Patient navigation across the spectrum of women's health care in the United States

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Patient navigation is a patient-centered intervention that uses trained personnel to identify patient-level barriers, including financial, cultural, logistical, and educational obstacles to health care and then mitigate these barriers to facilitate complete and timely access to health services. For example, to assist a Medicaid patient seeking postpartum care, a patient navigator could help her schedule an appointment before her insurance benefits change, coordinate transportation and child care, give her informational pamphlets on contraception options, and accompany her to the appointment to ensure her questions are answered. Existing studies examining the efficacy of patient navigation interventions show particularly striking benefits in the realm of cancer care, including gynecological oncology; patient navigation has been demonstrated to increase access to screening, shorten time to diagnostic resolution, and improve cancer outcomes, particularly in health disparity populations, such as women of color, rural populations, and poor women. Because of the successes in cancer care at reducing disparities in health care access and health outcomes, patient navigation has the potential to improve care and reduce disparities in obstetric and benign gynecological care. We review the concept of patient navigation, offer potential roles for patient navigation in obstetrics and gynecology, and discuss areas for further investigation.

Key words: delivery of health care, health disparities, navigators, patient navigation, women's health

Patient navigation is a patient-centered intervention that uses trained personnel to facilitate complete and timely access to health services. Originally implemented in Harlem, NY, in the 1990s, patient navigation was shown to improve breast cancer screening and treatment rates as well as reduce stage at diagnosis for low-income women.[1]

Financial support from private foundations and governmental sources[2] alike allowed for broader implementation of this promising intervention for underserved patients, and over the past 2 decades, patient navigation has been applied by individual health facilities, health care systems, and communities to improve and reduce disparities in patient access and outcomes.[2-5] Despite the successes in the realm of cancer care, however, there is substantially less study of the application of navigation to the broader arena of women's health care.

The evolving health care landscape necessitates a deeper look at navigation in women's health for 2 major reasons. First, the complexity of health systems continues to increase. Complex health care systems and an evolving payer landscape create barriers for even well-informed patients to find and utilize health care resources. Second, disparities in women's health persist. It has been well established that low-income and minority women are at greater risk of adverse health outcomes than higher-resourced, non-Hispanic white patients.

Because navigation has reduced these gaps in other contexts,[3,5,6] we propose that patient navigation be considered and further evaluated as one method to improve health care access, delivery, and outcomes in obstetrics and gynecology by helping women negotiate complex or pivotal aspects of their care. Thus, we will provide an overview of patient navigation, highlight existing navigator services, and propose roles for patient navigators in obstetrics and gynecology.

Goals of patient navigation

The core principles of patient navigation involve identifying patient-level barriers to access, improving timeliness of care, providing health education, and offering social support.[2,7,8] To achieve these aims, navigators may help to arrange transportation, complete documentation for missed work, and minimize out-of-pocket expenses by helping patients understand and utilize insurance coverage.[2,9] They also help patients obtain information about their health conditions, and they may provide social support to patients, assist the patient-provider relationship, and connect patients with professional psychological support.[9]

While patient navigation often focuses on episode-specific logistical coordination, it has the potential to promote the self-efficacy and health literacy skills necessary for patients to become autonomous, self-sufficient health care consumers after the navigator-patient partnership has ended. Individual navigation services, such as assistance with paperwork and appointment reminders, lay the groundwork by helping patients establish relationships with health care providers. Subsequent help with referrals, prescription access, and care coordination with multiple providers

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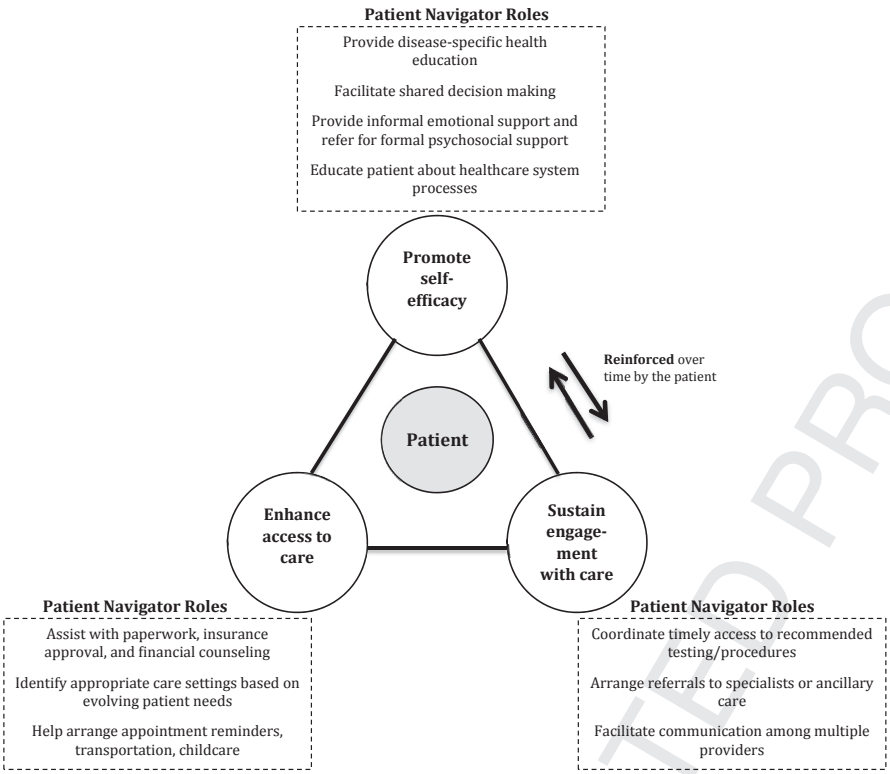
FIGURE 1
Patient navigator model



The figure shows the patient navigator model to promote self-efficacy, enhance access to care, and sustain engagement with care for the patient.

McKenney. Patient navigation for women's health. Am J Obstet Gynecol 2017.

ensures that patients have the systems awareness to receive comprehensive long-term care.

Emotional and educational support, as well as facilitation of joint decision making between the patient and her providers, can promote patient self-efficacy by modeling self-advocacy. Ultimately, the hope is that patient navigation establishes the logistical and health literacy groundwork necessary for self-sustained engagement with health care (Figure 1).

Development of patient navigators

Depending on the specific needs and resources of the target community, individuals who serve as patient navigators range from lay people, including promotoras and community health workers, to professional health care or social services personnel, including case managers, social workers, and nurses.[7] Lay health navigators may include members of the community being served, which may improve approachability and community trust in the health care system, and may offer more individualized or relevant social support than the support offered by health care professionals.[7,10,11]

Because navigators come from diverse backgrounds, there is variability in their level of formal training or professional experience within health care systems. Common elements of navigator training programs include care-related topics such as communication skills, cultural competence, barriers and adherence to care, psychosocial needs, care coordination, health education, computer skills, patient privacy, and professional boundaries.[11,12] Navigators also receive training specific to the health issues addressed by their role and to the resources unique to their locality.[13]

In practice, navigators may coordinate with social workers, case managers, and patient advocates or even perform roles typically executed by these individuals.[7,14,15] Given this overlap, it is important to understand the distinction between patient navigators and other health care team members. Patient navigation focuses on connecting the patient with a discrete set of health services, and it measures success based on predetermined, measurable outcomes.[7,8]

This focus on a single health condition (eg, pregnancy) or goal (eg, completion of postpartum glucose tolerance test for women with gestational diabetes) contrasts with case management, which seeks to connect a patient with individualized resources, depending on evolving, multispecialty needs.[16] Furthermore, while patient advocates also help to resolve discrete individual issues about health care delivery, such as medical bills or discrimination, the long-term navigation focus is to address condition-specific needs with a particular clinical outcome in mind.[7,8,17]

Growth of patient navigation

After early successes of patient navigation in oncology, in 2005 the Health Resources and Services Administration amended the Public Health Service Act to implement navigator services for patients with cancer or other chronic diseases, with an emphasis on serving health disparity populations.[2] By providing $12.6 million (2008–2012) in grants to local organizations focused on health disparity populations, this law supported navigators to perform the following services: preventive care coordination or referrals, involvement of community organizations, improving awareness of clinical trials, helping patients overcome health system barriers, coordinating insurance access, and providing outreach to at-risk populations with health disparities.[2] Patient navigation was found to be a promising intervention for prevention and treatment of chronic medical conditions among underserved patients.[2]

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