

Expanding Access to Patient Navigation Services is Critical

IMPROVED NAVIGATION SUPPORTS CAN STRENGTHEN HIV PREVENTION AND CARE OUTCOMES

Making it easier for people to engage in HIV treatment and prevention services is a critical first step to sustaining good health outcomes. Patient navigation can play a key role in increased engagement in care.

Patient navigation is a term for a range of services offered by various types of health care workers to facilitate consistent, effective engagement with services and can be critical to a variety of care settings where HIV diagnosis can occur, including in CBOs, sexual health clinics, syringe service programs (SSPs), and emergency departments.

Patient navigation has been proven to improve engagement in care and retention, improve health outcomes, and be cost effective. There are many names and titles under which patient navigation is carried out (case manager, peer navigator, patient navigator, PrEP navigator, social worker, medical assistant, disease intervention specialist, etc.). Therefore, there is a need to define the skills required for patient navigation within HIV treatment and prevention services. Staff providing patient navigation need to have the tools to provide culturally responsive and linguistically appropriate care, maintain patient privacy, and ensure compliance with internal policy and recognized standards.

Among those providing patient navigation, **community health workers (CHWs)** and people with lived experience similar to their clients may have a special ability to establish safe and trusting relationships with patients. This can be especially important for people impacted by HIV who face significant stigma and discrimination from health care providers. CHWs, however, also have specific needs that must be met to effectively support and retain them in these roles. To foster sustainable CHW patient navigator roles, it is important to fairly compensate individuals for the roles they fulfill. In addition to adequate wages, CHWs serving as patient navigators need training, access to standard employment benefits such as health coverage, retirement savings, paid leave, and defined opportunities for career advancement.

Sustainable financing is a critical consideration in establishing patient navigation programs. Health departments that have established pilot programs for patient navigators often rely on funds for which there are competing resource needs. As such, there is a need to increase funding available for patient navigation, as well as to ensure funding is available in various health care and community-based settings. The Ryan White HIV/AIDS Program (RWHAP) has many demands for its resources and funding for patient navigation is limited. Therefore, there is a need to identify alternative funding sources for these services such as Medicaid, Medicare, and other payers. Funding for patient navigation also may be available through federal, state, and local health departments through grants and other mechanisms.

To successfully expand access to patient navigation services, new and reliable sources of funding are needed. There are several current opportunities that merit attention in Medicare and Medicaid.

In 2023, the Centers for Medicaid and Medicare released their final rule for the 2024 Medicare Physician Fee Schedule. The rule finalizes new reimbursement codes for patient navigation services, known as Principal Illness Navigation (PIN) under Medicare, focused on patients with serious illnesses expected to last at least 3 months, including cancer and HIV. There are also options for reimbursement through Medicaid programs. Health departments should work with Medicaid agencies to educate them on the importance of patient navigation for people with HIV and communities impacted by HIV and provide information on these various state models for expanding access to patient navigation.

THE TIME IS NOW

Providing support to assist individuals in navigating health and social services is a critical component of sustaining progress against HIV. Opportunities for funding and reimbursement are available and must be seized by providers. Health departments, emergency departments, CBOs, and clinics should work with supporting organizations and agencies to expand patient navigation.

SUPPORTING CONTINUED ENGAGEMENT IN CARE MAXIMIZES POSITIVE CLINICAL OUTCOMES

Focused policy actions are needed to assist people living with HIV or who may benefit from HIV prevention to navigate complex health systems and receive the services they need to remain engaged in care:

1) Patient Navigators

Adapt the training, titles, and roles of patient navigators to meet the needs of people impacted by HIV, and provide specialized training in HIV prevention and care.

2) Community Health Workers (CHWs) as Patient Navigators

Establish tailored policies for CHW navigators that includes recruitment, professional development, career advancement, and ongoing support to address trauma and prevent burnout.

Develop standards for CHW navigators to ensure fair compensation including benefits, paid leave and other core professional employment benefits.

Embed CHWs in patient navigation in community-based organizations (CBOs) and health care settings.

3) Paying for Patient Navigation Across Health Care Programs

Leverage reimbursement options that may be available to clinics, community-based organizations or other health care providers for patient navigation services via Medicare, Medicaid, and private insurance (including marketplace health plans).