Patient Education and Counseling xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

What are patient navigators doing, for whom, and where? A national survey evaluating the types of services provided by patient navigators

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ARTICLE INFO

Article history:
Received 19 January 2017
Received in revised form 1 August 2017
Accepted 28 August 2017

Keywords:
Patient navigation
Patient navigator
Training
Core competencies
Specialty competencies

ABSTRACT

Objective: A nationwide cross-sectional study was conducted to assess patient navigator, patient population, and work setting characteristics associated with performance of various patient navigation (PN) tasks.
Methods: Using respondent-driven sampling, 819 navigators completed a survey assessing frequency of providing 83 PN services, along with information about themselves, populations they serve, and setting in which they worked. Analyses of variance and Pearson correlations were conducted to determine differences and associations in frequency of PN services provided by various patient, navigator, and work setting characteristics.
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.

1. Introduction

Patient navigation (PN) is a barrier-focused intervention that assists patients in getting a defined episode of recommended health care [1–3]. Since 1990, PN programs have been widely implemented to improve outcomes for a variety of diseases [3–8]. Research indicates PN is effective in increasing rates of some types of cancer care, including cancer screening and diagnostic services [3,4,8].

There are currently three viewpoints regarding the best model of PN based on navigator training and background. The first model indicates that the most important qualification of a patient navigator is being a "cultural broker and interpreter" who is from communities served by the PN program [9]. This model indicates a "clinical degree" is not necessary to perform PN, but that navigators must have certain personal qualities (i.e., being personable) and be willing to improve the lives of others, provide education to health care providers, and advocate for expanded services [9]. A second model emphasizes that navigators who provide screening, diagnostic, treatment, and survivorship PN should have specific professional training [10]. A third model suggests that a multidisciplinary team of lay and professional navigators should provide PN [11–13], with one accreditation standard indicating nonprofessional staff must be able to document training in PN from a recognized professional organization [11].

Seven articles published in academic journals and trade magazines have proposed core competencies of patient navigators,

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http://dx.doi.org/10.1016/j.pec.2017.08.017
0738-3991/

with most focused on training competencies of nurse navigators [14–20]. There is some agreement across these core competency proposals, suggesting that some skills are indeed core competencies for patient navigators, such as being able to provide information or education to patients and others [15–20], having well developed communication skills [16–18,20], and understanding professional role and practicing professionalism [14,17,18]. On the other hand, proposals describing core competencies also differed significantly, suggesting some competencies may be specialized for a particular professional field (e.g., nursing) [15–17], population (e.g., older adults)[19], or disease (e.g., cancer) [14–16,18]. Additional information regarding activities that various patient navigators typically perform would help inform selection of core competencies and specialty areas in PN. The field has also not reached consensus regarding the most effective ways of training patient navigators. There are currently numerous PN training programs and curricula [14,15,20], but it is unclear which training approaches or methods are most effective. A review of PN research studies identified significant variation in training duration, format, learning strategies, content, and trainers [21].

The purpose of this study was to assess patient navigator, patient population, and work setting characteristics associated with performance of various PN tasks. Information gained from this study will help inform discussions regarding core and specialty competencies of patient navigators, selection of models of PN in particular circumstances, and training needs of patient navigators. Identifying characteristics associated with performance of various PN tasks may assist program managers in determining optimal training methods for navigators and may also assist training programs with determining areas of specialization in PN.

2. Methods

2.1. Study design

This cross-sectional survey of patient navigators was approved by the Institutional Review Board of the University of Illinois, Chicago.

2.2. Recruitment

To be included in the study, participants were required to: 1) self-identify as a patient navigator; 2) be $\geq$ 18 years; 3) be able to read English or Spanish; and 4) be willing to assent to study participation. Although potential participants were not provided a definition of patient navigator or PN, we defined a patient navigator as a person who provides PN to patients. PN was defined as "assisting a patient through the health care system to access health services."

Participants were recruited using respondent-driven sampling (RDS). Research team members sent an electronic invitation to the first wave of survey respondents, which consisted of nurse and social worker associations, national and local public health agencies, health care institutions, community health worker coalitions, and disease-specific advocacy organizations. Within the email, there was a request to distribute a survey link to colleagues and associates ('seeds') who have access to patient navigators or who are patient navigators. The e-mail invitation provided a flyer in English and Spanish which introduced the study purpose, a link to the survey webpage, and a contact to complete the survey on paper or by phone. The introduction page described benefits and risks of the research, institutional review board approval, and information about the sponsor. Respondents provided assent when initiating the survey from the introduction webpage. Participants who completed the survey were provided the option of receiving a $25 gift card.

2.3. Data collection

Data were collected using Survey Monkey Inc. with a survey developed by a multi-disciplinary team [22,23]. Respondents were not allowed to skip survey questions.

2.3.1. Patient navigator characteristics

Respondents were asked to self-identify their own racial and ethnic background (African-American/Black, Asian/Pacific Islander/Hawaiian, Hispanic, White, and other/multiracial), gender, highest educational level (high school/general equivalency diploma, some college/trade school, associate's degree, bachelor's degree, some graduate education, completed graduate or professional education), whether the patient navigator was bilingual (yes/no), whether the patient navigator was a cancer survivor (yes/no), whether the patient navigator had been the caregiver of a cancer survivor (yes/no), whether the patient navigator received training (yes/no), average weekly caseload, work setting (hospital, community-based organization, community health center, government organization), geographical location of work (urban, suburban, rural), and health conditions navigated (breast cancer, cervical cancer, colorectal cancer, diabetes, cardiovascular disease, asthma or chronic obstructive pulmonary disease [COPD], and human immunodeficiency virus [HIV]/acquired immunodeficiency virus [AIDS]).

Respondents were categorized into five categories of patient navigators. Lay patient navigators included those without a professional degree, medical licensure, or credentials and those with education at or below a bachelor's degree. Allied health patient navigators included those with professional backgrounds (i.e., medical assistants) and with educational degrees greater than a bachelor's degree that were not clinically focused. Nurse navigators included individuals with two-year or bachelor's nursing degrees as well as registered nurses, advanced practice nurses, nurse practitioners, and individuals with other nursing backgrounds. The social worker/counselor category included individuals with at least a bachelor's degree in social work, those with a master's degree in counseling, and licensed mental health counselors. A fifth category included "other" health navigators who did not fit into the other four categories.

2.3.2. Population characteristics

Ten survey items assessed characteristics of patient populations that each patient navigator served. Participants were asked to describe how many of their patients, in a typical week, were members of various racial and ethnic groups (Hispanic/Latino, Black/African American, Asian, Pacific Islander, Native American/American Indian, White) or who had various types of health insurance (uninsured, Medicaid, Medicare, private insurance). Response categories for each item included "no patients," "some patients," "most patients," and "all patients." One survey item assessed the number of patients navigated each week on average, with response categories of: 1–5 patients, 6–10 patients, 11–15 patients, 16–20 patients, 21–30 patients, 31–40 patients, and more than 40 patients.

2.3.3. Frequency of patient navigation tasks

Participants completed 83 items assessing for how many patients navigators performed various PN activities, with possible responses on a four-point Likert scale (1 = no patients; 2 = some patients; 3 = most patients; 4 = every patient). We conducted a principal components analysis to obtain a parsimonious set of PN tasks. An exploratory principal components analysis indicated 17

Please cite this article in press as: K.J. 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 (2017), http://dx.doi.org/10.1016/j.pec.2017.08.017