



IMPACT WV

Patient Navigation Study Summary

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Why was this study done?

Rates of neonatal abstinence syndrome (NAS) and substance use have increased, with a notable rise in West Virginia. Families impacted by NAS and substance use face challenges in accessing and navigating essential health and social services. This study focused on understanding how the Patient Navigation (PN) model could help coordinate services and provide support to families affected by NAS and substance use. The study aimed to assess the effectiveness of PN in service delivery for West Virginia families.

What was done?

IMPACT WV implemented the PN model to assist West Virginia families. The study focused on perinatal care with WVU Medicine Wheeling Hospital, home visitation with Burlington United Methodist Family Services (BUMFS), and child advocacy with Court Appointed Special Advocates (CASA). Patient navigators worked directly with families to identify their needs and connect them to health and social services. They provided continuous support, coordinated with healthcare providers, and facilitated access to other necessary services. Families received ongoing assessment, with navigators guiding them through services and addressing any barriers to care.

What was found?

The study surveyed four patient navigators and seven family representatives, including 42.9% foster parents, 14.3% biological parents, and 14.3% kinship care. 32 providers from diverse fields were also surveyed, with less than half having worked with the PN model for ten years or less. Satisfaction results were generally positive. Three family representatives provided overall satisfaction rates with 67% reporting “very satisfied” and 33% reporting “satisfied.” 66% percent of providers and 80% of patient navigators reported satisfaction. Feedback themes from participant quotes included guidance (40.07%), helpfulness (98.85%), aided (58.78%), benefit (58.78%), and support (77.50%).

What does this mean?

The PN model proves effective in assisting families impacted by NAS and substance use, particularly in West Virginia, where accessing services is often challenging. By enhancing coordination between healthcare and social services, the PN model helps families navigate complex systems, improving outcomes for both caregivers and children. Families reported high satisfaction with patient navigators, noting their proactive assistance and ongoing support.

Further research is needed to fully understand how service coordination contributes to family well-being. The study indicated that while the PN model improved access to services, some areas, such as outreach and program awareness, could be strengthened. Future research should explore these aspects and assess how the model can be adapted to meet different needs effectively. This will ensure the PN model continues to provide valuable support and improve the delivery of care in areas like West Virginia.