

# Rapid Decision Support

A product of the Contextualized Health Research Synthesis Program  
Newfoundland & Labrador Centre for Applied Health Research



## Disclaimer:

*Researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on this subject topic and are relaying work produced by others. This report has been produced quickly and it is not exhaustive, nor have any included studies been critically appraised.*

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## Health System Navigation: Evidence Scan

**Search focus:** For this *Rapid Decision Support* report, CHRSP researchers searched for evidence that examined health system navigation a broad level rather than health system navigation that focused on specific patient populations or conditions. We prioritized research articles that examined approaches, services, or programs for whole health system navigation.

**What we found:** This report summarizes articles published between 2017 and 2023, including 1 overview of systematic reviews, 2 systematic reviews, 7 scoping/other reviews, 6 primary studies, and 3 other articles (toolkits, conference findings).

**Content Summary:** While most available research on health system navigation is focused on specific patient populations, conditions, or settings (e.g., cancer care patient navigation in hospitals), for this report we sought articles about health system navigation approaches, services, or programs for the general population/ broad patient populations. We included some articles with examples of specific navigation programs and services when they seemed potentially relevant for decision makers.

In [Section 1](#), we categorize the evidence using three common themes of interest: (A) Navigation Includes Community/Social Navigation; (B) Implementation and (C) Navigator Roles, Skills, and Capacities. Many of the higher-level studies overlapped in multiple categories and may appear more than once in the *Key Theme* tables.

In [Section 2](#), we list included research articles by study type, in alphabetical order, with relevant quotes highlighted for each reference.

## Section 1: Article Index Categorized by Key Theme

This Index is organized based on three key themes of interest: (A) Navigation Includes Community/Social Navigation, (B) Implementation, and (C) Navigator Roles, Skills, and Capacities. Many of the higher-level studies overlapped in multiple categories and may appear under more than one theme. To learn more about a given article, click on the author link to jump to the article summary in Section 2 of this Report.

### Key Theme A: Navigation Includes Community/ Social Navigation (n=8)

Article Type	Article Title (click author to see article summary in Section 2)	Author
Overview	None found	-
Systematic Review	Community health workers as healthcare navigators in primary care chronic disease management: a systematic review	<a href="#">Mistry, 2021</a>
	Effectiveness of system navigation programs linking primary care with community-based health and social services: a systematic review	<a href="#">Teggart, 2023</a>
Scoping/ Review	Navigation delivery models and roles of navigators in primary care: a scoping literature review	<a href="#">Carter, 2018</a>
	Implementation and maintenance of patient navigation programs linking primary care with community-based health and social services: a scoping literature review	<a href="#">Valaitis, 2017</a>
Primary	The feasibility of a primary care based navigation service to support access to health and social resources: the access to resources in the community (arc) model	<a href="#">Dahrouge, 2022</a>
	Use of health information technology among patient navigators in community health interventions	<a href="#">Haque, 2019</a>
	Current understanding and implementation of 'care navigation' across England: a cross-sectional study of NHS clinical commissioning groups	<a href="#">Tierney, 2019</a>
Other	What are patient navigators and how can they improve integration of care?	<a href="#">Budde, 2022</a>

### Key Theme B: Implementation (n=6)

Article Type	Article Title (click author to see article summary in Section 2)	Author
Overview	None found	-
SR	None found	-
Scoping/ Review	Factors influencing the implementation of patient navigation programs for adults with complex needs: a scoping review of the literature	<a href="#">Kokorelias, 2021</a>
	Implementation and maintenance of patient navigation programs linking primary care with community-based health and social services: a scoping literature review	<a href="#">Valaitis, 2017</a>
	Rapid Synthesis: Examining system navigation for Ontario Health Teams 30-day response	<a href="#">Waddell, 2023</a>
Primary	Use of health information technology among patient navigators in community health interventions	<a href="#">Haque, 2019</a>
Other	The Boston Medical Center Patient Navigation Toolkit 1st Edition	<a href="#">Battaglia, nd</a>
	What are patient navigators and how can they improve integration of care	<a href="#">Budde, 2022</a>

## Key Theme C: Navigator Roles, Skills and Capacities (n= 13)

Article Type	Article Title (click author to see article summary in Section 2)	Author
Overview	The role of patient navigators in ambulatory care: overview of systematic reviews	<a href="#">Budde, 2021</a>
SR	None found	-
Scoping/ Review	Navigation delivery models and roles of navigators in primary care: a scoping literature review	<a href="#">Carter, 2018</a>
	Exploring the roles, functions, and background of patient navigators and case managers: A scoping review	<a href="#">Kelly, 2019</a>
	Patient navigators facilitating access to primary care: a scoping review	<a href="#">Peart, 2018</a>
	The Role of the Indigenous Patient Navigator: A Scoping Review	<a href="#">Rankin, 2022</a>
Primary	The Feasibility of a Primary Care Based Navigation Service to Support Access to Health and Social Resources: The Access to Resources in the Community (ARC) Model	<a href="#">Dahrouge, 2022</a>
	Use of Health Information Technology among Patient Navigators in Community Health Interventions	<a href="#">Haque, 2019</a>
	Assessing readiness to implement patient navigator programs in Toronto, Canada	<a href="#">Kokorelias, 2022</a>
	Exploring the role of lay and professional patient navigators in Canada	<a href="#">Reid, 2020</a>
	Current understanding and implementation of 'care navigation' across England: a cross-sectional study of NHS clinical commissioning groups	<a href="#">Tierney, 2019</a>
	What are patient navigators doing, for whom, and where? A national survey evaluating the types of services provided by patient navigators	<a href="#">Wells, 2018</a>
Other	What are patient navigators and how can they improve integration of care?	<a href="#">Budde, 2022</a>
	Findings from the National Navigation Roundtable: A call for competency-based patient navigation training	<a href="#">Valverde, 2019</a>

## Section 2: Research Articles by Study Type

### Overview of Systematic Reviews

Budde et al. **The role of patient navigators in ambulatory care: overview of systematic reviews.** BMC Health Serv Res. 2021 Oct. ([LINK](#)) | ([Return to Article Index](#))

- Overview of systematic reviews of 11 systematic reviews, patient navigators in ambulatory care
- **Aim:** “...to analyse the evidence on patient navigation interventions in ambulatory care and to evaluate their effects on individuals and health system outcomes.”
- **Results:** Found “...**various patient navigation intervention in cancer care, disease screening, transitional care and for various chronic conditions and multimorbidity. Nine systematic reviews primarily tailored services to ethnic minorities or other disadvantaged groups. Patient navigators performed tasks such as providing education and counselling, translations, home visits, outreach, scheduling of appointments and follow-up**”.
- “Eight reviews identified positive outcomes in expanding access to care, in particular for vulnerable patient groups. Two reviews on patient navigation in transitional care reported improved patient outcomes, hospital readmission rates and mixed evidence on quality of life and emergency department visits. Two reviews demonstrated improved patient outcomes for persons with various chronic conditions and multimorbidity.”
- **“Conclusions:** Patient navigators were shown to expand access to screenings and health services for vulnerable patients or population groups with chronic conditions who tend to underuse health services.”
- **Related:** Budde et al. **What are patient navigators and how can they improve integration of care?** Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2022. (Policy Brief, No. 44.) POLICY BRIEF. ([LINK](#)) – Listed in “Other” section below

### Systematic Review Articles

Mistry et al. **Community health workers as healthcare navigators in primary care chronic disease management: a systematic review.** J Gen Intern Med. 2021 Sep. ([LINK](#)) | ([Return to Article Index](#))

- Systematic review of 29 studies, navigators in primary care chronic disease management
- **Aim:** “This review was carried out to synthesize the evidence of the effectiveness of community health worker (CHW) navigation in primary care chronic disease management.”
- **Results:** “Overall, **CHW navigation interventions were effective in increasing adherence to cancer screening and improving use of primary care for chronic disease management. There was insufficient evidence that they improved clinical outcomes or risk factors and reduced use of secondary or tertiary care or that they were cost-effective.** However, criteria for recruitment, duration, and mode of training and supervision arrangements varied greatly between studies.”
- **“Discussion:** CHW navigation interventions improved aspects of chronic disease management. However, there is insufficient evidence of the impact on patient experience, clinical outcomes, or cost-effectiveness of the interventions. Future research should focus on standardizing

organizational components of the CHW navigation interventions and evaluating their cost-effectiveness”

- **Includes sections on:** Type of Participants, Recruitment, Training, and Supervision of CHWs, Types of CHW Roles as Navigator, Effects of CHW Navigation Intervention (Table 2), Roles of CHW as Navigators in Primary Care (Table 3)

Teggart et al. **Effectiveness of system navigation programs linking primary care with community-based health and social services: a systematic review.** BMC Health Services Research. 2023. ([LINK](#)) | ([Return to Article Index](#))

- Systematic review of 21 articles, system navigation programs linking primary care with community-based health and social services
- **Aim:** “to identify the effectiveness of system navigation programs linking primary care with community-based health and social services to improve patient, caregiver, and health system outcomes.”
- **“For this review, system navigation is defined as programs that link the patient’s primary healthcare delivery and community-based health and social services to create integrated, patient-focused care.”**
- **“Results: “It is unclear whether system navigation models may improve patient-related outcomes (e.g., health-related quality of life, health behaviours). The evidence is very uncertain about the effect of system navigation programs on caregiver, cost-related, or social care outcomes.”**
- **“Implications for Practice:** Integration of system navigation within primary care settings is proposed as a potential approach to alleviate some of the current and projected demands on the primary care sector. Providers should consider prioritizing individuals at greater risk for potentially avoidable and costly health services use when implementing system navigation programs. **Findings from this review suggest that persons managing chronic conditions, experiencing social isolation, and/or living with health inequities (e.g., low income) may stand to benefit the most from navigation support, although further research is warranted. While this review included adults aged 18 + , the median age of 72 years across included studies also suggests that older adults are key targets for system navigation support, consistent with the complex, multimorbid health and social conditions older adults often face.”**
- **“Implications for Policy: We identified system navigation models that may support outcomes relevant to the Quintuple Aim framework for healthcare improvement... Our findings highlight the potential benefit of team-based system navigation as a strategy to improve use of primary healthcare services versus costlier healthcare (e.g., emergency department visits, hospitalizations) and enhance patient experiences with care.”**
- **“Conclusion: System navigation programs linking primary care with community-based health and social services demonstrated mixed results. The ideal model of system navigation for improving patient, caregiver, and health system outcomes remains unclear. Nevertheless, a multidisciplinary team of healthcare providers and lay persons performing system navigation activities within primary care settings may result in slightly more appropriate health service utilization. Lay person-led or health professional-led system navigation may improve patient**

experiences with quality of care. Further research is warranted, specifically to understand the impact of system navigation on caregiver and cost-related outcomes, and to identify which populations may benefit the most from integrated health and social service care delivery programs.”

## Scoping Review and Other Review Articles

Carter et al. **Navigation delivery models and roles of navigators in primary care: a scoping literature review.** BMC Health Serv Res. 2018 Feb. ([LINK](#)) | ([Return to Article Index](#))

- Scoping literature review of 34 articles, navigators in primary care
- **Aim:** “to explore the existing evidence on system navigation in primary care. To be included, studies had to ... include a navigator or navigation process in a primary care setting that **involves the community- based social services beyond the health care system.**”
- **Results:** “...majority [of included papers] originated in the US. **Most of the studies involved studies of individual navigators (lay person or nurse) and were developed to meet the needs of specific patient populations.** We make an important contribution to the literature by highlighting navigation models that address **both health and social service navigation.**”
- **“present data on three main areas;**
  - **“key health and/or social issues addressed by navigators or navigation programs** in the literature; the patient populations receiving navigation services, and; the role titles assigned to the program personnel”
  - **“models or frameworks of systems navigation and a summary of different types of these models”**
  - **“information on the process of hiring and training system navigators”**
- **“Navigators address issues related to the social determinants of health** and these were identified in eight papers **including housing concerns, food insecurity, legal issues, employment issues, financial difficulties, racism, and lack of social support.**
- **See Table 3 Characteristics of system navigation models and their purpose**
- **Role titles for navigators**
  - **“identified 15 different titles or terms for individuals providing navigation support, including Community Health Worker, Community Health Liaison or Community Health Advisor, Patient Navigator, or Navigator, Case Manager, Promotoras, Guided Care Nurse, Healthy Families Brooklyn Advocate, Lay Health Advocate, Healthy Living Coach, Visiting Mom, Program Coordinator and Specialist Nurse”**
- Includes section on criteria and competencies of navigators at time of hire, content of training programs, training methods
- **Conclusions:**
  - **“Fragmentation of the health care system is an antecedent for the creation of navigator roles and navigation service delivery models in primary care....We found that various models of health delivery were employed for different populations. In particular, navigations models led by health care professionals and interprofessional teams were focused on addressing patient populations with complex health and social needs.**

Navigation models led by lay-persons were tailored to more stable populations with a central focus on social determinants of health. The multitude of diverse navigation models speaks to the complexity of client needs for health care and social service support in different populations and contexts. Roles and models have been developed to meet specific needs of populations ranging from the provision of primary care in nurse-led models to the coordination of health benefits and employment support by lay persons.”

Kelly et al. **Exploring the roles, functions, and background of patient navigators and case managers: A scoping review.** *Int J Nurs Stud.* 2019 Oct. ([LINK](#)) | ([Return to Article Index](#))

- Scoping review (160 articles), **patient navigators and case managers across settings/disease contexts**
- **Aim:** “To differentiate the functions and backgrounds of patient navigators and case managers across settings and disease contexts.”
- **Results:** “**Functions of patient navigators and case managers were organized into nine emerging categories:** (1) advocacy; (2) care coordination; (3) case monitoring and patient needs assessment; (4) community engagement; (5) education; (6) administration and research activities; (7) psychosocial support; **(8) navigation of services;** and (9) reduction of barriers. The background and knowledge areas of each role were compared and contrasted, and three categories related to the practice context of each role were identified: (1) typical setting and care trajectory; (2) target patient population; and (3) mode of service delivery.”
- **Conclusions:** “there remains significant ambiguity between the functions of these two roles. Standardized definitions detailing scope of practice, and allowing for inherent flexibility across different settings, are needed to improve service delivery.”
- **What this paper adds:**
  - “Both patient navigators and case managers provide emotional and information support to patients, however only case managers provide clinical care.”
  - “**Patient navigators help patients navigate amongst existing services, but do not create new services; case managers can fill that gap by acting as a care provider (e.g. providing psychosocial care).**”
  - “Patient navigators currently exist primarily in the oncology care setting, whereas case management is prevalent across many health and social settings.”

Kokorelias et al. **Factors influencing the implementation of patient navigation programs for adults with complex needs: A scoping review of the literature.** *Health Serv Insights.* 2021 Jul. ([LINK](#)) | ([Return to Article Index](#))

- Scoping review (60 articles), focused on patient navigation programs for adults  $\geq$  26yrs
- “We aimed to answer the following 5 questions:
  - (1) **What is the scope of PNPs available for adults age 26 years or older with complex needs?**
  - (2) Who are the target patients of the existing programs?
  - (3) How were these programs developed and implemented?

- (4) What is the content of the programs?
- (5) What are the reported impact of these programs on patient and/or caregiver outcomes?
- **“Influences on implementation were identified:** (a) planning to ensure alignment with organizational need (b) funding (c) multidisciplinary engagement (d) establishing workflow (e) mechanisms for communication (f) stakeholders to encourage buy-in (g) appropriate caseload (h) in kind resources. PNs improve the experiences of patients and families.”
- **Implementation:** “There was a lot of variability with the process to which PNs were implemented, which results in a lack of standardized best-practices for implementing PNs to improve access to, and the quality of, care. However common themes related to implementation emerged that can help advance implementation of PNs for all adults and not just those with breast cancer as the original model suggests... Outer-setting factors such as funding and the availability of partnering organizations also influences program implementation.”
- **Practice: “Most PNs were implemented by organizations and multidisciplinary teams. Practice change often required resources (human, physical, technological, and financial) and multidisciplinary leaders, consultants, and stakeholders to encourage buy-in.** Other domains with the potential to impact implementing PNs include (CFIR) outer-level factors (eg, existing barriers to care, external government funding), inner-level (eg, communication processes), individuals involved (eg, establishing workflow among various clinicians) and processes (eg, processes for referrals).”

Peart et al. **Patient navigators facilitating access to primary care: a scoping review.** BMJ Open. 2018. [\(LINK\)](#) | [\(Return to Article Index\)](#)

- Scoping review (20 studies), specific to primary care
- **Aim:** “to examine the use of patient navigators to facilitate access to primary care and how they were defined and described, their components and the extent to which they were patient centred.”
- “We defined a patient navigator as a person or process creating a connection or link between a person needing primary care and a primary care provider. Our target population was people without a regular source of, affiliation or connection with primary care. Studies were included if they reported on participants who were connected to primary care by patient navigation and attended or made an appointment with a primary care provider.”
- **Includes sections on:**
  - Patient navigators: definitions and descriptions (**see Table 2**)
  - Patient navigation programme components
  - Patient navigation: patient centeredness
- **Patient navigation programme components**
  - Principle 1: patient-centred healthcare service delivery model
  - Principle 2: integration of a fragmented healthcare system
  - Principle 3: elimination of barriers
  - Principle 4: clear scope of practice



- Principle 5: cost-effective
- Principle 6: defined level of skill
- Principle 7: defined beginning and end
- Principle 8: connect disconnected healthcare systems
- Principle 9: coordinated system
- **“Conclusions:** Patient navigators may be used across healthcare settings to improve access to primary care. Navigators are inherently patient-centred due to their relational approach and ability to connect people to primary care. Interventions to improve access to primary care require further study to determine their impact and cost-effectiveness.”

Rankin et al. **The role of the Indigenous Patient Navigator: A scoping review.** Can J Nurs Res. 2022.

[\(LINK\)](#) | [\(Return to Article Index\)](#)

- Scoping review (16 articles), indigenous patient navigator
- **“Purpose: (1)** identify the extent and the nature of research pertaining to the role of the IPN in Canada, the United States, Australia, and New Zealand; **(2)** examine barriers faced by Indigenous peoples when utilizing Western health services; **(3)** identify potential gaps in the existing published literature and key research priorities, which will assist to inform IPN role development and practice as well as advance related health policies.”
- **Includes sections on:** IPN role title, Lay or professional IPN roles, Clinical settings of IPN roles, IPN role description, IPN training and role requirements, Barriers and enablers addressed by IPNs (included systems issues and personal issues, see table 3)
- **“Conclusions: Six IPN roles were identified including: (1) social service navigation, (2) wholistic support of Indigenous people, (3) advocacy/building capacity, (4) health assessment, (5) administrative navigation, and (6) outreach.** Additionally, barriers and enablers IPNs address are identified. This scoping review will assist to promote and reinforce the IPN role.”

Waddell et al. **Rapid Synthesis: Examining System Navigation for Ontario Health Teams 30-day**

**response.** McMaster Health Forum. 11 April 2023. [\(LINK\)](#) | [\(Return to Article Index\)](#)

- Rapid Synthesis, system navigation for Ontario Health Teams
- Q1) **“How is system navigation defined in the literature and how does it differ from concepts such as care coordination?”**
  - **Key findings:**
    - **There is no consensus on a single definition for ‘system navigation’ within the evidence base and it is often used interchangeably with ‘patient navigation.’**
    - At its broadest, it was defined as “efforts to improve access to and continuity of health and social programs and services for patients, families and caregivers by identifying and reducing barriers to care.”(1)
    - With respect to differentiating from other concepts, it is unique in its focus on reducing barriers to care and has been positioned as a component of care coordination.
- Q2) **“What do we know from the best-available evidence about system navigation and at what level it should operate?”**

- **Key findings:**
  - “System navigation efforts frequently focused on particular populations for whom care is already complex (e.g., patients who see multiple specialists) or who are at rising levels of risk (e.g., care for specific age groups who may be at transition points within the health system).”
  - “System navigation was often provided by staff within primary care or community care organizations and by a range of different providers (e.g., registered nurses, social workers, community health workers, lay health workers) and included providing patients with resources and guidance, identifying service needs, identifying barriers to accessing care, facilitating communication between providers, confirming eligibility and tracking progress on care plans.””
  - **“Two examples of digital navigation supports were identified, including a central website repository and an AI chatbox.”**
  - **“We were unable to find specific evidence on what level navigation supports should operate.”**
- **Q3) What does the evidence say about how approaches to system navigation can be scaled up?”**
  - **Key findings:**
    - **“Structures to support scale and spread of system innovations included:** ensuring the right legislation and regulations are in place; clearly defining new roles and responsibilities for team members or groups; and providing dedicated funds to cover the costs of the innovation as well as training, evaluative and administrative costs, among others.”
    - **“Processes to support the scale and spread of system innovations included:** gathering evidence on the benefits of the innovation when implemented elsewhere to support communication; undertaking a baseline assessment to understand the specific context for implementation; and communicating a ‘why’ that frames the innovation simply and advertise its benefits.”
    - **“We also identified three frameworks** that have been used to support the implementation of innovations and evidence-based programs in health systems and that can be combined to inform and guide the scale-up of system navigation for OHT”
- **See Appendix Table 1:** Summary of findings from systematic reviews about system navigation
- **See Appendix Table 2:** Summary of findings from primary studies about system navigation, Frequency of patient navigation tasks

Valaitis et al. **Implementation and maintenance of patient navigation programs linking primary care with community-based health and social services: a scoping literature review.** BMC Health Serv Res. 2017 Feb. ([LINK](#)) | ([Return to Article Index](#))

- Scoping literature review (34 articles), primary care and community-based health and social services

- “This paper fills a gap in knowledge to reveal what is known about motivators and factors influencing implementation and maintenance of patient navigation programs in primary care that link patients to [community-based health and social services] CBHSS. It also reports on outcomes from these studies to help identify gaps in research that can inform future studies.”
- **“Results:** Motivators for initiating navigation programs were to: a) improve delivery of health and social care services; b) support and manage specific health needs or specific population needs, and; c) improve quality of life and wellbeing of patients. Eleven factors were found to influence implementation and maintenance of these patient navigation programs.”
- **11 Factors influencing implementation and maintenance of patient navigation programs that link patients to CBHSS [community-based health and social services]::**
  - Patient characteristics; Effective recruitment and training of navigators; **Role clarity;** Effective and clear operational processes; Adequate human, financial, and tangible resources and time; Strong inter and intra organizational relationships/partnerships; Lack of available services in a community; Effective communication between providers; Program uptake and buy-in by patients; Valuing of navigators; Evaluation of navigation programs
  - **“There were no studies, however, that specifically focused on evaluating implementation identified in this review.”**
- **Conclusions:** “this scoping literature review revealed that the implementation and maintenance of navigation programs in primary care requires attention to a number of complex factors. This is not surprising since navigation programs are typically focused on meeting the needs of complex vulnerable populations or those with multiple chronic health and social conditions. Implementation factors that emerged from the literature were supported by Greenhalgh and colleagues’ DoISO model, providing empirical support for the model as well as theoretical support for the factors found to influence implementation and maintenance of patient navigation programs in primary care that linked to CBHSS. This review therefore can be useful for those planning to realize similar programs in primary care.”

## Primary Articles

Dahrouge et al. **The feasibility of a primary care based navigation service to support access to health and social resources: The access to resources in the community (ARC) model.** Int J Integr Care. 2022 Nov 22. ([LINK](#)) | ([Return to Article Index](#))

- **Access to Resources in the Community (ARC) model** “patient centric navigation model embedded in primary care (PC) to support access to the broad range of health and social resources.”
- **“Methods:** We evaluated the feasibility of ARC using the rapid cycle evaluations of the intervention processes, patient and PC provider surveys, and navigator log data. PC providers enrolled were asked to refer patients in whom they identified a health and/or social need to the ARC navigator.”
- **Results:** “Participants: 26 family physicians in four practices, and 82 of the 131 patients they referred. **ARC was easily integrated in PC practices and was especially valued in the non-**

**interprofessional practices.** Patient overall satisfaction was very high (89%). Sixty patients completed the post-intervention surveys, and 33 reported accessing one or more service(s).”

- **Includes sections on:** Demand, Process of Implementation, integration, adaptation, Practicality and Acceptability, Potential for Efficacy
- **“Conclusion:** The Model is **feasible and acceptable to PC providers and patients, and has demonstrated potential for improving patients' access to health and social resources.** This study has informed a pragmatic randomized controlled trial to evaluate the ARC navigation to an existing web and telephone navigation service (Ontario 211).”

Haque et al. **Use of health information technology among patient navigators in community health interventions.** *Perspect Health Inf Manag.* 2019. ([LINK](#)) | ([Return to Article Index](#))

- Evaluation, patient navigators in community interventions
- Aim: “...evaluation of the 24 Health Care Innovation Award recipients funded under the Community Resource Planning, Prevention, and Monitoring Models initiative between 2014 and 2017...**explored the health IT that patient navigators used, how they used it, and their health IT needs in community-based interventions.**”
- **Includes sections on:** Uses of Technology, Workflow, Importance of Integrated Systems, Manual Data Entry, Lack of Access to Systems in the Field, Technology Skills of Navigators
- **Includes section on:** Educational backgrounds and roles of patient navigators
- **“Conclusion:** Integrating navigators' documentation into other health IT systems can keep providers updated on information while patients are outside of the providers' care. With the growth of health IT use in recent years, technical skills are becoming increasingly important.”

Kokorelias et al. **Assessing readiness to implement patient navigator programs in Toronto, Canada.** *J Eval Clin Pract.* 2022 Aug;28(4):550-557. ([LINK](#)) | ([Return to Article Index](#))

- Qualitative descriptive design using in-depth interviews, patient navigator programs, hospital, seniors
- **Objectives:**
  - “(a) what are the factors that contribute to organizational readiness among clinicians and other professionals to implement a patient navigator program? and
  - (b) what are the specific facilitators, barriers, and contextual factors that may affect organizational readiness to implement a patient navigation program?”
- **Results:**
  - “This study identified **five key factors influencing organizational readiness** for successful implementation of a patient navigator program for seniors with complex conditions, which included: (a) vision from senior leadership, (b) technological infrastructure, (c) existing hospital-community partnerships, (d) well-established process for referrals, and (e) staff capacity. The overarching theme of communication was also identified.”
  - “Our results also suggest that when developing patient navigator programs, there should be concentrated effort to engage all organizational staff through clear communication and to consider existing technological barriers that might hinder inter-

organizational communications. The involvement of staff feedback early in the development phase could enhance the referral processes for the navigator program for all the participating organizations.”

Reid et al. **Exploring the role of lay and professional patient navigators in Canada.** J Health Serv Res Policy. 2020 Oct. ([LINK](#)) | ([Return to Article Index](#))

- Qualitative descriptive design (10 patient navigators) across Canada  
“**Objectives:** To explore the roles of patient navigators in different settings and situations for various patient populations and to understand the rationale for implementing lay and professional models of patient navigation in a Canadian context.”
- **Results:**
  - “Findings indicate that a patient navigator's personality and experience (personal and work-related) may be more important than their specific designation (i.e. lay or professional).”
  - Themes revealed regarding **lay models of PN:** “(1) allow for non-threatening personal connections, (2) developing navigation skills and (3) stigma toward the role.”
  - “**Professional models of PN:** two themes emerged: (1) navigation and clinical expertise, with two subthemes (1.1) system knowledge and (1.2) understanding patient needs and (2) professionals as another obstacle.”
  - “**Six of the included programmes were delivered province wide.** Being provincially mandated increased the ability to access to PN services for individuals seeking a range of services across the province (Table 2). Being embedded within the provincial health care system was seen to be a great strength of any PN model, allowing the navigators to quickly advocate for patients’ needs because they can ‘see the larger picture’, and know ‘how things are connected’ (P02).” – didn’t specify names of these programs
- **Key findings from discussion section:**
  - “**professional navigators**...may be best suited for PN programmes that are not specific to one patient group, due to their ability to work through unique and unexpected situations by drawing on their breadth of knowledge related to systems of care. In contrast, **lay navigators** may be best suited for specific patient populations that are aligned with their personal experiences, rather than for PN programmes that serve diverse patient populations.”
  - “the specific type of navigator may not be as important as the individual’s personality and experience that lead to their own unique ability to provide PN within a specific situation”
  - “**Implications for practice** include that special consideration should be given to decide whether the requirement for a specific level of education (e.g. Master of Social Work) is necessary. Rigid educational requirements for the role may limit a given organizations’ capacity to recruit individuals most suitable for the role if they are solely focused on professional experience, rather than personal traits such as respect and empathy. Although it is a flexible model, PN should be regulated at a national or provincial level in

Canada, through, for example, creating an accredited PN training programme that is suitable for any type of patient navigator.”

- **“Conclusions:** Lay and professional navigators in Canada appear to be well suited to provide navigational services across populations.”

Tierney et al. **Current understanding and implementation of 'care navigation' across England: a cross-sectional study of NHS clinical commissioning groups.** Br J Gen Pract. 2019 Sep. ([LINK](#)) | ([Return to Article Index](#))

- Cross sectional study, care navigation in clinical commissioning groups
- **Aim:** “To determine how 'care navigation' is interpreted and currently implemented by clinical commissioning groups (CCGs).”
- **Context:** “To bolster delivery of social prescribing, the NHS has announced that it will train 1000 ‘link workers’... ‘Care navigator’ is another term that has been used to describe this role, which is already being implemented in some parts of England. People providing care navigation connect patients to local groups and support services to address their non-medical needs.”
- **“This study’s survey of all CCGs in England highlights the heterogeneous manner in which care navigation is currently being rolled out across the country.”**
- **Includes sections on:**
  - Types of people who provided care navigation (e.g., receptionists, practice managers, paid care navigator, or volunteers)
  - Term used to describe people undertaking this role (e.g., care navigator, link worker, or community connector)
  - Type of people for whom the service is available (e.g., patients or specific groups),
  - Method of referral, or contact, with the service, (e.g., by a professional, or self-referral,
  - Evaluation of care navigation services
- **Summary:** “Differences in implementation could reflect diverging interpretations of the role and the contrasting settings in which care navigation is employed in terms of resources, staffing, and local needs. Results show care navigation is often delivered by existing staff at a surgery, though some services have dedicated workers. Referral can take a number of forms, including self-referral, from a health or social care professional, and when receptionists answer calls to a surgery.”

Wells et al. **What are patient navigators doing, for whom, and where? A national survey evaluating the types of services provided by patient navigators.** Patient Educ Couns. 2018 Feb. ([LINK](#)) | ([Return to Article Index](#))

- Nation-wide cross-sectional study, patient navigator services
- **Aim:** “to assess patient navigator, patient population, and work setting characteristics associated with performance of various patient navigation (PN) tasks.”
- **Methods:** “...survey assessing frequency of providing 83 PN services, along with information about themselves, populations they serve, and setting in which they worked.”
- **Includes sections on:**
  - Patient navigator characteristics, Population characteristics

- Differences in service provision by patient navigator demographic characteristics
- Differences in frequency of service provision by patient navigator’s work setting
- Differences in frequency of service provision by disease targeted by patient navigation intervention
- Correlations between frequency of patient navigation tasks and characteristics of navigated populations
- **“Results:** Nurse navigators and navigators with lower education provide basic navigation; social workers typically made arrangements and referrals; and individuals with higher education, social workers, and nurses provide treatment support and clinical trials/peer support. Treatment support and clinical trials/peer support are provided to individuals with private insurance. Basic navigation, arrangements and referrals, and care coordination are provided to individuals with Medicaid or no insurance.”
- **“Conclusion: Providing basic navigation is a core competency for patient navigators. There may be two different specialties of PN, one which seeks to reduce health disparities and a second which focuses on treatment and emotional support.”**
- **“Practice implications:** The selection and training of patient navigators should reflect the specialization required for a position.”

## Other

Battaglia et al. **The Boston Medical Center Patient Navigation Toolkit 1st Edition.** ([LINK](#)) | ([Return to Article Index](#))

- Patient Navigation Tool Kit, based on cancer care
- “designed to help in **planning and implementing a Patient Navigation program...** comprised of 3 separate volumes, designed for Program Planners, Supervisors and Patient Navigators ...provides a stepwise approach with case studies, examples, templates and checklists. It includes program development, writing a job description, hiring, identifying tasks and skills, patient navigator competencies and training, as well as metrics for evaluating your program and patient navigator performance.”
- “The toolkits contain evidence-based and experience-based examples, case studies, practical tools, and resources to help:
  - Establish an evidence-based patient navigation program tailored to reduce barriers for patients
  - Incorporate best practices to enhance current patient navigation programs or services
  - Implement a patient navigation model to address any targeted medical condition where disparities exist
  - Hire, prepare, supervise, support, and retain effective Patient Navigators
  - Navigate patients who experience health disparities
  - Reduce health disparities and improve health outcomes for patients.”
- Related Resources
  - **Translating Research Into Practice (TRIP): A Toolkit for Implementing a Patient Navigation Program** ([LINK](#))

- Guenther, Y. **How are we doing? How to evaluate your Patient Navigation Program. Patient Navigator Training Collaborative.** ([LINK](#))
  - “This toolkit is designed for Patient Navigation program managers who have little to no experience with evaluation. The purpose of the toolkit is to help identify goals, identify what measures can be tracked to help determine if goals are being met, creating data collection tools, and some basic descriptive analysis.”

Budde et al. **What are patient navigators and how can they improve integration of care?** Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2022. (Policy Brief, No. 44.) POLICY BRIEF. ([LINK](#)) | ([Return to Article Index](#))

- Policy Brief, patient navigators in general (evidence of effectiveness of patient navigators based on related research by Budde 2021 listed in section above)
- **Aim:** “to inform policy-makers about the roles performed by patient navigators in different countries and how they can contribute to improving the integration of care.”
- **Includes:** a summary of **key features of the patient navigator role, detailed descriptions of selected patient navigator programmes** from different countries, a summary current evidence on **the impact of patient navigators on patient and broader health systems outcomes** and **highlights important levers and possible barriers to implementing patient navigators** and **discuss the implications for policy and practice**
  - **What are the levers and barriers for the implementation of patient navigator programmes?**
    - **Macro-level factors:** Policy, laws and professional regulation, Education and training, Funding
    - **Meso-level factors:** Organizational frameworks, Support and leadership
    - **Micro-level factors:** Communication and working relationships
- **Conclusions:** “**Existing programmes vary in terms of: context and setting; overall aims; and practical implementation, including choosing the right person for the job (e.g. lay or qualified health professional), with the necessary experience and training to meet both the programme’s purpose and the needs of the population, as well as to perform the various required activities and tasks. They are thus not easily transferable across countries.** While short-term funding may help in initiating a programme and can support its evaluation, longer-term funding models are needed to ensure the sustainable integration of patient navigator programmes into health systems. Other important factors to consider include institutional arrangements that allow patient navigators to be integrated into existing teams and collaborative structures. **Identifying individual champions in the clinical setting, or within patient communities, may increase acceptance and buy-in from stakeholders and contribute to the success of a programme.** Finally, several pilot patient navigator programmes are currently undergoing evaluations or are yet to be evaluated. The results of these evaluations will be important to inform policy-making about their effectiveness and to further guide the implementation of such programmes.”



Valverde et al. **Findings from the National Navigation Roundtable: A call for competency-based patient navigation training.** Cancer. 2019 Dec 15. ([LINK](#)) | ([Return to Article Index](#))

- “The National Navigation Roundtable (NNRT) is a voluntary collective of more than 40 organizations convened to enhance health equity, improve health outcomes, and broaden access to quality care through a focus on patient navigation. It created 3 task group committees focused on the standardization of 1) navigator training and certification (as of January 1, 2019, referred to as workforce development), 2) evidence-based and promising practices, and 3) national and state-level policies that affect the navigator workforce. **The NNRT Workforce Development Task Group sought to answer the following questions:**
  - Can criteria for a core set of competencies be established that specifically address the role of PNs, regardless of whether they are clinically licensed or not?
  - How available are patient navigation training programs in the United States?
  - What components of patient navigation are included in the training?
  - Which programs base the training content on competencies?”
- “The task group followed 4 steps to investigate the dissemination of competency-based patient navigation training”
- “The task group came to a consensus on the domains and competencies for patient navigation training. **The 7 competency domains include ethical, cultural, legal, and professional issues; client and care team interaction; health knowledge; patient care coordination; practice-based learning; systems-based practice; and communication/interpersonal skills.** These competency domains and the performance of the competencies are summarized in Table 1.”
- **Includes sections on:** Availability of Patient Navigation Training Programs, Components of Patient Navigation Training Programs, Descriptions of the 10 Selected Training Programs
- **Conclusions**
  - “It underscores the importance of patient navigation as a health care occupation and as a set of activities and skills worthy of recognition by governmental agencies, health systems, and health care payers”
  - **“The field of patient navigation requires a standardized core set of competencies.** The lack of a clearly defined set of minimum core competencies and the vast variability between how training programs address skill sets and the evaluation thereof contribute to confusion in understanding the potentially high-impact role of patient navigation in local and national health care systems.... **“Training needs to be based on competencies.** This does not mean that every training program has to be identical; in fact, the task group would discourage that approach. Each training program should have its own “flavor” and ability to emphasize particular aspects of patient navigation and/or particular populations. However, it does mean that every training program should both teach and evaluate competency in a set of skills that are deemed the minimum necessary to perform the duties of and carry the title of a PN. The task group suggests that a necessary step in the evolution of patient navigation would be the normalization of a minimum set of core competencies across all training programs that prepare individuals to enter the patient navigation workforce....“Creating a convening body to ensure minimum standards for training is recommended”

- “Nationally, there are programs that provide very specific, tailored patient navigation training. These programs often focus on PNs who deliver navigational services for a specific population, disease, community, or setting. However, many employers seek fundamental patient navigation core competency training that serves as a foundation for practice. Linking to programs that teach to the core competencies provides a dedicated opportunity for navigators to gain a fundamental understanding of the PN role and expand their education with on-the-job training or specific tailored training. Minimum standards for quality training programs provide a great opportunity for navigators and employers to seek out competency-based programs.”