At Presbyterian, ED Patient Navigators help patients connect to the most appropriate venue of care, coordinate follow-up care, and simplify the process of finding a medical home.

The Essentials

- The ED Patient Navigation program is part of Presbyterian’s Customer Service Center (PCSC).
- Navigators are specially trained representatives embedded in the Presbyterian Downtown, Kaseman, and Rust Emergency Departments (EDs), who serve as patient liaisons; they are non-clinical and do not make medical decisions.
- The patient navigation model applies to all patients, regardless of their insurance status.
- In Central New Mexico, ED Patient Navigators have expanded their scope outside of the ED to include Urgent Care and inpatient Care Coordination.

Program Success

In the past year, more than 20,000 Presbyterian patients have been navigated in Central New Mexico. Of these, more than 4,000 were directed from the ED to a more appropriate care setting, and about 15,000 were provided assistance with post-treatment appointment coordination.

Navigators have also referred more than 2,000 patients to Urgent Care, Primary Care, and Specialty care, and have scheduled about 1,000 inpatient follow-up appointments at the request of inpatient care coordinators.

ED Patient Navigation has resulted in an estimated $2.9 million in cost savings each year since 2012.

What We Know About Patient Navigation

Patient Navigation can help reduce unnecessary emergency department utilization and cost, and help patients connect with a medical home. A large portion of navigation is conducted in the ED, however, the patient navigation model can be applied across a variety of departments and care settings.

Emergency departments provide a significant source of medical care in the U.S., with over 136 million visits annually (CDC). Patients who present for problems that can be treated elsewhere constitute a significant fraction of those visits. An estimated 13% to 27% of ED visits in the United States could be managed in physician offices, clinics, and urgent care centers at a savings of $4.4 billion annually (Weinick, 2010).

Americans seek non-emergent care at EDs for a variety of reasons, such as long wait times for scheduled appointments, limited after-hours care at physicians’ offices, and other access barriers. According to a U.S. Department of Health Survey, in 2014, 18% of adults (age 18-64) visited the ED one or more times. 12% said the reason for their most recent visit was because their doctor’s office was not open, and 7% because of

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a lack of access to other providers. These patients may have lengthy ED wait times, which can lead to both inconvenience and patients choosing to leave without treatment. Charges for non-emergent conditions are often significantly higher in the ED than in other settings, which can increase patients’ out-of-pocket costs and create added strain on national health care spending.

In addition to being a higher cost option, emergency departments are also not ideal for treatment of patients in need of routine care. EDs are designed for rapid, short-term, episodic treatment of acute illnesses and injuries. ED providers do not typically maintain ongoing relationships with their patients, and their focus is not longitudinal wellness and prevention. Once patients leave the ED, they may not receive the recommended follow-up care or establish a relationship with a provider to manage their overall health. The same is true for patients in the inpatient and urgent care settings. After their immediate needs are treated, many patients will need additional care that they may not know how to access.

Patient Navigation intervention helps bridge this gap by providing patients with information, and helping to connect them to local providers for follow up care and ongoing health needs. Navigation is associated with decreased odds of readmission and non-emergent recidivism (patients returning to the ED with non-emergent problems), increased patient satisfaction, and significant cost avoidance for patients and hospitals. Navigators work with clinical and clerical staff to help patients find a medical home so that they can receive the right care in the right place.

How Patient Navigation Works at PHS

In July 2010, PHS developed the ED Patient Navigation model as part of Presbyterian’s effort to transform healthcare by improving quality, accessibility, and affordability. The program was initially designed to help patients who come to the Presbyterian Hospital Emergency Department with non-emergencies obtain the right level of care at the right place within PHS’ integrated system. Since 2010, the program has expanded to Kaseman and Rust Hospitals, and the scope has extended outside of the integrated system and beyond the emergency department setting. PHS has developed cooperative partnerships with providers and practices outside of the PHS network.

The overarching goal of the program is twofold: 1) widen the safety net of healthcare from the Emergency Department to across the continuum of care, and 2) help patients establish with a medical home that encompasses the patient’s total health, including prevention, wellness, and ongoing care for chronic conditions.

The Team

The PCSC ED Patient Navigation Team is consists of 11 ED Patient Navigators -- specially trained customer service representatives who are available onsite at Kaseman, Rust, and Presbyterian Downtown hospitals; and Santa Fe Hospital in 2018. The Patient Navigation office is located at Presbyterian Downtown Hospital, however, team members rotate among all sites.

The Process

Providers and clinicians refer patients to Navigation. Navigators then initiate contact with each referred patient, review their Navigation needs, and provide coordination, resources, and education. For each patient, a follow up
procedure is followed to ensure the patients’ needs are met. Reasons for referral to Navigation can vary, and depending on the department, the workflow to refer a patient to Navigation may differ.

Emergency Department
The ED has a closed-loop, streamlined process for Patient Navigation. In the ED, providers place an order in Epic, which then populates the Navigators’ Patient List. The list alerts the Navigator that action is required. There are two orders that ED providers can use:

- **Direct to MSE Navigator (No Treatment):** Provider triages patient and determines that another, lower acuity venue of care is more appropriate.
- **ED to Navigator Post Treatment:** Patient’s immediate needs are appropriate for the ED, but the patient needs follow-up care outside the ED and/or a medical home.

Navigators document their work directly in the patient’s chart as part of the ED encounter in Epic.

Each patient encounter comes with its own unique needs. Navigators provide an extra layer of support, and are trained to assist patients in numerous ways, such as:

- Help patients to establish with a Primary Care Provider (PCP) or Specialist
- Book a same-day or follow-up appointment
- Provide care coordination and patient education
- Provide resources for socioeconomic barriers, such as transportation, food, and shelter
- Provide information on community programs for substance abuse and domestic abuse

Developing Partnership with Urgent Care and Inpatient Care Coordination
Recently, Patient Navigation began expanding its services outside of the ED, to Urgent Care and inpatient Care Coordination. The services and resources provided to these patients are the same as the services provided to the ED patients, however, the intake process and workflows are still under development.

Urgent Care
Currently, Urgent Care (UC) providers enlist Patient Navigation services after a patient is already discharged from UC. This means that Providers do not send referrals (or orders) for Navigation through Epic, and Navigators do not document their work in the UC encounter in Epic. To enlist Patient Navigation, UC providers send a scan request to the Navigation office. Navigators then document their work in a telephone encounter. The current workflow is in the process of redesign.

TeleHealth
Patient Navigation works in conjunction with PHP to schedule tele-visits for patients.
Appointment and resource coordination for patients. Help patients find a primary care provider. Education to patients about appropriate venues of care and community resources. Help patients schedule follow up care with primary and specialty care providers. Provide information to patients regarding cost of care.

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<tr>
<th>SERVICES</th>
<th>TECHNOLOGY</th>
<th>PEOPLE</th>
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<tr>
<td></td>
<td>Epic: Electronic Health Record (EHR)</td>
<td>Michelle Jones, Director PCSC</td>
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<td></td>
<td>Facets: Billing and revenue data</td>
<td>Deborah Archibeque, Manager Hospital Services, PCSC Contact Center</td>
</tr>
<tr>
<td></td>
<td>MIDAS: Reporting and data entry</td>
<td>DeAnna Stock, Supervisor PCSC Patient Navigation</td>
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Measures of Success

The ED Patient Navigation program closely tracks department progress through multiple scorecard metrics. Examples include, but are not limited to the measures listed below. There are also downstream benefits to the patient navigation model that are not captured through hard data, such as improved access to emergency services for true emergencies.

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<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Aligns with Aim</th>
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<tbody>
<tr>
<td>Lower Recidivism</td>
<td>• Rate of patients returning with non-emergent reason for visit</td>
<td>Cost Leadership</td>
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<tr>
<td></td>
<td>• Number of patients navigated pre and post treatment</td>
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<tr>
<td>Appropriate Follow up Care</td>
<td>• Number of scheduled appointments</td>
<td>Exceptional Experience</td>
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<tr>
<td></td>
<td>• Number of Specialty referrals</td>
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<td></td>
<td>• Number of PCP referrals</td>
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Metrics are captured on the Patient Navigator rolling 12-month scorecard and reported internally to PCSC and operational leadership. Currently, PCSC is not tracking metrics for navigation work outside of the ED.
Process and Responsibilities

In the ED, Navigators have two main workflows depending on whether they receive an order for navigation before or after a patient receives treatment in the ED. Patients can refuse Navigation and will still be treated in the ED (PHS adheres to EMTALA, the Emergency Medical Treatment and Active Labor Act). The navigators do not make any clinical decisions or recommendations; their main focus is patient support and coordination.

Patient Education and Shared Decision Making

A fundamental part of ED Patient Navigation is patient education. There are numerous resources that navigators can provide to patients, such as information about cost of services, health insurance, dental resources, availability of care options, social services and resources, and transportation options. Navigators provide information through face-to-face encounters, telephone calls, and brochures. A list of frequently-used resources can be found on the Patient Navigation page on PresNet.

Future Work

The Patient Navigation program is currently working with Epic IT to streamline documentation tools and workflows across all care settings.

The Navigation program is also exploring opportunities for expansion to the Regional facilities, and potential video visits with patients in the Patient Navigation office.
Espanola Hospital (EH) is the first Regional facility to begin using a navigation model. There is currently one ED patient navigator on-site. EH’s navigation needs are focused on non-emergent use of the ED.

PHS plans to include the ED Patient Navigation Model in the Santa Fe Presbyterian emergency department workflow.

Glossary

**EMTALA**

The Emergency Medical Treatment and Labor Act of 1986 ensures public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-Participating hospitals that offer emergency services to provide a medical screening exam when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual’s ability to pay.

**Medical Home**

The patient’s established, long-term relationship with a provider, usually a Primary Care provider (PCP), which focuses on their total health, including prevention and wellness.

**MSE**

Medical Screening Exam – an ED tool within Epic for determining patient acuity.

Additional References

**Resources: PHS Login Required**

- [ED Navigation Fact Sheet](#)
- [Patient Navigation Resources – Primary Care](#)
- [PCSC Patient Navigation - General Resources](#)
- Training: [EpicConnect Tip Sheet – MSE Navigation – Nursing](#)
- Training: [EpicConnect Tip Sheet – MSE Navigation – Providers](#)

**Additional Resources**

- [Emergency Department Visits (CDC)](#)
- [National Health Statistic Reports – ED Utilization 2013 and 2014 (CDC)](#)