Patient Navigation in the Maryland Comprehensive Cancer Control Plan

**What is patient navigation? What is a patient navigator?**

C-change defines patient navigation as individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Patient navigation is appropriate to navigate through all phases of the cancer journey, including early detection, diagnosis, treatment, survivorship, and end-of-life care. Patient navigation may be offered in many settings, including primary care practices, cancer centers, and community organizations.

A patient navigator is a culturally competent health care provider (nurse navigator, social worker, etc.) or peer (lay navigator, outreach worker, etc.) who walks a cancer patient through their journey and addresses barriers to ensure that the patient receives timely, quality care. Navigators provide information and support, and link patients to resources such as financial resources, educational resources, support groups, and other community resources. Navigators may be employees of an organization or volunteers.

**What are the benefits of patient navigation?**

Patient navigation offers numerous benefits to both patients and practices, including:

- Reduced barriers for patients (including financial barriers, communication or language barriers, logistical barriers such as transportation and child care, psychological barriers such as lack of knowledge and fear, etc.)
- Increased support for patients
- Increased cancer screening rates
- Earlier diagnosis and treatment initiation leading to decreased cancer mortality
- Reduced health care costs
- Use of lay navigation can free up health care provider time to focus on medical aspects of care

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The Maryland Comprehensive Cancer Control Plan promotes patient navigation by encouraging strategies that educate patients and reduce barriers to care. Examples of patient navigation strategies in the cancer plan include:

- Link populations without primary care providers to sources of preventative care.
- Reduce barriers to colorectal cancer screening by utilizing strategies that facilitate screening by use of patient navigators, community health workers, or lay health advisors.
- Encourage patient navigator/case manager programs in order to ensure that patients have access to necessary services to shorten the time between breast cancer screening and diagnosis.
- Inform prostate cancer patients and their families at the time of diagnosis about the availability of support and survivorship groups.
- Improve treatment adherence for men diagnosed with prostate cancer through enhanced efforts to care for uninsured and underinsured men and increased availability of patient navigation.
- Increase the oral cancer knowledge of the public about oral cancer risk factors by developing and delivering targeted and culturally relevant oral cancer messages.
- Reduce barriers to access, affordability, and administration of HPV vaccinations.
- Increase outreach efforts by public health organizations and healthcare providers to women who have never or rarely been screened for cervical cancer.
- Teach patients how to navigate third-party challenges to decrease insurance barriers to accessing pain management medications.
- Develop a Web-based resource guide in English and Spanish for cancer survivors seeking support groups, financial/legal services, and psychosocial support services at no cost.

**What can my organization do?**

The Cancer Plan includes many strategies that encourage the use of patient navigation. Please consider using these examples to guide your work, and to inspire new patient navigation initiatives within your organization, community, and health care settings!

Finally, don’t forget to tell us about your projects – send us an Implementation Reporting Tool, which is available online under Features at [http://phpa.dhmh.maryland.gov/cancer/cancerplan](http://phpa.dhmh.maryland.gov/cancer/cancerplan)