

DOWNLOAD PDF THE NEW NAVIGATORS: FROM PROFESSIONALS TO PATIENTS

Chapter 1 : Patient Navigator Training Collaborative | Navigate to new knowledge and skills.

The extensive use of the web by patients and laymen for health information, challenges us to build information services that are easily accessible and trustworthy. The evolution towards a semantic web is one of the topics that is addressed in this book.

Health information management professionals have long been involved in consumer advocacy, and a new and challenging opportunity lies ahead. An emerging role for a caring, healthcare system-savvy person is that of patient navigator. Patients may be alone, confused, and suddenly facing an unfamiliar world of providers, tests, and treatment options. Some are unfamiliar with seeking medical care, struggle to understand medical information, and may face financial pressures or cultural barriers. Patient navigators work with patients and families to understand and manage this unfamiliar world. Patient navigators take on varying roles, but they commonly assist patients in overcoming varied barriers to care; facilitate communication between patients, providers, community resources, and other agencies; provide educational assistance; help obtain financial resources; and help with cultural understanding. HIM professionals bring organizational skills to patient navigation, including an understanding of healthcare workflow and insurance and reimbursement issues. Their familiarity with managing and accessing protected health information and their knowledge of diagnoses, procedures, and documentation issues are helpful skills in navigating the healthcare system. The Health Literacy Connection Understanding health, healthcare, and the healthcare system can be a challenge for everyone, even those who work within the delivery system. It is much more complex. In order for individuals to manage their health, they must take an active role in making decisions related to their care. People require strong health information skills to understand their diagnoses and choose treatment plans. From managing their health to making decisions on their care, patients may be required to evaluate the quality and reliability of healthcare information, analyze risks and benefits associated with treatment, calculate dosages, interpret test results, and locate additional health information. Patients also need to be able to communicate adequately-to explain their healthcare symptoms and problems and ask questions. HIM professionals who serve as patient navigators can apply their experience working with the business and clinical professionals who can assist patients. They may also have experience working directly with patients and their families, helping them identify the information they need from their records, such as EKG or ED reports to take to their cardiologists. The program employs navigators through four local churches and the Howard University Cancer Center. The center also trains patients and survivors to become navigators themselves. Because the navigators come from the same communities as the women they help, they are better equipped to help because of their cultural sameness and understanding of the issues faced by African-American women facing breast cancer. One goal is to determine if there is a decrease in time between suspicious findings and diagnosis and onset of treatment. The navigator takes the patient to and from appointments and helps him or her find information and resources for care. The first national survey to assess health literacy, conducted in , estimated that 77 million US adults struggle with health literacy. A more recent study estimates that more than 89 million American adults have limited health literacy skills. Each year the Agency for Healthcare Research and Quality, on behalf of the Department of Health and Human Services and in collaboration with an interagency work group, publishes the National Healthcare Disparities Report. The report, consistent with previous years, demonstrates that disparities related to race, ethnicity, and socioeconomic status remain a pervasive part of the US healthcare system. These disparities may be due in part to poor health literacy, and health literacy has become an important focus in federal initiatives to reduce health and healthcare disparities. The national disparities report links inadequate health literacy to higher medical costs, inefficient provision of services, and poor communication that can limit or discourage proper care. Pilots, Programs Increasing Trained patient navigators can play a very important role in improving health literacy. They can obtain information that helps patients understand their diagnoses and treatment options. They can help patients set up future appointments,

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solve insurance or payment problems, and accompany the patient to appointments to help decipher instructions or ask questions. Helping patients facing language or cultural barriers improves access to care. HIM professionals can apply their understanding of clinical and business information in these instances, as well as their knowledge of how healthcare systems operate. They also may have experience with scheduling and resolving insurance and payment issues that would prove helpful. The first patient navigator program started in the s at Harlem Hospital, the result of work by Harold P. Freeman, MD, and his efforts to inform underserved women about the need for breast examinations, screening services, timely diagnosis, and, in the case of positive findings, treatment. Since then, many patient navigators have focused on helping care for cancer patients. As efforts to help patients expand, navigators are branching into such chronic disease areas as diabetes, cardiovascular disease, obesity, and asthma. A demonstration program by the Health Resources and Services Administration funded six projects for a two-year period to help support nonmedical health workers in communities where significant health disparities and barriers to health services could be demonstrated. Many of the demonstration projects used patient navigators to help people learn about chronic disease and then help with screening and treatment as needed. The program also helped patients find and use community services to manage their chronic diseases, including identifying resources related to insurance, financial assistance, medication, home care, transportation, locating support groups, and helping overcome language and cultural barriers. In late there were at least 26 such projects in Missouri alone. Many of these involve the use of trainers or navigators. The sidebar above offers examples of patient navigator programs. Opportunities abound for HIM professionals who want to become engaged in this emerging consumer advocacy effort, whether as an entrepreneur, volunteer, or working within a demonstration project. Navigators, data analysts, advocates, and trainers are all needed to help address health literacy and disparities. Notes Anderson, Annette, and Anne Turner. Available online at www.understandingandimprovinghealth.org. National Network of Libraries of Medicine. Available online at <http://www.nlm.nih.gov/healthcarestrategies/>. Marsha Dolan dolan@missouriwestern.edu. Julie Wolter wolterjl@slu.edu.

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Chapter 2 : IOS Press Ebooks - The New Navigators: from Professionals to Patients - Proceedings of MIE

The extensive use of the web by patients and laymen for health information, challenges us to build information services that are easily accessible and trustworthy.

Nurse Navigators Bring Advocacy to the Forefront Posted on November 9, If you enjoy working closely with patients but prefer to do so in a role away from the bedside, you might find your dream job as a nurse navigator. Industry trends have expanded this little known nursing specialty recently, as hospitals seek ways to increase coordination of care and meet specific care benchmarks. What is a Nurse Navigator? Navigators serve as patient advocates and their primary job is to remove any barriers that patients encounter – whether real or perceived. The American College of Surgeons has issued new standards of care that will require cancer centers to offer patient navigation services by , in order to maintain accreditation status. How do Nurse Navigators help patients? Educating the patient about their disease and treatment options Offering emotional support Helping to manage side effects Linking patients with community resources that may help them stay on track with treatment or improve their quality of life Assisting in communication with doctors and acting as a liaison Offering aid in setting up appointments, getting rides to treatment, etc. Explaining insurance issues and helping with paperwork Ensuring translation services are available to non-native speakers Providing basic nutritional advice This level of coordination and support is especially useful to patients who face long-term illnesses or complicated treatment plans that require strict compliance. Where do nurse navigators find jobs? In the past, most navigators have been employed by hospitals. According to research done by the National Coalition of Oncology Nurse Navigators, in 62 percent of oncology nurse navigators worked for a hospital system, with the balance employed by clinics or private practices. This trend is beginning to change, as more and more medical oncology and radiation oncology practices add navigation services. There is also a trend toward disease-specific navigators within oncology, so different sets of navigators work with lung cancer patients, breast cancer patients, etc. This means job prospects are excellent for oncology nurses who wish to move into navigation. Other medical specialties also employ nurse navigators, and these include cardiology, open heart surgery, organ transplant programs, orthopedics, and spinal surgery. There are also signs that some facilities are using nurse navigators to reach specific goals – as in this case study of a surgical center that relied on specially trained navigators to reduce the rate of hospital-acquired infections. In this instance, navigators worked with patients pre-operatively to determine MRSA status; followed patients post-op with an eye on avoiding CAUTIs and aspiration pneumonia; and worked with them on discharge instructions regarding proper wound care. Since nurse navigators are often called upon to bridge cultural or language barriers, there may be special job opportunities for bilingual or minority nurses with ties to a specific ethnic community. Primary care practices, particularly those based on the medical home model, are also adding nurse navigators, with the goal of helping chronic disease patients manage their illness and stay out of the ER. While doctors and advanced practice nurses still provide episodic care, the navigators are responsible for monitoring compliance to care plans, helping to motivate patients toward a goal, and proactively managing the psychosocial factors that affect compliance. Are you interested in helping patients coordinate their care? American Sentinel University is an innovative, accredited provider of online nursing degrees that can empower you with knowledge and help you reach your career goals. Share this post on:

Chapter 3 : Cancer Patient Navigator

Although clinical practice guidelines (CPGs) have been suggested as a means of encapsulating best practice in evidence-based medical treatment, their usage in clinical environments has been.

Myelosuppression Myelosuppression is one of the most significant complications of cancer and its treatment. The management of anemia may involve the use of transfusions, erythropoietin growth factors, and vitamin repletion. Patients must understand the importance of correcting anemia and be given strategies for minimizing symptoms. The ONN is also instrumental in educating patients on the risks and benefits of transfusions and erythropoietin growth factors, which can help them decide between these 2 supportive care options. Currently there is no available growth factor that can be routinely used for stimulating the growth of platelets, and patients with severe thrombocytopenia may require platelet transfusion. This condition may be the result of bone marrow suppression or bone involvement with malignant cells. The prophylactic use of granulocyte colony-stimulating factors G-CSFs has been shown to reduce the incidence, length, and severity of chemotherapy-induced neutropenia. In addition, the nurse navigator may assist patients in obtaining G-CSFs for self-injection, to avoid repeated trips to the medical care facility for treatment. Strategies for minimizing side effects related to G-CSFs are also an important component of education. Patients who are at risk for developing neutropenia must also be taught the importance of preventing infection. Once treatment is under way, the ONN can also serve to communicate symptoms and other information eg, insurance issues, learning issues that may impact self-injection to other members of the oncology team to promote optimal care. Pain Unmanaged pain has been identified as a major barrier in the overall care of patients with cancer. The European Society for Medical Oncology has published guidelines for the management of pain related to cancer. Unfortunately, poor communication between healthcare providers or a lack of resources for patients may lead to suboptimal outcomes. Accessed August 31, Can Assoc Radiol J. Nurses as patient navigators in cancer diagnosis: Eur J Cancer Care Engl. Seek A, Hogle WP. Modeling a better way: Clin J Oncol Nurs. National Comprehensive Cancer Network. Cancer and Chemotherapy-Induced Anemia. Accessed August 24, Prevention and Treatment of Cancer-Related Infections. Management of the complications of hematologic malignancy and treatment. Hematologic Malignancies in Adults. Oncology Nursing Society; Evidence-based platelet transfusion guidelines. Platelet transfusion for patients with cancer: Improving pain management at the nursing education level: J Adv Pract Oncol. Management of cancer pain: Putting Evidence Into Practice. Outcome measures to evaluate the effectiveness of pain management in older adults with cancer. April 20, Sign Up Now! To sign up for our newsletter or print publications, enter your contact information below.

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Chapter 4 : Careers: Nurse Navigators Bring Advocacy to the Forefront

*New Navigators: From Professionals to Patients (Studies in Health Technology and Informatics) [Robert Baud, INTERNATIONAL CONGRESS ON MEDICAL INFORM, Marius Fieschi, Pierre Lebeux, Patrick Ruch] on www.nxgvision.com *FREE* shipping on qualifying offers.*

Preface Medical Informatics today In a developing information society, the members of the European Federation for Medical Informatics are keen to develop the dissemination of health information to the public at large. Health Care should be safe, effective, efficient and patient-centred. Moreover, the health system should be more transparent. It should make information available to patients and their families that allows them to make informed decisions when choosing among alternative treatments or clinical practices. Information technology must play a central role in the redesign of building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, and clinical education. The development of wireless and portable technologies also makes this access possible in developing countries. The extensive use of the web by patients and laymen for health information challenges us to build information services that are easily accessible and trustworthy. The evolution toward a semantic web is one of the topics that are addressed in this book. Papers on the state of the art of more classical topics covering all the fields of biomedical informatics have been selected and presented in this book. In order to promote the links between medical informatics and bio-informatics, thanks are expressed to the authors of different papers, posters, keynote presentations and tutorials, which are specifically dedicated to this aspect. This conference and the ones following insist on this necessary synergy. The selection process for MIE The Scientific Programme Committee SPC for Medical Informatics Europe in Saint Malo, France, quickly decided to work towards and contribute to the enhancement of the quality of the conference and the proceedings, from a scientific point of view. But it rapidly appeared that such a policy would negatively impact on the participation of young and new scientists, who may experience difficulty in having their contribution selected. Any kind of elitism would be a strategic error, against the wishes of the Council of the European Federation for Medical Informatics. Therefore, it was necessary to navigate between these two constraints. The first step was the call for papers. Any selection process is strongly dependent on the number of submitted contributions. In coordination with the Local Organising Committee, the call for papers was intensive, and hopefully very successful. No less than contributions were submitted, not always within the specified deadlines. This is a considerable increase compared with the last conference in The immediate consequence was that no more than one paper out of two could be selected for full presentation, on the basis of a four track conference during three days. The second step was the reviewing process. An ideal review of any paper would be to obtain comments from three reviewers from different countries working in a related field. This means reviews. In fact, we got reviewers from all around the world, but the majority from Europe and this was not enough for the above-mentioned target. Indeed, some papers have been reviewed only twice, and some very late reports were orally given during the last working session of the SPC. This point should be improved in the next event, on the condition of finding more reviewers. Such an effort will certainly show positive results in the long term. The third step was the preparation of the conference proceedings, where the style of presentation is just another aspect of quality. The SPC, supported by the EFMI Council, is in favour of a printed book with a strict set of instructions for authors in order to guarantee some uniformity to the reader: The maximum size of a contribution was defined as 6 pages with a 12pt font on an A4 format. This source format was reduced in the final hard cover book edited by IOS Press. The last step is clearly to gain as large a participation as possible during the conference: MIE, a peer-reviewed scientific conference All the full papers presented at the conference are present in the proceedings and will be indexed by Medline. The strict reviewing policy is a necessary condition for that. The SPC is confident that this system is a strong guarantee for future scientific developments in Europe. In order to provide a tribune and an audience for more contributions, the SPC has

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decided on two specific actions. First, some 50 papers were invited for a short oral presentation of five minutes, intermixed with the full papers with 20 minute presentations. The short oral presentations can also be presented as posters. All these contributions are published on the conference CD-ROM to be distributed to all participants. These opportunities should make close contact between participants easy to achieve. All contributions at all levels are clearly visible, and one expects that the best authors will be an example for future authors. This is a pedagogical and pragmatic approach to the art of scientific publications. Medical Informatics provides an opportunity for different events throughout Europe and the professionals in this domain may sometimes find it difficult to select the event which best corresponds to their needs and interests. A short guide in a few lines may be of help. There are two kinds of conferences: Though they look quite similar, there is an essential difference: This is not to say that commercial conferences are not useful: On the basis of these two kinds of conference, another criterion is certainly the size of the conference and the scope of relevant subjects. MIE is typically a large-scope conference, where all domains of medical informatics are present. On the other hand, a number of specialized conferences or workshops are flourishing elsewhere, generally dedicated to a single topic. To conclude this point, let us say that MIE is a universal conference of Medical Informatics, scientifically oriented, and the main event of this kind in Europe. MIE is the focal point of 26 member countries of Europe for two conferences every three years.

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Chapter 5 : Level 1 Course | Patient Navigator Training Collaborative

The new navigators: from professionals to patients, the extensive use of the web by patients and laymen for health information, challenges us to build information services that are easily accessible and trustworthy.

But this relatively new type of health care worker is becoming a familiar face in more hospitals and communities, helping an increasing number of patients find their way through the complex American health care system. The first patient navigator program was launched at Harlem Hospital in by surgical oncologist Dr. Freeman after he witnessed too many women with late stage breast cancer that he wished had been caught earlier. Freeman wanted to break down barriers to cancer screening, diagnosis, treatment, and supportive care faced by underserved populations. Since then, community-based navigation programs were developed with the help of federal grants. More recently, the Affordable Care Act mandated that state health insurance exchanges establish a navigator program to help people make informed decisions about enrolling in health insurance. Today, patient navigator programs exist all over the country, and organizations are being formed to train patient navigators, establish standards, and expand programs. Patient navigation and advocacy now refers to almost anything being done to help patients and families find their way through the maze of our health care system. What is a patient navigator? According to the American Medical Association, a patient navigator is someone who provides personal guidance to patients as they move through the health care system. Patient navigators may have professional medical, legal, financial, or administrative experience. Or they may have personally faced health care-related challenges and want to help others who find themselves in similar situations. Navigators can be employed by community groups, hospitals, or insurance companies. They may be paid by those organizations, they may be volunteers, or they may be independent consultants hired by people who want help managing their complex medical needs. What kind of training do patient navigators have? So far, the patient navigator profession is not regulated. While many organizations offer certificates, there are no state or national credentials or licenses. However, this may be changing. The Patient Advocate Certification Board is in the process of developing a nationally recognized set of credentials. Some patient navigators are nurses assigned patient navigator roles at the hospitals where they work. Others come to the profession without a medical background and are trained by organizations like the American Cancer Society in collaboration with a partner hospital in their community. There are more than American Cancer Society patient navigators across the US located in a variety of publicly and privately funded institutions. What kinds of things do patient navigators do? Patient navigators work with patients and families to help with many different needs associated with the health care system. This may include helping with insurance problems, finding doctors, explaining treatment and care options, going with patients to visits, communicating with their health care team, assisting caregivers, and managing medical paperwork. Community health workers typically focus on community education and help people understand the importance of screening and how they can access resources. Others actually help schedule screening tests, address barriers, and provide follow-up education. Not every patient navigator does all of these things, and there is no single list of services. Some navigators only work with senior citizens, others only with cancer patients, or others only to solve medical billing problems. The original goal of patient navigation was to help people overcome barriers like poverty, low literacy, or lack of health insurance that were preventing them from gaining access to medical care. However, care for illnesses like cancer can be so complicated that patients, regardless of income or education level, can benefit from navigation. In fact, under a new requirement for accreditation by the American College of Surgeons Commission on Cancer, cancer centers must now provide patient navigation services. How can I find a patient navigator? If you or a loved one is facing a cancer diagnosis, call the American Cancer Society at to find out if there is an American Cancer Society Patient Navigator Program in your area. If you are self-insured or have health insurance through your employer, you may also have access to a patient navigator as part of your benefits. Check with your insurance company. For help with a specific medical condition or

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illness, a good place to start is with your treatment center. Many hospitals and cancer centers have patient navigator programs. American Cancer Society news stories are copyrighted material and are not intended to be used as press releases. Give us your feedback.

Chapter 6 : Patient Navigators Help Cancer Patients Manage Care

Health information management professionals have long been involved in consumer advocacy, and a new and challenging opportunity lies ahead. An emerging role for a caring, healthcare system-savvy person is that of patient navigator. 1.

Chapter 7 : The Role of the Oncology Nurse Navigator in Improving Supportive Care

In a developing information society, the members of the European Federation for Medical Informatics are keen to develop the dissemination of health information to the public at large.

Chapter 8 : Patient Navigators: New Advocacy Role a Good Fit for HIM Professionals

Reham Khan Reached Jinnah Hospital to Visit Heat Stroke Patients But their is no Heat Stroke Patient in Hospital, Did sh.