

# An Insider's Perspective to Clinical Navigation

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In 2014, I had the privilege of helping launch "Clinical Navigation," a pilot program at Children's Hospital of Wisconsin. At the time, I was based at Next Door Pediatrics, a primary care clinic located in one of Milwaukee's poorest neighborhoods. There, I screened patients for social and environmental determinants of health and then assisted their families in navigating the complex community resource landscape. It was a challenging experience that helped reinforce the importance of holistic care in providing better patient health outcomes and overall patient satisfaction.

Growing up in Milwaukee, I was aware of the health disparities present within the urban population and knew that one day I wanted to help address this injustice. When I heard about the Clinical Navigation pilot, I knew I had to be part of it. I was working to get into the University of Wisconsin (UW)-Madison's physician assistant (PA) program, and while I was confident UW Madison would help me to become a top-notch medical professional, I knew my medical training alone would not be sufficient to address all the factors that affect health. To me, this program represented an

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essential learning opportunity that would give me a foundation to build upon as a future PA.

Going into the experience, I was really optimistic about what I could accomplish. I was partnering with a great health care

organization and I learned that the hospital's Population Health Department had gone to great lengths to model the program after Health Leads, a national evidence-based program that trains students to both identify and intervene on behalf of needs, like housing, food, job training, and childcare.

grams to grassroots food assistance initiatives run out of church basements. It took me months to make sense of it all, which I quickly realized was likely a barrier for many people. If it took me months to con-

If it took me months to connect the dots between community resources, how likely was it that a family could quickly and successfully find appropriate resources in a time of need?

A large part of my time at Next Door Pediatrics initially involved learning about the resource landscape in Milwaukee and partnering with organizations like IMPACT 211, which specialize in connecting residents of south-eastern Wisconsin with social services. I found that Milwaukee is actually very resource rich, with an abundance of organizations and programs that provide assistance to families with a wide array of needs. However, I also discovered that these services were disjointed, spread across multiple agencies, and ranged from local and state government welfare pro-

nect the dots between community resources, how likely was it that a family could quickly and successfully find appropriate resources in a time of need? I also learned the availability and eligibility requirements for many programs and services changed constantly, perpetuating confusion and the ability for families to access services. This was by far the biggest challenge and source of frustration in my work with patient families, however it reinforced the importance and need for programs like Clinical Navigation.

Working with families in the program was both delightful and heartbreaking. There was nothing more rewarding than helping a family find a food pantry for an acute food need or helping a mom find affordable childcare. However, many other cases were complicated, stemming from a multitude of chronic, life-long, systemic issues resulting from poverty.

These cases were the most challenging and often ended with unsuccessful resolutions.

While Milwaukee is a resource rich community, certain resources like affordable housing are in high demand and sparse. Several cases involved families in homeless or emergent homeless situations that involved hours of phone calls to shelters, the Milwaukee Housing Authority, and various other nonprofits. It was frustrating and nothing felt worse than telling a family I had nothing to give them. However, it was those experiences that gave me a greater appreciation for the patient population I was serving.

From the viewpoint of the patient's families, Clinical Navigation provided a rare opportunity to talk openly about their life struggles and prevent what might have otherwise been a predicament managed alone or in secrecy. A safe, nonjudgmental environment, an empathetic listener, and validation of frustrations was sometimes just as important to families as finding a resolution to their social needs.

Time will tell how programs like Clinical Navigation impact patient health outcomes. Ultimately, their efficacy is based on the availability of resources. Communities need to address gaps in services like affordable housing and behavioral health, in addition

to coordinating services and allowing people with the highest needs to access services first. However, despite the lack of some resources, an immediate benefit of programs like Clinical Navigation is increased patient care satisfaction.

I spent 12 months volunteering with the Clinical Navigation program before being accepted into the UW MPH and PA program. I believe anyone going into medicine should spend time working in a program like Clinical Navigation. Providing better patient health outcomes for my future patients will require understanding how to address and advocate on behalf of all the determinants that affect health. I believe my experience with Clinical Navigation and my subsequent training in public health and medicine will give me the tools to better tackle the health challenges facing my community.

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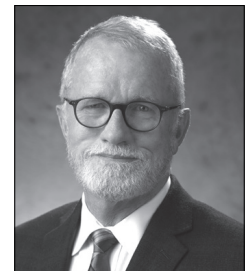
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