

EXPLORING THE ROLE OF LAY AND PROFESSIONAL PATIENT NAVIGATORS IN CANADA

REID, Amy E¹, DOUCET, Shelley¹, LUKE, Alison¹

¹ University of New Brunswick

Background

- **Patient navigation (PN)** is a partnership between a patient, family, or member(s) of the care team and a patient navigator who facilitates timely access to health and/or community resources and fosters self-management and autonomy through education and emotional support.
- **Patient navigators** may be trained lay persons who come with various health-related educational backgrounds, including peers with lived experience; or individuals with a professional background, such as a registered nurse or social worker.

Purpose

The purpose of this qualitative study was to explore the roles of patient navigators in different settings and situations for various patient populations in Canada, and to understand the rationale for implementing lay and professional models of PN in a Canadian context.

- 1 What situations or populations are best suited for lay or professional patient navigators in Canada?
- 2 What is the rationale when deciding whether to implement a lay or professional model of PN in Canada?

Methods

- **Design** Qualitative description (Sandelowski, 2000)
- **Sample** Purposeful sampling
- **Recruitment** Standard phone and e-mail invitations
- **Data collection** Semi-structured interviews & demographic form
- **Data analysis** Braun & Clarke's (2006) thematic analysis

Results

- 10 patient navigators participated in this study.
- Each of the patient navigators came from varied backgrounds.
- There were 7 professional patient navigators and 3 lay patient navigators.

- Occupational Therapist
- Registered Dietician
- BA in Fine Arts
- Child life and psychosocial care
- Counselling psychologist
- Social worker
- Registered Nurse

Three of the navigators had previous experience in PN prior to their current role in their respective programs.

Navigator roles

Across different settings, situations and populations, the navigator's **main functions remained consistent regardless of their role** as a lay or professional navigator, and included the following:

- **advocacy**
- **care coordination and/or collaboration** (with the family and/or care team);
- **community engagement** (e.g. partnerships with organizations and outreach presentations);
- **administrative activities**;
- **education** (for patients and the care team);
- **psychosocial support** (e.g. social and emotional support);
- **facilitating access to services and resources** (e.g. referrals to programs);
- **reducing barriers to care** (e.g. facilitating medical transportation, or assisting with complex applications).

Navigation programs and patient populations

Program name	Patient population	Province-wide? Yes/No
Health Navigation Program	All ages; anyone interacting with health care system	Prince Edward Island: Yes
Wellness Navigators	All ages; any health concern	Nova Scotia: No - Urban city centre
TransCare Health Navigation Program	All ages; transgender, gender-diverse, or two-spirited individuals	British Columbia: Yes
Family Navigation Project	Youth 13-26 years with mental health & addictions	Ontario: No - Urban city centre
Mental Health and Addictions Systems Navigator	All ages; mental health & addictions	Newfoundland & Labrador: Yes
Peer Navigation Program	17 years and up with mental health & addictions	British Columbia: No - Urban city centre
The Maestro Project	Youth 16-25 years with Type 1 or Type 2 diabetes	Manitoba: Yes
Pediatric Cancer Patient Navigation Program	Children 0-18 years with any cancer diagnosis	New Brunswick: Yes
Indigenous Cancer Patient Navigation Program	All ages; Indigenous persons with any cancer diagnosis	Alberta: Yes + patients from Northwest Territories & Nunavut
Adolescent and Young Adult Cancer Patient Navigation Program	17-29 years with any cancer diagnosis	Alberta: Yes

Themes from participant interviews

Area of focus	Themes
Lay models of PN	<ol style="list-style-type: none"> 1 Non-threatening personal connections 2 Learning curve 3 Stigma toward lay navigators
Professional models of PN	<ol style="list-style-type: none"> 1 Navigation and clinical expertise <ol style="list-style-type: none"> 1.1 System knowledge 1.2 Understanding patient needs 2 Professionals as another obstacle
Commonalities across lay and professional models of PN	<ol style="list-style-type: none"> 1 Opportunity for patient-centred care 2 Meeting patients where they are 3 Embedded within the system 4 Personality and experience

Lay models of PN

1 Non-threatening personal connections

The primary rationale for choosing a lay model of PN was to have navigators who were "non-threatening" (P01). Lay navigators (including peers) can approach their patient/families as equals, which is supported by the following statement from a lay navigator: "when they find out that I am also [a peer] it makes them a lot more comfortable, and a lot more inclined to access care," (P09) versus having to manage the natural hierarchy that occurs within a professional/patient relationship.

2 Learning curve

Many participants expressed their admiration for lay navigators but were hesitant in endorsing their ability to provide PN services. This was due to the notion that lay navigators, peers specifically, may not come into this role knowing everything about how to navigate difficult situations within the context of the broader system.

3 Stigma toward lay navigators

a. "my hesitancy with peer-led navigation would be that, I worry about what influence would the peer have on navigating the system. Would they be able to identify... when people are falling through the cracks. You know, they [the peer] might... call that office for you, and help you to get your questions answered, but would the receiver of the call on the other end recognize the importance of ensuring that we are meeting their needs? I think if it is someone [professional] from the system, then I could speak to a director of a program and say that this is not meeting their needs so we need to try and make sure that it is. Whereas if it is a peer-led navigator, I don't know that there would be that same opportunity." (P03)

Professional models of PN

1 Navigation and clinical expertise

Participants reported that the main reason behind choosing a professional as the type of navigator when implementing their PN program was for their navigation and clinical expertise. This can be broken down into two sub-themes: system knowledge and understanding patient needs.

1.1 System knowledge

Professional navigators discussed that they have an understanding of the system and have existing connections with programs and relationships with providers. As stated by one professional navigator, "we're registered health professionals starting out, [and] we kind of come with a skill set" (P06).

1.2 Understanding patient needs

Participants stated that understanding patient needs improved their ability to support and educate both patients and care providers. Professional navigators noted that they were able to provide a system-level perspective versus an insider's perspective of an illness experience as provided by lay navigators.

2 Professionals as another obstacle

Professional patient navigators recognized that patients may be hesitant to engage with a PN program because health professionals are sometimes conceptualized as impersonal or "cold" (P02). Because of this, professional navigators were concerned that they may be viewed as "another obstacle" (P09).

Commonalities across all models of PN

1 Opportunity for patient and family centred care

Participants noted that "...there has been a shift to focusing on family and patient centred care within health care... this was a way to really focus." (P03)

2 Meeting patients where they are

Multiple PN programs noted that they were able to deliver services through a blend of modalities (e.g. virtually, or in-person at a location chosen by the patient). For example, one navigator stated "...it is a service that is offered to all families no matter where they live [in the province] or what their background is or the diagnosis... I think that is a huge strength of our program that we can literally be where the family is and meet them where they're at." (P07)

3 Embedded within the system

One participant stated that "having patient navigation embedded within the health care system, there is a different relationship. We can call providers and sometimes work with them to do education and resource provision and I think that there is some level of trust there with providers. So, it is able to create more buy-in from providers." (P09)

4 Navigators' personality and experience

a. "I think for a navigator position like this one, it is really a personality you hire, not a skill-set, although that is helpful too.... People don't connect with a person's designation. They connect with the personality." (P01)

b. "I think sometimes the [education] requirement could be a barrier for people who are really good at the job. So, I think it shouldn't be a formal requirement, but a good amount of experience [should be] a requirement." (P04)

Discussion

- There is no clear answer to determine what type of navigator is best-suited for a given setting, situation or population. However, choosing the type of navigator that may be best suited for the target population can be made easier when aligning the purpose of the program with population needs and the navigators experience (both personal and work-related).
- Rigid educational requirements may limit an organizations' capacity to hire the best individual for the role if the program is solely focused on professional experience, rather than personality traits that are essential to the role, such as respect and empathy.
- Future research is needed to directly compare the impact and cost-effectiveness of lay and professional PN in Canada.
- It would also be informative to gain more perspectives on this topic from patients/families as well as other stakeholders, such as decision makers and policy makers.

Conclusion

- The rationale for choosing a lay navigator was to have an individual who was non-threatening and had the ability to disclose personal experiences, while the rationale for choosing a professional navigator was for their navigational and clinical expertise, including having a system-level perspective.
- Because of the number of factors to consider when implementing and delivering PN programs (for any population), PN ought to be regulated within Canada. Additional perspectives from relevant stakeholders would inform the development of regulations for the role of patient navigators in Canada.
- Findings suggest that the individual navigators' personality and experience is more important than their specific designation as either a lay or professional navigator. The best suited individual to provide PN services is not tied to one type of navigator or discipline (e.g. nursing or social work).