

PULMONARY DISEASE NAVIGATOR A NOVEL ROLE

Chandler Jones, MSHA, RRT, RRT-ACCS, RRT-NPS, CPFT, PDE
Pulmonary Disease Navigator and Respiratory Care Educator

OBJECTIVES



Overview of the Role



General Requirements



Work-Flow



Metrics for Success



Impact on Patient Care and Revenue



Future Need

PATIENT NAVIGATION

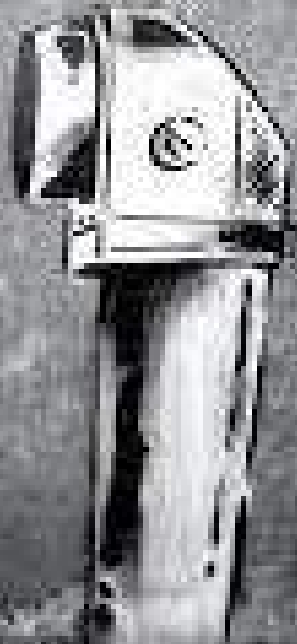


SPOTLIGHT:

DR. HAROLD P. FREEMAN

- Dr. Freeman is the “father of Navigation”²
- First Navigators – 1980-90s
- There is no standard definition²
- General care navigation: help patients to navigate the healthcare system to better manage their chronic illness while also teaming up with the patient care team to tackle obstacles of care.
- National and state certifications
- Formation of societies and boards

I SEE HUMANS
BUT NO HUMANITY



DIFFERENCE IN PN AND CM

- Case management helps patients follow established clinical protocols, and promotes patient safety, quality of care, and cost-effective outcomes.
- Navigation employs this with focused expertise.
 - Provide a holistic approach that includes the medical and the social.
 - Makes care realistic and humanistic²

GENERAL REQUIREMENTS - PDN

3 to 5 years as a clinical practitioner

Bachelor's degree in Respiratory Care

1 to 3 years of experience as an
educator

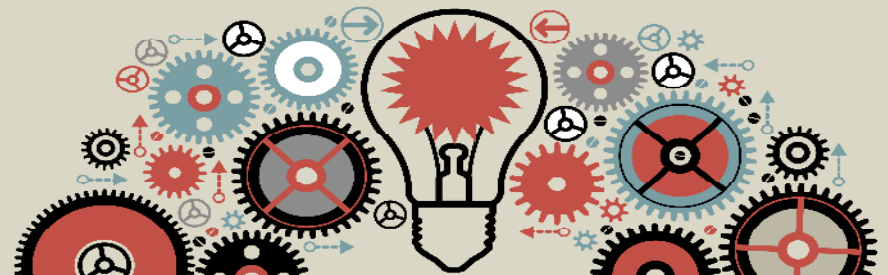
If applicable, obtain Pulmonary Disease
Educator endorsement (NC)



- There is **NO** formal training for PDN
- Much of the training is on the job as there is not a standardized program
- Knowledge, Skills, and Abilities (KSAs) for not only clinical but administrative duties, too.
- Facility usually determines competencies such as determining pt. needs and barriers, and networking to close the gaps

KNOWLEDGE

- Respiratory Care
 - Clinical and operational
 - Clinical is generally standardized
 - Operation would be molded by facility work flow and other external influences
 - Policy, protocol, law
- Ethics
 - A means of running a business in healthcare
- Administrative
 - Other departmental duties and resources
 - Supply chain
 - In depth EMR knowledge and navigation
- Social
 - Population health statistics, demographics, etc.
- Professional



SKILLS

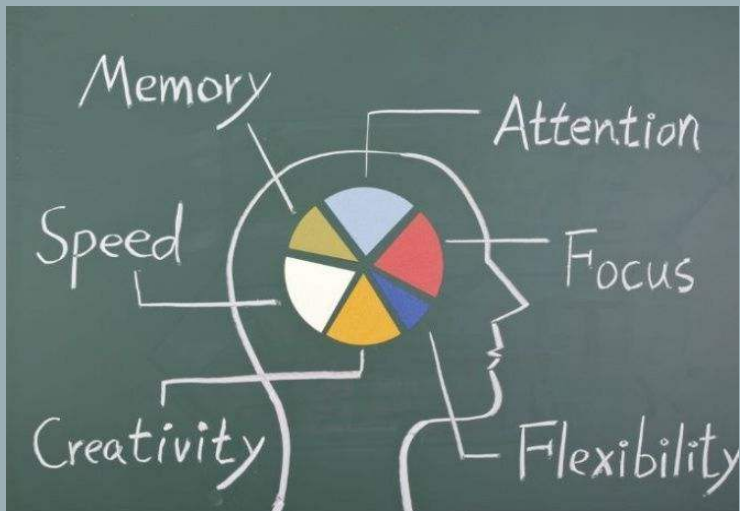
- Perk of Pulmonary Disease Navigation lead by an RT
 - Specific knowledge
 - Specific skills
- The not-so-perk
 - Not many RTs practice administratively
 - Not many RTs have PFT experience
 - That's the beauty of it – its new – its developing – its building mentors



ABILITIES

Abilities are difficult to quantify but are not much more than the capacity to express the skill. Typically, abilities are the tasks* completed on the job.

- Innate to the individual
- CAN, CANT, and COULD



- Cognitive/Emotional
 - I can empathize
 - I catch on to ethical situations
 - I can understand the subject and I can build on my knowledge-base.
 - I can think fast
 - I can plan and organize
 - I am reliable and tenacious
- Physical
 - I can manually do these things
 - I have balance and stamina
 - Ability is lifting a 50lbs box
 - Skill is doing it efficiently

WHAT'S THE JOB LIKE

- Patient interview and assessment
 - Provider or self/algorithmic consult
 - Collect and review pertinent subjective and objective data - interview
- Needs and resources
 - Close provider gaps
 - Introduce resources
 - Clinical recommendations
- Wrap up and follow through
 - Line up resources to close gaps in care and follow up with the patient 48hrs after discharge*

- Outcome metrics are generally set by the facility
- Flexibility
- Autonomy and communication with leaders
- Professional growth and exposure



HEALTHCARE IMPACT - COPD ALONE

COPD is third leading cause of death

Costed roughly 50 billion in total healthcare costs in 2020.

Increased by 17 billion in the last decade

Average readmission – 15200k

Mansukhani and others noted that about 19-22.6% of people in the United States who are hospitalized with COPD will be readmitted within 30 days, and COPD is the third most common cause of hospital readmission among patients receiving Medicare benefits¹

- Step outside the financial, clinical, and administrative
 - Decrease QOL
 - Decreased mobility
 - Some are symptomatic all day - everyday.
- Lets not forget the root of healthcare



PATIENT IMPACT

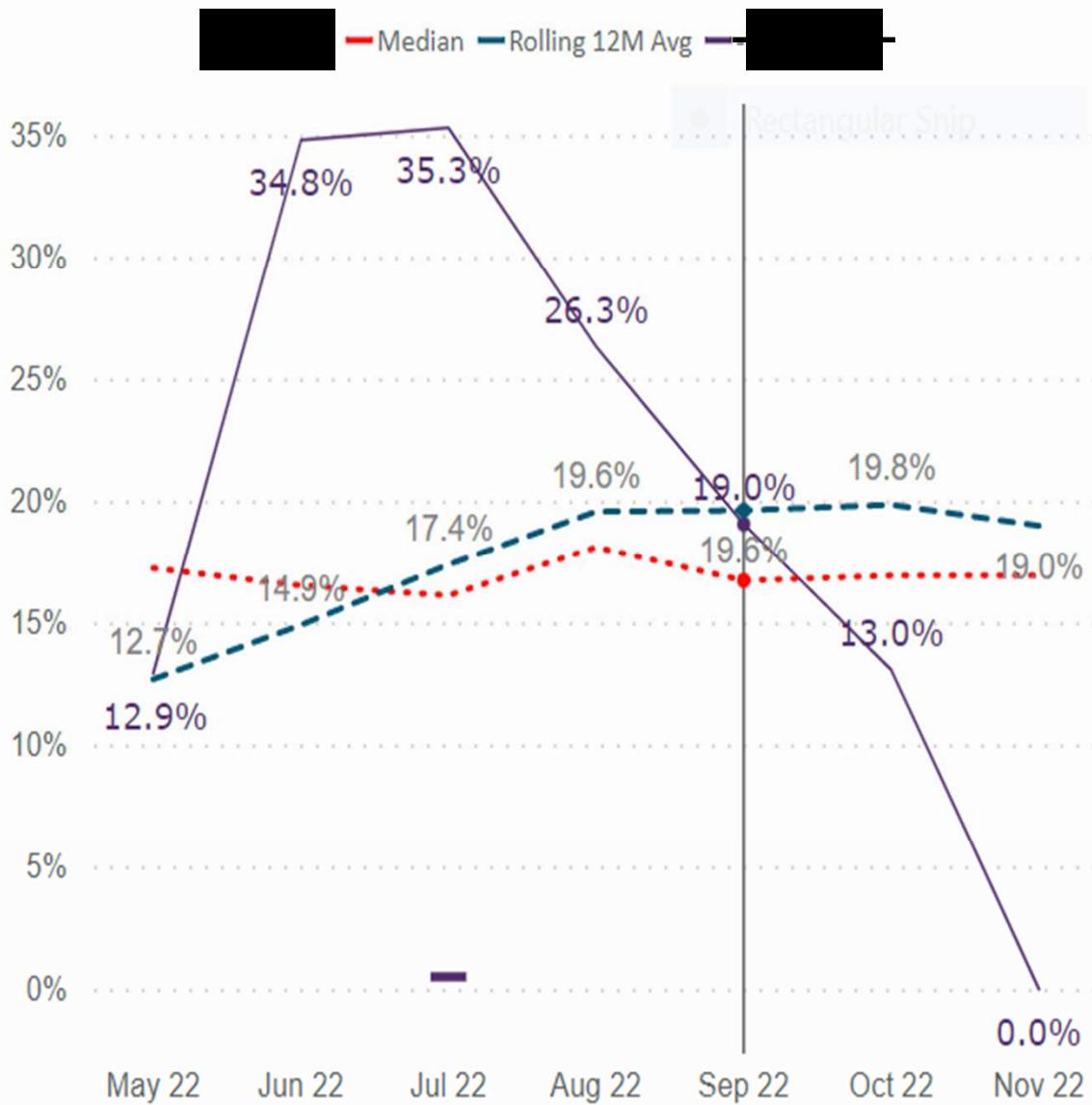
- How does this role impact our most valued and impacted stakeholders – the patient?
 - Patients are educated and this allows for a more robust and informed plan of care
 - LOS decrease
 - Costs decrease
 - Penalties are decreased
 - Patients needs are addressed
 - **THERE IS TRUE CONTINUUM OF CARE**



METRICS FOR SUCCESS

- Patient navigation aligns with current quality driven metrics by nature
- Identify high-value, high-impact, evidence-based measures that promote better patient outcomes, and provide useful information for improvement, decision-making and payment. Align measures across public and private payers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.

- Major
 - Mortality
 - Efficiency
 - Effectiveness
 - Equality
 - Safety and Patient Centeredness
- Minor
 - Appts
 - Facility referrals
 - Physician referrals
 - Medication recommendations



Facility [Redacted]

Month	Readmits - Rate	Readmits/Discharges
May 22	12.90%	4/31
Jun 22	34.78%	8/23
Jul 22	35.29%	6/17
Aug 22	26.32%	5/19
Sep 22	19.05%	4/21
Oct 22	13.04%	3/23
Nov 22	0.00%	0/17

<

FUNDING OF THE PROGRAM AND BACK-END SAVINGS

- Like many administrative-type roles, PDN accounts for costs on the back rather than direct arbitrage
- Readmission costs around 15k
- Misuse
- Waste
- Trial and error
- Evidence-based driven approaches to care

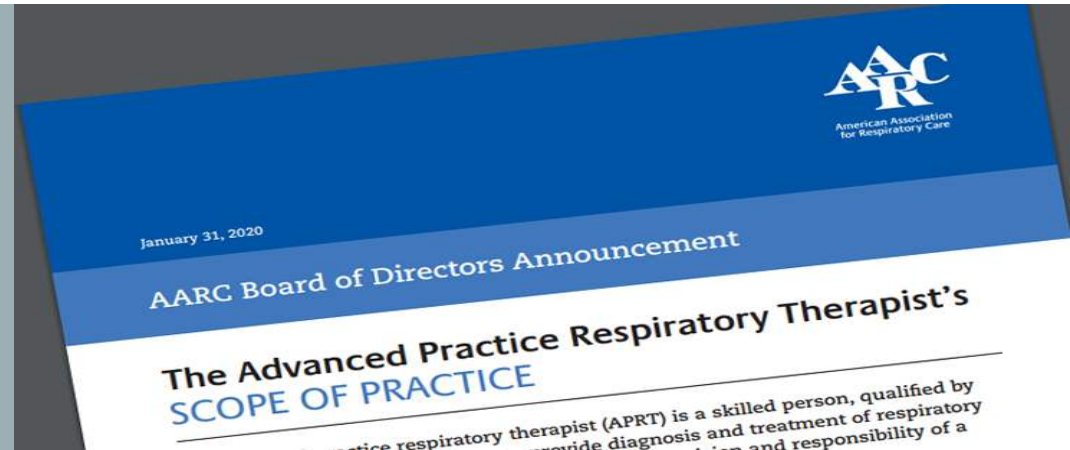
- Grants
- Further segmentation of specific disease population for even greater savings.



- Step-wise growth with proven efficacy

IT HINTS AT APRT

- Medication recommendation
- Referral for diagnostic testing
- PFT interpretation and disease staging
- Inter disciplinary team interaction
- Building the scope of what could be an entirely new branch of Respiratory Care
- Tons of autonomy
- RT driven protocols



Competency Domains for the APRT

- Patient Assessment
 - Perform history and physical
 - Order and evaluate laboratory testing (includes cardiopulmonary testing)
 - Order and evaluate imaging studies
- Develop and carry out patient management plans (care plans)
 - Treat patients in the acute care setting (pneumonia, respiratory failure)
 - Treat patients in the ambulatory care setting (asthma, COPD)
 - Provide chronic disease management (cystic fibrosis, asthma, CHF, COPD)
- Perform specific tasks and procedures (lines, airway, tests, consults)
- Professional characteristics
 - Professionalism
 - Communication skills
 - Inter-professional practice
- Practice management (calls, billing, office functions)

SO WHAT? FUTURE NEED

- Pulmonary Navigation is a niche field that is growing - its growing from need
- Furthers our goals of advanced degrees
- Historically low provider rates
- Volume-base vs value-base
- Can be molded to fit any initiative
- Can be used other than COPD

- The big problem is marketability, function, and scope.
- Were in a position now where we can show the benefits of a PDN program
- There needs to be a systematic approach to creating PDN specific programs



REFERENCES

¹Kaltwasser, J. (2022, January 10). *At-home interventions significantly cut readmission rates in COPD, study finds*. AJMC. Retrieved November 20, 2022, from <https://www.ajmc.com/view/at-home-interventions-significantly-cut-readmission-rates-in-copd-study-finds>

²Smith, J.A., & Teague, M. (2016). *Patient navigation: A resource guide for navigators and care coordinators*. CreateSpace.

