A Great Connector: Meet the Patient Navigation Hub

Efficient model holds benefits for patients, providers and health systems.

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—Patrick O’Shaughnessy, DO, FACEP
Executive Vice President/Chief Clinical Officer
Catholic Health Services of Long Island
Rockville Centre, N.Y.

Improving access to care has added importance of late, as the COVID-19 pandemic is expected to affect patient choice and care deferment dramatically. A patient navigation hub can be an effective tool to ensure patient retainment and connect the myriad pieces of a health system’s network to better manage patients’ care journeys, align with physician partners and achieve a competitive edge.

What Is a Patient Navigation Hub?
A patient navigation hub is a set of strategic workflows with an overarching goal of bringing together the disparate parts of a patient’s journey through the healthcare scheduling and referral process and creating a smoother, higher-quality patient experience and a more efficient process for health system staff.

“It is the proverbial one-stop shop for an organization’s referrals, authorizations, scheduling, care coordination, value-based outreach and follow-up with patients,” says David Wildebrandt, a managing director at BRG, and an ACHE Member. “These touchpoints in the healthcare system often are not interconnected.”

Catholic Health Services of Long Island, Rockville Centre, N.Y., had seen its in-network utilization rates falling, and in 2018, it sought a patient-centric solution for better managing and retaining patients across its integrated system. It partnered with BRG, which served as an “accelerator” to help the health system provide better care continuity and higher care quality, according to Patrick O’Shaughnessy, DO, FACEP, executive vice president and chief clinical officer, Catholic Health Services of Long Island, and an ACHE Member. In 2019, the health system implemented a patient navigation hub across its network.

Benefits of a Patient Navigation Hub
Since its implementation, the hub has been what O’Shaughnessy calls a “great connector.” The model is designed around a central referral office, which O’Shaughnessy compares to an air traffic control system.

Patients are connected to the CRO at the site of service via software. For example, when a patient visits a physician’s office, front-desk employees make follow-up appointments right away, as the physician’s office is connected to the CRO. If there is an issue with insurance, CRO staff manage the appointment and follow up with the patient as necessary to prevent issues, creating a more seamless experience for the patient, according to O’Shaughnessy.

Making sure the navigation hub is consumer friendly and respectful of patients’ ability to choose desired providers was paramount for CHSLI, which operates in what O’Shaughnessy describes as a competitive and open free market. Also essential was the hub’s ability to focus on patient wellness. The hub tracks and monitors patients so that they are accounted for, receive necessary follow-up care and, in some circumstances, even avoid the ED, according to O’Shaughnessy.

The patient navigation hub model also allowed CHSLI, a six-hospital health system with three nursing homes and home care, to be nimble and react quickly to the COVID-19 surge in early March. As provider offices were quick to close doors, the hub became the linchpin between inpatient COVID-19
units and the home health platform, allowing for CHSLI to adopt a virtual COVID-19 unit immediately. As the health system successfully treated and discharged the first cases of COVID-19 in the nation, they were connected with a home care platform with resources for support.

The patient navigation hub will also be an effective companion post COVID-19, as health systems continue to offer patients more choices to connect with providers, including more virtual options. “There is a whole new system of triaging patients, whereas before it was mainly face to face,” Wildebrandt says. It can also help health systems keep track of changing operating hours providers are implementing to account for COVID-19-related factors such as social distancing.

Since implementing the patient navigation hub, CHSLI has seen an approximately 18% improvement in patient satisfaction in its ambulatory practices. It has seen a 5% (67% to 72%) increase in the in-network utilization within the employed medical group, resulting in nearly $6 million of financial impact, according to O’Shaughnessy.

“Our SVP of Business Development and Financial Planning, Mr. Ron Steimel, and his team at the central referral office deserve credit for this successful initiative with our colleagues at BRG. He identified the opportunity working with BRG and then, as the executive sponsor, drove the results we have witnessed—really outstanding work,” O’Shaughnessy says.

The patient navigation hub model allows health systems to track these types of valuable metrics, such as real-time data showing patient migration in and out of a health system’s network, according to BRG’s Wildebrandt. “When patients go outside the network, you can lose a patient for life,” he says. “That can have profound consequences.”

O’Shaughnessy says the hub model has also improved physician satisfaction rates and has helped align the more than 2,000 physicians in its network, of which 500 are employed by the health system’s medical group. Several employed and independent physicians are involved in an independent practice association. The patient navigation hub model helps CHSLI better align with the IPA and connect with all its clinicians, which ultimately provides better value for them, according to O’Shaughnessy.

“Any way in which we can link the network to a more integrated delivery system—that’s really the holy grail,” he says. “We’re moving toward a progressive population health management, integrated delivery system in which all physicians are working together in a network where we’re providing the right site of service and right level of care at the right time. We’re working hard to make sure that everybody stays connected so we don’t have gaps in care or redundant care.”

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