



The Center for Health Affairs

Leading Advocate for Northeast Ohio Hospitals

December 2012



Issue Brief

**The Emerging Field of Patient
Navigation: A Golden Opportunity
to Improve Healthcare**



www.chanet.org



Visit our website for
healthcare policy resources.



Receive this via email, contact
deanna.moore@chanet.org



Like The Center &
NEONI on Facebook



Follow us on Twitter
[@NEOHospitals](https://twitter.com/NEOHospitals)

Table of Contents

What is Patient Navigation?.....	4
Clarifying the Role of Navigators.....	5
<i>Definition Confusion</i>	5
<i>Role Confusion</i>	6
<i>Lay Navigators Versus Clinical Navigators</i>	7
Why Patient Navigation Matters.....	8
<i>Health Outcomes</i>	8
<i>Reduced No-Show Rates</i>	9
<i>Health Disparities and Other Barriers</i>	10
The Time is Right.....	11
<i>Healthcare Reform</i>	11
<i>Commission on Cancer</i>	12
Northeast Ohio Patient Navigation Pilot.....	13
Patient Navigation Collaborative.....	13
Conclusion.....	14
Suggestions for Stakeholders.....	15
Endnotes.....	16



The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals, serving those organizations and others through a variety of advocacy and business management services. The Center also works to inform the public about issues that affect the delivery of healthcare. Formed by a visionary group of hospital leaders 96 years ago, The Center continues to operate on the principle that by working together hospitals can ensure the availability and accessibility of healthcare services. For more on The Center and to download additional copies of this brief, go to www.chanet.org.

Acknowledgements

This issue brief was written by Ericka Thoms, Public Policy Manager, and Deanna Moore, Vice President, Corporate Communications. Bill Ryan, President and CEO, provided invaluable insight and comments.

Carol Santalucia, Vice President, Patient Experience; Sarah Kresnye, Director, Client Services; and Toya Gorley, Director, Patient Experience provided feedback and expertise, which helped shape the focus of this brief.

Special thanks are also extended to the staff of The Center for Health Affairs: Julie Cox, Director, Marketing; Luisa Barone Gantt, Specialist, Digital Marketing; Earnest Law, Assistant Manager, Facilities; Chris Nortz, Director, Facilities; and Mary Johnson, Receptionist.

The Emerging Field of Patient Navigation: A Golden Opportunity to Improve Healthcare



Today, patients who are diagnosed with a serious illness face a vastly different set of circumstances than did patients facing the same illness just a few decades ago. Medical care has grown increasingly sophisticated, offering ever-more promise of successful treatment and positive outcomes for even some of the most devastating illnesses. Yet for many patients, realizing this promise is not as easy as it may seem. While it's true that medical care is more sophisticated, it's also more complex. Successful treatment often means that patients must painstakingly follow complicated care regimens, return regularly to a variety of care providers and successfully cope with a host of challenges along the way. Unfortunately, for some patients, meeting some of the challenges presented by modern medicine is simply unmanageable.

As medical care continues to grow more complex, care providers understand that many patients need support beyond their clinical care to achieve success with their treatment. Patient navigators, whose main job is to guide patients through the complex medical system and help them overcome any barriers to care, are being used in growing numbers to ensure patients successfully complete their treatment.

The growing field of patient navigation has implications beyond the advantages it offers to patients. Patients can clearly benefit from the guidance of navigators but there is also growing evidence that navigation can increase patient satisfaction, reduce no-show rates, increase revenue and provide economic development opportunities. This issue brief examines the evolution of the field of patient navigation, how navigators benefit patients and the healthcare system and recent patient navigation developments in Northeast Ohio.

What is Patient Navigation?

A field that has been developing over the last twenty years, patient navigation is a healthcare service delivery model built around the patient, and created to reduce barriers to care through the use of patient navigators. These professionals support individual patients through the continuum of healthcare as it pertains to their specific disease, ensuring that barriers to care are resolved and that each stage of care is as easy for the patient as possible. Navigators work in a variety of settings – community, hospital, home, primary care, and tertiary care, for example – to guide patients through the treatment process and keep the healthcare team apprised of all facets of the patient’s care.¹

This degree of coordination can help increase access to care and is especially helpful to those with chronic, long-term illness such as cancer, diabetes, sickle cell anemia and other conditions that depend on close adherence to a treatment plan in order to be most effective. Understanding and keeping track of diagnoses, appointments, tests and other important information can be overwhelming to someone who is already struggling to manage the physical and emotional aspects of their illness. The navigator provides a consistent point of connection and knows how to help patients move around the roadblocks they may encounter.



For patients, understanding a diagnosis and treatment can sometimes be difficult. A navigator serves an important role in helping patients grasp the many facets of their illnesses. Navigators are able to break down medical jargon so that patients can understand their disease and its treatment. As a result, patients can become more engaged in their own care and adhere more closely to their treatment regimen.

Navigators assist patients in a wide variety of ways through highly individualized attention. Navigators can help patients with:

- Addressing barriers to care such as transportation and child care
- Disease research
- Understanding treatment and care options
- Insurance
- Finding doctors
- Accompanying patients to medical appointments
- Serving as coordinator for the healthcare team
- Working with family members and caregivers
- Accessing resources
- Managing paperwork²

Clarifying the Role of Navigators

Patient navigators are professionals with a distinct role specifically geared toward assisting patients as they make their way through the healthcare system. Yet, for many, sorting out the role of the navigator from those of other members of the healthcare team can be a challenge.

Definition Confusion

In some cases the very definition used to describe patient navigators can cause confusion. In an attempt to clarify the navigator role, some entities, such as the Centers for Medicare and Medicaid Services (CMS) and the Canadian Breast Cancer Initiative, have used a definition that emphasized the types of services navigators are likely to provide. These definitions highlighted activities such as connecting individuals to screening, scheduling appointments and offering encouragement to patients. And while it's true that these are tasks that some navigators may undertake, defining the field by these activities can cause confusion when other non-navigator professionals take on these same tasks.

To avoid the potential confusion created by using a tasks-oriented definition, many in the field have adopted a definition that emphasizes the patient navigator's focus on perceived barriers to care. With this focus, navigation is not about a set of specified services. It is about recognizing barriers for individual patients and identifying strategies to eliminate them.³

Role Confusion

In addition to the confusion created by an unclear definition, the role of the navigator can sometimes overlap or complement work being done by other members of the care team. At times, this overlap has led some people to question how the patient navigator role is unique.

A patient's healthcare team often consists of many individuals, especially for people living with serious or chronic conditions. Each team member — from the physician to the nurse to the social worker — plays a distinct role in working toward the common goal of improving or maintaining the health of their patient. Since there is a shared goal, it is not uncommon to see overlap in the activities of each of these team members. For a patient with diabetes, for example, the physician might prescribe a certain insulin regimen and diet; the nurse may train the patient how to administer the medication and how to monitor blood sugar while the social worker might tell the patient where he can obtain a glucose monitor and direct him to a support group.

Clearly, there may be overlap among these activities. The physician may also talk to the patient about glucose monitoring and the nurse may also mention the support group, for example, yet each one advances the goal of improving the health of the patient in its own way. A navigator fits into the healthcare team the same way. For instance, in the above scenario, the navigator might help ease the patient's fears about dealing with the health care system, arrange transportation to the support group meetings or help the patient fill out and submit financial assistance paperwork to make the insulin more affordable. The role of the navigator is not the same as the other members of the team. Instead, it supports the goal of the team by ensuring that the patient is able to fully access the care prescribed for him.

Ashley Varner and Pam Murph, two oncology social workers recently featured in *Oncology Issues*, delineate between various healthcare roles by focusing on eradicating barriers over specific services. "When a service-focused definition of patient navigation is used, the services tend to overlap with other positions in cancer care, such as social work, nursing, education, and case management. However, when the focus of a patient navigation program is on assisting patients to overcome barriers to care, less room for role confusion and more room for collaboration exists."⁴

Yet, even when using the barriers-based definition, there can be some overlap between a patient navigator's role and that of other support services roles. In particular, the roles of social workers, case managers, community outreach workers, and patient advocates can sometimes be difficult to differentiate. Recognizing the need for clarity around this issue, patient navigation researchers have described the roles of these professionals by two domains: reactivity versus proactivity and individual patient versus health system service delivery. While all of the professionals described above may be at times proactive and at other times reactive, or work with both individual patients and the healthcare system, their work generally requires one or the other.

Patient Navigators Compared with Other Support Workers



Source: Dohan and Schrag, *Using Navigators to Improve Care of Underserved Patients*, *Cancer* 104, no. 4 (2005): 8484-855.

Patient navigators actively respond to their patients' needs and guide them through the healthcare system. In patient navigation, there is an emphasis on proactively building relationships with patients so that when patients encounter barriers they are comfortable seeking the help of the navigator. Yet since patient navigators often respond to difficulties or barriers that have already occurred — or are anticipated — for patients, their role can be described as generally *reactive*. In other words, in general, navigators actively respond to barriers faced by patients once they are identified. They also tend to work with individual patients rather than addressing issues of the health system.⁵

Lay Navigators Versus Clinical Navigators

To understand the role of navigators, it is also important to make a distinction between lay navigators and clinical navigators. While the goal of both clinical and lay navigation is to help patients overcome barriers, lay navigators do not require formal clinical training. Clinical navigators, on the other hand, are generally healthcare professionals such as nurses or social workers who take on additional navigation responsibilities. Both clinical and lay navigators work within the parameters for which they are trained.⁶

At times, the role of the patient navigator can be described as one of triage, in which the navigator helps the patient get to the right assistance. Navigators act as a trusted entry point into the system and are trained to recognize potential roadblocks to services and connect patients to the most appropriate healthcare team member. For this reason, it is imperative that navigators work in collaboration with the entire care team, including social workers.

While clinical and lay navigators both have an important role to play in the healthcare system, there are some distinct advantages to employing lay navigators. Today, when an organization does not employ a lay navigator, many of the tasks that would be considered the navigator's domain are simply not done. Unfortunately, leaving patients to fend for themselves can negatively impact patient experience and may cause patients to fall through the cracks.

Sometimes, when a navigator is not available, navigation tasks are carried out by other professionals such as nurses, social workers or physicians. These professionals understand the importance of navigation, but when they take on this role for patients, it means they must spend less time providing clinical care or services that require licensure. Relying on highly-trained, often costly clinical professionals to provide non-clinical services is not the most efficient use of limited healthcare resources. Lay navigators can carry out these important tasks while allowing the clinical professionals to focus their time and attention on the core aspects of their role. Since navigators are not required to have a clinical degree, they are also a less expensive way for hospitals and healthcare providers to ensure their patients are accessing the treatment they need.

"A cost-effective resource for community or payer organizations, provider facilities, in at-home care settings, and organizations serving Medicaid populations, lay patient navigators can connect the care team around the patient and augment the work of physicians, nurses, care managers, and social workers."

Why Patient Navigation Matters

The benefits of patient navigation have broad reach. From patient to community to region, the impact of patient navigation is sizeable and has the potential to be a game changer in the healthcare industry.

Health Outcomes

Though the benefits of patient navigation are numerous, the impact it has on health outcomes is arguably the most important. It's not surprising that when navigators help guide patients through the complicated web of the healthcare system, it is easier for them to receive the treatment that their care providers recommend. Especially for those with complex illnesses, this type of guidance, which ensures consistency with a specified treatment plan, can be the deciding factor in whether or not a patient's treatment is successful.

The importance of eliminating barriers to care in order to improve health outcomes was apparent to Harold P. Freeman, M.D., founder and pioneer of the patient navigation movement. In his Harlem medical practice he saw that largely uninsured or underinsured breast cancer patients had much higher mortality rates

than those with insurance. Part of the explanation, he realized, was that the women he was seeing were getting diagnosed at stages three and four rather than earlier in the disease when survival rates are much higher. In 1995, Dr. Freeman studied a similar cohort at the same hospital whose members were provided patient navigators. The results of the study showed that free or low-cost mammograms combined with culturally competent navigation services increased the five year survival rate from 39 percent to 70 percent.⁸

These findings should come as no surprise to those who understand the crucial link between early treatment and health outcomes. As the tables below show, survival rates for breast and prostate cancer are directly related to early detection and treatment. Linking patients with navigators early on can have a significant impact on successful treatment. They provide the practical assistance patients need to begin treatment quickly and stay on their prescribed treatment schedule. As global management consulting firm Accenture notes, “the best healthcare advances mean nothing if a patient misses her appointments because she doesn’t have a ride or a babysitter.”¹⁰ Beyond this, a skilled lay navigator that understands their patients’ fears and anxieties can ensure not only that patients keep their appointments, but also that the patient experience is enhanced.

Reduced No-Show Rates

For hospitals and healthcare providers, the benefits of patient navigation go beyond the health outcomes of their patients. In the current reimbursement environment, providers are faced with reduced payments from Medicare and Medicaid and growing uncompensated care costs. Needless to say, even as hospitals continue to strive for efficiency, they simply cannot afford to miss out on revenue opportunities. Fortunately, patient navigation is one tool that can help providers ensure that patient revenue isn’t lost when patients unexpectedly miss appointments.

5-Year Relative Breast Cancer Survival by Stage at the Time of Diagnosis	
Stage	5-year Survival Rate
0	93%
I	88%
IIA	81%
IIB	74%
IIIA	67%
IIIB	41%
IIIC	49%
IV	15%

Source: American Cancer Society, Breast Cancer Survival Rates by Stage, www.cancer.org.

5-Year Relative Prostate Cancer Survival by Stage at the Time of Diagnosis	
Stage	5-year Survival Rate
Local	nearly 100%
Regional	nearly 100%
Distant	29%

Source: American Cancer Society, Breast Cancer Survival Rates by Stage, www.cancer.org.

Patient navigation was pioneered in 1990 by Harold P. Freeman, M.D., who aimed to reduce disparities in access to diagnosis and treatment of cancer, particularly among the poor and uninsured, after witnessing them first hand in his own practice.⁹

The barriers that delay seeking medical care don’t only impact health outcomes but the price of care as well. As diseases advance, curing them becomes more expensive.¹¹ So while later stage disease can often be successfully treated, the financial burden can be devastating to patients.

Missed appointments are a significant source of lost revenue for hospitals. The Harvard Business Review notes that in 2006 missed appointments cost the healthcare system over \$150 billion.¹² Patient navigators can make a significant impact on reducing the number of missed appointments. Multiple studies have demonstrated that the use of patient navigators leads to considerable reductions in missed appointments. In a study of colorectal cancer patients at Lincoln Medical and Mental Health Center, for instance, the no-show rate dropped from 67 percent to 10 percent.¹³

A recent study of a navigation initiative at the Cleveland Clinic Stephanie Tubbs Jones Health Center demonstrates that these positive findings aren't limited to the theoretical. In fact, they are being realized right here in Northeast Ohio. In their study, the health center calculated the rate of incomplete appointments — no-shows, cancellations and those who left without being seen — before and after the implementation of a navigation program. The reductions in incomplete appointments were significant for both clinical areas participating in the project with diabetes podiatry and diabetes ophthalmology experiencing reductions of 21 and 20 percent, respectively.¹⁴

Incomplete Appointments in Diabetes Care			
Indicator	Pre Navigation	Navigation	Reduction
Diabetes Podiatry	39%	18%	21%
Diabetes Ophthalmology	47%	27%	20%

Source: Northeast Ohio Patient Navigation Collaborative, "Leading the Way: A Panel Discussion on the Value of Patient Navigation," Power Point Presentation, October 12, 2012.

Health Disparities and Other Barriers

Another key benefit of patient navigation is its capacity to help communities address health disparities. Defined by the National Institutes of Health as the "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States,"¹⁶ health disparities can limit the success of the healthcare system by putting up road blocks to diagnosis, treatment, and follow up.

Studies have shown that improved screening rates in underserved communities do not automatically translate into improved mortality rates.¹⁷ This surprising result suggests that the missing link is not simply early diagnosis; rather, it is following through on the steps that come after diagnosis. Patient navigators provide the connection needed to guide patients across the continuum of care, from finding to diagnosis and through treatment.

Those living in poverty are an example of one demographic group that faces particular challenges to successful treatment. As one would expect, it is also a group characterized by health disparities. As much as race, socio-economic status is a key indicator when looking at death rates from cancer, for example.¹⁸

The positive impact of patient navigation has an even broader impact here in Northeast Ohio. Use of lay navigators opens up opportunities in the healthcare job market, potentially serving as an avenue for employing hundreds of people. It's a field that is so promising, in fact, that Kiplinger, a leading national business magazine, named patient navigation one of the top 13 careers of the next decade.¹⁵

Transportation to treatment, prescriptions, and medical care all cost money. For patients already financially strapped, the cost of a bus pass can be overwhelming enough for them to forego treatment. Navigators can help connect patients to transportation options and other services to help ease the financial stress of cancer treatment.



Successful navigators must have a strong background in cultural competency and be able to understand the cultural beliefs and traditions of various communities and how they impact the way in which a person deals with illness. Be it socio-economic status, race, language or any other demographic, such understanding is critical to building trust with patients and helping them work through the hurdles that can sidetrack them from their treatment plan.

Since a patient navigator's overall mission is to help patients overcome whatever barriers are preventing them from successfully managing their healthcare, it makes sense that navigators can reduce health disparities faced by various demographic groups. For all patients, including those with cultural, socio-economic or language barriers, roadblocks take many forms. With support from a navigator on financial issues, communication challenges and emotional strain, the likelihood of successful treatment increases. Over the long run, this type of guidance has the potential to mitigate disparities for entire communities.

The Time is Right

The growth in patient navigation coincides with the implementation of the Patient Protection and Affordable Care Act (ACA). Slated to be fully implemented by 2014, the ACA's emphasis on quality, greater access to care, and strengthening workforce capacity all point to a growing role for patient navigators. The health reform law directly addresses patient navigation by continuing federal grants provided under the Patient Navigator and Chronic Disease Prevention Act passed in 2005 but set to expire in 2010. The ACA continues that project through 2015.

Healthcare Reform

New value-based purchasing (VBP) requirements in the ACA are intended to incentivize even greater commitment by hospitals to provide high quality care and ensure a better patient experience. The VBP performance score is based on healthcare outcomes and patient experience as determined by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Consequently, hospitals will be looking to improve patient experience in order to maximize their Medicare reimbursement.¹⁹

In addition to meeting goals of the ACA, increased patient satisfaction can have a positive impact on the number of grievances and lawsuits filed.²²

Patient navigators have a positive impact on the patient experience, a key measure in value-based purchasing.²⁰ A study released in 2010 examined two groups of cancer patients, one with patient navigator services and one without. Researchers found that patients and staff saw both an increase in satisfaction and a reduction in barriers to care.²¹

Another area where navigators may be able to leverage additional cost savings is the Readmissions Reduction Program. Under the ACA hospitals will be penalized when discharged patients have to return to the hospital for an unplanned, avoidable readmission within thirty days. Currently the conditions covered are limited to acute myocardial infarction, heart failure and pneumonia; however, the Centers for Medicare and Medicaid Services (CMS) plans on expanding that list. Penalties are capped at a maximum of 1 percent of Medicare revenue, but that cap is set to rise to 2 percent in 2014 and 3 percent in 2015.²³

Having access to a patient navigator to help with follow-up care and advise patients when they have questions could reduce the number of patients who return to the hospital. Navigators can check in with patients following their hospitalization to make sure they are following whatever post-hospital treatment plan they have, troubleshoot concerns, and make sure that any complications are addressed quickly to prevent readmissions and emergency department visits.

Commission on Cancer

Another indication of how patient navigators are becoming an essential part of a patient's healthcare team is the most recent round of standards from the Commission on Cancer. Founded in 1922 by the College of Surgeons, the CoC is a leader in the study of cancer care and sets the standard for high quality cancer care through its accreditation program. But to establish the standards that define high quality cancer care, the CoC must regularly revise its program standards for cancer program accreditation. For CoC accredited hospitals, or those striving to achieve accreditation, maintaining or achieving compliance with program standards is essential. Hospitals that do not meet the program standards will not achieve CoC accreditation.



The 2012 standards have added patient navigation as a requirement for accreditation beginning in 2015. Standard 3.1 Patient Navigation Process requires that “a patient navigation process driven by a community needs assessment, is established to address health care disparities and barriers to care for patients.” While not all cancer facilities are CoC accredited, there are many that are. Today, 80 percent of newly diagnosed cancer patients receive treatment in a CoC-accredited cancer program.²⁴ Standard 3.1, which requires patient navigation, is therefore likely to have a significant impact on the growth the field.

Northeast Ohio Patient Navigation Pilot

Partly in response to the ACA, The Center for Health Affairs and CHAMPS Healthcare have been looking at ways to address the needs of hospitals to meet new measures on patient satisfaction such as value-based purchasing. Partnering with Carol Santalucia of the Santalucia Group, they began conversations with member hospitals about patient navigation and the possibility of launching a pilot in local hospitals to determine the level of impact navigators could have.

Around the same time, Accenture had developed a growing interest in patient navigation after learning of Dr. Freeman’s efforts. To evaluate whether Northeast Ohio might be a good place to work on developing a patient navigation initiative, Accenture conducted a community needs assessment in the region. The results indicated that Greater Cleveland had a need for navigation services but faced funding challenges in getting an initiative off the ground.²⁵ As the two organizations learned about each other’s interest, they came together and designed a pilot that followed the work of three navigators in two hospitals. The positions were jointly funded by Accenture and The Center and looked at cancer care, specifically breast and head and neck cancers. The results have been significant.

The pilot allowed the two organizations to draw several conclusions by comparing data gathered during the navigation pilot to data gathered the previous year when a navigator was not in place. In addition to helping local patients navigate the healthcare system, the results indicated that navigators led to increased revenue and greater efficiency for the hospitals where the pilots were conducted. At one hospital, for instance, net revenue increased by \$67,000 in just six months. By helping facilitate the appointment calendar and supporting patients, navigators maximized the number of patients who came in for treatment. Further, the hospital was able to recoup the cost of the navigator’s salary in just two and a half months.

Results from these studies and others have led Bill Ryan, CEO at The Center, to say that not having a navigator is “bad for the bottom line,” especially in complicated cases.

Data Point	Pre	Post
Percentage of kept appointments	87.55%	90.32%
Percentage of cancelled appointments	7.92%	5.43%
Percentage of no-show appointments	4.54%	4.26%
Percentage of no-show for head/neck radiation appointments	12.45%	9.68%

Source: The Center for Health Affairs & Accenture, Northeast Ohio Patient Navigation Pilot Results.

Patient Navigation Collaborative

In addition to the pilot, The Center, in collaboration with the Academy of Medicine of Cleveland and Northern Ohio, has initiated The Northeast Ohio Patient Navigation Collaborative. The group is comprised of representatives from healthcare systems, hospitals, payers, and community organizations who collectively advance patient navigation in Northeast Ohio by sharing expertise, proactively promoting patient navigation and helping to identify solutions to system issues related to patient navigation.

In addition, The Collaborative recently created The Navigator Network, which is comprised of patient navigators or those working in comparable roles. The Navigator Network supports patient navigators as a career path by:

- Providing networking opportunities for navigators to discuss common issues, learn from each other and share resources
- Identifying and/or providing educational opportunities and programming that interest patient navigators
- Leveraging technology to support navigation

Conclusion

Today's healthcare system is undeniably more sophisticated than it was just decades ago. Medical and technological advances have proliferated over the last generation, giving patients today a vast array of options to fight even some of the most intimidating diagnoses. Yet despite all these advances, some patients face too many non-clinical challenges to take advantage of today's modern medicine. It is these patients that stand to gain the most from the growth of the patient navigation movement.

This emerging field is one that holds great promise, offering a win-win solution for many challenges faced by patients and healthcare providers. The patient experience is improved, healthcare professionals spend more time doing the work they were trained to do, and providers save money. At the same time navigation has the potential to provide a new employment avenue in a tightening job market.

In the coming years, navigation will grow and evolve as more providers realize the value navigators bring to the healthcare team. Their role will become even more important as medical care becomes more advanced. Yet, despite the developments sure to come down the road, at its core will always be the navigators' passion to care for people, their drive to go above and beyond, and their commitment to healthcare.



Suggestions for Stakeholders

In many ways patient navigation is in its infancy. Healthcare professionals can look at this time as a way to nurture a growing field and make sure that they are prepared to integrate navigation into their patient care.

- Consider ways to implement or support patient navigation programs.
- Promote the utilization of patient navigators to mitigate excess spending associated with so-called “hot spots” in Medicaid, which are areas of very high spending identified and targeted by the Ohio Office of Health Transformation.
- Join The Northeast Ohio Patient Navigation Collaborative or its Navigator Network or encourage those who work in the field to do so.



Endnotes

1. Dr. Harold P. Freeman Patient Navigation Institute, FAQ, <http://www.hpfreemanpni.org/faq/> (accessed November 15, 2012).
2. Elisabeth Russell, "Becoming a Patient Navigator – August 2012," patientnavigator.com, <http://patientnavigator.com/blog/2012/08/27/becoming-a-patient-navigator-august-2012/> (accessed October 31, 2012).
3. Daniel Dohan and Deborah Schrag, "Using Navigators to Improve Care of Underserved Patients," *Cancer*, 104, no. 4 (2005): 848-855.
4. Ashley Varner, MSW, LCSW-C and Pam Murph, LCSW, "Cancer Patient Navigation: Where Do We Go from Here," *Oncology Issues* (May/June 2010): 50-53.
5. Daniel Dohan and Deborah Schrag, "Using Navigators to Improve Care of Underserved Patients."
6. Dr. Harold P. Freeman Patient Navigation Institute, FAQ, <http://www.hpfreemanpni.org/faq/> (accessed December 5, 2012).
7. Accenture, "The Most Important Healthcare Job You've Never Heard Of: How Patient Navigation Can Improve Health Outcomes," <http://www.accenture.com/SiteCollectionDocuments/PDF/Accenture-POV-Accenture-Most-Important-Healthcare-Job-Patient-Navigation.pdf> (accessed October 31, 2012).
8. Dr. Harold P. Freeman and Rian Rodriguez, "History and Principles of Patient Navigation," *Cancer* (August 1, 2011): 3539-3542.
9. Dr. Harold P. Freeman Patient Navigation Institute, <http://www.hpfreemanpni.org/>, (accessed November 15, 2012).
10. Accenture, "The Most Important Healthcare Job You've Never Heard Of: How Patient Navigation Can Improve Health Outcomes."
11. American Cancer Society, "Cancer Facts and Figures 2012" <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031941.pdf> (accessed November 7, 2012).
12. J. Sviokla et al., "How Behavioral Economics Can Help Cure the Health Care Crisis," *Harvard Business Review*, March 1, 2010, http://blogs.hbr.org/sviokla/2010/03/how_behavioral_economics_can_h.html (accessed October 31, 2012).
13. Ashley Varner, MSW, LCSW-C and Pam Murph, LCSW, "Cancer Patient Navigation: Where Do We Go from Here."
14. The Northeast Ohio Patient Navigation Collaborative, "Leading the Way: A Panel Discussion on the Value of Patient Navigation," PowerPoint presentation, October 12, 2012.
15. Marty Nemko, "13 Careers for the Next Decade," Kiplinger.com, January 2010, <http://www.kiplinger.com/columns/onthejob/archive/13-careers-for-the-next-decade.html> (accessed October 31, 2012).
16. Fox Chase Cancer Center, "Health Disparities Defined," <http://www.fccc.edu/prevention/hchd/what-is-hchd.html> (accessed October 31, 2012).
17. Dr. Harold P. Freeman, "Patient Navigation: A Community Based Strategy to Reduce Cancer Disparities," *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 83, no 2 (2006): 139-141.
18. Dr. Harold P. Freeman and KC Chu, Determinants of cancer disparities: barriers to cancer screening, diagnosis, and treatment," *Surgical Oncology Clinics of North America* 14, no 4 (2005): 655-669.
19. For more information on value-based purchasing see our May 2012 issue brief, "The Growing Focus on Patient Experience and Why it Matters," http://chanet.org/en/TheCenterForHealthAffairs/MediaCenter/Publications/IssueBriefs/05-12_Patient_Experience.aspx.
20. C. Campbell, RN, BSN, OCN®, et al., "Implementing and Measuring the Impact of Patient Navigation at a Comprehensive Community Cancer Center," *Oncology Nursing Forum* 37, no 1 (2010): 61-68.
21. Ibid.
22. Katherine Browne, et al., "Measuring Patient Experience as a Strategy for Improving Primary Care," *Health Affairs* 29, no. 5 (2010): 921-925.
23. Amy Boutwell, "Time to Get Serious About Hospital Readmissions," Health Affairs, <http://healthaffairs.org/blog/2012/10/10/time-to-get-serious-about-hospital-readmissions/> (accessed November 8, 2012).
24. Commission on Cancer, "About Accreditation," <http://www.facs.org/cancer/coc/whatis.html> (accessed November 18, 2012).
25. Accenture, "Accenture US Corporate Citizenship: Skills to Succeed, Preliminary Assessment Findings and Recommendations, Harold P. Freeman Patient Navigation Institute" Internal PowerPoint presentation shared with author, 2010.



© The Center for Health Affairs
2012
1226 Huron Road East
Cleveland, Ohio 44115
216.696.6900
800.362.2628