

Patient Navigator Illness Progression Chart

With OUT the Patient Navigator Program

With the Patient Navigator Program



START:

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Barrier removed



His coworkers notice him clutching his chest and not responding to their questions. They call 911. Mike refuses to take the ambulance or go to the hospital due to cost.

His coworkers notice him clutching his chest and not responding to their questions. They call 911. An EMT assures Mike there are programs to help pay for both the ambulance and hospital visit. Mike agrees to go to the hospital via ambulance.

Barrier removed



Mike is now unconscious & taken via ambulance to the Emergency Room and admitted to the hospital where he is treated for a heart attack. He was prescribed needed medications for high blood pressure & told he needs to take them to avoid a stroke, kidney damage, eye problems, and another heart attack.

At the hospital, Mike is treated for a heart attack and prescribed meds. His doctor also referred him to a neurologist due to an old back injury identified during Mike's medical history. The Social Worker at the hospital connects Mike to the Patient Navigator.

Barrier removed



Mike can't afford medications, so he doesn't get the prescription filled. He quickly runs out of the 1 month of meds prescribed to him in the hospital.

The Patient Navigator helps Mike apply for programs to get his meds short-term and to pay for Ambulance bill. He applies for other programs to help buy a blood pressure cuff to self-monitor at home. PN also refers Mike to food banks and Social Services.

Barrier removed



Mike hurt his back when he passed out at work. It exacerbated an old injury. The doctor at the hospital referred Mike to a neurologist for the back injury. The hospital doctor also scheduled a follow-up appointment at the clinic next week.

PN educates Mike on what all the meds do for him. PN also teaches Mike how to take blood pressure at home and works with him to self-monitor and track values daily on a log. PN also teaches Mike how to ask questions (and what questions to ask) at the doctor's office.



Mike continues to be over-stressed due to his poor health and lack of finances.

PN connects Mike with a volunteer transportation program. Mike is able to attend his follow-up appointment in Granby. The doctor recommends Mike no longer work. Mike is also able to attend his neurologist appointment in Denver. Simultaneously, he attends an appointment at the Social Security Administration for a disability application.

Mike does not have Gas money to get to the neurologist's office in Denver. He also cannot get to the follow-up appointment in Granby. He cannot work due to his health.

PN continues to work with Mike. He applies for long-term prescription assistance programs directly through the pharmaceutical companies. PN communicates with all doctors on Mike's healthcare team and helps coordinate care. PN attends a follow-up neurologist appointment with Mike to learn of new diagnosis.

It is now winter. Mike cannot shovel nor pay someone to do it for him. He slips and falls and suffers a severe head injury.

PN continues to teach Mike about all of his meds and the importance of his primary care provider (PCP). Mike becomes eligible for Medicaid and Social Security Disability.

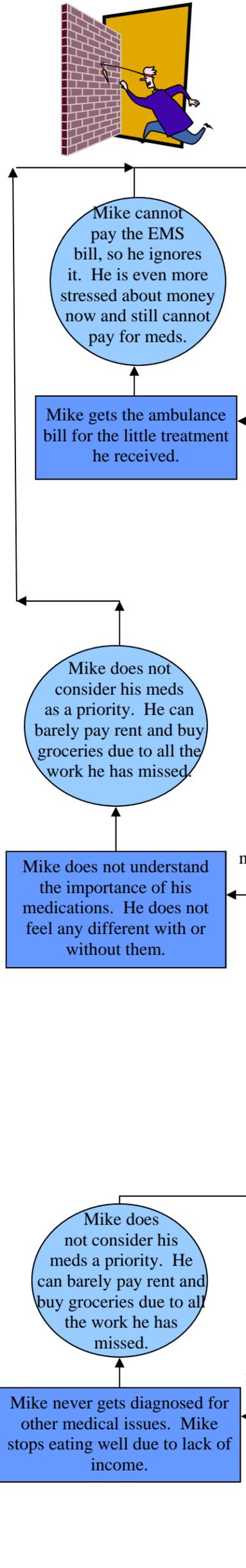
END:

Due to Mike's medical history, the fall caused a brain bleed. Mike initially goes to a Rehabilitation Center in Denver. Eventually he is transferred to a nursing home where machines keep him alive—costing the state a LOT of money.

END:

Mike continues to track and log his blood pressure on a daily basis. He brings his log with him to his primary care appointments. He also immediately contacts his PCP anytime his blood pressure spikes. Mike remains compliant with all of his meds and continues to live an overall healthy life.

Without the Patient Navigator Program:



- Delayed treatment;
- Barriers to care;
- Miss medical appointments;
- Prescription non-compliance;
- Extra stress;
- High bills.

- ### With the Patient Navigator Program:
- Prompt treatment;
 - Barriers to care removed;
 - Reduced no-show appointments;
 - Coordination of care;
 - Medication compliance;
 - Health education / literacy;
 - Improved chronic care management;
 - Patient self-empowerment;
 - Reduced healthcare costs.