

Rural Health and Research Congress #RHRC2019

Care Navigation

Supporting Patients to Access the Right Services at the Right Time

  Catherine Eggett – Hunter New England Central Coast PHN

1



phn

HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative

DEMOGRAPHICS

OVER 1.2 MILLION PEOPLE LIVE IN OUR REGION

133,812 KM²



WE ARE THE SECOND LARGEST PHN IN NEW SOUTH WALES



2

Hunter New England Primary Health Network Commissioning Cycle

RURAL HEALTH AND RESEARCH CONGRESS 2019



3

Care Navigation *involves*

*engaging with patients on a **one-to-one** basis to:*

1. **Signpost / connect to health, social and community services**
2. **Overcome personal barriers to access, and**
3. **Provide education on navigating the health system**



@NSWHE.TI

#RRRC2019

4

2018 PHN Needs Assessment

RURAL HEALTH AND RESEARCH CONGRESS 2019

Issue: difficulty
accessing and navigating
and health and
community services



Increased potentially
preventable
hospitalisations (up to
3159 per 100,000
population)

Who is most at risk of this issue?

- People from rural and regional areas
- Socioeconomically disadvantaged areas
- Aboriginal and Torres Straight Islanders
- Experiencing /at risk of homelessness
- > 65yrs and socially isolated
- People experiencing a mental health condition
- Culturally and linguistically diverse populations
- Youth transitioning to adults in the health system



@NSWHETI

#RHRC2019

5

Pilot Design – Literature Review

RURAL HEALTH AND RESEARCH CONGRESS 2019

Care Navigation outcomes described in the literature:

- Reduce preventable hospitalisations and ED presentations (1,2,3,4,5)
- Promote independent living at home (2,6,7,8,9)
- Improved self-efficacy / self management (6,7,8,9)
- Increased patient satisfaction with services (6,7,8,9)
- Improve access to services for vulnerable patients without a regular primary care provider (10)



@NSWHETI

#RHRC2019

6

Pilot Design (continued)

- Consultation with Clinical and Community Advisory Committees
- Request for Proposals from local providers from Tamworth, Cessnock and/or Taree.
 - **People from rural and regional areas**
 - **Socioeconomically disadvantaged areas**
 - *Aboriginal and Torres Strait Islanders*
 - *Experiencing /at risk of homelessness*
 - *> 65yrs and socially isolated*
 - *People experiencing a mental health condition*
 - *Culturally and linguistically diverse populations*
 - *Youth transitioning to adults in the health system*



#RHRC2019

7

Tamworth Pilot

- Sept 2019 – Sept 2020
- 600 participants
- 4 x 30 minute individual sessions
- Partnership and co-location with:
 - 2 local General Practices
 - Aboriginal Medical Service
- Referrals from partnered practices or HealthWISE services
- 2 Care Navigation Staff (including an Aboriginal staff member)



#RHRC2019

8

RURAL HEALTH AND RESEARCH CONGRESS 2019

External Evaluation – based on Quadruple Aims

- By Robyn Considine - University of Newcastle, School of Medicine and Public Health
 - Patient Activation Measure – knowledge, skills and confidence a person has in managing their own health and care.
 - Patient Experience
 - Clinician / provider experience: Challenges, training needs, partnerships
 - Value for money

Level 1: STARTING TO TAKE A ROLE

Level 2: BUILDING KNOWLEDGE AND CONFIDENCE

Level 3: TAKING ACTION

Level 4: MAINTAINING BEHAVIORS

Increasing Level of Activation

NSW GOVERNMENT | HEALTH EDUCATION & TRAINING

@NSWHETI | #RHRC2019

9

Questions?

Join the conversation

@NSWHETI
 COMPANY/HETI
 NSWHETI
 HETI.NSW.GOV.AU
 @HNECCPHN
 COMPANY/HNECCPHN
 HNECCPHN
 HNECCPHN.COM.AU

NSW GOVERNMENT | HEALTH EDUCATION & TRAINING

10

References

1. Macredie S et al. (2014). Care Navigation. A report on research into patient and carer perspectives on the nature, effectiveness and impact of care navigation systems in Bradford, Airedale, Wharfedale and Craven. Available: <http://health-partnership.org.uk/hp/wp-content/uploads/2014/10/Care-Navigation-Finalreport.pdf>
2. Windle K et al. (2010). The impact of the POPP programme on changes in individual service use. Available: www.pssru.ac.uk/pdf/uc/uc2010/uc2010_impactofPOPP.pdf
3. Pfeffer GN, Schnack JA. Nurse practitioners as leaders in a quality health care delivery system. *Advanced practice nursing quarterly*. 1995;1(2):30-9.
4. Layne LR K, Longnecker J, Holmes RM. Integrating patients into a healthcare home through a patient navigation program. 2012.
5. Maeng D, Davis D, Tomcavage J, Graf T, Procopio K. Improving patient experience by transforming primary care: evidence from geisinger's patient centered medical homes. *Population Health Management*. 2013;16(3):157-63.
6. Natale-Pereira A, Enard KR, Nevarez L, Jones LA. The role of patient navigators in eliminating health disparities. *Cancer* 2011, 117(SUPPL. 1):3543-52.
7. Spiro A, O'Sullivan D, Collins JP. A unique model of the community health worker: the MCH-Gravida community health improvement team. *Family and Community Health*. 2012;35(2):147-60.



@NSWHETI

#RHRC2019

11

References

9. Tataw DB, Bazargan-Hejazi S, James FW. Health services utilization, satisfaction, and attachment to a regular source of care among participants in an urban health provider alliance. *Journal of health and human services administration*. 2011;34(1):109-41.
10. Peart A, Lewis V, Brown T, Russell G. Patient navigators facilitating access to primary care: a scoping review. *BMJ Open*. 2018; 8.



@NSWHETI

#RHRC2019

12