Podcast Transcript

The Role of Nurse Navigators in Healthcare

Guest: Alfa S. Lafleur, DNPc, MSN, APRN, FNP-C, AOCNP

Alfa Lafleur is a highly experienced hematology and oncology nurse practitioner with a passion for delivering compassionate care to patients with various blood and cancer diagnoses. Currently, she practices as an independent APRN at Florida Cancer Specialists, collaborating with oncologists and managing complex treatment plans. Beyond clinical practice, Ms. Lafleur actively contributes to the healthcare field through various roles. She serves as Adjunct Faculty at Rasmussen University, instructing nursing courses and fostering student success. She is a Doctoral of Nursing Practice candidate, with an anticipated graduation date in May 2024. She holds multiple certifications, including Advanced Oncology Certified Nurse Practitioner. She is actively involved in professional organizations and continuously seeks opportunities to advance clinical practice and patient care.

Host: Candace Pierce DNP, MSN, RN, CNE

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Episode 1: The Role of Nurse Navigators in Healthcare

Transcript

Candace Pierce: This is Dr. Candice Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning Podcast, where we share the most up-to-date education for healthcare professionals. Our topic of discussion for this podcast is the role of the nurse navigator. And joining me for this discussion is Alfa LaFleur. Alfa, thank you so much for joining us, and I just adore your last day.

Alfa LaFleur: Well, thank you so much, Candace. I appreciate it.

PIERCE: Can you share just a little bit about yourself and your expertise in this area?

LAFLEUR: So, I'm actually an oncology nurse practitioner, and I've been working in oncology for about six years. And even though the role isn't specific for a nurse navigator, I do a lot of that role within my time as a nurse practitioner. On a daily basis, we are trying to find out what the patient needs beyond their disease or their diagnosis.

PIERCE: And I think this is where it started, right? Didn't it start in oncology? So, you're kind of right there where it is. So, while I don't understand a lot about the nurse navigator role, I understand more of that textbook description. So, the role emerged in like those recent decades to help guide and support patients, which I know is what you do, and it's particularly with those with complex and chronic conditions like oncology, trying to help them navigate through the healthcare system. And I know the main goals are to improve care coordination, providing education, and facilitating communication and really just helping to remove barriers. But really what I'm hoping to learn through our discussion today is those ins and outs of the role and what those day-to-day activities look like, because I think to just become increasingly complex, and patients are facing so many daunting challenges and navigating through the healthcare system, that this role specifically is going to become so significant. And you know, I've seen some studies. So, before we were meeting today, I wanted to look at the studies, and I did see a few out there and they did show that this navigator involvement really leads to better adherence to treatment plans, fewer missed appointments and delays in care, and really just higher patient satisfaction. So, to kick us off, can you really just help us understand what exactly is this navigator role and what are those primary roles and responsibilities?

LAFLEUR: So, we act as a single point of contact for the patient. So, as they're going through their diagnosis and treatment and everything, they're meeting with so many providers, and that can be a lot. So, we kind of are that single person that they can come to and say, the oncologist said this, or the social worker said this, or, so-and-so, you know, offered me this. What does that mean for me? How can I incorporate that? So, it's nice to have that one person you can touch base with that will explain everything to you and coordinate all of that, because that's a lot for the patient. They're not only dealing with their diagnosis, but they're also still parents or caring for their older parents. They still work and have their other things that they're going through. So, if we can take some of that load off of the patient to coordinate, to be there, to be a sounding board, that is so helpful for them. And like you said, keeps them going through the process as smoothly as possible.

PIERCE: Right, especially when you first get some type of chronic or scary diagnosis, a complex diagnosis, you can almost get to where, fight or flight, well, for me, I freeze. And so, I think that really doesn't help with missing appointments, or even moving yourself through the process to try to get better, because you freeze, it becomes overwhelming. So how does this help to improve that patient care coordination as far as patient outcomes?

LAFLEUR: So that communication that we have with the patient and their caregivers, and their families is really what moves this thing forward. So, like you said, if you are frozen and also trying to feel like you have to do this by yourself, it's not going to be that smooth process. Not

that any disease is a smooth process, but you know, we're trying, we're trying to make this as smooth as possible. So, communicating, myself with the patient and their family and then myself with their providers and other outside specialists that they may have to kind of bring this all together to help the patient is what makes their outcomes so much better than if they were to go it alone.

PIERCE: Absolutely. And currently I have a daughter who has a very rare condition. She has CRPS. And I actually had to go through that process alone. I had to figure out what our next steps were alone. And I wanted to freeze, but thankfully I have that healthcare background to kind of help me navigate through. But most people don't have that knowledge. They can't navigate through. It is so hard. Even having my background and knowledge, it was still so hard to navigate that. I had no idea what to do so go ahead no

LAFLEUR: And even with the knowledge and background, it's one thing to care for someone else, and it's another thing for it to be happening to you or to someone you love. So, you don't want to take on that responsibility of provider for yourself and the patient. So, if that is happening to you or a family member, you want to be able to step back and say, okay, explain this to me like I'm five, not like I have that background, because I need to be taken care of right now and not try to take care of myself, if that makes sense.

PIERCE: Yeah. Right, absolutely. Because when my daughter was diagnosed with it, it was like, here's your diagnosis. See you later. We don't work with this. And so, it's like, well, but who do I see? Where do I go now? Who follows this?

LAFLEUR: Right. And that's exactly where the navigator steps in. They are there to help you with the medical jargon and that piece of it, but also as a sounding board, an ear, emotional support. So, it all brings it together. And as nurses, that's what we do.

PIERCE: Yes, for sure. So, when you look at this role, what skills and qualities really make an excellent nurse navigator? And how does the role differ from our other nursing roles that we do?

LAFLEUR: So, for nurse navigators, I would say that you need that solid foundation that all nurses get, at least two to three years as a nurse before you venture out into a nurse navigator. Because remember, you are the expert in whatever disease process you are navigating for. So, this is not the place for a new grad, per se. But once you have that foundation, you do use all of your nursing skills, your listening skills, communicating, being able to meet as a group, and work as a group with other providers, but then also be able to take this solo, and be able to move forward with the patient, and be confident in your knowledge and your background and your skills to be able to help that patient. So, I just think it's that specific nurses qualities that feel like they can run with this information and be able to help to help the patient move forward in the process.

PIERCE: Right. So, what about like assessment skills and how, where do they use those? How do they use those within their [role].

LAFLEUR: So, though they're not typically doing like the physical assessments, you know, daily for the patient, when you think of like vital signs and that type of thing, they are using their assessment skills when they listen to the patient and find out what's going on. Okay, the patient is telling mem, maybe they're having difficulty with transportation, because if this patient say has some other comorbidities, other appointments that they need to go to, for a cardiologist or maybe they're a diabetic, and things are now clashing with each other, trying to get all of these appointments in together. That's when we kind of pick up on that and say, okay, let's try to organize this a little bit better for you. So, it's not really a physical assessment per se, but it's trying to gather all that information, said and unsaid, from the patient, pulling that out of them to be able to help them, even when they don't know what kind of help I need. We're trying to pull that out from them.

PIERCE: Right. It's almost like you're still using your nursing skills. You're still making a plan of care. You're still moving through those steps. It's just a little different than seeing them in the clinic. So, what is a typical patient experience and interaction? What would that be like? Can you walk us through that?

LAFLEUR: So, some patients are referred for a nurse navigator. The provider can consult the navigator to bring that patient in, and sometimes the patient can just call themselves and make a request. So, they can be coming at the nurse navigator in multiple different ways. But either, no matter what way they come to us, they are assessed based on what is already known about the patient and what is going on. And then we reach out to that patient, and we explain our role, and what is already here to add to whatever is already their care team, and what we can do to help. So, that's the typical experience that I would say that they get from the Nurse Navigator, at least to start. Once we can assess what's going on with the patient, then it can take different avenues. How much do they need us, and in what way, and make that happen for the patient.

PIERCE: Okay, so I know that oncology is really where the nurse navigator role kind of originated, but can you think of some, or know of some other medical conditions where these are already being utilized, or it might just be good to start utilizing them there?

LAFLEUR: Yes, absolutely. I feel like for any chronic disease, nurse navigators can be so helpful. I already see them in place for, like I'm saying, diabetes, COPD, CHF, those kinds of chronic conditions. But also, I've seen them in orthopedics. I've seen them in, like gastric bypass patients could also use nurse navigators. Also, high risk pregnancies, I've seen nurse navigators get used in. So ultimately, I would see, I would love to see nurse navigators used in every type of condition in some way, shape, or form. It might look different for different diseases, but every patient could use that that moment to say, okay, this is my person, they're looking out for me. So, I think it could be useful everywhere.

PIERCE: So how does this particular role, or do you work in conjunction with, so, my question is going back to like social workers, because that's really where I found the most help in trying to navigate the healthcare system was through a social worker, through our insurance company. Does the nurse navigator work with the social worker? Is it, like how do those connect?

LAFLEUR: So, they can definitely be part of the team, and nurse navigators are foremost nurses. So, we know the disease condition and can speak to that. Whereas the social worker typically does not know the medical side of it in that sense. But social workers are great when it comes to those social aspects, like what I was mentioning before, transportation, or maybe some kind of financial help that was not known of before. Respite care, maybe sometimes that they know of. That could be helpful. So, bringing all these pieces in to try to help is what the nurse navigator does. Bring in the social worker, what piece can you add to this, or physical therapy or any, like just bringing them all together because we tend to work in silos, and we know our piece and that's kind of where we leave off.

PIERCE: You're not wrong.

LAFLEUR: So, and that sometimes is not the best way for the patient to navigate through this system, because they need a little bit from everyone, and for everyone to be on the same page. So, the patient doesn't feel like they're repeating themselves or person A didn't know what person B was doing. And now, I'm wasting my time or something like that. You never want the person to feel that way. So that's where we can step in, and kind of bring it all together from everybody's perspective and then bring that to the patient, so that they feel like everyone's on board, everyone's on the same page, and I'm getting the best care possible.

PIERCE: Right. Now, case management versus nurse navigator. Do those work together?

LAFLEUR: I see more case management for inpatient populations, and I work outpatient. So not really working too much with case managers as, and I could be wrong, but I feel like their position kind of is moving that patient through the, like physically moving that patient through the process. Maybe they're in a med surge unit and then they need to go to.

PIERCE: Like a rehab facility.

LAFLEUR: Rehab or something like that. They need to, or home. How does that best work for them? Do they need a wheelchair at home? Do they need a whole new setup at home, based on what's happened in the hospital? So, I feel like that's more their track than they do. But again, if we're all involved, I feel like that is what makes this the best transition for the patient. So, if I'm also hearing what's going on from that case manager and can be able to relay that to the patient, like this is what's going to happen. I think that that's what best works out for them.

PIERCE: So really, I'm seeing case management is more of how to get them to their next, how to get them out of the hospital to their next step, either home or term long-term facility. Whereas that nurse navigator is working on the care plan for that patient from maybe like a bird's eye perspective. So, kind of looking down over the whole thing. So, they're still with them, probably, even when they leave the hospital, you know, and they're continuing through their care. Would you say that?

LAFLEUR: Right. And I would say that's exactly right, because we have that relationship with the patient that we can call them in the hospital, even to say, hey, what's going on? What do you feel like is not working for you there? You've been talking to who as you're a social worker, maybe I can reach out to them and kind of explain something to you if you feel like you're lost a little bit. So, it's just like having that person, like I said, that one point of care that I know I can always call that person and they can help me with this question, situation.

PIERCE: So how does that nurse navigator effectively collaborate and communicate with the healthcare team as a whole, the whole healthcare team?

LAFLEUR: So that's always the situation.

PIERCE: That's always a challenge, right?

LAFLEUR: It is a challenge. There are so many ways to communicate. I've used just the phone call. I've showed up in person. We also use.

PIERCE: Let me talk to you. I need to talk to you.

LAFLEUR: Exactly, so but not everyone's available 24 hours a day. So, we do the best we can. But that is always my goal, to try to bring that communication together, however way works for that other person that I'm trying to bring in. So, email, Zoom, telephone, telehealth, whatever we can do to kind of get that together.

PIERCE: So other than kind of getting in contact with everybody when you need to on the healthcare team, what are some of the other biggest challenges and barriers that you face in this role?

LAFLEUR: I would say also that even though this role is not new, and it's you know continuing to kind of spread out, there's still not 100% buy-in I would say from every um every health system right, so you know.

PIERCE: I can see that. Do you think it's not buying, or do you think it's like not understanding the role or not taking the time to understand it?

LAFLEUR: not understanding the role. Like you were mentioning, there's already the social worker. There's the case manager. Well, why do we need this person? Or how does that work for us? So, that's one way where it can kind of get a little tricky. Also, cost factors are also part of healthcare, obviously. So, billing is one thing that kind of an entanglement for navigators as our work doesn't necessarily get billed like how a nurse would and everyone else gets billed for. So, if we can't show our worth as per se, like, in dollars and cents, sometimes that can be a little bit tricky. Um, but the work we do can not necessarily can be showing dollars and cents. Um, but those patients.

PIERCE: It's non-revenue. Like education is non-revenue, but it's needed, it's necessary.

LAFLEUR: Right, but it's needed. So you have to get those stakeholders to really see that how the patient outcomes are on the other end and buy into our role, that is doing what we do is what got the patient to this outcome, and how they appreciate that, is how we can move forward as well, and being able to see it in other diseases and diagnoses.

PIERCE: Absolutely, and that's tough, because I was over a professional development department, and we are non-revenue, and then the hospital that's how they show their worth. For every unit is the revenue that they bring in, so we had to find other ways to try to show how we were worth having, and that's hard. That's really hard to get buy-in on that, for sure. So how have you, I know this role has been out there for a couple of decades, but it's really just now kind of starting to catch up. And part of me wonders if it's because we're watching the healthcare system get so complex, just layer after layer of it. So how has this role kind of evolved and where do you see a heading in the future?

LAFLEUR: I think we've just been able to take on more of a leadership role. So that's how I would say it's moving forward in that we're really more visible and being able to kind of really coordinate that as leaders of this team. And as I see it in the future, I think we would just, I would hope that it would explode even more, like I said, being able to just really have that seat at the table when these decisions are being made about healthcare in general, so that we can, before the progress gets so complicated, maybe we could be working ahead of all the complication, and try to mitigate some of that before it even happens. So as nurses we know, okay, if we are dealing with a breast cancer patient, typically this is the process. Maybe somewhere in the beginning, we can be working towards changing that downstream process, so some of those challenges can be taken care of before it becomes a thing, if that makes sense.

PIERCE: Yeah, yeah, for sure. The challenges that you see in multiple patients trying to catch those and new patients before you even get to where that challenge came up. Absolutely. So, for nurses who might be interested in becoming a navigator, what education, training, certifications or anything like that would you recommend for somebody who was really interested in this type of role?

LAFLEUR: So, like I said, I think at least two years of being a nurse is what's a great foundation for being a nurse navigator. And then, there is no upfront education or certification that I was aware of for a nurse navigator, but if there is one already working in your facility, definitely shadowing them, interviewing them, asking them how they work in this role, or others, if you know anyone else that does that position, because it's a lot of thinking outside of the box.

PIERCE: Yeah, a lot of gray areas.

LAFLEUR: As nurses, we're used to it, okay, here's the order and I'm fulfilling the order. But this is more of a thinking outside of the box, kind of making the care plan up as you're going. So, if you have that type of personality to be able to do that, then maybe this is something for you. And then if you actually get into this role, there are certifications that you can get after

working in this role to show your competence in working in this role, and oncology, obviously, as the first ones does have that certification. But I've seen them also for cardiovascular and for diabetes. If you are working in those specialties, you can be certified as a nurse navigator, but again, that is after working in the role for some time. So it would kind of be like, since there isn't a formal program for a nurse navigator, it would be on that person to kind of seek out CEUs, or like I said, other people that are in the role, to kind of educate you along the way of how would I do this.

PIERCE: So, as you've kind of been talking about the role, I've been thinking about education and certifications. And so, some of the things that seem like they might really be helpful would be maybe some continuing education along the lines of education for sure, like how to teach patients, understanding how to teach adults, or even pediatrics if you're working in a pediatric setting. What about case management? They have certifications in case management. Would that be something that would be a good tool to have in your tool belt?

LAFLEUR: Certainly, some of the role overlaps with the case management. There are definitely some things that we can pull out from maybe their education process that definitely would be helpful for a nurse in this role. Having difficult conversations, those types of education that aren't necessarily listed under nurse navigator, but definitely would be part of your role. Having something that would be put together like that would be amazing to just have that one place to go. And it's always, I also teach nursing students, and in thinking of what else can we bring to our nursing students as an aside to what they're already learning in school. And so, teaching them things like difficult conversations, and just reaching out to other people, communication, that's always the best foundation for what you could be learning in school.

PIERCE: Right. And then I was thinking too, like understanding your, what your community has to offer.

LAFLEUR: Absolutely.

PIERCE: Like being familiar with all of the opportunities that they have for patients. I was thinking along the lines of like grants for things that they might need or resources. Like you were talking about transportation earlier. So, it seems like also really just having a good relationship with your community, and knowing what they offer seems like it would be something really good to have in your tool belt as well.

LAFLEUR: Absolutely. In the patient's own social circle, they could be involved in churches. They could be involved in other support groups. And those are definitely helpful. Branching out to what the state has to offer these patients. And going back to something else that's also important to know is how insurance works for these patients, what kind of grants are available. So, because financial burden is such a burden to these patients and whatever we can do to help alleviate some of that is definitely part of our role as well.

PIERCE: Mm-hmm, and you know being that sounding board too, and when you have all of that information, being able to be a sounding board to be like, well here's some options and let's figure out which one's the best for you. That's so good. I love this role, the more I hear

about this role, and just I feel like that's something that's missing is the bird's eye view of a patient care plan. Everybody has their own piece that you said that they're owning, but having someone that has the bird's eye view and then can see where we started and where we're headed and how we get there. It's just so good. I just love that. I wish we had it in every hospital. I wish we had it all throughout our system.

LAFLEUR: I'm hoping that's coming.

PIERCE: Me too. But, you know, it just seems like the more that you have a bird's eye view, I can see it helping with improving care transitions and reducing hospital readmissions by having that there. What advice would you give to someone who's considering doing this in their organization?

LAFLEUR: So, if someone's thinking of getting into this role, I would say you already have, if you're thinking of this, you already have that drive, you are wanting to help patients in a little bit of a different way than you would as the nurse at the bedside, so go with that, use that foundation you already have. And you're just going to be thinking more outside of the box. What else can we do for these patients that we're not already doing? What can I bring to the table to help this patient? And it just blossoms from there, it really does.

PIERCE: Right, so yes. So, we've come to the end of our time for this episode. Alfa and I will be continuing this discussion in episode two, looking at more of the practicalities, unique challenges and those professional factors related to being a successful nurse. Alpha, thank you for helping us understand the role of nurse navigator.

LAFLEUR: Thank you.

Episode 2: The Role of Nurse Navigators in Healthcare

Transcript

PIERCE: Welcome back to our series, exploring the vital role nurse navigators play in healthcare. Thank you, Alfa LaFleur, for continuing this discussion.

LAFLEUR: Thanks again.

PIERCE: In the previous episode, we got to focus specifically on the role of the nurse navigator, really defining those core responsibilities and competencies of nurse navigators. And now we're going to continue the discussion of this role, but our focus is going to be more on the practicalities and those unique challenges in the professional and lifestyle factors related to being successful as a nurse navigator. So, Alfa, how does this role differ based on the type of healthcare setting you're in, say hospital versus clinic verses a cancer center where you are, how do those differ?

LAFLEUR: I would say for when the patient is outpatient, I think it's a little bit more easier for them to get in touch with us and navigate with us. Once they are inpatient, when I'm still dealing with them from an outside provider perspective, I more reach out to them and ask, what's going on and where can I be helpful? If we're flipping it the other way, and there's a nurse navigator that works on the inpatient side, all those providers are kind of at their fingertips. Social works down the hall, case management on the second floor. So, I think it's a little bit easier to navigate that process for the patient when they are inpatient as opposed to outpatient. But there are, again, barriers everywhere. We're fully capable of meeting those challenges and working around whatever barriers that come up.

PIERCE: Now, since you're outpatient, so you have a patient that maybe you have to send to the hospital, somebody that has been with you for a while, do you then still reach out to them in that nurse navigator role throughout their hospital stay and throughout that treatment that they're getting?

LAFLEUR: Right, I reach out to them more as a sounding board, tell me what's going on. How are you feeling in there? I've gotten to know them at this point. I know what other things they're dealing with, how's mom and dad, how's Billy at home? What's going on that I could help with, because they're already kind of covered, I would say a little bit when they're in the hospital. But what's going on at home? That may be because you're not, that things are falling through the cracks that maybe I can assist with. So, we take on a little bit more of a social kind of role in that.

PIERCE: Yeah. Well, you know their story when they're established with you and you kind of...

LAFLEUR: Yeah. Exactly, we gain that trust. We know what's going on at home. And we want to keep that part of their life also still moving forward. So that's where I feel like our role transitions a little bit once they're in inpatient.

PIERCE: Right. What are some of those key metrics, those outcomes that you can show to demonstrate the impact and value that nurse navigators have? You know, especially somebody who's maybe trying to show like, hey, this really is a valuable role that we need to look at and create.

LAFLEUR: That's a hard one to answer. I mean, there are core competencies that we have as nurse navigators. And when we are charting in our systems, we try to keep things standardized so that across patients, you can see what was done and what wasn't done. So that when records are looked over, we've checked some boxes that the patients need in going forward. And then when you're pulling out that data to be able to see, okay, what exactly did the nurse navigator do, it's all there in like a standardized form. So, you're not trying to piece through different documents and different things to try to find out what exactly it is that we did. So, it is not a straightforward process as the bedside nurse. You can be able to see what they're doing. But we are trying to be able to document what we do as close to possible as what the bedside nurses do so that we can show our worth of what we are accomplishing.

PIERCE: Absolutely. And I know since you're working as that nurse practitioner, but then also, you know, fulfilling a lot of the nurse navigator role, it's probably easier for your clinic to really make sure that their patient's needs and voices are being heard, because then you can automatically, you have that scope of practice where you can do something about a lot of it. But what about say the nurse who is in the nurse navigator role, how can they best advocate to make sure that there's patients, the patient's needs and their voices are heard?

LAFLEUR: So, I would say, you kind of have to be that little engine that could. You keep pushing towards, and that squeaky wheel gets the grease. So, if you keep at it, you cannot be ignored for too long.

PIERCE: I was going to say, so it's like the annoying mosquito or is it the little train that could. Which one?

LAFLEUR: I have always said to providers when I've gotten that feedback, oh, you're reaching out again. And they don't say it in so many words, but it's much better for me to be reaching out to you, because I'm giving you the concrete details. This is what's going on, and this is what we need versus the patient calling you. And I hear from the patient. So, I'm getting the whole story for all the time that they have to give, because they've got the time.

PIERCE: You've got the earful.

LAFLEUR: You as a provider don't have that time. So, you'd much rather hear from me giving you just what you need to know and here's how we can possibly fix it than having that. Exactly.

PIERCE: So, you're SBARing, you're SBARing to them instead of giving them an earful.

LAFLEUR: Exactly. You know, so you know, you don't want to hear it maybe from the patient that's kind of going around the barn and over the fence when I could be giving that to you. And if you take it from me, and kind of give me what I want, then we're all happy, right? And everything gets done much more effectively and efficiently if we can handle it that way.

PIERCE: Absolutely. What are some of the, in this role going back specifically to the patient, but what are some of those biggest educational and informational needs that you have seen that patients and families need for the nurse navigator to provide to them?

LAFLEUR: So obviously, their diagnosis, that's obviously going to be something new to them. So, they're going to want to hear a little bit more about, OK, so what does that mean going forward? So, I don't want to step on physicians' toes, especially if they need another provider to come in. In the oncology space, we definitely use other specialists when things come up, cardiologists, endocrinologists. So, I'm not a cardiologist, and I'm not an endocrinologist. So, I don't want to step on their toes as far as what that means going forward. But if they have questions, I can step in right then and there much sooner than if they were to try to reach out to that cardiologist's office or endocrinologist's office. If there's more information that they need that I can't provide, well then maybe I can reach out to that office, that office’s nurse

practitioner or that office's navigator if they have one and bring them in as well. So, I just think I'm still that first point of contact to be able to at least bring them down off the ledge. We've given them this diagnosis, and they're afraid and confused. Let's at least bring them to a point where they feel, okay, I've grasped this amount, and then I have this navigator that can fill in the rest.

PIERCE: That's so good because I know that rare, my daughter has CRPS, which is very rare. And most, nobody really knew what to do. You know, so I walked out of the clinic, the orthopedic clinic, and I'm like, well, what do I do now? Nobody told me what to do. Nobody told me who I was supposed to see, or where I was supposed to go with this. And I just walked out with nothing. And so, having that nurse navigator be able to say, hey, these are your next steps, let's walk through this together, that would have been huge for us. And we would have got treatment faster.

LAFLEUR: And especially how you say those next steps. Because sometimes immediately people go to step 50, when we're still at step one, let's just work right in this space right here for now. And we may not even get to step 50. So, let's bring it back. Let's focus on what we need to do right now, and how I can help you make step one through five works.

PIERCE: What is step one?

LAFLEUR: Exactly! I'm not worried about step 50. So, but that's where immediately your brain goes. What does this mean? What do I have to do? And okay, let's bring it back down. And here's what we're going to do first. Here's who we need to speak to, here's what we need to do. And that's it.

PIERCE: Mm-hmm. Yes, and it's so weird because like in our instance, you know, CRPS is a nervous system issue. And so, your mind automatically is like, well, then do we need to see a neurologist? Well, no, it's actually a rheumatologist that usually follows CRPS. I had no idea, nobody told me. You know, so like you said, step one, like, well, what do I do next? Let's make an appointment with this specialist, and let's get you where you need to be. I had no idea.

LAFLEUR: Exactly. And we also help with getting those appointments to specialists faster than if you were to just call out of the blue and say, hey, I need an appointment with so and so. Because we built that foundation with these other providers to say, hey, this is what's going on, and we need them to be seen sooner rather than later. So that's also a benefit we bring as being part of the team.

PIERCE: Oh, that's good. Yes. Oh, I wish I would have had you like a year and a half ago to help me. I think we're where we're supposed to be now, but how much faster, we could have got there if we had someone with a bird's eye view that could help us navigate through everything we needed to navigate through.

LAFLEUR: Oh, absolutely.

PIERCE: So, we talked about kind of those educational informational needs, but what about how you can effectively connect patients with community resources and support services? Like what kinds do you connect them with?

LAFLEUR: So, we're also familiar with our local support that's out there too. Like I said, churches, sometimes food banks, all those kinds of things that are in our immediate area. But we do have patients that come from outside of our immediate area, and then that's a little bit more difficult, but we have the internet. So, I'll do my own little digging. If I know you live in this area, well, I'm going to start looking in that area for you to try to say, hey, this is available in your area. And then sometimes once I reach out to them, they know so many other things in their area because obviously that's where they are positioned.

PIERCE: Right.

LAFLEUR: So, it's about reaching out, making those inroads and communication with other people. And I have my setup online with who to reach out for and what area. And I keep those lines of communication open. So, I'm just always building on who I know, who can I bring in also to help my patients. But then if it's more of a nationwide type thing, like for some of our diseases, there are nationwide support groups or financial benefits. So, I also have that information available to give to patients that, hey, if you have like multiple myeloma, well, here's the multiple myeloma group that can help also guide. So, I'm trying to be that I don't want to say I can be to everyone, because there's so many other people that I can also bring in that can, they're the expert in what they do as far as maybe like finance. So, let's bring that person in and have them because again, I can't be everything to everyone all the time. So, I need that help, but I just know how to coordinate that help for them, if that makes sense.

PIERCE: Right. So why should you do that as the nurse navigator versus the patient doing that on their own?

LAFLEUR: Again, that is so much for the patient. You were saying before, you hear this diagnosis, and you freeze, or you want to run away. I guess that's the other opposite end to it. And neither one of those are viable options. We've got to do something and kind of make it through. So as nurses, our hearts want to help. So, we want to take that burden off the patient to be able to guide them to where they need to go, who they need to speak to, what they need to do. So, without that, they're just lost and it's just, it's too much. And then we end up with patients that aren't getting the care that they need in a timely fashion effectively, efficiently, and all of that, and the outcomes aren't good.

PIERCE: It's overwhelming, I think. Speaking as a mom going through this, it's been so overwhelming to digest everything, to figure out, first of all, what this diagnosis is, and how do you treat it, and what resources are out there, and it's so much to think about. And you're tired, you're supporting them, or you're in the midst of it because it's you.

LAFLEUR: Right. And patients go through phases. So, there are times when you feel like, okay, I got this. I know what I'm doing. I feel okay. I'm okay with where I am right now. And maybe they don't need you as much, and that's okay. And then maybe something happens or a little

change in regimen or something like that. And it's like, wait a minute. Hands up, I need some help with what does that mean now? And then I might be able to come on board a little bit more. So, patients kind of go in this roller coaster phase, I need you a little bit more today than I needed you yesterday or something like that. So, we're always, that's what we're always communicating, assessing where our patients are to know how can we be helpful.

PIERCE: And today they might could do more than they could yesterday, in a better place emotionally, mentally, and physically versus, it's like right now my daughter's on the path to try to get better, and she has days where she is just so frustrated with where she is, and why she's here. And then there are days where she's like, I'm going to kick its butt. Let's go.

LAFLEUR: Exactly. And we're here for all of that. So sometimes it's just a listening ear. They don't want anything more from you than just to listen. I feel really tired today, and we're just like, yeah, I hear you. That's part of the side effect of this disease or this treatment. And once they have someone that just heard them out maybe for a couple minutes, and then, okay, they're okay. And then they can keep going.

PIERCE: Yes, you're right. So how do you see this role fitting into like a larger patient-centered care or even a care coordination model within healthcare?

LAFLEUR: So again, I think we have to get more stakeholder buy-in with the importance of this role. We are coordinating so many different things and trying to get all of these silos to kind of line up and match up for the patient. So, and sometimes it takes that person maybe in leadership to kind of follow us for a little bit, and kind of see what it is that we're doing, and how that really benefits, right? What that really means for the patient to try to see that how much is at stake for that patient on a day-to-day basis and how much we benefit them. So, You may not see all of our outcomes on paper or something like that, but when you see that patient, their eyes just change from complete confusion and fear to knowing that, okay, I'm going to be okay. That is what we need them to see, to be able to expand this role, to be able to just move forward as a profession.

PIERCE: So, for this profession, what organizations or even networking groups really exist for nurse navigators where you can share your best practices with each other?

LAFLEUR: Definitely in the oncology space, because we have that whole oncology nurse navigator piece, we are always communicating together. I would feel that would be the same for those other ones that I mentioned previously, like in cardiovascular and diabetes, that they would kind of be working together. And I'm not 100% sure if there's like a just overarching nurse navigator kind of like conference, but that would be amazing to share best practices from different disease perspectives, from inpatient to outpatient. Like, what can we, what do you do different than what I'm doing that could benefit my patients. How are your stakeholders seeing your benefit and uplifting that to where I can get mine to do the same thing? So definitely, we don't want to be in silos either, kind of doing our own thing. We want to be working together to bring that evidence-based practice for all our patients.

PIERCE: And unfortunately, in healthcare we do tend to silo. I don't know why we tend to silo, but we do.

LAFLEUR: And I think it's a little bit of a kind of protection thing. Like I know my role, so I'm just going to stay in my lane, but sometimes that doesn't work for the patients, most of the time that doesn't work for the patient. That's who we're here for. So, we need to kind of break out of our silos, to use that word again, and just kind of come together. What can we do? And if you come at it from a, what can I do perspective instead of just a oh I'm here and this is what I'm going to do, then I think it's definitely more helpful in that way.

PIERCE: It's like instead of having our separate lanes, how do we merge our roads together so our areas of expertise together to take care of that patient. What legislative or policy changes do you think could really help with expanding and establishing nurse navigator programs?

LAFLEUR: So actually, starting on January 1st, there were some new changes in how CMS is billing for nurse navigators.

PIERCE: Oh, that's helpful.

LAFLEUR: So, there is new CPT coding that can help with billing so that we can actually see where this money is going. For right now, it is for the oncology side of things, but I am hoping that will, just like with the role, these billing practices and money for navigation will also transition to other disease processes. So, like with the navigation process, step one and step two, everything kind of moves at a certain pace, and I'm hoping we kind of move a little quickly with this, but it's a start that they're actually seeing our worth and seeing that part of it.

PIERCE: Yeah, absolutely. And CMS is a foot, you have a foot in the door to show how helpful this is. And maybe, I mean, even diabetes, I would think this would be huge for diabetes.

LAFLEUR: Exactly. But once CMS is on board, the other payers typically start to say, hmm, and hopefully they also join in as well.

PIERCE: And I could really listening to this, I could see this nurse navigator role making sense being in like insurance, you know how they have case managers sometimes in insurance, but like having somebody who is a bird's eye look at your care, it just seems like that could maybe fit there too.

LAFLEUR: Right. And speaking on a more personal note, my mom was trying to get some things through her insurance covered, and what she said to the physician somehow got translated a little bit differently. And now the insurance is calling her and saying, well, first you need this, that, and the other. And it's like, no, that's not what I need. So, she spent so much time trying to navigate this herself, and she just got frustrated and kind of gave up. Fortunately for her, this is something that we can kind of work out on our own and, if insurance isn't going to cover it, we can just take care of it. But that is not the majority of people in the United States. If insurance doesn't cover it, they're not getting it, and bad things

happen. So, if she could have someone that she reached out to and said, here's what's happening from the provider side. Here's what's happening from the insurance side. They are not communicating, and I'm just left out here trying to communicate, and I just can't anymore. How many phone calls? How many hours? Just like enough. So, if there was someone that she could reach out to that was her point of care at the insurance and says, here's my problem, please help me fix this, and they just went to work and fixed it. That would be amazing.

PIERCE: Well, I had my daughter, when she was really young. I have multiple daughters. I have three daughters. So, one of my other daughters needed to have something done for her eyes. It was a surgery, and she was pediatric. She was like three or four, and the referral came back from the insurance company. They were sending her to an ophthalmologist that specialized in geriatric type conditions, and this is a pediatric condition. And so, I'm calling the insurance company, and they're arguing with me, and they said, well, our expert says that this will be just fine. And I said, “well, who is your expert?” and nothing against our roles as nurses or anything it was an LPN who had no background in pediatrics or ophthalmology who just was like, “oh no, this will be fine.” Because I'm like, well, let me talk to your expert, and let's fix this. So thankfully the pediatric physician, they really bulldog the insurance company as far as like sending them letters and saying, this is why they need to come to us and not to them. And you know, all that stuff for us. So thankfully that physician fought for us. How great to have replaced that expert area with a nurse navigator, somebody who you have direct access to, physicians have direct access to, who can really make a decision based off of evidence and not just being like, oh, yeah, no, it's fine. They can see another ophthalmologist. Yes. So how in this role, I know that you get to really build your trust and rapport with your patients as you're seeing them. But how do you build, like quickly build that trust and rapport with patients from diverse backgrounds?

LAFLEUR: So that's also a special spot for me. I actually had recently a patient that is Spanish speaking. So, then, I'm also having to bring in someone else that can actually speak to them with me when I'm speaking with them, because obviously I don't speak Spanish. So, that's something else we coordinate too. Getting in translators for sign language if we need it. All of these things. If they have a religious background, and have a relationship with their pastor, sometimes I reach out to them too. Like, sometimes they just want someone to pray with, and we can kind of help them coordinate that. Why don't you reach out to your pastor or your church group or something like that, just reminding patients. They have so many things that they're thinking of and trying to deal with that sometimes they don't even think of those simple things as something that could be beneficial to them. And then with different, just other country backgrounds or something like that, again, we live in a city with so many different patients, and so many different types of communities. So, I've reached out to different communities just to see what's available for our patients. And it's always an option. They don't have to take me up on it or take them up on it. But if you're bringing some things to the table and giving them these options, they feel much better that someone took the time to look for this for me.

PIERCE: Someone cares.

LAFLEUR: And even if I'm not ready to sit in a group, and talk about this, someone took the time to find that for me. And then maybe down the road, that might be something I want to do. But you've built that trust with them by listening to them, and really learning who they are as people and not as patients. That's so beneficial for them. I can't even explain it.

PIERCE: Yes, for sure. Alfa, you have such a heavy role. I mean, you get to know your patients on such a personal level and see their struggles and be with them through their struggles and it's heavy. I mean it really is, and I just appreciate your love for your patients, and what you do for them and making sure that they have a holistic care plan, and not just you know here's you a prescription or ending them off to somebody. Oh, I do have to ask you how do you prevent burnout? What are those self-care practices that maybe you have in this role because this is a demanding role on you?

LAFLEUR: It is, and sometimes I go to bed thinking about, oh, I got to call so and so, or I'm just thinking about, oh, they got a little bit of some bad news today, I wonder how they're really taking it. But I do kind of journal. So, I'll write down a little something just to kind of get it out of my head and onto paper. And that kind of releases it a little bit in a way. And then, I like to spend time with my family too and just be grateful and thankful for who I have in my life that also pours into me as I'm pouring into my patients. So, that's kind of what I do to prevent that burnt out feeling.

PIERCE: Yes. You have to let those emotions out. So, journaling is such a good idea. I know a lot of people that don't do that, that it really does help to just write it down and get it out.

LAFLEUR: And whatever you like to do that, but like I said, you do need to get those thoughts, those feelings out because it is a lot. You take on your patient's burden sometimes and that can lead to burnout, and you don't want to burn out because you want to be there for your patients and continue in your role.

PIERCE: Yes, that's a lot to carry. So we're coming to the end of our episode and the nurse navigator, when I look at the name navigator, of course, I obviously think of a plane, you know navigators help and pilots know where to go, and yes, we're helping patients know where to go, but you're also I think of driving that plane, so to say a personalized care plan really driving that care plan between patients and the multidisciplinary team. Do you think those are some good visuals?

LAFLEUR: Absolutely. And also, the guy on the tarmac with whatever those things are called that are kind of like guiding the plane, which way to go, we kind of wear so many hats. So, it's whatever is kind of needed at that moment. But definitely that is a great visual for the patient to kind of see where we're the pilot kind of guiding, driving the plane. We're also navigating the plane of where to go so that you have the best outcome possible.

PIERCE: Absolutely. This is such a needed nursing role in so many areas, especially because we're seeing medicine become so much more complex and fragmented. And so having someone like you, who not only are you a provider for them, but you're also dedicated to really demystifying the healthcare system for patients, helping them proactively identify

needs, ensure seamless care transitions, that's so essential. I see your role really being at the forefront of that paradigm shift that we're seeing in healthcare, helping to break down our silos like we talked about, and really serving as just an indispensable member of the multidisciplinary team. I think that their impact really represents a pivotal investment in a patient's experience, and in achieving better health outcomes, which is really where reimbursement is going. It's going to patient experience, and it's going to be patient outcomes. So, I really encourage all of our healthcare leaders who are listening to this podcast that are tuning in that really closely examine how maybe they could embed navigation and enhance their ability to deliver coordinated care, deliver equitable care for communities as well. And I think it's important to not be afraid to start small with limited disease areas. We know that oncology.

LAFLEUR: Absolutely. Exactly. I said to myself, it might look different in a primary care office versus a cancer center versus inpatient, it's going to look different.

PIERCE: Versus insurance if they take it on.

LAFLEUR: Exactly. But a start is a start. And take what you can learn from others, like we were saying before, learn from other navigators in the role, other people who do the job and see how you can incorporate that into your clinic, into your health system. So, because in the end, it's all about the patient. How can we benefit the patient? How can we get those patient experience scores to be where we want them to be? So, I think that's where we're headed.

PIERCE: Absolutely. For anybody that's interested in pursuing the Navigator role, I really hope that the series has really highlighted the unique value and empowerment opportunities that this career path could really bring in and being a voice for patients. Thank you for joining me for this discussion, Alfa.

LAFLEUR: Thank you so much for having me, this was great.

PIERCE: It was a joy to spend time with you learning a lot about this role. To our listeners, I encourage you to explore many of the courses that we have available on EliteLearning.com to help you grow in your careers and earn CEs.