Development of a Framework for Patient Navigation: Delineating Roles across Navigator Types.

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Development of a Framework for Patient Navigation: Delineating Roles Across Navigator Types

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Background: The profession of patient navigation is rapidly growing: community health workers (CHWs), patient navigators, and clinically licensed navigators (ie, nurse and social work navigators) play critical roles in the continuum of care. As navigators become more integral to the healthcare system, their roles need to be more clearly defined. This project sought to develop a framework to describe the similarities and differences across navigator types with a focus on clarifying the unique roles and responsibilities of patient navigators.

Methods: Leveraging expertise from project partners representing each of the navigator types, the framework was developed in 3 phases: a literature and internet review, mapping of review findings to functional area domains in a draft comprehensive framework, and creation of a simplified framework that delineated the similarities and differences for each domain across the 3 navigator types.

Results: A consensus-based finalized framework was developed that includes 12 functional area domains and indicates areas of commonality and distinction among CHWs, patient navigators, and clinically licensed navigators.

Conclusions: With more clarity regarding the roles and responsibilities of patient navigators, the field of patient navigation can move toward greater standardization of the profession within the healthcare system. The *Patient Navigation Framework: Navigator Function Across Domains* will serve as a guide for developing patient navigation–specific competencies, which will become the basis for competency-based training and thus inform certification efforts.

Several new healthcare professional roles have emerged to help patients navigate around barriers to accessing care. Though they may fall under the umbrella term of "navigator," confusion exists about their unique roles and responsibilities. Community health workers (CHWs), patient navigators, and clinically licensed navigators (ie, nurse and social work navigators) are 3 professional types that have overlapping yet distinct roles and responsibilities. For example, they all involve individual or patient education, but the types of information provided can vary. The term *patient navigator* is used here to encompass professionals who are sometimes referred to as *lay navigators*. Because the latter term implies that these navigators have not received training or education or are not professionals, the term is used throughout this discussion rather than the term. The purpose of this paper is to clarify the role of the patient navigator who straddles community and healthcare settings vis-à-vis community health workers or clinically licensed navigators operating predominantly within the healthcare system.

Establishing competencies is critical for creating consistency across a profession. CHWs have a defined set of competencies in several states,[1] and the Oncology Nursing Society (ONS) recently launched a project to define nurse navigator competencies.[2,3] The Association of Oncology Social Work (AOSW) is also in the process of developing social work navigator–specific competencies. Despite these advancements, there is a lack of clarification about the roles of patient navigators and how they differ from the other navigator types.[4,5] Identification of core competencies specifically for patient navigators is therefore needed to develop a standard of practice for patient navigators that is distinguishable from other navigator types. Before competencies can be established, however, the roles and responsibilities need to be clearly defined.

To clarify and develop consensus on the roles and responsibilities of patient navigators, the George Washington University (GW) Cancer Institute embarked on a collaborative project with national stakeholders in navigation. This paper describes an effort to create a role-delineation framework for patient navigation to guide the development of patient navigator–specific competencies. Ultimately, the project findings can be used to standardize patient navigation practice through the development of competency-based training.

METHODS

To create the framework, we used a collaborative approach that included a steering committee composed of 18 individuals with navigation expertise. Participants included representatives from the Academy of Oncology Nurse & Patient Navigators (AONN+), Association of Community Cancer Centers (ACCC), National Association of Social Workers (NASW), AOSW, and ONS. Patient navigators and CHWs from MAC Inc. (Maintaining Active Citizens), City of Hope, Nueva Vida, Moffitt Cancer Center, Capital City Area Health Education Center, and the University of South Florida were also integral to the effort.

Framework development took place in 3 phases: a literature and internet review, mapping of content to functional area domains in a draft comprehensive framework, and creation of a simplified framework that delineated the similarities and differences for each functional area domain across the 3 navigator types. In phase 1, we conducted a literature review and online search to identify published and/or public patient navigation training curricula, CHW certification competencies, and journal articles on the roles, responsibilities, tasks, competencies and/or activities of the 3 navigator types.

In phase 2, we created a framework outline that included the 3 patient navigator types and functional area domains for each. The common domains across navigation types were mapped vertically while the differing roles, responsibilities, tasks, competencies, or activities of CHWs, patient navigators, and clinically licensed navigators were included to the right of each domain. Functional area domains were established based on domains found in the literature and internet review. One researcher mapped the information identified in phase 1 to the framework. For example, one of the competencies identified by Minnesota for CHWs is the ability to define their scope of practice.[1] This was mapped to the framework by identifying the functional area domain (Professional Roles and Responsibilities) and entering the competency statement into the box for CHWs. When this draft comprehensive framework was complete, 3 additional researchers with patient navigation expertise reviewed the framework to attain consensus on the mapping process. The 4 researchers collaboratively reorganized the content by combining similar competencies, moving content to different domains, and collapsing several domains.

The steering committee met by teleconference to review the project and the draft comprehensive framework. Participants discussed the goals and methodology and were asked to provide additional resources to add to the framework. Several new resources were recommended and incorporated into an updated framework that was e-mailed to the partners for final approval for this phase.

In phase 3, the framework was refined to focus on the similarities and differences across navigator types. The focus was on the patient navigator's unique role compared with the other navigator types because the others have already been defined or are being defined. Based on the draft comprehensive framework, the 4 researchers drafted definitions for each functional area domain to encompass the similarities across navigator types. These definitions were based on existing definitions when possible as well as group consensus. The researchers also created short, high-level summary statements that described the distinctive role of each navigator type. These summary statements were based on the information in the draft comprehensive framework as well as the researchers' expert opinion.

This simplified framework was e-mailed to the steering committee and reviewed by teleconference. Participants were then assigned to 1 of the 3 subgroups, each of which included a CHW, 1 or 2 patient navigators, a nursing representative, and a social work representative. Facilitated by a GW Cancer Institute research team lead, the groups were assigned 4 functional area domains and met by teleconference to provide feedback on the similarities and differences presented in the simplified framework. Each team lead compiled the subgroup's feedback and sent an updated version of the group's selected functional area domains back to their subgroup for review and finalization.

> Framework development took place in 3 phases: a literature and internet review, mapping of content to functional area domains in a draft comprehensive framework as well as the researchers' expert opinion.

With the final feedback from each subgroup incorporated, a fifth researcher reviewed the framework for coherence and identified remaining gaps. An updated simplified framework was e-mailed to the whole group. Participants met by teleconference to review any further feedback or seek clarification. The revised framework was e-mailed again to the group, and participants were asked to provide additional edits or comments by e-mail. Consensus was reached through this final round of feedback.

RESULTS

In phase 1, we identified 4 patient navigator training programs (GW Cancer Institute Patient Navigation Training,[6] Patient Navigator Training Collaborative Level 1[7] and Level 2[8] Training, Patient Navigation Research Pro-

Table	Patient Navigation Framework: Navigator Function Across Domains		
Domain	**Community (Community Health Worker)**	**Community/Healthcare Institution (Patient Navigator)**	**Healthcare Institution (Nurse Navigator/Social Work Navigator)**
Professional Roles and Responsibilities: *The knowledge base and skills needed to perform job-related duties and tasks, including understanding scope of practice, supporting evaluation efforts, and identifying and exercising self-care strategies.* *The following general skills are required:* *Organizational skills* *Office skills* *Interpersonal skills* *Time management* *Problem solving* *Multitasking* *Critical thinking*	General knowledge base on health issues such as cancer, diabetes, obesity, heart disease, stroke, HIV/AIDS, and other chronic diseases. Active documentation in client record. Conduct evaluation focused on community needs assessment and health behaviors.	Knowledge of cancer screening, diagnosis, treatment, and survivorship and related physical, psychological, and social issues. Active documentation of encounter with patient, barriers to care, and resources or referrals to resolve barriers, which may be noted in the client record and/or the medical record. Conduct evaluation focused on barriers to care, health disparities, and quality indicators.	Knowledge and maintenance of knowledge (eg, license, certification, continuing education) of cancer clinical impacts on patient, caregivers, and families and ability to intervene (eg, symptom management, assessment of functional status and psychosocial health). Active documentation in medical record. Conduct evaluation focused on clinical outcomes and quality indicators.
Community Resources: *Ongoing identification, coordination, and referral to resources such as individuals, organizations, and services in the community.*	Provide referral to evidence-based health promotion programs. Provide assistance accessing health insurance.	Provide assistance with scheduling appointments and facilitate request and follow-up with specialist or supportive care based on clinical referral. Provide assistance accessing health insurance, copay programs, patient assistance programs, and financial assistance.	Focus on clinically oriented resources, such as referrals for second opinions, treatment or testing that may not be offered at the patient's institution, as well as supportive or specialty referrals within or external to the institution (specific to nurse navigators). Provide assistance in identifying community resources to access psychosocial support throughout treatment (specific to social work navigators).
Patient Empowerment: *Identifying problems and resources to help patients solve problems and be part of the decision-making process.*[11] *An important facilitator of patient empowerment is development of good patient rapport.*	Motivate individual and community to make positive changes in health behaviors. Activate and empower individuals and communities to self-advocate and make healthy decisions.	Assist patient with identifying administrative, structural, social, and practical issues to participate in decision-making and solutions. Empower patients by ensuring they know all their options; identify their preferences and priorities, and assist them to access healthcare services and self-manage their health. Educate patients on their rights and preferences and ensure they are able to participate in the decision-making process throughout their care and into survivorship or end-of-life care.	Assist patients in decision-making regarding diagnostic testing and treatment options (specific to nurse navigators). Provide patients with strategies to cope with disease, treatment, and stress (specific to social work navigators).

Table	Patient Navigation Framework: Navigator Function Across Domains *(Continued)*		
Domain	**Community
(Community Health Worker)**	**Community/Healthcare Institution
(Patient Navigator)**	**Healthcare Institution
(Nurse Navigator/Social Work Navigator)**
Communication: *Ensuring appropriate communication with patient, healthcare and service providers, and community.*	Facilitate communication with community about access and utilization of the healthcare system.	Assist patient and provider with communicating expectations, needs, and perspectives.	Provide translation and communication of clinical information.

Provide counseling through one-on-one communication and serve as conduit between patient and providers to address emotional and psychosocial needs of patients (specific to social work navigators). |
| **Barriers to Care/Health Disparities:** *Identifying and addressing barriers to care and reducing health disparities as defined by age, disability, education, ethnicity, gender, sexual identification, geographic location, income, or race in populations that often bear a greater burden of disease than the general population.[12]* | Address barriers to accessing the healthcare system.

Focus on reduction of general health disparities. | Address structural, cultural, social, emotional, and administrative barriers to care.

Focus on reduction of cancer health disparities in medically underserved patients and timely access to care across the continuum. | Address clinical and service delivery barriers to care.

Provision of services to at-risk populations, which may be defined by individual need, high acuity, or high volume at institutional level. |
| **Education, Prevention, and Health Promotion:** *Promoting healthy behaviors and lifestyle, including integrative and wellness approaches.* | Provide general health promotion at the individual and community level, including physical activity, healthy eating habits, stress reduction, sunscreen use, tobacco cessation, and reduction of other risky behaviors to reduce risk of cancer and chronic disease. | Educate patients on practical concerns and next steps in treatment with regard to what to expect.

Identify the educational needs of patients to advocate on their behalf with the care team.

Inform patients of the importance and benefit of clinical trials and connect them with additional resources. | Assess educational needs of patient.

Identify the educational needs of patients to advocate on their behalf with the care team.

Inform patients of the importance and benefit of clinical trials and connect them with additional resources.

Provide clinical education about diagnosis, treatment, side effects, and posttreatment care (specific to nurse navigators).

Educate patients and caregivers on their biopsychosocial concerns regarding their diagnosis and treatment (specific to social work navigators). |
| **Ethics and Professional Conduct:** *Understanding scope of practice and professional boundaries, assuring confidentiality, and following legal requirements. Maintaining and adhering to the professional standards. Bringing accountability, responsibility, and trust to the individuals the profession services.* | Abide by state-defined scope of practice. | Understand difference in scope of practice between licensed professionals and nonlicensed professionals. | Abide by the ethical principles in the profession's scope of practice and code of conduct according to licensure. |

Table	Patient Navigation Framework: Navigator Function Across Domains *(Continued)*		
Domain	**Community (Community Health Worker)**	**Community/Healthcare Institution (Patient Navigator)**	**Healthcare Institution (Nurse Navigator/Social Work Navigator)**
Cultural Competency: *Healthcare services that recognize, respect, and respond to cultural and social differences within the context of beliefs, practices, behaviors, and needs of diverse community and/or population served.*[13]	Act as community/cultural liaison and mediator between community and healthcare system using culturally appropriate education materials.	Provide navigation services in a culturally competent manner (eg, National Culturally and Linguistically Appropriate Services [CLAS] Standards in Health and Health Care). Educate providers to increase their understanding of community's history, culture, and needs, as well as the cultural appropriateness of their approaches and educational materials.	Provide clinical care and education materials in culturally competent manner.
Outreach: *Providing healthcare education to individuals and communities that address health disparities.*[14,15]	Work with the community to identify education needs and opportunities.	Educate on cancer-related topics to reduce fears and barriers related to cancer screening. Effectively link patients referred from the community to resources that can improve care coordination and timeliness to treatment.	Consult and counsel patients on their unique risks.
Care Coordination: *A method of organizing patient care activities to facilitate the appropriate delivery of healthcare services.*[16]	Provide case management, service coordination, and system navigation.	Identify the pathway in the continuum and document the next steps to ensure the patient's optimal outcomes. Identify unmet needs and facilitate cancer care resources to eliminate barriers along the cancer continuum.	Assess and facilitate coordination of psychosocial and medical/clinical care along the care continuum.
Psychosocial Support Services/ Assessment: *Providing and/or connecting patients to resources for psychosocial support services.*	Identify resources in the community for emotional and social support.	Administer distress screening and provide assistance with administrative, practical, or social issues identified.	Screen and assess for psychosocial distress. Provide psychosocial support services such as counseling (specific to social work navigators).
Advocacy: *Advocating on behalf of patient within the community and healthcare system.*	Speak up for individual and community needs.	Educate providers on individual preferences of care and needs.	Assure patients' needs and preferences are integrated into treatment and care delivery.

gram Training Curricula,[9] Ho`okele i ke Ola (Navigating to Health) Patient Navigation Training,[10] and Cancer Disparities Research Program[11]). We also reviewed 5 programs with published or publicly available information on CHW training objectives or curricula (Boston,[17] Minnesota,[1] New Mexico,[18] New York,[18] Ohio,[19] and Texas[20]) as well as 5 journal articles referencing roles and responsibilities across navigator types.[2,21-24] Project partners recommended inclusion of the AOSW/NASW/ONS joint statement on patient navigation,[25] the AOSW scope of work,[26] and the ACCC Cancer Program Guidelines on patient navigation services.[27] In phase 2, the original draft comprehensive framework was developed with 23 functional area domains. These domains were then collapsed

into 12 domains as the roles, responsibilities, tasks, competencies, and/or activities were moved and combined.

The finalized framework includes 12 functional area domains: professional roles and responsibilities, community resources, patient empowerment, communication, barriers to care/health disparities, education/prevention and health promotion, ethics and professional conduct, cultural competency, outreach, care coordination, psychosocial support services/assessment, and advocacy. Differences between CHWs, patient navigators, and clinically licensed navigators are described to the right of each domain.

For example, in the domain "Professional Roles and Responsibilities," regardless of navigator type, one must have a knowledge base and the skills needed to perform job-related duties and tasks, including understanding one's scope of practice, supporting evaluation efforts, and identifying and exercising self-care strategies. Critical skills include organizational skills, office skills, interpersonal skills, time management, problem-solving, multitasking, and critical thinking. While CHWs should have general knowledge on health issues such as cancer, diabetes, obesity, heart disease, stroke, HIV/AIDs, and other chronic diseases, the oncology patient navigator should have a knowledge of cancer screening guidelines, diagnostic processes, treatment options, survivorship issues, and related physical, psychological, and social issues that might arise for cancer patients. In contrast, a social worker or nurse navigator should have knowledge of cancer clinical impacts and the ability to intervene to manage symptoms and assess functional status or psychosocial health. CHWs should document their activities within a client record, while patient navigators may document patient encounters, barriers to care, and resources or referrals within a client or medical record. Clinically licensed navigators should provide active documentation in the medical record. Finally, CHWs should focus evaluation on the community's needs and health behaviors. Patient navigators should conduct evaluation based on barriers to care, health disparities, and quality indicators. And the evaluation focus for clinically licensed navigators should be clinical outcomes and quality indicators.

The **Table** illustrates the finalized *Patient Navigation Framework: Navigator Function Across Domains*, inclusive of all 12 domains and comparisons across navigator types.

CONCLUSION

This framework helps to fill a critical gap in the field of patient navigation. The goal of the framework is to begin to clarify similarities and differences across patient navigator types, with a focus on better defining the unique role of patient navigators in the continuum of care. Aligned with the success of CHWs in creating certification programs at the state level, this project is the first step in a concerted effort to move toward creating a set of common competencies for patient navigators that can be used to create training and certification programs and ensure consistency across the profession. Next steps include refining the framework based on feedback from a larger group of patient navigators, creating competency domains and statements based on functional area, and validating the competency statements with a larger group of patient navigators and their supervisors through a national survey. A free training program will be developed around these competencies. Standardization across the profession will facilitate research on the efficacy and value of patient navigators to continue to advance the field. ✳

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DISCLOSURES
All authors report nothing to disclose.

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ABOUT THE COVER

The Forest

Watercolor by a Person Diagnosed with Cancer

Artwork from the *Lilly Oncology On Canvas: Expressions of a Cancer Journey* Art Competition
www.LillyOncologyOnCanvas.com

When I was diagnosed with ovarian cancer, I was overwhelmed by the journey I faced. I had many questions and decisions to make to start my journey. At first, I was paralyzed by the forest of information and the fear of having cancer.

With the help of my medical team, family, and friends, I have been able to work through the information and make decisions that allow me to find my way through the forest. My journey continues to challenge me with new twists and turns.

During this journey, I discovered that I can have a fulfilling life with cancer that is serene and full of happiness.