

Using Patient Navigators in an Ambulatory Setting to Improve Care Coordination

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Background

The Department of Otolaryngology – Head & Neck Surgery is comprised of nine (9) surgical and non-surgical specialties across several Dallas-Fort Worth practice locations. The average wait time for a new patient otolaryngology appointment in any of the specialties at the main campus location is 60 days. This lag time was not optimal for head & neck (H&N) cancer patients where swift surgical intervention was imperative.

Challenges to improving lag time included:

- The intake process for H&N cancer patients differed from the intake processes for other clinic specialties.
- Prior medical summaries and imaging scans were essential for the new H&N patient visit but weren't always received prior to the patient appointment.

Objective

The goal was to improve care coordination for H&N patients by: (1) improving the registration and intake process including obtaining prior treatment records; (2) reducing the lag time for the referral to be processed; (3) reducing the lag time from receipt of referral to date of visit; (4) reducing surgery scheduling wait times and enhancing patient outcomes.

Planning/research methods

The department leadership observed and gathered information from the cancer center's oncology nurse navigator program to determine if this process could be modeled in the otolaryngology department. Otolaryngology providers, department and clinic leadership, H&N clinical staff, human resources, and the compensation team were involved in the strategic development of the navigator positions.

Implementation methods

The department created three (3) patient navigator positions which were dedicated to the H&N clinic. The role of the H&N patient navigator was to collaborate with referring providers to gather pertinent referral information including imaging scans and any historical treatment summaries prior to the patient's initial visit; collaborate with radiology areas to expedite imaging orders when needed; and work with H&N providers to schedule the ambulatory clinic visit within four (4) weeks of receipt of the referral. The intake process for all other specialties was performed by Clinical Staff Assistants (CSA) who had a range of other clerical duties within the clinic, including answering incoming patient calls, appointment scheduling, insurance verification, and front desk responsibilities.

The department reviewed referral data from November 2022 to November 2023. During the 12-month monitoring period, a total of 6018 referrals were received in the department for all specialties combined. The department analyzed the navigators' intake processes for the H&N clinic compared to the CSA team's intake processes for the other specialties. The navigators were able to process the referrals within eight (8) days from the date of receipt, with the clinic visit commencing within 21 days, while the average wait time for other specialties remained at 60 days. The referral/appointment conversion was 9% higher for H&N patients than patients in the other specialties. In addition, the average 6-month referral retention being 2% higher for H&N patients than for other specialties.

Results

By using the patient navigators, H&N patients were scheduled and seen in the clinic sooner than patients in other specialties. Referrals were processed within eight (8) days versus 14 days for other specialties. The referral/appointment conversion was 9% higher for H&N patients and the average 6-month referral retention was 2% higher than other specialties. Therefore, using navigators to coordinate care improved access for new cancer patients and contributed to a positive treatment experience for those patients.

Clinic	New patient referrals	Days To Schedule	Days To Visit	% Scheduled Conversion	AVG 6-MO Referral Retention
H&N	1358	8	21	75.7	90.17
All Others	4460	14	60	69.2	88.36