

Facilitating health care utilization through patient navigation and referral

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The COVID-19 pandemic has been escalating the pressure on health systems to keep up with the demands of a health crisis. Early in the pandemic, a system of referring and transporting patients suspected or confirmed to have COVID-19 through the local networks of health care providers and facilities had to be created. Such a system would minimize the time for patients to obtain definitive care and maximize scarce resources—economic, infrastructural, communication, transportation, health, social, knowledge, etc.—for the comprehensive management of an emerging infection.

The One Hospital Command System (OHCS) was originally created in 2020 to address the health care navigation and referral concerns of patients with COVID-19.¹ Shortly after this national mandate, the Department of Health (DOH) Regional Office XI ordered the creation of a Regional One Hospital Command System in Davao Region.² The system has been responsible for the organized triaging and referral of patients

suspected of or diagnosed with COVID-19. Local networks of private and government-owned health facilities participated in providing health care access to the patients. In Davao City alone, 18 government-owned and private hospitals, and dozens of temporary treatment and monitoring facilities and quarantine facilities all shared the task of providing health care services to patients, as coordinated by the Region XI One Hospital Command Center - South Area.³ Now that the number of new cases of COVID-19 in the country has (at least temporarily) gone down, the OHCS remains capable of carrying out the complex task of ensuring that patients gain immediate access to affordable health care.

Very recently, the Department of Health issued Department Order (DO) 2022-0210, mandating the transition of the OHCS into the National Patient Navigation and Referral System (NPNRS). The NPNRS will enable access to health care services by providing linkages among health facilities and agencies throughout the



country. The system will have dedicated physical command centers and human resources, information and communications technology capabilities, a network of partners and stakeholders, and a set of monitoring and evaluation mechanisms for referral and navigation.⁴

A system for navigating health care is an essential component of a strong service delivery network because it provides the mechanism and facilitation of the utilization of health care services offered in service delivery centers. The implementation of the NPNRS is a resolute step towards building a strong health care service delivery network. The system is meant to strengthen the links of health care services through the establishment of permanent elements in the navigation and referral system such as transportation, communication, information management, physical command centers, and dedicated human resources.

As presently outlined in DO 2022-0210, the implementation of the NPNRS can be fortified by the participation of local government units

both in navigation/referral tasks and in the direct provision of health care services to patients. Public-private partnerships can also be highlighted as a strategic approach towards strengthening the network links and upgrading the quality and comprehensiveness of the services. Finally, a comprehensive review of the OHCS implementation can possibly bring to light those areas in health care delivery that need to be improved, and subsequently provide valuable lessons that can be used to enhance the NPNRS.

The COVID-19 pandemic has necessitated the maturation of most, if not all, health care systems. It has given us a high-resolution view of our own health care system under extreme conditions. What better way to emerge from the pandemic than to learn from what we have seen and experienced? Improving on what we had to do at the height of the pandemic—such as creating the NPNRS from the OHCS—can only mean that we will be better at providing people access to health care services.

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