

Review Article

Patient Navigation competencies: An Opportunity for Nurse Educators?

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Abstract

Patient Navigation was introduced over two decades ago as a patient-centered approach for identifying individuals most at risk for delays in care, and mitigating barriers to their receipt of care. Patient Navigators provide the logistical and emotional support for completion of discrete episodes of health or illness care. Patient Navigators guide patients through healthcare system complexities, while providing motivational influence for positive behaviors, ensuring that care is as efficient and as seamless as possible. There is significant potential to expand the use of Patient Navigation to assist high-risk patients in achieving adherence to either preventive care or treatment guidelines. Nurses are uniquely suited to excel in Patient Navigation roles. Nurses are trusted professionals who have a presence throughout the healthcare system and are therefore well-positioned to identify, educate and engage high-risk patients or families when they present at healthcare access points, and guide them through completion of a health care episode. Our article discusses potential opportunities to introduce Patient Navigation competencies into undergraduate nursing education curriculum.

ABBREVIATIONS

CHW: Community Health Worker

INTRODUCTION

Coincident with recent healthcare reform in the United States, there has been a shift in focus from documenting healthcare disparities to identifying solutions to reduce gaps in care. The *Robert Wood Johnson Foundation's* national program, "Finding Answers: Disparities Research for Change" has identified several promising interventions to reduce disparities [1]. In addition to the need for employing multidisciplinary teams of providers, using interactive health education techniques, and providing culturally acceptable care, the *Robert Wood Johnson Foundation* program has identified Patient Navigation as a promising intervention for engaging family and community members in the health process to improve patient outcomes.

Patient Navigation was introduced over two decades ago as a patient-centered approach for identifying individuals most at risk for delays in care, and mitigating barriers to their receipt of care by providing the logistical and emotional support for completion of discrete episodes on the care continuum [2]. Patient Navigators operate within a distinct system of care, are bound by a clinical course, and use discrete techniques for bringing patients to the completion of therapy [3]. The Commission on Cancer of the American College of Surgeons recently revised

its accreditation standards to require the provision of Patient Navigation at accredited cancer centers [4]. It is anticipated that the provision of Patient Navigation will soon become a required standard across many other primary and specialty healthcare programs [5].

The primary functions of Patient Navigators are to assist patients in overcoming individual- and system-level barriers to the plan of care, as well as to advocate for changes to reduce these barriers [3]. Knowledge about psychosocial factors affecting healthcare behaviors, insurance and scheduling systems, as well as skills for accessing care and advocating for change within a region are fundamental to the success of Patient Navigators. Patient Navigators also provide anticipatory guidance and motivation, such as for proper health behaviors, and facilitate communication and cooperation among providers. Patient Navigation presents a particularly promising strategy to support primary care guideline adherence, or treatment adherence, and seems particularly well suited for patients or families with lower health literacy.

Nurses, in particular, have been shown to be well-suited for roles as Patient Navigators. Nurses are trusted professionals who have a presence throughout the healthcare system and are poised to identify, educate and engage high-risk families when they present at healthcare access points. Accordingly, programs to educate Patient Navigators, or courses to prepare healthcare

providers to provide patient navigation interventions, are appropriately positioned under the purview of nursing, although such programs do not need to be restricted to nurses or nursing students.

Defining the role and model of patient navigators

There is an increasing interest in defining and developing the role of the patient navigator in healthcare [3]. Recent studies have been conducted to develop a systematic protocol for observing Patient Navigators at work, and for describing and characterizing specific activities related to their goals [6]. Such methodology has stimulated better definition of the Patient Navigation intervention and of the Patient Navigator role [7]. Accordingly, there is increasing awareness that working to navigate patients through complex healthcare systems and to reduce health service barriers within that system requires a specific set of knowledge and skills.

In 2009, the Oncology Nursing Society recognized the distinctive role of Patient Navigators and joined with the Association of Social Workers to establish a position statement supporting the importance of the Patient Navigator role (whether nurse, other licensed professional, or layperson) in the cancer setting, and launched a role delineation study [8]. This study defined tasks, knowledge areas and skills that are very specific to the Patient Navigator role, most of which are not specific to cancer care.

There is also opportunity to develop novel integrated models of Patient Navigators. Community Health Workers (CHWs) have great potential for meeting many of our nation's healthcare access needs [9]. The use of CHWs as Patient Navigators is well established [10-12]. We anticipate models that may include nurses to initiate and activate Patient Navigation with referral of patients to trusted CHWs to provide continued motivational influence for positive health behaviors, and support future appointment adherence. Nurses are well-positioned to provide assessment, education, motivational influence within healthcare organizations, and assist patients in scheduling and planning future behaviors when they present at access points in the health care system, following face-to-face nurse navigation processes, CHWs can support these nurse-initiated navigation interventions as direct extenders of the healthcare organization. Such integrated Patient Navigation models also foster meaning full collaboration and coordination of services between healthcare organizations and communities. Well-prepared, high quality Patient Navigators, who are well positioned according to their background and education, also have the potential to improve patient and family self-management, self-efficacy, and agreement and satisfaction with care.

Patient navigation core competencies

Based upon work examining the role of Patient Navigators in cancer care, several core competency areas emerge [13]: professionalism (e.g.: boundaries, organization, ethical practice), education (e.g.: anticipatory guidance, cultural sensitivity), communication (e.g.: motivational interviewing, disparities), and coordination of care (e.g.: insurance acquisition, appointment systems).

The development of economically feasible, practical, replicable and scalable Patient Navigation training/education programs is paramount if Patient Navigation is to move forward as an intervention for engaging high-risk patients and families in the health process to improve patient outcomes. Such programs can be self-paced, non-instructed open-access programs, or instructor-led university-based programs. We believe that there is now enough interest need and evidence for developing programs for systematically educating healthcare providers and students for roles as Patient Navigators.

Schools of Nursing should consider developing innovative programs that provide opportunities for students to develop Patient Navigation competencies. These programs would seem to fit at all levels at the undergraduate and graduate educational continuum. The content needed to establish Patient Navigation competencies may be integrated into existing curricula, may be developed as elective courses or as certificate programs, or may be established as continuing education programs. Furthermore, these programs need not be limited to professional or student nurses. Nurses are uniquely suited to excel in Patient Navigation roles and are therefore well positioned to define best educational practices and methods for developing our Patient Navigator work force, which will undoubtedly consist of nurses as well as other professionals and lay providers.

DISCUSSION AND CONCLUSION

As more hospitals and healthcare agencies are creating positions for Patient Navigators to help patients traverse the fragmented medical system, employment opportunities for Patient Navigators will rise. This is particularly true in regions where healthcare disparities are prominent and where efforts to replace fragmented care with patient-centered care are in place. Since the inception of the role over two decades ago, the problems of healthcare disparities and poverty remain significant, interrelated problems. The presence of these enormous challenges of poverty and disparity make Patient Navigation a particularly well-suited intervention.

We believe that the need for programs to educate Patient Navigators imminently presents as a boundless opportunity for nurse educators.

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