How do you champion the patient navigator role?

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I worked for the Louisiana Tumor Registry for years, coding pathology reports and doing my part to make a difference, but ultimately, I grew bored. I wanted to hear the stories behind the reports I entered into a database and craved interaction with patients. When the opportunity to become a patient navigator presented itself, I jumped at the chance. I sold myself as an eager and capable member of the community who knew the patients’ frustrations firsthand. I guess it worked, because I was hired by the Louisiana Cancer Control Program in July 2010 as a patient navigator for patients beginning cancer treatment.

The navigator program began in 2008 but remained almost nonexistent. It was my job to get the program off the ground and build relationships with social workers, nurses, and other health-care providers who did not understand the role. It was hard. I was often asked, “You’re not a nurse. What can you do?” I attended the Harold P. Freeman Patient Navigation Institute before I started, so I knew my job description and my limitations, but I also knew what I was capable of. I needed the staff to see it too.

My work was cut out for me. To start with, my caseload was nonexistent. It was my job to get the program off the ground and build relationships with social workers, nurses, and other health-care providers who did not understand the role. It was hard. I was often asked, “You’re not a nurse. What can you do?” I attended the Harold P. Freeman Patient Navigation Institute before I started, so I knew my job description and my limitations, but I also knew what I was capable of. I needed the staff to see it too.

My work was cut out for me. To start with, my caseload was intense. The number of low-income patients with cancer I was assigned—most either uninsured or underinsured—continually grew. It was my duty to help these patients overcome or eliminate barriers to successful treatment, such as difficulty attending appointments related to transportation issues, crossed signals with regard to follow-up and ever-changing phone numbers and addresses, inability to contact doctors’ offices to re-schedule appointments, lack of finances to afford medications, and, perhaps most importantly, absence of emotional support from family and friends.

Although my facility lacked funds to provide some of these services, I researched and applied for grants that would allow me to provide transportation to and from treatment appointments using taxis, bus tokens, and gas cards, and by building a long-term, contractual relationship with a local transportation company. In addition, I served as a liaison between patients and providers on a variety of other issues to ensure continuity of contact and care. Through this relationship with the patients, the staff saw what a difference I made and suddenly looked to me to provide all kinds of support for patients in need of assistance. Eventually, I lightened their workloads, and they recognized that my services were badly needed.

I built on this success by networking with others in the community who could serve as additional resources. When patients could not afford medications or needed financial assistance with medical bills, for instance, I knew who could help them. I was not just a treatment navigator helping newly diagnosed patients anymore; I was a point of contact for patients in all stages of treatment, including those who had completed treatment but had nowhere else to turn. Throughout my tenure, I helped more than 650 patients. More importantly, I brought a smile to their faces by simply giving them a gas card to offset their economic burden or by helping them get required medication.

The five years I spent as a patient navigator were the most rewarding in my life. I met many people along the way who have made a lasting impression on me. One patient did a televised interview at the hospital. When asked about services he received, he spoke in depth, not about the quality of care provided by his doctors, but about the value of the nurse navigation program. He mentioned me by name and added, “I don’t know her last name—it’s probably ‘Angel.’” I had done simple things, such as helping to get his appointments scheduled and medication refilled, but it meant the world to him. I had tears in my eyes as I listened to the interview, but one thing stuck out: the patient had called me a nurse navigator, but I was not a nurse... yet.

Since then, I have expanded my capabilities by going back to school to become an RN. In the years to come, I hope to be able to help patients in more ways than I could as a patient navigator, by becoming an oncology certified nurse with a chemotherapy certification. I am well on my way.

KEYWORDS
patient navigator; advocacy; support

RESOURCES

- Harold P. Freeman Patient Navigation Institute
  Offers patient navigator training and certification opportunities
  www.hpfreemanpni.org

- The History and Principles of Patient Navigation
  Provides patient navigation background
  https://bit.ly/2OUtDR2

- Patient Navigation Through the Cancer Care Continuum: An Overview
  Offers details of the navigation concept