The Boston Medical Center Patient Navigation Toolkit

1st Edition

BOSTON MEDICAL CENTER

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

AVON Foundation for Women

The Boston Medical Center Patient Navigation Toolkit

PATIENT NAVIGATION AT BOSTON MEDICAL CENTER

Since its inception in the year 2001, the AVON Breast Health Initiative at Boston Medical Center has provided breast health navigation services for more than 20,000 women, most of who are in low-income households and/or members of racial/ethnic minorities.

Early on, we developed a model of patient navigation designed to ensure that vulnerable women receive timely diagnostic breast health services and demonstrated improvements in follow-up rates.[1] We expanded that patient navigation model within the general medicine practices to include outreach to ensure timely adherence to routine screening mammography, and again showed an improvement in adherence rates.[2]

Our work revealed that women seeking care from local community health centers were less likely to attend follow up appointments than those referred from hospital-based practices. The Boston Medical Center Patient Navigation Research Program was funded in 2005 by the National Cancer Institute's Center to Reduce Cancer Health Disparities and the American Cancer Society as one of nine programs to participate in the Patient Navigation Research Program (PNRP) Cooperative Group.[3] The Boston PNRP developed a unique Community-Based Participatory Research Program, partnering with six Community Health Centers that serve a high proportion of Boston's racial and ethnic minority and low income populations. These practices worked together to design, implement and evaluate a primary-care-based lay patient navigation program, targeting women with both breast and cervical cancer screening abnormalities. The Boston PNRP along with our CHC partners enrolled more than 4,000 women in the project.

Over time, the same navigation model was adopted in other departments across the Medical Center including medical oncology, urology and otolaryngology. And with support from the Massachusetts Department of Public Health, Boston Medical Center directs a comprehensive chronic disease patient navigation program based within the hospital's three primary care practices. The health disparities targeted in this program include screenings for breast, cervical, colorectal, and prostate cancers, cardiovascular disease, and routine primary care services. These patient navigators are now being integrated into the evolving medical home model at Boston Medical Center. Most recently, we are exploring patient navigation in the community setting, where navigators will assist public housing development residents to access primary care.

OUR TEAM

Collectively, the toolkit authors and contributors have more than four decades of experience designing, implementing and evaluating patient navigation programs targeting urban, underserved populations across the spectrum of cancer care and more recently in chronic disease. In addition to their extensive experience training community health workers, they work collaborative with partners from across the country to ensure the science, dissemination and sustainability of navigation programs nationwide.

Elaine Campbell Lowe

October 6, 1978 - October 17, 2011

This toolkit is dedicated to the memory of Elaine Campbell Lowe a courageous patient navigator for the AVON Initiative at Boston Medical Center. Elaine lived her life with determination, spirit and courage. Despite her own cancer diagnosis, Elaine was relentless in her commitment to the underserved, gaining the trust and respect of our most vulnerable patients. Her fierce determination to live a full life was matched only by her passion for patient care. Her memory lives on as our model patient navigator in the case studies presented in this Toolkit. She is deeply missed.

Photo credit: Gretje Ferguson

THE BOSTON MEDICAL CENTER PATIENT NAVIGATION TOOLKIT

INTRODUCTION

This toolkit is designed to help you plan and implement a Patient Navigation program *with the best chance of reducing health disparities and improving health outcomes for your patients*. It contains evidence-based and experience-based examples, case studies, practical tools, and resources to help you:

1. Establish an evidence-based patient navigation program tailored to reduce barriers for your patients
2. Incorporate best practices to enhance current patient navigation programs or services
3. Implement a patient navigation model to address any targeted medical condition where disparities exist
4. Hire, prepare, supervise, support and retain effective Patient Navigators
5. Navigate patients who experience health disparities
6. Evaluate patient navigation programs with the aim of continuous quality improvement

Our experience has been mainly with cancer, so the examples presented in the toolkit are all cancer-related, in keeping with what we know best. However, the information and tools included are readily adaptable to other diseases and conditions.

AUDIENCE

The toolkit was designed specifically for three distinct audiences:

- Program planners and administrators
- Supervisors of patient navigators
- Patient navigators

Policy advisors, researchers and others interested in Patient Navigation may also find the content and resources presented here useful.

USING THE TOOLKIT

As the name implies, the toolkit provides a selected set of tools and resources that are useful in different phases and aspects of navigation programs. Like a physical toolkit, you may not need to use every tool, or even read every chapter and volume; you'll use only the tools you need for your specific situation. This is particularly the case if you are already experienced in developing navigation programs. Thus, we encourage you to begin by scanning each volume's list of chapters in order to see what will be most relevant to your situation and needs.

The toolkit is comprised of three comprehensive volumes. Each volume is designed to be used in conjunction with the others, but can serve as a stand-alone guide for specific users:

Volume	Title	Audience
I	*Developing Your Patient Navigation Program*	Program initiators/planners
II	*Supervising and Supporting Patient Navigators*	Supervisors of navigators
III	*Patient Navigation in the Field*	Patient Navigators

Each volume contains a set of chapters describing the key elements of Patient Navigation relevant to its audience. You may choose to read our toolkit strait through, or pick out the volumes or chapters relevant to your cause and start from there—complete read through is not required to benefit from this toolkit.

Each chapter is organized into printed resources, online resources, tasks, tools, templates, and case studies so that you can:

- **Read more about it** – *Recommended published materials* that address patient navigation in more depth or from other perspectives than those presented in the toolkit, including scientific articles, books, and journal articles, training curricula and websites

- **Find it online** – *Recommended online materials* that supplement reading resources with free online information, tutorials, and other navigation program websites

- **Stop and do it –** *Interactive tools* where you will be asked to complete a task, reflect, or answer questions to guide learning and decision-making processes, such as checklists and Q&A sections

- **Use it "as is" or adapt to your needs** – *User-friendly instruments* that are adaptable, task-specific and linked to evidence-based recommendations, such as diagrams, monitoring and evaluation tools, case and other practical materials that you can use without alteration

- **Customize for your needs** – *Easy-to-adapt structured documents* that you can use for your own purposes as a tool to generate ideas or a template to mold to your needs, including blanks, 'fillable' forms, and example protocols

- *For example..* **See it in action**– *Case studies and descriptions based on true stories* that illustrate a concept, explain how a tool is used, or identify pitfalls and solutions using lessons learned from our experience as well as observational research conducted on navigation programs

THE EMERGING MODEL OF PATIENT NAVIGATION

The first patient navigation program was started in 1990 in Harlem, New York by Dr. Harold Freeman to help low-income women overcome barriers to breast cancer screening and follow-up care.[4] Since then, medical science has made continuous strides in cancer care. However, patient, provider and system barriers continue to cause delays in care, affect the quality of care, and lead to poor health outcomes in low-income, underinsured and racial/ethnic minority populations.[5,6]

Over the past two decades, patient navigation has emerged as an innovative, community-based approach to reducing cancer health disparities along each step of the cancer care continuum; screening, diagnosis, treatment, and outcomes.[7] Early success[1,4] in patient navigation has led to the creation and dissemination of many versions of "patient navigation," employed not only in cancer care but in the health care of patients with other targeted chronic or acute diseases.[8]

As a result, a wide variety of health programs and services have been developed under the umbrella of "patient navigation" in the absence of any generally accepted definition of patient navigation or established parameters for best practices in patient navigation. Both a review of the published literature about patient navigation and the experience of Boston Medical Center with patient navigation suggest that patient navigation programs vary widely in three areas:

- The "problem" or target disease (health disparity)
- Community characteristics and "needs" (barriers to care)
- The type of health care system in which navigation is implemented (e.g. primary vs. specialty care, community vs. clinic setting, different insurance payers, regulations, etc.)

Clearly, patient navigation is not a "one-size-fits-all" model. In fact, differences among navigation programs are desirable when informed by local variations in these central aspects of care. However, there are some consistent principles that provide the foundation of successful patient navigation programs. This toolkit is intended to support appropriate variations in program implementation while also preserving the integrity of what patient navigation was designed to accomplish—*to reduce health disparities.* Accordingly, it offers

case studies, tools, and resources from cancer care navigation that can be applied to reduce the impact of the target disease, health disparities, and barriers to care unique to your own community.

Our foundation and experience is in cancer. Our intent is to provide framework and principles that are applicable to other disease areas. In fact, there is growing interest in understanding how to navigate a *patient* and not a specific disease. For example, if a woman develops breast cancer and has pre-existing diabetes, how can navigation meet the needs of this patient as a whole?

DEFINITION OF PATIENT NAVIGATION

To maximize the usefulness of the toolkit, we offer the following general concepts to provide a working definition for patient navigation and the framework for the toolkit.

> - Patient navigation is a model of care that aims to reduce an existing health disparity as defined in a particular community.
>
> - Patient navigation addresses a patient's individual barriers to care by linking them to existing local and regional resources, not by creating new resources or services.
>
> - Patient navigation is not just a patient navigator; navigation requires a team approach: administrators to champion the program, supervisors to provide clinical and administrative support, *and* patient navigators with a defined role within the healthcare team.

These concepts have guided us as we put patient navigation into operation within our own institution and our community. Although variations in the definition of patient navigation exist, we found that patient navigation is generally defined as a *barrier-focused intervention* (in this case, for cancer care) with seven common characteristics:

1. Navigation is provided to individual patients for a defined episode of care (e.g. through the evaluation of an abnormal screening test)
2. Navigation targets a defined set of health services that are required to complete an episode of care
3. Navigation has a defined endpoint when the provision of services is complete (e.g. when the patient achieves diagnostic resolution after a screening abnormality)
4. Navigations serves to bridge gaps in the existing healthcare system for individual patients
5. Navigation systems require coordination among members of the health services team
6. Navigation services focus on the identification and reduction of individual patient-level barriers to accessing and completing care
7. Navigation aims to reduce delays in accessing the continuum of care services, with an emphasis on timeliness of diagnosis and treatment and a reduction in the number of patients lost to follow-up

Our definition of patient navigation is consistent with the recently published "principles of navigation" by Dr. Freeman[9]. This working definition also works well within the current movements in health care deliver reform to promote patient-centered care and coordinated care. Accordingly, patient navigation is now a requirement for certain accreditation standards by the following organizations and movements:

- Commission On Cancer
- Joint Accreditation Commission on Hospital Organizations
- Patient-Centered Medical Home

As interest in the patient navigation model continues to grow and new programs are developed and implemented to address a variety of health concerns with a variety of patient populations, we hope this toolkit will help program initiators to incorporate:

- Essential elements of an evidence-based patient navigation model
- Best practices in patient navigation from lessons learned in the field and through research
- Patient-centered approach to care delivery

DEVELOPMENT OF THE TOOLKIT

The content of this toolkit is drawn from published and public information about patient navigation. Its sources include:

- Literature review of relevant scientific articles
- Review of existing patient navigator training curricula
- Exploration of on-line patient navigation resources
- Participation in professional conferences relevant to patient navigation
- Key informant interviews and focus groups with stakeholders such as: patient navigators, supervisors, clinicians, medical directors, program coordinators and investigators
- The experiences and expertise of the Boston Medical Center Women's Health Unit, the Boston Patient Navigation Research Program (PNRP), the AVON Safety Net Grantees, and the Central Massachusetts Area Health Education Center's Outreach Worker Training Institute.

FINAL THOUGHTS

We hope that you find this toolkit to be a beneficial and easy to use resource to development and improvement of your patient navigation program. Good luck!

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The Boston Medical Center Patient Navigation Toolkit

Volume 2: Supervising and Supporting Patient Navigators

For Supervisors

What the icons mean

Throughout these three volumes, you will find resources. They are marked by icons to give you another way to quickly find the kinds of materials you want.

This icon...	...flags a resource that you can use to...
	Read more about it Summaries of books, research journal articles and other written materials you can read if you want to go deeper into the topic. Includes full citations so you can locate the complete text.
	Find it online Descriptions of websites and other online resources with links (URLs). Includes information about how you might use the site's contents.
	Stop and do it Reminder to pause and do the task described in the section you just read <u>before</u> you continue reading.
	Use it "as is" or adapt to your needs. Resources that will help you do the task discussed in the section you just read.
	Templates & forms Blanks, stationery, "fillable" online forms and other materials you can use as is or customize to meet your needs.
For example..	*See it in action* Scenes from the story of a fictitious healthcare program. These snippets show how the processes and tools being described might look in the real world.

Volume 2: Supervising and Supporting Patient Navigators

Contents and Goals of Volume 2

Chapter	Title	Goal – After completing the chapter you will have the information, tools and resources you need to:	Page
1	Building Patient Navigation and the Health Services Team	Identify and better understand existing conditions and processes relevant to the issues your program will address. Determine the needs of your program, and decide how and where in the care process to integrate your Patient Navigator(s).	5
2	Hiring a Patient Navigator	Develop a Patient Navigator job description, defining the requirements of the position that is reflective of program needs. Decide how many Patient Navigators, and at what percent time contribution, your program will require at this time.	13
3	Supervising and Mentoring a Patient Navigator	Understand administrative versus health services oversight. Strategize Patient Navigator system integration, training, caseload monitoring, and progress evaluation.	23
4	Identifying and Addressing Training and Educational Needs	Identify and meet your Patient Navigators' preliminary and ongoing educational and training needs.	31
5	Evaluating Your Patient Navigators and Your Navigation Program	Establish measures to assess the success of the program, including measures of Patient Navigator performance and program processes. Use lessons learned for continuous quality improvement.	39

INTRODUCTION

Volume 2: Supervising and Supporting Patient Navigators is the second of three volumes that make up the *Boston Medical Center Patient Navigation Toolkit*. It is designed specifically for supervisors of navigators. Supervisors who are organizing new patient navigation services or are already involved with an existing navigation program and wish to improve their program may benefit from the contents. As a stand-alone resource, or together with its sister volumes, *Volume 1: Developing Your Patient Navigation Program* and Volume 3: *Patient Navigation in the Field*, the goal of this volume is to help you plan, organize, implement and manage Patient Navigators into your program or organization. Volume contents include evidence-based guidelines, resources and tools to help Supervisors maximize the success of their Patient Navigators.

What you will find in this volume

This volume will take you through five major topics. When you have addressed these topics, you will have the information you need to develop your patient navigation program on the ground, and support your new or existing team of Patient Navigators. You can work your way straight through the chapters in sequence or, you can jump straight to the parts you feel are most relevant to your needs.

1. *Building Patient Navigation into the Health Services Team*
    a. What are your program needs?
    b. What types of activities and specific task will the Patient Navigator perform?
    c. Where is the best physical location for your Patient Navigator?

2. *Hiring a Patient Navigator*
    a. What do you want in a Patient Navigator?
    b. Is cultural competency an essential consideration for your program?
    c. How many Patient Navigators do you need?

3. *Supervising and Mentoring Patient Navigators—Your Role as a Supervisor*
    a. How do you integrate the Patient Navigator into your existing program or clinical care team?
    b. What are the different types of supervision a Patient Navigator requires?
    c. How do you monitor the patient caseload of your Patient Navigator(s)?
    d. What role do I play in evaluation of the Patient Navigator?

4. *Identifying and Addressing Training and Educational Needs*
    a. What are the training needs of your Patient Navigators?
    b. How can you meet training and educational needs?

5. *Evaluating Your Patient Navigators and Your Navigation Program*
    a. What are the established goals of the Patient Navigation Program?
    b. How do you evaluate whether or not these goals are being met?
    c. What are the expectations of your Patient Navigators?
    d. How do you evaluate Patient Navigators?

List of Tools

TOOL 2.1: Program Activities by Domain

TOOL 2.2: Map the Health Care Delivery Process

TOOL 2.3: Determining Your Navigation Tasks

TOOL 2.4: Patient Navigator Job Description

TOOL 2.5: Sample Interview Questions for Your Patient Navigator Position

TOOL 2.6: Tips List: Patient Navigator Introduction Tips

TOOL 2.7: Example Navigation Announcement Flyer

TOOL 2.8: Patient Navigator Protocols – Example

TOOL 2.9: Case Presentation Overview and Example PowerPoint Slides of Case Presentations

TOOL 2.10: Core Competency Course Summary

TOOL 2.11: Core Competency Checklist

## Chapter 1: Building Patient Navigation into the Health Services Team

Goal: Chapter one will help you think about program needs, which will inform the structure of your navigation services. This chapter is designed to help you define what your Patient Navigators will be doing, plan their workload accordingly, and aide in the integration of navigators into your program or organization. Throughout this chapter you will find discussion of Supervisor responsibilities and your role as a leader.

1. What are your program needs?

The needs of your program will inform the structure of your navigation plan. Conducting a **needs assessment** of your current program will help reveal what your navigation program should look like to best fit your community needs. If your program planners did not conduct a formal or comprehensive needs assessment, consider the content in Volume 1, Chapter 1 to guide you.

Navigation is not one-size-fits all. As a supervisor it is important to recognize how Patient Navigator(s) will function in the big picture, and to understand in what ways the current system will change and benefit from the introduction of a navigation program. One way to think about how to structure your program is to consider what "**domains**" of activity are necessary to meet your program needs. The diagram below depicts the multiple, overlapping domains of activity that can become part of navigation: Administrative, Health Services, Resource Finding, and Community. These domains are expected to overlap in many situations and should not be thought of as mutually exclusive categories, but as flexible and interacting. We will define each of these domains, and consider how the emphasis of your navigation program relative to these domains may shape its structure.

Domains of Navigation Program Activities
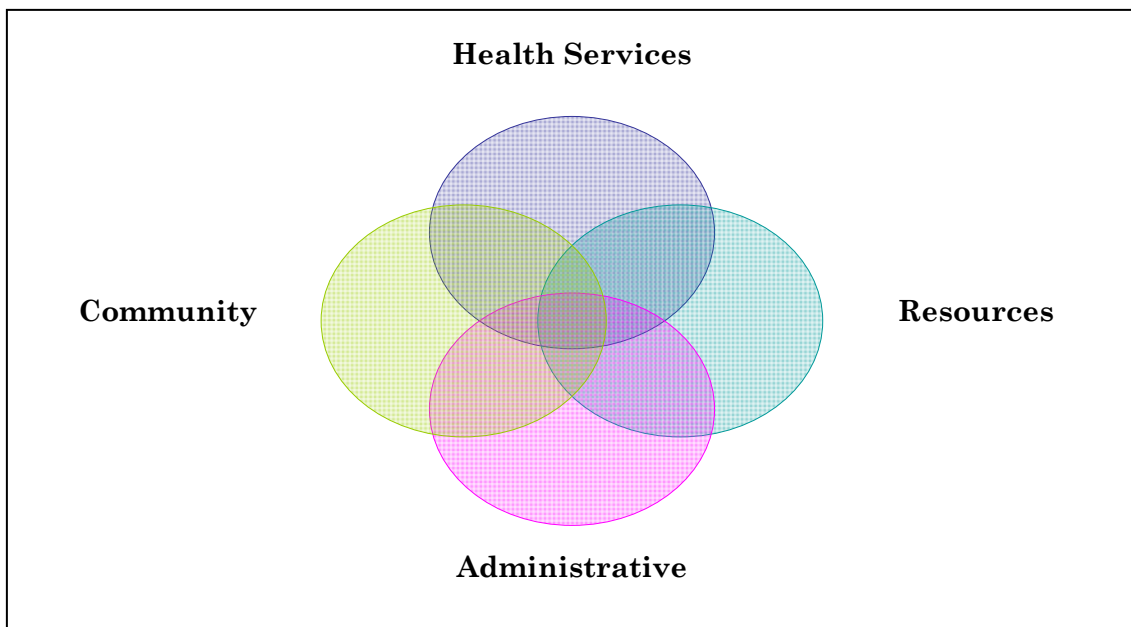
Administrative: These activities address organizational and financial allocation of the program, including human resources, scheduling, documentation, communication with departments/organizations, coordination of care, budgeting, and funding.

Health Services: These activities address the interface with health care delivery, including case-finding, tracking, communication with health services staff and providers, facilitating appointment scheduling for screening, diagnostics, and/or treatment.

Resource finding: These activities include finding and developing partnerships with internal and external programs and organizations that may allow the navigator to address barriers that hinder patients' ability to attain health services. Some examples include: departments of transportation, social work, employment services, insurance companies, food pantries, and interpretation services.

Community: These activities occur in community-settings and are intended to reach out to the target population served by your program.

Consider the extent to which your program needs require activities within each of the domains, and what that suggests about how to structure your program. You don't have to start from scratch or reinvent the wheel. There are a number of different models for navigation. Take a look at existing programs around the country. Some programs assign individual Patient Navigators to specific patients, while others work in a team model and differentiate which activities are done by different types of Patient Navigators. Some programs include Patient Navigators with a range of education and experience, while others use a specific set of criteria for all Patient Navigators (e.g. all nurses, or all lay people from a specific community). While many programs focus on outreach and screening, others also focus on patients going through treatment.

Think about how big each "circle" or domain should be to meet your program needs. Which are the **dominant domains** required to meet your program needs?

To answer this question you may need to go back and clearly define program needs, If not already done, it may be helpful to start with a comprehensive needs assessment to asses the population you serve and better define what you intend to achieve with patient navigation (See Volume 1, Chapter 1).

2. What types of activities and specific tasks will the Patient Navigator perform?
There are 2 steps in answering this question.

FIRST, consider the different types of Patient Navigator **activities** and where they fall within each of the four major domains. This is an essential step, as the defined activities will guide decisions on hiring and implementing Patient Navigators. Once you determine the distribution of activities you need across the domains, you will be prepared to begin developing a job description and thinking about appropriate training and education needs for your navigator.

Use this diagram to get ideas about **types of activities** that may be completed by a Patient Navigator across the different domains. Note that these are only a small sample of possible activities, and should be guided by your specific program needs and setting.

Type of Patient Navigator Activities across the Domains

Health Services

Developing a care plan with primary care doctor; Facilitate communication between primary care and cancer provider; Facilitate appointment scheduling according to care plan; Direct interaction with patients through telephone

Community

Engage local community through education: Weekly visit to local church Attend local health fairs

Resources

Interface with following departments/organizations: Insurance services Financial services Transportation services Domestic violence organization Local support groups Local nutrition groups Local housing authority

Administrative

Setting up tracking systems Managing a case registry Documenting patient encounters Scheduling Interpreter Services Creating educational materials Creating communication materials

Another important consideration when defining these **types of activities** within the four domains is understanding what other team members may be involved in the conduct of this work. Your role as a supervisor will be to clearly identify where the Patient Navigator fits into the rubric of other team member activities.

TOOL 2.1: Program Activities by Domain
Consider the extent to which your program goals involve activity in each of these domains, and what that suggests about how to structure your program. Use this tool to organize where you think specific navigation activities fit into the four domains.

SECOND, once you have identified the type of activities within the four domains that meet your program needs, you will need to think more specifically about what **specific tasks** the Patient Navigator must complete within these broader activities.

This requires a detailed understanding of the steps in the care delivery process within your health delivery system. This is sometimes referred to as "mapping the process" and is one component of an organizational assessment within a healthcare setting.

▪ **Understanding Patient Flow** Cote. 2000.
http://decisionsciences.org/DecisionLine/Vol31/31_2/31_2pom.pdf
In this article, the author discusses patient flow. Patient flow is an important concept in understanding the delivery of health care, the health care facility's operational activities, and, more personally, tracks the progression of a patient's health status. The author goes on to describe the changes in resource allocation and capacity planning that can be changed and improved based on studying and assessing patient flow of a given healthcare facility. FREE

Tool 2.2 provides an example from one specific episode of breast health care to help you conceptualize the care delivery process relevant to your own program needs. It is meant to illustrate *that any given type of activity may have many tasks which involve multiple providers and team members.*

TOOL 2.2: Map the Health Care Delivery Process
This is a very simplified example of one specific episode of care relevant to a breast navigation program which aims to address delays in follow up after an abnormal mammogram. Use this tool to map the care process as it currently flows in your health service program. This will help you figure out the specific tasks your navigator (v. other team members) may be assigned. You may need to create multiple "maps", depending on the variation of care processes patients may experience.

Things to think about after "mapping" the healthcare delivery process:

- The above 'diagram can help you begin to understand how much <u>time</u> a Patient Navigator might spend with a given patient, and how the complexity of the case can affect the time required of the Patient Navigator. This is an important component of Patient Navigator caseload which should be routinely monitored by the Supervisor.. This topic will be discussed in greater detail in Chapter 3.

- Thinking about the process you just mapped, consider possible internal and external <u>resources</u> your Patient Navigator might need. It will be your responsibility to link the Patient Navigator with these resources, particularly in addressing barriers to care.

- Take notice of the other care providers and staff members with whom the navigator will interact in order to complete tasks. This will help clearly define the role of the navigator as well as identify important parts of your navigator training.

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The table below offers an outline of the daily tasks for your navigator, including a list of the specific team members they must interaction with to complete those tasks. You can use this to get an idea of how to organize tasks among your team members. This table will vary based on program needs and organizational structure.

Case Example: Specific tasks for a breast navigator at Friendly Health Center

	Patient	Provider	Other Staff	Support Services
Navigating for specific patient:				
• Make contact to discuss case		X		
• Educate	X			
• Schedule appointments	X		X	
• Relay results	X	X		
• Address barriers to care (issues with transportation, insurance, etc.)	X	X	X	X
Maintain system for all patients:				
• Case finding			X	
• Build internal/external networks		X	X	X
• Coordinate referrals			X	X
Document/Case Review:				
• Record patient information				
• Actions needed/taken		X	X	
• Test results and treatment plan		X	X	
Other:				
• Research		X		
• Provide clinic back-up			X	
• Create liaisons				X

Tool 2.3 is a blank version of this table. Use it to fill in based on what you think your own Patient Navigator tasks are and who they might be interfacing with on these tasks.

 TOOL 2.3 Determining Your Navigation Tasks
 This template has been provided for you to create the daily tasks that your Patient Navigators will perform, and who they will be interacting with for each of those tasks.

3. Where is the best physical location for your Patient Navigator?

It is important that the Patient Navigator be physically located in the appropriate place to maximize their contribution to the overall program or organization. Once you have identified how your Patient Navigator will spend time with day-to-day tasks, you will be equipped to designate the best location for them to be stationed.

Choosing the best physical location (or "home-base") for your Patient Navigator directly relates to which domain(s) encompass the majority of Patient Navigator activities you identified above.

- If the Patient Navigator will be responsible only for health service-based activities, the most logical location for them would be in the primary clinical department where the majority of these health services are taking place. If the delivery occurs across multiple clinics or departments, consider where the case-finding occurs. That may be the most logical place to start navigation.

- On the other hand, if the Patient Navigator's activities were identified mostly in the community domain, a community location may be more appropriate.

- Similarly, if the activities identified overlap between many of the domains, arrangement for dual-location or accommodations for transportation may be the most logical.

The following case studies offer examples to understand how other programs decide on the best placement of their Patient Navigators and how their Patient Navigators interface with the health service delivery programs.

CASE STUDIES: Where should the Patient Navigator's "home base" be?

For example..

> *At the Friendly Health Center, the breast navigation program decided to hire one of their existing radiology technicians, Suzette, into the Patient Navigator role on a part-time basis. She would be responsible for navigating all women with an abnormal mammogram, so a 'home-base' in radiology seemed logical. Since the radiology front desk area had two work stations with just one receptionist, and other space options were very limited, they decided to seat Suzette at one of these work-stations on her "navigation days." Unfortunately, the radiology clinic was very busy and in a high-traffic area. Suzette was constantly interrupted by patients seeking information, since the receptionist was often helping other patients or on the phone. Suzette also had to carry on phone conversations with her navigation patients in this very public, noisy area. Finally, since the copy machine was in the corner beyond her work station, she was frequently asked to stand up and move so co-workers could access the copy machine.*

As you can imagine, this did not turn out to be the best choice for Patient Navigator placement at Friendly Health Center. As a result of making this Patient Navigator's workspace at the crux of the radiology operation, she hardly had any time to complete her Patient Navigator activities due to inappropriate allocation of administrative duties as well as general distraction at her desk.

For example..

Valeria, the Patient Navigator for cervical cancer at the Multi-cultural Health Center, was fortunate in having her own cubicle within the OB/GYN suite, since it provided a relatively quiet and private place to talk with patients by telephone. However, it was extremely small and had no room in it for a second chair or person, and was located in a back office area of the suite not suitable for patient access. Whenever any of Valeria's navigated patients appeared in person, the only place she could talk with them was in the patient waiting room – a large, busy room dominated by a large, loud television set.

Each of these examples illustrate the finding the right 'department' or 'setting' for the navigation program may not be enough. One must consider the tasks the navigator must perform also. Although Valeria was able to get a lot of work done as far as tracking and calling her patients, the inability to have private conversations with her patients in person limited her capacity to navigate and build meaningful relationships with patients as is possible in other navigation programs who place their Patient Navigator somewhere with patient interaction in mind.

For example..

The patient navigation program at Best Choice Health Center designed their Patient Navigator home base according to the activities he/she performed most often. They decided the best placement for their Patient Navigators would be both in the clinic and a quiet office space. Thus, they arranged for cubicles in their research department for each Patient Navigator to have his/her own desk space, in order to facilitate privacy when calling patients as well as computer access to electronic medical record for updating Patient Navigator activities and other administrative duties. In addition there is one office in the clinic shared by all Patient Navigators, which they can use on their clinic day as needed, if for nothing else than to have a safe place to put their things while they talk to patients in the clinic and accompany them to appointments.

Consider both the specific tasks and the social networks the navigator will be interfacing when determining the best location to place your navigator.

Chapter 1: Review and Summary

You should now have the information, tools and resources you need to understand existing conditions and processes that your navigation program will address. You will also be able to determine the needs of your program, and how your Patient Navigator will be integrated into the care team. When you have completed the tasks in Chapter 1, use the checklist below to summarize what you've learned.

Checklist

____   I understand the problem or need our program is intended to address.

____   I have considered our program within the 4 domains and identified the dominant
        domains for our program.

____   I have identified the types of activities across the four domains that will define our
        navigation program.

____   A 'mapping' of the health delivery process has been performed so that we understand
        the specific tasks of the navigator as well as the other providers involved in their
        daily activities.

____   I have assigned the navigators physical location based on an assessment of the daily
activities across the four domains.

Notes/Reminders:
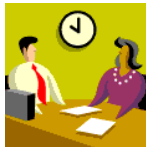
Chapter 2: Hiring a Patient Navigator

Goal: Chapter two will outline strategies to finding the best Patient Navigator for your program and provide tools for hiring. This chapter will help you think about what qualities you are looking for in a Patient Navigator to meet your program needs.

1. What do you want in a Patient Navigator?

The characteristics and qualifications you need in a Patient Navigator should be directly informed by the type of activities and specific tasks you identified in Chapter 1. If you have not already done so, you might benefit from going back to complete some of the tools in the previous chapter. Consider the following criteria within the context of the activities and tasks you identified in Chapter 1:

Educational Requirements: This can include formal education, degrees, trainings and/or certifications. Consider that a certain amount of experience may or may not make up for lower educational attainment, depending on your program needs. Navigator credentials range from licensed professionals, like nurse or social workers, to lay health workers and community volunteers. There is no right or wrong requirement here, rather whatever meets your program needs.

Employment Experience: This includes any relevant experience that enhances the Patient Navigator's ability to meet program needs and specific tasks outlined in Chapter 1. If your needs call for heavy health services domain, you may prefer to hire a navigator with extensive clinical services delivery experience. But if your needs call for heavy community domain, you may prefer to hire a navigator based on their experience working in the target community.

Interpersonal Skills: This includes innate personal qualities or related job experience relevant to interfacing with both the target population and/or network of other care providers and staff that the navigator will need to interact. Our experience suggests that navigators with innate outgoing personalities who can easily and comfortably interact with people from various cultures is critical.

Credentialing: Depending on the type of Patient Navigator you are planning to hire, there may be certain credentials or certifications that your Patient Navigator should have or earn soon after hiring. For example, social workers and nurses have specific licensure and credentials. Consult colleagues or human resource for what is required for professional level staff. If hiring a lay Patient Navigator, some states or local agencies provide Community Health Worker certification programs. This is a developing field, so it's up to your program if this type of certification is required, as it is not yet universally available.

Central Massachusetts Area Health Education Center
As an example, the Massachusetts Department of Public Health offers a Patient Navigation Certificate Course. Find out more on their website:
http://cmahec.org/index.php?option=com_content&view=article&id=66&Itemid=105
FREE

It is important to remember that there is no 'perfect' candidate. You need to define which skills and experiences are absolutely essential, and which are only desired characteristics.

A job description provides information about the tasks and responsibilities of the person who fills that job. It provides the "definition" of the position you are trying to fill, including the tasks the person hired will be expected to perform and the responsibilities they will be expected to meet.

The emboldened skills in the table below comprise *our* essential list of qualifications when hiring Patient Navigators, based on our program needs and experiences.

Examples of skills in the four domains

	Employment Experience	Education	Interpersonal Skills
Administrative	-**Phone etiquette** -Computer Skills -**Multitasking ability** -Documentation Skills	-**High School Diploma or equivalent**	-**Good communication Skills** -Works well in teams -Good organizational skills -Detail oriented -Time management skills
Clinical	-Experience as a Community Health Worker -**Experience in a clinical setting** -Experience with goal setting and making care plans -Experience in any educator role		-Shows initiative -**Compassionate** -**Respectful** -Ability to identify patient needs and concerns -Ability to communicate knowledge about disease and care process
Community	-**Experience working with the community they will be serving** -Speaks multiple languages	-Community Health Worker Training	-**Culturally Aware** -Member of community being served -Good listening skills -Ability to communicate discuss sensitive issues
Resources	-Special knowledge of health insurance -Social Work experience -Special knowledge of dependent care programs/facilities	-Patient Navigator Training	-Comfortable accessing internal/external resources

Use the skill examples above, along with your *Determining your Navigation Tasks* (Tool 2.3), to generate essential and desired Patient Navigator qualifications for your program. Then, use the tools below to develop your own job description for the person you would like to hire, and guide your interview process.

To write a good job description – one that will help you hire the right person for the job – you need to carefully think through what knowledge, training and skills the person hired will be expected to have coming in and what you training you will provide. This process is called a *job analysis*. If you want to read more in depth about this, you may find the following resource useful.

 Heathfield, SM. *Job Analysis.*
http://humanresources.about.com/od/jobdescriptions/g/job_analysis.htm
If you want a quick guide or reminder, this website provides a short description of the tasks that make up a job analysis. FREE

Once you've worked out what the job involves and what skills, knowledge, experience and training are required, you'll need to write a *job description*. If you're in a large organization or a government agency, there is probably already a system of job titles and description in place, so start by talking with the person who handles human resource matters for your group or office.

Although there is no one "right way" to write a job description, they usually include the following:

1. A job title

2. A listing of the qualifications – such as experience, education level, licenses or certifications – that an applicant must have (required), plus any that would be desirable (preferred, but not required). If fluency in a certain language is required to interact with patients from a certain language community, this should be specified. Likewise, ability to use any specific software packages used for documenting activity (e.g., Excel) should also be included.

3. A description of other qualities that someone in this job should have – such as excellent interpersonal skills or the ability to develop creative solutions to new and unexpected problems.

4. A description of the tasks the person hired will be expected to perform and the responsibilities that person will be expected to fulfill. If the Patient Navigator will need to document contacts with patients, and/or use an electronic medical record, it is important to include these along with other responsibilities of the position.

If there is no existing job description for a Patient Navigator, try drafting one as a starting point for discussion with the human resources staff. In a smaller organization, you may need to write the job description yourself. In either case, read the following articles first to get more information about this process.

Heathfield, SM. *Employee Job Descriptions: Why Job Descriptions Make Good Business Sense.*
http://humanresources.about.com/od/glossaryj/a/jobdescriptions.htm
This article discusses the benefits of using well-written job descriptions, as well as some of the potential negatives associated with them and how to avoid the latter. FREE
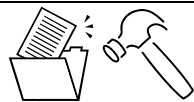
Job Description Templates
▪ Here is a template you can use to draft your Patient Navigator job description:
 http://jobdescriptionssamples.net/job-description-template/ FREE

▪ And here is a sampler of a downloadable job description templates already set up in Microsoft Word:
http://office.microsoft.com/en-us/templates/CT010144135.aspx FREE

Tool 2.4 is an example Patient Navigator job description. Use it to get ideas on appropriate language and description of duties specific to building a job description for Patient Navigators.

TOOL 2.4: Patient Navigator Job Description
This tool is an example of a job posting for a Patient Navigator position specific to a research program, but can serve as a jumping off point for developing a job description to fit the needs of your program.

Find even more information and resources on the hiring process in Volume 1, Chapter 4 '*Designing your Program'.*

Interviewing candidates for a position that is completely new can be quite challenging, without the precedent of previous hires.

Use the sample questions in tool 2.5 as a guide to formulating your own interview questions, or you can use these 'as is' to start with. If you have experience hiring for a Patient Navigator position, you may still find these sample questions helpful if they cover anything you might not normally think to ask. Consider whether the candidate's answers are a good fit for your program and the current supervisor (you or others) of the program

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 TOOL 2.5: Sample Interview Questions for Your Patient Navigator Position
Use this list of interview questions as a jumping off point. Even if you are experienced at hiring, you may find these questions helpful. We have found these to be effective in determining the right candidate for the Patient Navigator position in our own experience.

Below are some additional resources for finding good interview questions:

▪ **Monster.com**
http://career-advice.monster.com/job-interview/interview-questions/100-potential-interview-questions/article.aspx
Lists 100 questions that may potentially come up in an interview, including basic questions about the job itself, behavior-related questions, salary questions, career development questions, questions to learn more about the interviewee, questions for being hypothetically hired, and "brain-teaser" questions. FREE

▪ **Emurse.com**
http://blog.emurse.com/2007/05/21/complete-list-of-behavioral-interview-questions/
Comprehensive list of behavioral interview questions, which are designed to predict one's future performance based on past and present job performance. Behavioral interviews focus on job-related experiences, behaviors, knowledge, skills, and abilities. This site also links to a "guide" on how to answer behavioral interview questions, and encourages job-seekers to use the answers from these questions as a "study guide" in preparation for an interview. FREE

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2. Is cultural competency an essential consideration for your program?

We define culturally competent healthcare as health services which are provided with sensitivity to and consideration of cultural factors that impact patient's lives. Examples of these factors are: religious beliefs, dietary and health practices, family orientation, and beliefs around death and dying.

 Our experience has been that Patient Navigator's cultural competency enhances the success of patient navigation services.

Our program was designed to meet the needs of our culturally diverse, low-income, inner-city population. We include in our definition of culture diversity: differences in race, ethnicity, language, nationality, or religion

among various groups within the patient population. Beyond typical employment skills, the ability for our Patient Navigators to relate to their patients on this level helps to build trust and relationships that can translate to better health.

If your target population largely consists of one racial/ethnic group, you may consider hiring a Patient Navigator who is culturally congruent with your population to better ensure cultural competency. However, if the community you serve is from diverse racial/ethnic backgrounds, it may be better to hire multiple Patient Navigators of various cultural backgrounds to achieve this goal. Regardless, navigators will be interacting with others who are from other cultural backgrounds. That makes skills training in cultural competency important. The following examples illustrate that cultural congruence with the population is not always sufficient for effective navigation.

CASE STUDIES: Congruency between Patient and Patient Navigator

For example..

> *Happy Health Center had a large immigrant Asian population of patients and a smaller immigrant Latina population. The initial plans included hiring a part time Patient Navigator who was fluent in either Spanish or Chinese. After an internal recruitment process they assigned the navigation activities to someone with administrative responsibilities in radiology, who understood all the processes involved with breast cancer screening imaging. This individual had native Spanish speaking skills. While the Patient Navigator spoke Spanish, her own cultural and educational background differed from the majority of the Latinas seeking care at Happy Health Center. The patient population in general was from a different Spanish-speaking country, and most had little education, and lower health literacy than the assigned Patient Navigator. Despite the common language, the Patient Navigator did not demonstrate the ability to connect with the patients, and support their completion of cancer screening care. Her ability with the Asian populations was even more constrained. She made little attempt to participate in their care, and asked the medical interpreters to conduct the follow up. After 9 months, the data indicated that few women were benefiting from the proposed care. Despite attending trainings on cultural competence, the Patient Navigator did not develop the skills to support those with a different cultural background from her own. She found the new Patient Navigator work activities very stressful, and requested a transition back to her former duties.*

For example..

Happy Health Center decided that they needed someone to address the larger Asian community, and moreover, someone willing to understand the cultural experiences of a broad group of patients. The interviewing process for the next Patient Navigator emphasized the need to interact and develop skills with multiple cultures. The process was delayed in that the initial candidates did not meet the language and cultural competence goals of the position. When a candidate was identified and hired, she eagerly embraced the training in cultural competence. She quickly demonstrated the ability to interface with multiple cultures. While fluent in Mandarin and able to quickly care for the Asian population, she also worked with the Spanish interpreters to support the Latinas in the health center. Her documentation of barriers to care for all patients were much more complete than her predecessor and the reporting metrics quickly showed improvements in care for women of all ethnic and racial groups.

Happy Health Center learned that language skills and congruency in cultural backgrounds do not always translate into cultural competence. Workers from different cultural backgrounds can be trained to demonstrate cultural competence with addressing the needs of patients from a wide variety of backgrounds. They learned at Happy Health Center that criteria for hiring future Patient Navigators should place greater emphasis on the candidate's willingness to learn about other cultures, and adapt her work to their cultural beliefs and attitudes.

To learn more about cultural competency as it relates to health care:

▪ **Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches**
http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf
This field report evaluates current definitions of cultural competence in health care, identifies models of culturally competent care, determines what key components of cultural competence are, and makes recommendations on implementation of culturally competent interventions to improve the quality of health care. FREE

▪ **Improving Patient Care: Cultural Competence** *"It's not just political correctness. It's good medicine."*
http://www.aafp.org/fpm/2000/1000/p58.html
This article features a cultural competency checklist for providers in a practice, which could be tailored to fit the needs of a navigation program for the same purpose. It also includes a succinct definition of cultural competence as it applies to a health care practice you may find useful. FREE

3. How many Patient Navigators do you need?

The number of patients or 'cases' a Patient Navigator is working with at a given time, along with the amount of time and effort they devote to each of them defines their caseload. Patient caseload in this context refers to not only to the patient volume of your program, but also the relative amount of tasks and activities being carried out by the navigator for each individual patient.

Estimating Patient Navigator caseload can aide you in organizing your Patient Navigator's time more efficiently, as well as determining how much Patient Navigator-time you need in order to provide the quality and quantity of service you intend.

Consider hiring multiple Patient Navigators rather than relying on one to account coverage when a Patient Navigator takes sick or vacation time, as well as to share the caseload required based on your practice/program reach. Think about Patient Navigator overlap and the potential for seasoned Patient Navigators to be a resource to new Patient Navigators. You don't want navigation services to temporarily come to a halt when your Patient Navigator decides to leave.

One way to guide your caseload estimate is to design Standard Operating Procedures (SOP). Having an SOP not only helps advise you on expectations for patient navigation caseload, but also gives your Patient Navigators tools to help them manage the difficult job they have ahead of them. SOPs help you set expectations for your navigator, which is critical to their success. As a Supervisor, management of Patient Navigator turnover is also a priority. When Patient Navigators leave, which they inevitably do (and sometimes sooner than you think), SOP gives you tools to compensate for that team loss.

Developing *Effective* Standard Operating Procedures (SOPs)
http://www.research.ucsf.edu/CHR/Train/Developing_SOPs_062311_Handout.pdf
This links to a presentation about development of SOPs. Although it was created by a scientific laboratory group, it is general and simple enough to have universal application for any organization. FREE

Chapter 2: Review and Summary

You should now have the information, tools and resources you need to create strategies for finding and hiring the best Patient Navigator match(es) for your program. At this point you should have begun to consider how many Patient Navigators and at what percent time contribution your program will need. When you have completed the tasks in Chapter 2, use the checklist below to summarize what you've learned.

Checklist

____ I have identified the educational background, employment experience, interpersonal skills, and credentials I desire in my navigator.

____ I have a sense of the caseload for my patient navigator.

____ I have clear protocols and standards that inform my navigator of their expected duties.

____ I have a created a job description and interview guide for my navigator position

Notes/Reminders:

Chapter 3: Supervising and Mentoring Patient Navigators—Your Role as a Supervisor

Goal: Chapter three is intended to help you strategize your oversight of Patient Navigators. This chapter will equip you with the knowledge you need to successfully integrate your Patient Navigator into your existing program setting. Chapter three lends insight on caseload monitoring so you may better manage your Patient Navigators' workload, as well as provides you with evaluation tactics to be used for measuring outcomes and work quality of your Patient Navigator(s).

1. How do you integrate the new Patient Navigator position into your existing program or clinical care team?

Physical integration of the Patient Navigator into your health care setting is an important topic because it can help to facilitate teamwork between Patient Navigator(s) and other staff members. Successful team-integration will help to optimize the Patient Navigator's ability to have a positive impact on patient care and achieve program goals. Suggested approaches include:

- Start by identifying the key people and organizations that need to be involved in the development and implementation of your program. These are your *stakeholders* (See Volume 1, Chapter 2).
- Prepare the existing staff and stakeholders for integration of a Patient Navigator and have them help adapt the system to this new person and role.
- Clearly set out expectations for ways navigation can be used and what the Patient Navigator tasks will and will not include are important for clarifying what navigation is to the clinical team and how this new person or persons can be used to assist them and serve patients.
- Have providers outline the best ways for Patient Navigator(s) to contact them and to document case progress, and ask for feedback from other members of the care team to structure this new role.
- Introduce the Patient Navigator to the community with the objective of increasing awareness of the program and its services.
- Keep in mind, Patient Navigation opens the possibility for research on navigation as an intervention. Decide whether or not research will become part of your program, and think about how you can prepare the clinic and community for this opportunity.

Consider the tips to help you with this integration process.
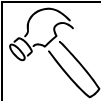
TOOL 2.6: Patient Navigator Introduction Tips
This tool is a list of helpful hints for introducing your navigator to your health services team, patients, and community. Increasing awareness of your new Patient Navigator and what she does will help to integrate her new role into the current system.

Sending announcements to key stakeholders about your navigation program is critical to raise awareness among those who will interact with your navigator. Below is a template or guide for creating your own Patient Navigator announcement to make your new Patient Navigators known to your health services team and the patient community you serve.
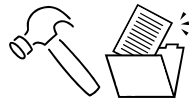
 TOOL 2.7: Example Navigation Announcement Flyer
Flyers can help increase awareness of your Patient Navigator as well as the Patient Navigation services you are now offering. You should place these in areas visible to both providers and patients.

Announcing your new Patient Navigator is a great way to get the word out! This is part of your role in supporting your Patient Navigator, so that she can be integrated as quickly and as seamlessly into the health services team as possible. A first step towards this integration is making sure people know who the Patient Navigator is and what her job is.

How your Patient Navigator will fit into your current system is a key component to this integration.

CASE STUDY: Clinic Organization

For example..
        At Happy Health Center, they wanted their new Patient Navigator to feel welcome, understand his role as it fit into the current organization, and to become a part of the health care team as soon as possible. To accomplish this, the navigation program planners, along with those appointed as supervisors for the incoming Patient Navigators, started by holding an all-clinic staff meeting, in which they discussed the new patient navigation program, and described the responsibilities that would be given to this new position in their team. They also discussed areas they foresaw as having potential for inappropriate activity allocation, such as providers asking the Patient Navigator to schedule appointments for patients who are not in the navigation program.

The Patient Navigator supervisor then asked the health care team for feedback regarding case reporting and documentation that they think would be helpful for patient tracking, and how to best support them. They also requested suggestions from providers on appropriate forums for Patient Navigators to present cases and ask questions about specific patients. In addition, the proposal for research opportunities was discussed and largely embraced by the health care team.

This information was integral to facilitating a smooth start for the Patient Navigator and helping him to find his niche in the existing team.

This is an ideal scenario, but should give you some ideas on how to begin these conversations with your existing health care team, and work on turning it into a navigation team. Some of which should happen well before you hire your first Patient Navigator.

2. What are the different types of supervision a Patient Navigator requires?

Patient Navigators will need both **administrative** and **clinical support** to do their work. It is important to be realistic about your capabilities in these roles, and decide if multiple supervisors will be required to fulfill both kinds of supervisor responsibilities:

Administrative Supervision
Perform administrative tasks required for Patient Navigator supervision, such as human resource related activities, integration with other team members, monitoring caseload, performance metrics and evaluation.

Clinical Supervision
Oversee health related care delivery supervision and act as a resource for Patient Navigator's clinical inquiries/issues. This requires case management oversight for all those assigned to your navigator. Navigators should be clearly supporting the care recommended by providers, rather than making clinical recommendations. Clinical credentials are required to provide this level of oversight. If you don't possess those credentials, consider finding another member of the team to take on this critical responsibility.

If using a multi-supervisor model, clearly define the roles and responsibilities of each supervisor. If you are the sole Patient Navigator supervisor, you must be able to perform both levels of supervision. Regardless of your approach, be sure your navigator is well aware of who their supervisor is and what role they play.

CASE STUDY: Administrative versus Clinical Supervision

For example..
At Happy Health Center, they decided to use a two-pronged approach to supervising their Patient Navigator, to help ease the burden on a very busy staff. The Patient Navigator would report to the practice manager (a non-clinician) for administrative needs, such as sick/vacation time, timesheets, and annual reviews. For clinical questions, guidance, and tracking reports, the Patient Navigator would report to Maria, one of the senior nurses in the practice. This way the Patient Navigator has regular access to Maria anytime a clinical issue came up, and reports to Sue, the practice manager, for all HR-type issues. Sue and Maria coordinate for things such as annual reviews, but Sue is responsible for preparing and submitting the paperwork.

Providing supervision requires setting expectations for your navigator. You must provide guidance on the specific tasks that are required for program success. Only then can you 'supervise' and hold your navigator responsible for their own work.

We offer here a to consider in defining your expectations for your navigator – creating Protocols that dictate standard operating procedures for the program. While the creation of such protocols may seem daunting and tedious, they are essential to ensure quality program delivery and will set your navigator up for success. Their absence threatens the ability of your navigator to meet program goals.
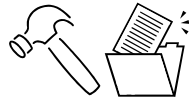
TOOL 2.8: Patient Navigator Protocols – Example
This tool is a detailed example of what a Patient Navigator protocol should look like. The example used here is a protocol for what the Patient Navigator is supposed to do if a patient does not keep an appointment. Start to think about major events that your program intends to use as reason to start navigating a patient and procedures you would like your Patient Navigator to follow in order to address a given event, such as a missed appointment. You will need to make protocols for Patient Navigators to follow accordingly.

If you would like a general guide for developing protocols or Standard Operating Procedures, this handout may be helpful.

Developing *Effective* Standard Operating Procedures (SOPs)
http://www.research.ucsf.edu/CHR/Train/Developing_SOPs_062311_Handout.pdf
This links to a presentation about development of SOPs. Although it was created by a scientific laboratory group, it is general and simple enough to have universal application for any organization. FREE

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3. How do you monitor the patient caseload of your Patient Navigator(s)?
Measuring patient caseload is complex and will vary greatly by program setting. We found the measures described below to be helpful in managing the caseload of our Patient Navigators, which is important for two major reasons: (1) it helps you decide if you have enough resources for the population you serve and (2) allows you to maintain an active patient list so you can prioritize workload for your Patient Navigators based.

First, identify the measures you will use to quantify patient caseload. Previous descriptions of patient caseload in other healthcare fields suggest the need to consider 3 constructs when quantifying patient caseload. This approach allows you to make comparisons across different settings. For example, navigating 100 patients with 'complex' issues may take the same amount of time to navigate 500 patients with less complex issues.

3 Constructs:

1) An absolute count of the number of patients

2) Time spent interacting with patients and performing other tasks related to patient care

3) Complexity of each patient case.

Tailor these measures to your program. In our experience of trying to understand and account for patient caseload, we have used the following measures to represent the three constructs:

1) Number of patients in active navigation
2) Number of encounters between Patient Navigator and patient (time)
3) The length of time of these encounters (time)
4) Number of days an individual has been navigated (time)
5) Number of barriers the navigator identified with that individual

In our model, we include three measures that represent time. The last measure addresses patient or case complexity. In our experience, we found that across our program sites, there was incredible variability in the above constructs from program to program.

4. What role do I play in evaluation of the Patient Navigator?

Evaluation is an integral part of supervision. If evaluation is not performed periodically, you will have no idea how effective your program is, no basis to provide feedback to yourself as a supervisor and subsequently no basis to provide feedback to your navigator on how to improve. There are two levels of evaluation that you should consider as you define your supervisor roles and responsibilities: Program-Level and Navigator-Level evaluation. These are discussed in more detail in Chapter 5. Here we introduce the concepts that fall under the purview of the navigator supervisor.

Program-Level Evaluation refers to measuring the success of your overall program. As a supervisor, you are responsible for program success. In order to measure this, you must clearly articulate the overall program goals. Only then can you define the outcome metrics that represent these program goals.

For example..
Your program may be designed to reduce cancer disparities by reducing delays in cancer care. Metrics that represent delays in care may be: timely diagnosis and treatment Timely metrics will form the basis for your Program-Level Evaluation.

Navigator-Level Evaluation refers to measuring the success of your navigator performance as they relate to the activities for the program. As a supervisor, you are also responsible for navigator success as a means toward program success.

- All navigators should be expected to perform a minimum level of **core competencies** pertaining to the universal role of a navigator (See Glossary and Chapter 4 on training for a definition and full description of core competencies)

- In addition, each program differs based on the specific needs of the program. This requires that the supervisor clearly lay out the expectations of your Patient Navigator(s) from the beginning by defining the **specific tasks and type of activities** that are required of them as outlined in Chapter 1. Only then can you define metrics based on the completion of these tasks.

For example..

Your program that targets timely care may require the navigators do telephone outreach with patients to schedule and remind them of appointments at their convenience, so that ultimately they will not miss appointments. Metrics that represent these tasks might include: rate of telephone contact, rate of missed appointments. These type of task oriented metrics are often referred to as "process" metrics or "process evaluation" and will be the framework for your Navigator-Level Evaluation.

Understanding your role in evaluating navigator performance is an essential part of designing a training program for your navigator. After all, you can't expect a navigator to perform activities or demonstrate skills in areas they have not been adequate trained. We go into more detail on this topic in Chapter 5.

Chapter 3: Review and Summary

You should now have the information, tools, and resources you need to successfully integrate your Patient Navigator into your existing program setting as well as to effectively monitor and evaluate your Patient Navigators and their workload. This chapter should help you to come up with your own strategies for managing and mentoring your Patient Navigators. When you have completed the tasks in Chapter 3, use the checklist below to summarize what you've learned.

Checklist

____ I have a clear plan for how to integrate the navigator into the existing program and/or clinical team.

      ___ I have involved all stakeholders in program announcements

      ___ I have used multiple sources of communication

      ___ The navigator has been trained to articulate his/her role consistently

____ I have clearly defined the Supervisor(s) and their role and informed the navigator.

      ___ Administrative and clinical oversight will be the responsibility of:

____ I have a plan to monitor my navigators caseload, including defining the metrics that will guide the caseload assessment.

____ I have considered an evaluation approach to measure my success as a supervisor, both at the program and navigator level.

Notes/Reminders:

Chapter 4: Identifying and Addressing Training and Educational Needs

Goal: Chapter four addresses Patient Navigator education and training. The purpose of this chapter is to help supervisors build a training plan for their Patient Navigator that covers both core-competencies required of any navigator, as well as program-specific-competencies tailored to the needs of the specific program.

1. What are the training needs of your Patient Navigators?

All navigators require training. Whether new or experienced, every Patient Navigator should receive training in two areas:

1) <u>Basic Navigation Core Competencies</u>. This refers to the basic knowledge and skills anyone working as a navigator needs. While there are not yet a universal set of competencies accepted, there are some common areas that define the essential tasks of a navigator. Regardless of the educational background, professional affiliation, experience or the disease target of their program – all navigators must be competent in these essential areas. Fortunately, there are many existing resources and training programs nationwide that are offer this type of training.

2) <u>Program-Specific Knowledge</u>. Knowledge specific to a particular program falls into two areas: the disease state or episode of care targeted by the program *and* the intricacies of the health care delivery system within which the program functions. Every navigation program differs vastly in these areas, requiring a commitment from supervisors and their local organizations/agencies to take responsibility for the delivery of this part of navigator training.

It is expected that any new Patient Navigator will require introductory training, as well as ongoing continuing education. Existing Patient Navigators may benefit from refresher trainings and competency assessments by supervisors that keep them working at optimum levels.

We recommend that you conduct a baseline assessment of your Patient Navigator to determine their knowledge around the core set of navigation competencies. You may already have a sense, based on your hiring criteria you developed in Chapter 2. A baseline assessment of core competencies will identify in which basic areas your Patient Navigator needs more training.

One tool you might consider is an observational checklist that allows you to observe competencies during a patient interaction and score the navigator on their performance across three core areas: client interaction/communication, care management, and documentation. Tools for this can be found in Chapter 5, as Patient Navigator *evaluation* is their primary purpose, but you may be able to use them for a baseline assessment as well.

2. **How can you meet training and educational needs?**

One important role you play as a supervisor is ensuring access and participation in navigation training for the two educational areas outlined above:

- Navigation Core Competency for which there are a number of existing training programs that you may take advantage of, and
- Program-Specific Knowledge for which a large component must take place within your own program and health delivery system.

Navigation Core Competencies

Don't reinvent the wheel here, there are a number of comprehensive in-person, on-line or print resources available. Some even provide a certificate of completion. Many states, including Massachusetts, are working towards developing a certification process for navigators, which would require agreement on a set of core competencies. Below are number of the most commonly cited training programs to consider. Search locally and regionally to find other similar navigation programs near you. Choose one (or more) that meets your needs.

Training Resources

▪ **Patient Navigator Training Collaborative, Denver, CO**
http://patientnavigatortraining.org/ Website contains free online tutorials and webinars. Four-day on-site training course or 6-week online training course are $400 each and are geared towards level 1 and level 2 Patient Navigators respectively (see website for details).

▪ **The Harold P. Freeman Patient Navigation Institute Patient Navigation Program New York, NY**
http://www.hpfreemanpni.org/
Three-day intensive training course includes 10 modules, a practicum, and case studies. Program cost is $1500 and requires application and acceptance to enroll.

▪ **Massachusetts Department of Public Health Community Health Worker Certificate Course Boston, MA**
http://cmahec.org/index.php?option=com_content&view=article&id=66&Itemid=105
Courses offered through MDPH include one in-person session to begin the course, followed by 9-weeks to complete online training modules. A course for supervisors is available as well as a course for Patient Navigators. These courses are free. Check your local department of health for course offerings in your area.

▪ **Breast Patient Navigator Certification Program, National Consortium of Breast Centers (NCBC), Las Vegas, NV**
http://www.bpnc.org/
This is a breast-specific patient navigation training course and certificate program, which is awarded after sitting for an examination. Attending the course is not required to sit for the exam, but the cost is the same. The course is a day and a half long program and includes background on breast patient navigation and information on the validity and importance of the navigation role. It incorporates presentations with case studies and peer discussion.
*Application requires Patient Navigator to have at least two years of experience navigating breast patients. The cost is $300 for current NCBC members for non-NCBC members for registration after acceptance into certification program.

▪ **The George Washington Cancer Institute Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP) Education and Traning Program Washington, DC.**
http://www.gwumc.edu/caSNP/education.html
The courses offered include:
Executive Training on Navigation and Survivorship, a two-day executive training program designed to provide decision makers and program leaders with the tools to launch and sustain navigation and survivorship programs. Components include a pre-course webinar and a two-day in-course training.
-Patient Navigation: From Outreach to Survivorship, a three-day training providing participants with the skills and knowledge needed to be successful navigators and enhance their navigation program.
-Cancer Health Policy Scholars Program: a three-day executive training designed to provide participants with the knowledge needed to identify U.S. health policy trends and their implications for cancer prevention and treatment with special emphasis on cancer patient navigation and survivorship.
Cntact Elisabeth Reed for more information on fees and other questions at ereed@gwu.edu.

Becoming a Patient Advocate or Patient Navigator: Degrees, Certificates, and Instruction
http://patients.about.com/od/caringforotherpatients/a/padegrees.htm
This brief article goes into considerations for choosing a program, figuring out what kind of training is right for the Patient Navigator, and gives a few additional listings of programs and training courses. FREE

What areas are included in the Core-competencies differ slightly from program to program, but may of the same topics emerge across all programs. The following is a summary of basic skills that are frequently included in the basic navigation skills trainings outlined above:
1) Cultural Responsiveness and Sensitivity
2) Barrier Identification
3) General Organization and Time Management
4) Resource Identification and Utilization to address barriers
5) Communication skills
6) Motivational interviewing skills

In addition to comprehensive navigation trainings, you may explore resources specific to a core competency. For example, one important skill for our navigators was communication through case presentations. This form of communication with other care providers is critical for our navigators to master in order to be a credible member of the care team. For example, clinical supervisors are expected to go over cases with their Patient Navigator on an ongoing basis as a monitoring process, as well as when the Patient Navigator has questions about a difficult case. In addition, Patient Navigator may be called to present a case at provider or health services team meetings. Therefore, we designed and tailored an in-person training session that aimed to instruct navigators on how to present cases according to supervisor expectations and the audience (single provider, group/team meeting, Patient Navigator meeting). Tool 2.10 will give you some guidance on this.
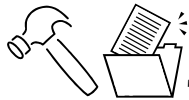
TOOL 2.9: Case Presentation Overview and Example PowerPoint Slides of Case Presentations
This slide show is an example of how teach your Patient Navigator what a case presentation should look like in your program. You can adapt both the explanation and the examples to suit your program needs. Think about the audience(s) where your Patient Navigator will be presenting cases (provider, supervisor, other Patient Navigators, etc.) and what types of information should be provided. While our examples and practice assignments used PowerPoint to create the presentations, we also practiced giving an oral-only case presentation to various providers.

Even experienced navigators require continuing education in core competencies. We offer here a tailored curriculum we used for our experienced navigators for whom we identified gaps in skills and/or knowledge.

TOOL 2.10: Core Competency Course Summary
This summary identifies Core Competency Areas for developing a Patient Navigation training curriculum. You can use this to begin to structure your own course. This training series focused on core competencies for Patient Navigators which serve as overarching themes in patient navigation and will be relevant in all four domains of navigation.

Program-Specific Knowledge
Knowledge and skill requirements specific to a particular program is individualized and thus often requires customized training. You will have to develop much of the program-specific Patient Navigator training because it will need to be tailored specifically to your program. Training needs specific to programs fall into two areas: the disease state or episode of care targeted by the program *and* the intricacies of the health care delivery system within which the program functions.

As a supervisor, you may find yourself leading or organizing a lot of these internal trainings. The first step is to come up with a training curriculum. The following are some suggestions of topics to cover to get you started. Remember, as all patient navigation programs are different, your training should be specific for your program and reflect its goals.

Disease-Specific Education
- o Basic knowledge of the disease(s) the program navigates for, including: the spectrum of care from screening to diagnosis and treatment options.
- o Basic knowledge of the major procedures, tests and treatment performed for this disease state
- o The range of procedure and test results and their meaning, required follow-up tests according to results, and treatment options
- o Glossary and acronyms specific to the disease state
- o Educational materials to share with patients
- o Providers names and contact information to provide back-up, further explanation or direct contact wit the patient as necessary

Standard Operating Procedures (SOP)
- o This is a tool to help your navigator understand all the steps in the processes of care that relate to the episode of care they are targeting (See Chapter 3)
- o Patient Navigators will need to be given SOP to understand their patient tracking and follow-up procedures
- o As your program evolves, SOP will need to be revised accordingly

Medical Record Systems and Documentation Training
- o Patient Navigators will need to be familiarized with any electronic or paper records he/she will need to view
- o Patient Navigators will require instruction on how to document their work as outlined by the program protocols (whether this is electronic or paper documentation)
- o Systems training for electronic scheduling or administrative databases

Resource Identification and Utilization Training
- o Patient Navigators will need to be trained on how to go about locating local clinical and community resources to address barriers to care
- o Once they know how to find resources, Patient Navigators will also need guidance on how to make contacts and in what ways identified resources can be used by patients who need them
- o Physically introducing them to these programs and resources is ideal

Community-Specific Education
- o Patient Navigators benefit from education on the demographics and cultural groups that make up the patient population he/she will be working with

Training on Addressing Barriers to Care most common in the target community
- o **Arguably the most important aspect of patient navigation, addressing barriers to care should be at the forefront of your program specific training plan**
- o Barriers are patient-specific, but Patient Navigators can be taught basic ways of addressing common barriers within the reach of the navigation program
- o Teach basic ways of addressing barriers using available resources, while acknowledging that the same barrier may require different actions/solutions for different patients.
- o If there are community barriers which have made the need for a patient navigation program evident in the first place, the Patient Navigator should be educated on what these community barriers are and general ways to successfully address them

Community Outreach Activities (if applicable)
- o Your Patient Navigation program may or may not include outreach activities, such as a group information session at a community organization hall or a community screening recruitment day
- o If your program wants to initiate an outreach activity, make sure your Patient Navigator is trained on how to deliver the activity before he/she begins

Chapter 4: Review and Summary

You should now have the information, tools, and resources you need to build an effective training plan for your new and existing Patient Navigators. You should now understand the concept of core competencies of navigation that all Patient Navigators will need, as well as program specific competencies for which you will need to develop training. When you have completed the tasks in Chapter 4, use the checklist below to summarize what you've learned.

Checklist

____   I understand the core competency training needs of my navigators

____   I understand the specific program training and education needs of m y navigators

____   I have outline an ideal curriculum for my navigators.

____   I have identified available core competency training programs for my navigators.

____   I have designed on-site program specific training to meet the needs of my program.

____   Training areas still in need of development within the program are:

Notes/Reminders:

Chapter 5: Evaluating Your Patient Navigators and Your Navigation Program

Goal: Chapter five is intended to outline both levels of evaluation previously mentioned (Program-Level Evaluation and Navigator-Level Evaluation) and give you the tools to carry out such evaluations. This chapter will guide you in establishing measures to assess the effectiveness of the program through measures of Patient Navigator performance and processes as well as monitoring progress of the program's overall goals. This chapter will compliment Volume One, Chapter 7: *Assessing your Program*, but is targeted towards the Supervisorial role in the evaluation process.

Program-Level Evaluation

1. What are the established goals of the Patient Navigation Program?

To establish a successful program, it is essential to clearly identify what you want to accomplish. These are the program-wide goals, often set out by administration and program planners (see Volume 1, Chapter 3). The Supervisor must be able to clearly articulate these goals when planning evaluation activities.

Remember the most effective goals are SMART – Specific, Measurable, Attainable, Realistic, and Time-bound.

 "Creating S.M.A.R.T. Goals"
http://topachievement.com/smart.html
For a quick overview of SMART goals, see this webpage from Top Achievement. FREE

2. How do you evaluate whether or not these goals are being met?

You must next identify the measures you will use to assess the success of each goal.

Commonly used measures to evaluate navigation programs fall into several categories, as defined by the corresponding goal:
1) <u>Clinical outcome measures</u> evaluate the impact of navigation on health outcomes.
2) <u>Health services measures</u> evaluate the impact of navigation on the delivery of health care services.
3) <u>Patient reported outcome measures</u> evaluate the impact of navigation from the patient's perspective.
4) <u>Cost measures</u> evaluate the financial impact of navigation.

All of these measures are important and relevant, but only a thorough understanding of your program intent can guide which you choose.

You may consider measuring one or many outcomes from these various categories depending of course on: the resources available to conduct your evaluation, the data sources you have access to, and the expertise you have on staff to analyze the data once it's collected. Start simple and master your main metrics. You can always expand your evaluation efforts over time.

Read more about measurement of program outcomes and other relevant considerations to patient navigation evaluation in this Supplement issue of Cancer.

Cancer Supplement: National Patient Navigation Leadership Summit (NPNLS): Measuring the Impact and Potential of Patient Navigation, Supplement to Cancer, 1 August 2011 Volume 117, Issue Supplement 15, Pages i-ii, 3535-3623
http://onlinelibrary.wiley.com/doi/10.1002/cncr.v117.15s/issuetoc
This entire issue is a supplement dedicated to patient navigation. In it, you will find articles useful for learning more about metrics development and ways to measure your program's success, as well as many other relevant articles to patient navigation programs in general.

Learn even more about program-level outcome measurement (metrics) in the resource article below.

Developing Quality Indicators for a Breast Health Patient Navigation Program Andrea C Kronman, Karen M Freund, Cynthia L Schoettler et al *J Ambul Care Manag* 2012 (in press).
To learn more about measuring quality indicators, go online to read the paper listed above. In this article, the investigators developed two quality indicators of Patient Navigator activities that they found demonstrated the impact of programmatic changes on care delivery. Their objective was to develop quality indicators for patient navigation programs that could be used for continuous quality improvement, and focused on 2 proposed process measures: appointment adherence and mode of communication.

If you would like to read more about evaluation of patient satisfaction and interpersonal relationships in navigation you may find these articles informative.

 The research incorporates a tool for measuring patient satisfaction with interpersonal relationship with patient navigators. The second article repeats the work done in the primary investigation, to validate the Spanish version of the tool.

▪ **Psychometric development and reliability analysis of a patient satisfaction with interpersonal relationship with Patient Navigator measure: A multi site patient navigation research program study.** Jean-Pierre P, Fiscella K, Winters PC et al. Psycho-Oncology. 2011
http://onlinelibrary.wiley.com/doi/10.1002/pon.2002/abstract?systemMessage=Wiley+Online+Library+will+be+disrupted+3+Mar+from+10-13+GMT+for+monthly+maintenance

Published online in Wiley Online Library (wileyonlinelibrary.com). DOI: 10.1002/pon.2002.

▪ **Patient navigation research program group, Psychometric validation and reliability analysis of a Spanish version of the patient satisfaction with cancer-related care measure: a patient navigation research program study.** Jean-Pierre P, Fiscella K, Winters PC, Paskett E et al. Support Care Cancer. 2011 Oct.
http://www.springerlink.com/content/445pn4w422405v54/

For more on program-level evaluation, see Volume 1, Chapter 7: Assessing your program

Navigator-Level Evaluation

3. What are the expectations of your Patient Navigators?

Evaluating the impact of your navigator requires that your have a clear understanding of the specific tasks and types of activities they are engaging in to carry out the program. Use the work you completed in Chapter 1 of this Volume to determine critical Patient Navigator tasks and activities. These tasks and activities may be used to outline Patient Navigator *expectations*, which formulate the goals of the navigators themselves.

- Remember, all navigators should be expected to perform a minimum level of **core competencies** pertaining to the universal role of a navigator (See Glossary and Chapter 4 on training for a definition and full description of core competencies)
- In addition, each program differs based on the specific needs of the community. This requires that the supervisor clearly lay out the expectations of your Patient Navigator(s) from the beginning by defining the **specific tasks and type of activities** that are required of them as outlined in Chapter 1.

A competent supervisor will clearly articulate expectations or goals for the navigator within each of these two areas.

Remember the most effective goals are SMART – Specific, Measurable, Attainable, Realistic, and Time-bound.

 "Creating S.M.A.R.T. Goals"
http://topachievement.com/smart.html
For a quick overview of SMART goals, see this webpage from Top Achievement. FREE

4. How do you evaluate Patient Navigators?

Navigator-Level Evaluation refers to measuring the success of your navigator performance as it relate to the expectations outlined above. As you did for designing your programmatic evaluation, you must now identify the measures you will use to assess the success of each goal.

For example..

Maria, the clinical supervisor, met with Patient Navigator, Elaine, to go over expectations for her performance within the program. She outlined the following goals and their associated measure.

Goal 1. Call all patients 3 days before their appointment;
Measure 1.Rate of telephone outreach as documented in her daily logs

Goal 2. Make sure all patients have adequate transportation for their appointment
Measure 2. Type of transportation used as documented in navigator daily logs

Goal 3. Get a minimum of 80% of navigated patients to arrive as planned to their scheduled appointments
Measure 3. Arrival rates for the clinical practice.

Goal 4. Ensure all patients understand her role as a patient navigator
Measure 4. Observing the navigator introduces herself as a patient navigator during patient encounters as documented on the competency check list (see below)

Elaine was grateful to have clear metrics which corresponded directly wither supervisor expectations as well as her daily activities.

To get more information on how core competencies and taught, measured, and evaluated, read the following article about a patient navigation training program.

A National Patient Navigation Training Program Calhoun et al. Health Promotion Practice. 2010
http://hpp.sagepub.com/content/11/2/205.long
If you'd like to learn more about core competencies in patient navigation, you may find this article helpful. It discusses patient navigation training programs, including their development, curriculum, assessment of Patient Navigator performance, and evaluation of training. Included in this informative training article is a basic Patient Navigator competency checklist that you can use as is or adapt to your needs as one method of evaluating your Patient Navigator(s). FREE

See the article referenced below for more in depth reading on process-level metrics.

Assessing the impact of patient navigation: Prevention and early detection metrics. Battaglia TA, Burhansstipanov L, Murrell SS, Dwyer AJ, Caron SE. Cancer 2011 Aug 1; 117 (15): 3551-3562.
Available at:
http://onlinelibrary.wiley.com/doi/10.1002/cncr.26267/abstract;jsessionid=B4D89CC98DF1E1C95FDF8D52B8AEA326.d01t01?systemMessage=Wiley+Online+Library+will+be+disrupted+3+Mar+from+10-13+GMT+for+monthly+maintenance)
This article outlines specific constructs useful for development of metrics in patient navigator-level evaluation. FREE

It can be helpful to have a competency checklist in front of you when observing Patient Navigators for evaluation. Tool 2.11 can be used as a handy template for developing your own checklist, or can be used as is.
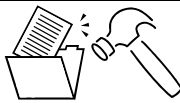
TOOL 2.11: Core Competency Checklist
A competency checklist has been designed by the National Patient Navigation Research Program to assess core competency skills. It is an observational checklist used to measure the quality of patient- Patient Navigator interaction, case management, protocol compliance, and documentation skills

It is important to have clear methods of evaluating your navigation program and your Patient Navigator's work.

For example..

        Healthy Health Center implemented a telephone based navigation program for all women referred to the diagnostic breast practice. The Patient Navigators followed specific pre-visit protocols to remind patients of their appointments, identify barriers to care and help them to overcome them in order to make it to their appointment. The overall program metric for success was "timely diagnosis of cancer". A patient navigator-level metric in the process of the care is depicted below in the graph which plots the success of the Patient Navigator in reaching the patient as a function of their showing up for a scheduled appointment. As reflected in the graph, when navigators reach patients and deliver navigation, they are more likely to show up for their appointment!

This is a good navigator- or process- level metric as it relates directly to work of the navigator and the program goals. By monitoring this monthly, the Healthy Health Center can monitor trends and take action to improve the rates of direct patient contact, which then result in more patients making it to their scheduled appointments.

Fig 2. Day call contact rate by month of scheduled appointment
N=3435 phone calls
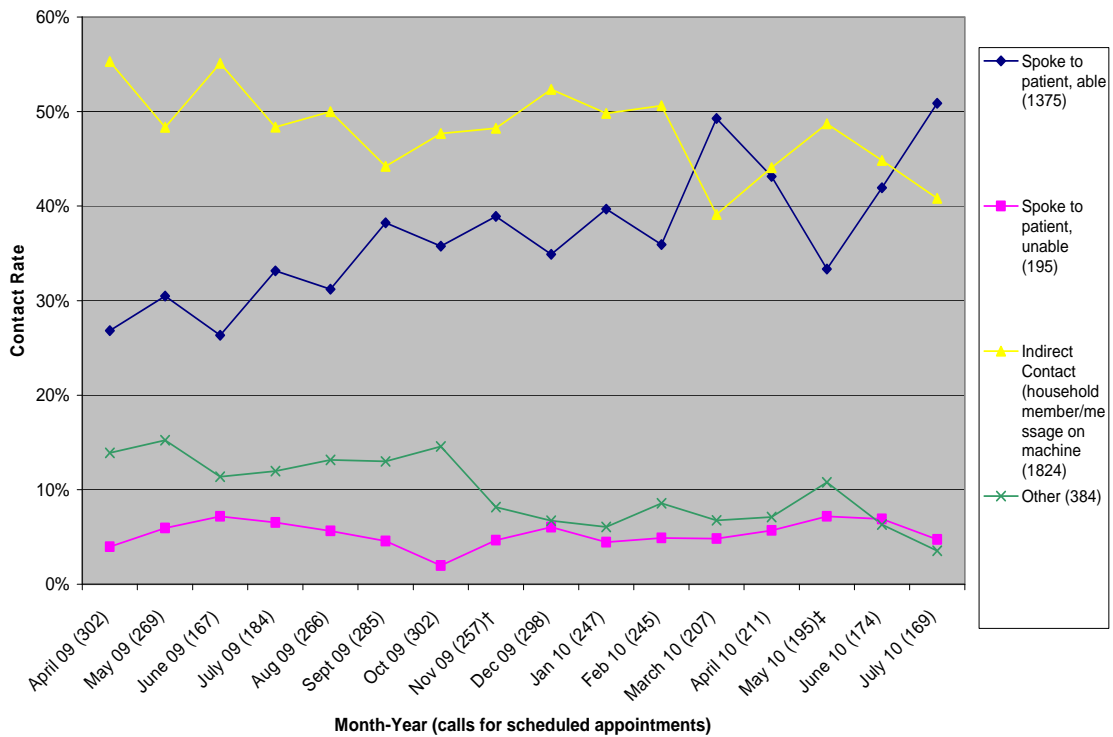
Chapter 5: Review and Summary

You should now have the information, tools, and resources you need to strategize program evaluation plans. You will able to establish measures to assess the effectiveness of the program through measures of Patient Navigator performance and processes as well as monitor progress of the program's overall goals.

Checklist

_____ I am able to clearly articulate our program goals

_____ I am able to clearly articulate the main programmatic metrics that we will use to assess the status of our goals

_____ I am able to clearly articulate the role of the navigator in our program.

_____ I am able to clearly articulate the metrics we will use to evaluate the performance of the navigator.

_____ I have a plan to monitor ongoing progress over time

Notes/Reminders:

CONCLUSION

Congratulations! You've done a lot of hard work to get here, but if you've done it thoughtfully, you are well on your way to becoming a wonderful Supervisor of Patient Navigators who knows exactly what kind of support your Patient Navigators need to make your patient navigation program a success. You have:

- Built connections between patient navigation and the health services team

- Learned how to hire the right person for the Patient Navigator position

- Established appropriate supervision and mentoring for Patient Navigators

- Identified and addressed training and educational needs for Patient Navigators

- Established measures to assess your program and your Patient Navigators

What's next?
If you've gotten all you can out of Volume 2, look to Volumes 1 and 3 of this toolkit to provide both the guidance and resources you need to continue your learning. You may find that many resources found in these volumes are relevant to you as well:

- Materials you can use as is or adapt to support the day-to-day operations of your program and the work of Patient Navigators.

- Tips from experienced Patient Navigators

- Resources for solving problems.