this dilemma Its introduction may help frame the current discussion https://bmjopen.bmj.com/content/9/9/e029805** ***I wonder if this article would be enhanced by the inclusion of a brief background of environmental scans in healthcare that would also provide a description of the theoreticalframework underpinning this project.*** **[Editor's note: A few sentences with framework would be helpful to include in the Studydesign and setting subsection of the Methods.]** Thank-you for this suggestion and the reference provided. We have now added background information on environmental scans, including their definition, objectives, and that there is nostandard methodology in environmental scanning. This information can be found the Methodssection (page 5 paragraph 2). **3. *While there are many references about patient navigation, there are no methodologicalreferences which is a weakness in the article.*** We have now added methods references throughout this section. These

	include references # 33-35 (on environmental scans, page 5), and #43-46 (relating to qualitative analyses, page 8). **4. *Table 2 seems very detailed to me and I wonder if this is better summarized for thearticle with the detailed table being made available as a supplementary file for those interested in this level of detail.*** We agree with this suggestion (please see our response to Editor Comment #1 underTables/Figures) and have moved the prior Table 2 to Appendix 3. **The discussion and conclusions are related to the findings and limitations are discussed.The study has ethics approval.**
Reviewer 2	Dr. Leon Bijlmakers
Institution	Radboud University Medical Centre Nijmegen, Netherlands
General comment (No author response)	Congratulations on a well-designed study and well written article. I enjoyed reading it and couldn't find any areas that would require futher clarification.
Reviewer 3	Dr. Shelley Doucet
Institution	University of New Brunswick Fredericton, NB
General comments and author response	**Thank you very much for the opportunity to review this paper. I have provided below some feedback that I hope if useful** **1. Page 7/34, what was the definition for PN (it is just stated that one was sent to key contacts in phase one, but no definition is provided). This needs to be clear in the methods to understand the inclusion criteria.** Inclusion criteria were kept intentionally broad, given the lack of consensus on the definition of patient navigation. The criteria were created by combining two operational definitions of patient navigation (Oncology Nursing Forum 2012;39(1):E58-69 and PLOS ONE 2018;13(2):e0191980). Programs were included if they: 1) engaged patients on an individual basis; and either 2) facilitated continuity of care, or 3) promoted patient and family empowerment. This information has now been added, under a new “Inclusion Criteria” subsection within the Methods section (page 7 paragraph 2). **2. Page 8/34, why exclude navigation programs that support providers navigate the system? We have learned through our research that care providers also need support navigating the system to in turn support their clients. This comes up again on page 14/34** There is currently no widely accepted definition of patient navigation. This has been a limitation of the field, noted widely across systematic and scoping reviews of the patient navigation literature. Some authors require there to be individual patient engagement (PLOS ONE 2018;13(2):e0191980) while others note that some navigation activities can be undertaken without direct patient contact (Health Care Management Review. 2014;39:90-101). In keeping with the original principles

	of patient navigation, which describes patient navigation as being a patient-centred intervention that is most effectively delivered on a one-on-one basis (Cancer epidemiology biomarkers & prevention 2012;21(10):1614-17), we have elected to limit the scope of our definition to include programs that directly engage with patients. We have provided the relevant references to justify our inclusion criterion requiring programs to engage patients on an individual basis (page 7 paragraph 2). We have also expanded the discussion around the lack of clarity surrounding the operational definitions of patient navigation using this as a specific example on pages 12 (paragraph 2) and 13 (paragraph 1). **3. Page 8/34, why were only programs administered by AHS or a PCN included?** The goal of the environmental scan was to identify programs that are systematically delivered by the health system (i.e. through the provincial health authority). Therefore, we included only programs administered by AHS and PCNs (which were created through a partnership between physicians and Alberta Health Services; https://www.albertahealthservices.ca/info/Page15625.aspx). We have now added this rationale to the abstract (page 2) and the manuscript (page 5 paragraphs 1-2). **4. Page 8/34, in addition to gaps, it would have been interesting and valuable to also look at the strengths of the programs, not just the shortcomings** Environmental scans can be undertaken for many different purposes, which include “reviewing the current state of services and programmes, evaluating community and patient needs, identifying service gaps, assessing professional education and training needs, supporting quality improvement initiatives, and informing programme and policy development” (BMJ Open. 2019; 9(9): e029805). The scope of our environmental scan was determined in collaboration with decision-makers and stakeholders at Alberta Health Services. While we agree that the identification of strengths of the programs would be both an interesting and valuable research objective, this was outside the scope of our environmental scan, where the specific purpose was to identify current patient navigation programs and challenges. **5. Page 8/34, telephone interviews were conducted in 2016 to July 2017, I strongly suggest that the scan be updated, especially considering the rapid growth on patient navigation in Canada over the past 4+ years. Also, it appears there was a major investment of 4 million dollars into patient navigation in 2019.** [Editor's note: This is a suggestion only, not required for this paper. You may wish to do a follow-up survey as in the article in CMAJ Open we suggested might be helpful to look at.] Thank-you for these suggestions and thank-you also for your Editor’s note. While an update would be interesting, we are currently not in a position to do so. To

	update the scan, we would need to completely re-do the study both to identify new programs as well as to obtain updates on previously identified programs. We did not previously obtain consent to follow-up with program contacts who were interviewed and surveyed. It is therefore not possible to conduct follow-up interviews without re-recruiting all the study participants, which would make any efforts to update the environmental scan an entirely new study. Please see our response to Editor comment # 1 under "Abstract". **6. Page 9 and 10/34, What was the response rate for phase 1? Did it vary by region of the province? In the limitation section it reads as though the response rate for phase 1 was 73% but earlier in the paper (page 15/34) it is stated this was the response rate for phase 2. Did the response rate for phase two vary by region?** We have rephrased Phase 1 of the study to reflect that this phase was not a formal survey, but rather a strategy to recruit for Phase 2 of the study. Please see our responses to Editor Comments 4a to 4c under "Methods". We sent an email to all senior leadership in Alberta Health Services to help identify patient navigation programs and their contacts. Not every email recipient would have knowledge of programs, depending on their role and portfolio. Phase 1 respondents were therefore key informants for Phase 2 of the study, rather than being study participants themselves. There is therefore no response rate for Phase 1 of the study. We cannot determine whether the response rate for Phase 2 of the study varied by region, because we have no information about the programs where there was no response from the program contact. The key informants (from Phase 1) identified only the program name and contact (the vast majority of which were email addresses). From this information alone, it was not possible to determine which region(s) these programs served. No changes to the manuscript have therefore been made. **7. Page 13/34, note that this scan is also narrowly focused as it is only with PN within one province and does not include non-profits etc. This could be addressed in the limitation section.** The objective of our environmental scan was specifically to identify the patient navigation programs that are systematically delivered by the health care system in Alberta (see our response to Comment 3 above). For this reason, we have not included for-profit and non-profit (including charitable) organizations, though there may indeed be valuable patient navigation programs in these sectors. We have more explicitly stated the objective of the environmental scan on page 5 paragraph 2. We have also addressed the limitations of the scope of the study as suggested, on page 14 paragraph 1. **8. Discussion – there is only one citation in the entire discussion. The purpose of the discussion is typically to review the study findings in light of the published literature and draw conclusions from the scan** The Interpretation section has been re-written and re-structured to better review study findings in light of the published literature. Please see our response to Editor

	Comment # 4 under “Interpretation”. There have now been references added throughout this section (page 11 paragraph 3; page 12; page 13 paragraph 1). **9. Limitations – on page 14/34, why was an online search not performed to locate additional programs in phase one to complement the emails sent out to key contacts? On page 15/34, it was stated they knew of other programs not included so why did they not go back and include these?** An online search was not conducted to locate additional programs for the environmental scan, due to the anticipated difficulty in identifying patient navigation programs using this method. This is particularly true of smaller programs, those in rural locations, and of primary care networks, where healthcare professionals perform multiple roles that may include navigation. Furthermore, many patient navigation programs frequently do not have the word “navigation” in their name, especially when the program is not delivered by a navigator. For example, in our environmental scan, only 8 of the 58 program names have “navigation” or “navigator” in their titles. An online search would therefore likely be of low sensitivity in identifying patient navigation programs. In the limitations section, we had noted that only one Anticoagulation Management Services program was included, though we knew of others across the province. We have now clarified that the lack of information on other similar anticoagulation programs is due not to the problem of identification, but rather from study non-response. That is, key informants (Phase 1) identified other anticoagulation programs, but we did not receive responses from program contacts in Phase 2 of the study. This clarification was added to the Limitations section (page 13 paragraph 2). **10. Why include the Dementia Case Manager program if no longer active? On page 9/34, it was stated that other programs no longer in operation were excluded. Also, why include case management? Given that care coordinators and case managers were included, a discussion on why would be useful. As an aside, our team published a scoping review comparing the role of patient navigators and case managers and while there is overlap, they are different roles. From the methods, I do not get a clear picture of the definition of patient navigation.** Thank-you for catching this. We have corrected this mistake and have removed the Dementia Case Manager program from the study. The total number of programs included in the environmental scan is now 58 rather than 59). The abstract (page 2), results section (pages 9, 10), interpretation section (page 11), Table 1, and Appendices 2 and 3 have all been updated to reflect this change. The removal of the Dementia Case Manager program has not significantly changed the findings or conclusions of the study. While the reviewer’s scoping review is very helpful in describing the similarities and differences between case management and patient navigation, there remains substantial overlap between these two constructs. Patient navigation has actually been described as a form of case management, and “the concept…is based on the care management or case management model” (Cancer 2008;113(12):3391-99). Though there is likely distinction between these two constructs as noted by

	the reviewer, the two constructs are much harder to be disentangle in reality for the following reasons: - A standard definition of patient navigation is requisite to distinguish it from related services such as case management. Unfortunately, such a standard definition does not exist (Cancer 2005;104(4):848-55) - There is inconsistent use of the terms “case management” and “patient navigation” in the literature (Cancer 2005;104(4):848-55) - Reviews of patient navigation often include case management interventions (Health & social care in the community 2012; 20(2): 113-27; BMC Health Services Research 2018;18:96; J Clin Oncol. 2016; 34(30): 3686–3696.) - It is widely accepted that patient navigation can be delivered by healthcare professionals, including nurses, social workers, and case managers (Health & social care in the community 2012; 20(2): 113-27; Oncology Nursing Forum 2010;37:251-2; Health Promot Pract. 2016;17(3):373-81; BMC Health Services Research 2018;18:96; Cancer 2005;104(4):848-55; Patient Educ Couns. 2018;101(2):285-294.) Recognizing that case managers (and other healthcare professionals) can deliver patient navigation, and that there remains substantial overlap between case management and patient navigation, we included programs into the environmental scan as long as they met inclusion criteria (see our response to comment #1 above). We have explained this rationale and have also clarified the inclusion criteria on page 7 paragraph 2.