



Process Evaluation of Family Navigator Implementation: a DBPnet study

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Background

Family Navigation (FN) is an evidence-based case-management approach to reducing disparities in care. Despite multiple studies demonstrating both the effectiveness and the efficacy of FN, little data exists on how to successfully implement this intervention. Therefore, the aim of this study was to explore the process of implementing FN for children at high-risk for ASD, with a focus on identifying potential failures in the process.

Methods

Set within a randomized effectiveness trial of FN across three states and 12 primary care clinics, we conducted interviews with research staff, primary care pediatricians, developmental and behavioral pediatricians, and Family Navigators in order to develop a process map of FN implementation. We then convened a meeting of individuals responsible for implementation (n=8) to select potential failures in the process. These potential failures were then scored via survey using a failure modes and effects analysis – a method of process map evaluation derived from engineering - to identify failures and assess their potential impact in the implementation process.

Results

We identified 67 steps in the process of implementing FN. Of these, seven were recognized as potentially “high-risk” for failure. The failure modes and effects analysis detected two failures that ranked as highest priority (based on likelihood of occurrence, detection, and severity of the failures). These were “Setting up/recommending community-based services for the family by the navigator” and “Attending intake and/or testing appointment with the family”. Common reasons listed for failure to set up community-based services included, the navigator not being aware of appropriate services, families not being receptive to the services, and difficulties associated with setting up services; for failure to attend appointment, reasons included, family scheduling conflicts, transportation barriers, and forgetting about the appointment. The step in the process rated as most severe if failure occurred was, “training of the navigators”. The step in the process rated most likely to fail was, “Initial meeting with the patient/family and the navigator”.

Discussion

Family Navigation is a potentially useful model for how health systems can identify and engage families in early diagnostic and treatment services. The current study demonstrates the complexity of

implementing FN, and clarifies potential barriers to implementation. These include: 1) the need for frequent, ongoing, and centralized supervision of Family Navigators; and 2) challenges to getting some families to engage with their Navigator. These data can inform organizations and investigators interested in implementing and testing FN as an intervention to improve access to care.

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