The Patient Navigator Outreach and Chronic Disease Prevention Act of 2005: A bipartisan approach to improving access to care and addressing health disparities

Too frequently, patients with the greatest health care needs have the least ability to comprehend, access, and navigate the U.S. health care system. A variety of factors, including: low educational levels (and resultant issues regarding literacy in general and health literacy in particular); limited English proficiency (LEP); poverty; and a lack of knowledge on the part of the practitioner towards patients’ cultural beliefs and practices, can exacerbate this chasm between the healthcare consumer and the provider. It can be difficult and time-consuming for providers to help some patients to understand how best to participate in their own care. Patient navigators were created to provide appropriate support to this patient population in an effort to improve their health outcomes.

Patient navigators may be community health workers, lay health educators, peer health promoters, medical assistants or nurses who serve as liaison between patients and providers to promote health among groups that may lack access to adequate health care. The purpose of a Patient Navigator is to help reduce health care disparities; facilitate communication between patients and providers; assist patients in overcoming barriers to care; shape perceptions individuals may have about disease and specific health-related behaviors; provide outreach services and educational support; and offer culturally and linguistically competent assistance.

In 1989 Dr. Harold Freeman, a surgical oncologist at Harlem Hospital, became concerned over the large numbers of women from the local community presenting with late-stage breast cancer, despite the availability of routine screening for the disease. As the National President of the American Cancer Society, he conducted a series of hearings throughout the United States by his physicians. The patients from the navigator-assisted group had a 15.8% compliance rate, compared with only 5% in the non-navigator-assisted group. The navigator-assisted group also achieved higher rates of fecal occult blood test completion than the non-navigator-assisted group (42.1% vs. 25%).

Ronald Myers, PhD, DSW, Professor in the Department of Medical Oncology at Jefferson Medical College, is currently leading a patient navigation project funded by the NCI Center for Reducing Cancer Health Disparities. Dr. Myers’ study, Increasing Colon Cancer Screening in Primary Care Among African Americans, seeks to determine the impact of preference-based message tailoring navigation on colorectal cancer screening in primary care at a population level. Einstein is a participating site for the study, with investigators from the Center for Urban Health Policy and Research serving as part of the research team.

Research has shown that patient navigator interventions produce greater rates of screening and follow-up on diagnosis, resulting in better health outcomes. For example, in a study on colorectal cancer screening within a large urban hospital, two patient navigators were hired for a study period. Broken appointment rates went from 67% to 5% in one month, with the likelihood of keeping the appointment for the colonoscopy increasing by nearly three times.

Another colorectal cancer screening study within a minority community health setting compared two groups of patients with similar demographic characteristics who were recommended colonoscopy services by their physicians. The patients from the

References


Natalia M. Urrea, BA, Health Policy Intern*
Einstein Center for Urban Health Policy and Research
Albert Einstein Healthcare Network

* This work was completed while Ms. Urrea was an intern at the Center.