FOUNDATIONS
of Patient Navigation

Penn State
Cancer Institute

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WHAT IS PATIENT NAVIGATION?

Patient Navigation is a barrier-focused, personal intervention intended to improve cancer-related care, especially care among vulnerable populations who have limited access to medical and preventive care. Patient Navigation ensures culturally competent care that is confidential, respectful, compassionate, and mindful of the patient's safety.

PATIENT NAVIGATORS CAN BE:

- Community Health Workers
- Social Workers
- Nurses
- Cancer Survivors
- Community Volunteers
- Hospital/Clinic Administrators
- Financial Consultants

A BRIEF HISTORY OF PATIENT NAVIGATION

The term "Patient Navigation" was coined by Dr. Harold Freeman, who, in partnership with the American Cancer Society, developed the first Patient Navigation program which was associated with a reduction in late-stage breast cancer among low-income women in Harlem, New York [1]. Building from that initial program, a 2011 review of 33 studies found Patient Navigation to be efficacious at increasing cancer screening rates [2]. More recently, Patient Navigation has become Standard 3.1 for the accreditation of cancer centers by the American College of Surgeons.

The goal for Patient Navigators is to improve patient outcomes by guiding patients along the cancer continuum and around barriers in the complex cancer care system to help ensure appropriate screening, timely diagnosis and treatment at an early stage when survival chances are best. Some of these barriers that Patient Navigators can assist in overcoming include:

- **Financial and economic disparities**
- **Language and cultural differences**
- **Communication breakdown**
- **Healthcare system complexity**
- **Lack of reliable transportation**
- **Biases experienced based on culture, race, age**
- **Fear of the unknown (pain, complications, etc.)**

THEORETICAL FOUNDATIONS OF PATIENT NAVIGATION

Is theory important to Patient Navigation?

Yes! Patient Navigators encourage their patients to become and remain engaged and competent while receiving the most effective care and treatment. A systematic approach to a patient's circumstances can help to establish an effective strategy in achieving overall quality patient care. For Patient Navigation, a working knowledge of the Chronic Care Model, the Health Belief Model, and the Stages of Change (Transtheoretical) Model can be useful in effective practice.

How can a Patient Navigator determine which theory to apply to their cases?

A useful theory makes assumptions about a behavior, health problem, target population, or environment that are logical, consistent with everyday observations (like those used in previous, successful programs), and supported by past research in the same area or related ideas [3]. Keep this in mind when determining which theory would be a good guide to care for a specific patient case.


Patient Navigation Addresses Barriers
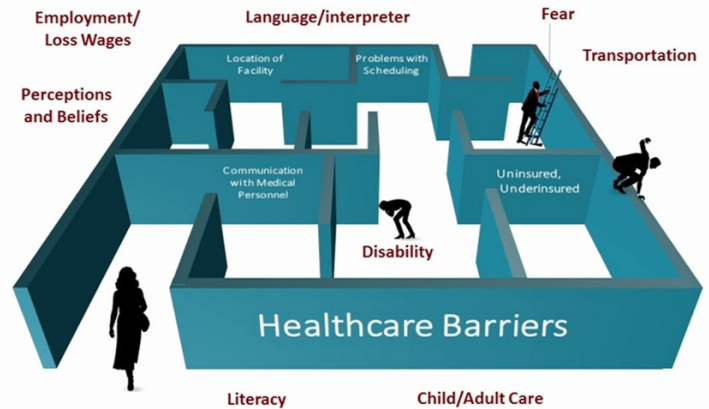
CHRONIC CARE MODEL

The Chronic Care Model was developed by Wagner et al. to help shift healthcare practice to a more systematic, planned approach to care [4]. Rooted in evidence-based medicine, a visual aid was developed based on the determinants of effective chronic illness care and those systems that facilitate quality patient care. There are several facets of health care that are involved in preventing, treating, and overcoming chronic diseases. By understanding this flow of influence on the individual,
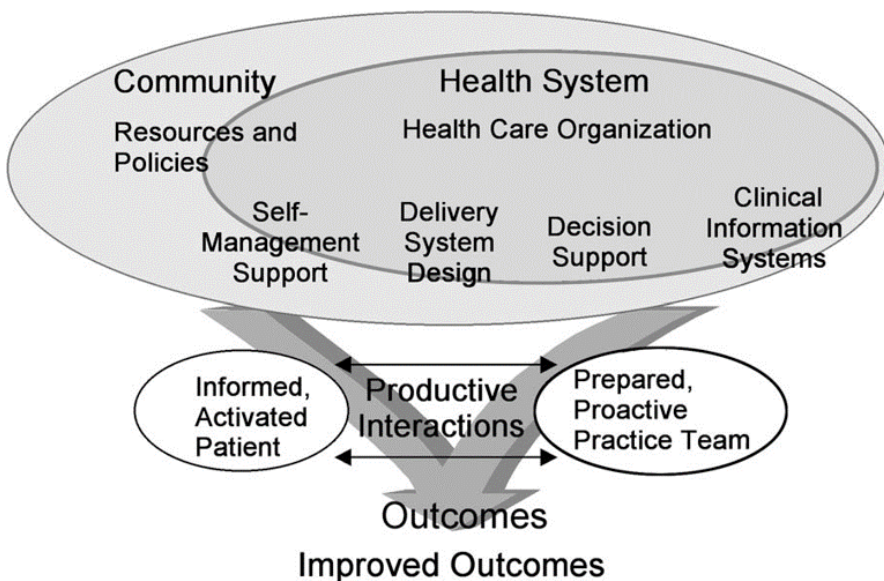
Patient Navigators can anticipate healthcare hurdles and utilize resources to achieve optimum patient experience and cooperation.

In their article, Wagner et al. describe their visual aid, which is summarized below [4]:

Good clinical outcomes as well as patient satisfaction, good cost outcomes, and positive function result from productive interactions between the patient and their healthcare team. To have productive interactions, the system must develop four areas at the level of the practice:

1. **SELF-MANAGEMENT SUPPORT**
Helping patients live with their conditions by assessing patient behaviors, attitudes, and goals, advising patients based on science, agreeing on the problem, goal, and plan of action, assisting patients in developing realistic goals, and arranging for additional resources and support as needed.

2. **DELIVERY SYSTEM DESIGN**
Identifying the health care team that will interact with patients and establishing structured and planned individual and group visits to encourage assessment and support of the patient's ongoing health status

3. **DECISION SUPPORT**
Determining the best care plan by increasing expertise and promoting recall of evidence-based care for both the health care team and the individual

4. **CLINICAL INFORMATION SYSTEMS**
Routine capturing of data such as patient experience, illness, and expectations and using critical information or clinical care as measured feedback to determine the success or shortcomings of patient care

These four aspects of care reside within a health care system and some aspects of the greater organization influence clinical care. Additionally, the health system itself exists in a larger community and resources and policies in the community also influence the kind of care that can be delivered.

APPLICATION >

This Model can be used by Patient Navigators when cultivating new patient relationships. A patient with cancer benefits from the four areas (self-management support, delivery system design, decision support, and clinical information systems) established by the healthcare organization, which ensures productive interactions between the healthcare team and the patient.

Patient Navigators can provide further support, by filling the gaps between the patient's community resources (like cancer support groups, healthy food providers, or insurance assistance) and the healthcare system, helping to avoid known barriers to quality care that the patient can experience.

HEALTH BELIEF MODEL

The Health Belief Model addresses the individual's perceptions of the threat posed by a health problem (susceptibility, severity), the benefits of avoiding the threat, and factors influencing the decision to act (barriers, cues to action, and self-efficacy) [3]. The model was developed in the 1950s by U.S. Public Health Service social psychologists who sought to explain the low

Concept	Definition	Potential Change Strategies
Perceived susceptibility	Beliefs about the chances of getting a condition	• Define what populations(s) are at risk and their levels of risk • Tailor risk information based on an individual's characteristics or behaviors • Help the individual develop an accurate perception of his or her own risk
Perceived severity	Beliefs about the seriousness of a condition and its consequences	• Specify the consequences of a condition and recommended action
Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk or seriousness	• Explain how, where, and when to take action and what the potential positive results will be
Perceived barriers	Beliefs about the material and psychological costs of taking action	• Offer reassurance, incentives, and assistance; correct misinformation
Cues to action	Factors that activate "readiness to change"	• Provide "how to" information, promote awareness, and employ reminder systems
Self-efficacy	Confidence in one's ability to take action	• Provide training and guidance in performing action • Use progressive goal setting • Give verbal reinforcement • Demonstrate desired behaviors

Image credit:
https://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/Theory-at-a-Glance-A-Guide-For-Health-Promotion-Practice.pdf

number of participants in programs to prevent and detect disease. At the center of this theory is health motivation and this model is a good fit to help Patient Navigators address risky behaviors that produce health concerns.

The chart above defines the six concepts of the Health Belief Model: Perceived susceptibility, Perceived severity, Perceived benefits, Perceived barriers, Cues to action, and Self-efficacy. Each concept is defined with the individual in mind and provides insight into potential change strategies that could be implemented by a healthcare team.

This model can be applied to an early stage cancer patient who may not follow a treatment plan because they cannot accept the fact that they have cancer (perceived susceptibility). The patient may not understand that avoiding treatment may lead to cancer progression and potentially threat to life (perceived severity). By participating in a treatment plan that involves medication and lifestyle changes, the patient can anticipate a reduced risk of cancer progression (perceived benefits) with minimal adverse effects or personal difficulty (perceived barriers).

Patient Navigators can step in by guiding the patient to printed education materials, transportation services, or sending reminder letters that can encourage patients to be consistent in their treatment plan (cues to action). Patient Navigators can also request short-term commitments from the patient for continuing treatment plan compliance during times of reduced healthcare team contact (self-efficacy).

STAGES OF CHANGE (TRANSTHEORETICAL) MODEL

The Stages of Change Model demonstrates that behavior change is a process, not a single event. Prochaska and DiClemente originally developed the **Transtheoretical Model** to better understand the smoking cessation process in an individual [5]. This cyclical model can be applied to other individual behaviors by understanding that each patient can be at different points along the continuum and can benefit from interventions tailored to that specific stage. Patient Navigators can use this model to encourage patients to address problematic behaviors that could be adversely impacting their health status. By understanding the different stages, Patient Navigators can direct the individuals to appropriate support services and resources that are available to them, ultimately helping them graduate from the behavior change process entirely.

This graphic shows the cycle of behavioral change for individuals. The cycle begins at the pre-contemplation stage, progresses to contemplation, preparation, and action stages. After the individual actively modifies their behavior, they can move onto the maintenance stage, where a new, more positive behavior replaces the old. An individual can enter the cycle at any point, can relapse to an earlier stage, and can complete the cycle repeatedly.
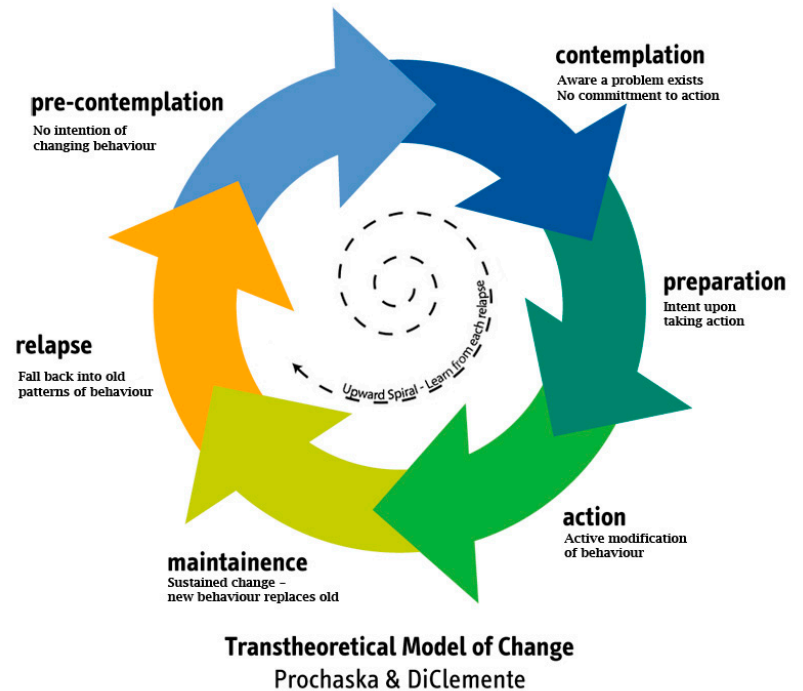

pre-contemplation
No intention of changing behaviour

contemplation
Aware a problem exists
No committment to action

preparation
Intent upon taking action

action
Active modification of behaviour

maintainence
Sustained change –
new behaviour replaces old

relapse
Fall back into old patterns of behaviour

Upward Spiral - Learn from each relapse

Transtheoretical Model of Change
Prochaska & DiClemente

Image credit: http://www.therelationshipblog.net/2016/06/the-five-stages-of-change/

APPLICATION >

Patients with cancer can benefit from changing problematic behaviors like skipping treatment appointments or tobacco use. Patient Navigators can increase awareness of the necessity of the behavioral change by discussing the dangers of missing appointments or tobacco abuse (precontemplation). Encouraging and motivating a patient (contemplation) can lead to the patient developing specific action plans and goals, like no missed appointments or setting a quit date, with their healthcare team (preparation).

Patient Navigators can also provide social supports and problem solving (action) like transportation services and cessation service groups, which can gradually help the patient replace the negative behaviors with positive actions.

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