

# Using Patient Navigators in an Ambulatory Setting to Improve Care Coordination

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## BACKGROUND/OBJECTIVE

### BACKGROUND

The average lag time for a new otolaryngology patient to be seen in the clinic was 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

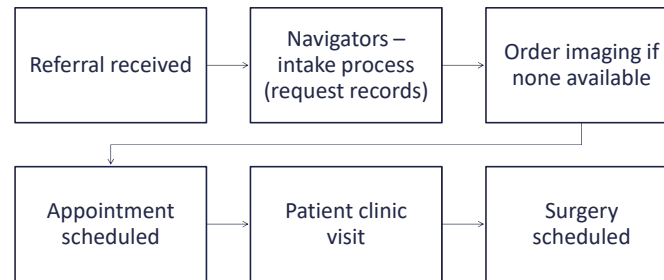
The department leadership observed and gathered information from the cancer center's oncology nurse navigator program to determine if this process could be modeled in the otolaryngology department. Otolaryngology providers, department and clinic leadership, H&N clinical staff, human resources, and the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

## IMPLEMENTATION

The department created three (3) patient navigator positions which were dedicated to the H&N clinic. 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 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.

Figure 1: New H&N Patient Intake Process



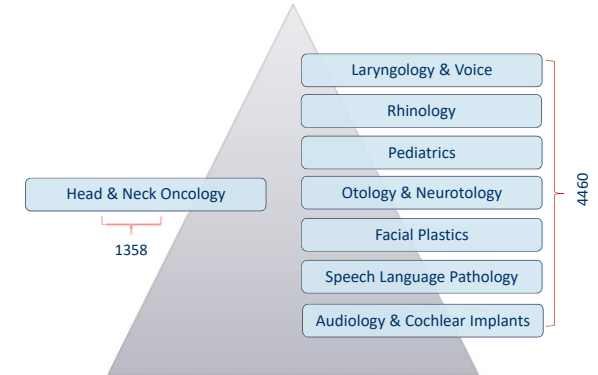
The department analyzed the navigators' intake processes for the H&N clinic compared to CSA team's intake processes for the other specialties.

The analysis included the review of:

- the lag time from receipt of the referral to appointment scheduled
- time from receipt of referral to patient visit
- percentage of referrals converted to appointment
- average six-month retention of those patients

## RESULTS

Figure 2: Otolaryngology-Head & Neck Surgery New Patient Referrals (November 2022- November 2023)



During the 12-month monitoring period, the staff received 6018 referrals across all specialties.

By using the navigators, H&N patients were scheduled and seen in the clinic sooner than patients in other specialties where CSA team performed the intake in addition to other responsibilities. Referrals were processed within eight (8) days from date of receipt, with the appointment commencing within 21 days while the average wait time for new patient appointments in any of the other specialties remained at 60 days.

The referral/appointment conversion was 9% higher for H&N patients than patients in the other specialties. Therefore, using patient navigators to coordinate care in the otolaryngology clinic improved access for new H&N cancer patients and contributed to a positive treatment experience for those patients.

Table 1: Comparison with/without navigators

Clinic	Staff Type/FTE	Days to schedule	Days to visit
H&N	Navigators (FTE = 3)	8	21
All others	CSAs (FTE = 15)	14	60