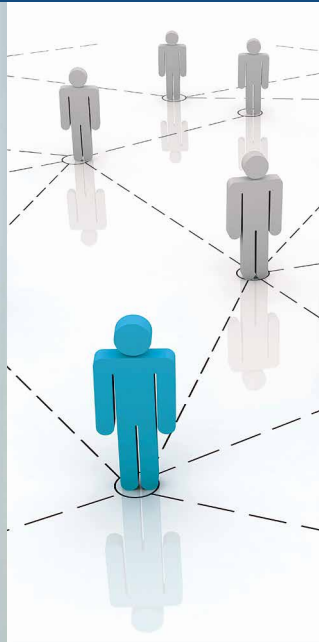
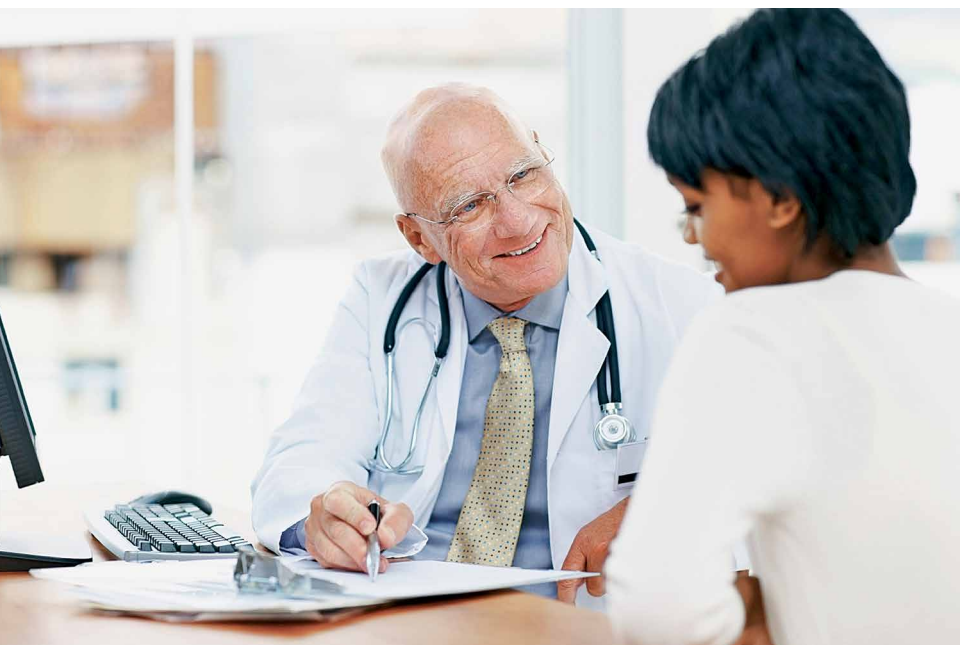


HOUSTON METHODIST CARE NAVIGATOR

A dedicated program for coordinated care





HOUSTON METHODIST CARE NAVIGATOR PROGRAM

Houston Methodist Care Navigator is a specialized program that offers coordination of care and medical information across the continuum of health care. This patient-centered care coordination connects people to information, physicians to physicians, and patients to physicians. Whether you are in need of finding the right primary care physician or specialist, available community resources, or assistance coordinating care among multiple physicians, you and your family can rely on Houston Methodist Care Navigator for efficient, thorough and continuous assistance.

Your personal Care Navigator can help facilitate communication across the entire continuum of care, including patients and physicians, as well as among primary and specialty care providers. The Houston Methodist Care Navigator program offers effective assistance for anything from access to health care information to managing the care of individuals suffering from chronic or complex illnesses.



EDUCATIONAL RESOURCES

Knowledge empowers better decisions — especially when it comes to medical care and support for yourself or your family. Houston Methodist Care Navigators are available as resources for helping patients learn more about the diseases and conditions they may face. Whether an individual wants to learn more about a diagnosis or manage a chronic illness like diabetes, or find resources to help with the care of a special needs child, every Care Navigator is equipped to connect patients to information that is timely, relevant and accessible. As a result, patients can make better informed decisions and feel confident that this valuable resource is just a phone call away, waiting to help identify and access the best and most specific medical information available.



COORDINATION OF CARE

Your Care Navigator serves as your first point of contact, offering simple, over-the-phone enrollment in the Houston Methodist Care Navigator program. From that point on, your Care Navigator continues to coordinate your care needs, effectively managing any potential gaps in communication throughout the care continuum and successfully supporting the plan of care you and your physician have established.

Care Navigators can:

- Establish a primary care or specialist physician relationship, if needed
- Assist and advise on choosing physician specialists for initial or second opinions
- Connect you to insurance benefits specialists who can help you understand your insurance plan
- Coordinate the exchange of information between all physicians involved in managing your care



EFFECTIVE COMMUNICATION

Many individuals face chronic or complex illnesses that take them to multiple specialists, result in hospital stays or procedures, and can present numerous opportunities for the important details of care management to get lost in the shuffle. Additionally, vital information like lab results, imaging studies and medications are not always readily available to all the caregivers involved in caring for a patient. Our Care Navigators facilitate effective communication between primary care physicians and ancillary specialists, and also help ensure that post-hospitalization care is well coordinated between discharge and recovery events. Even in complex or acute cases, these highly qualified nurses make sure that every physician and caretaker involved has the same accurate information needed.

CHRONIC ILLNESS AND COMPLEX CARE MANAGEMENT

The Houston Methodist Care Navigator program is designed to make coordination and communication easy and effective for individuals living with chronic or complex illnesses. With available resources for improving disease knowledge, efficient coordination among primary and specialty care providers, and the ability to make specialized referrals, your Care Navigator can be an invaluable resource in managing the day-to-day challenges of a chronic condition or illness.

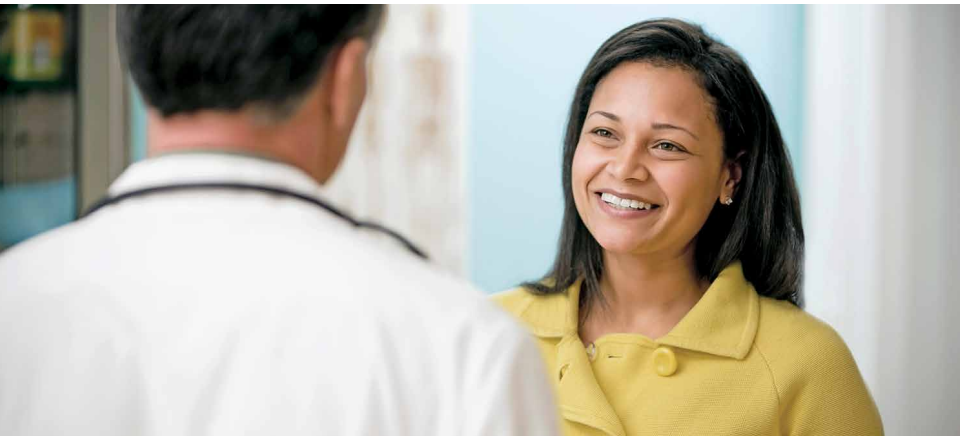
ASSISTANCE WITH TRANSFERS

If you or one of your family members become sick or injured and require treatment at an emergency room or hospital outside Houston Methodist, your Care Navigator can assist with transfer coordination to a Houston Methodist facility.

POST-HOSPITALIZATION CARE MANAGEMENT

After leaving the hospital, many patients go home with prescriptions for new medications. Upon request, Houston Methodist Care Navigators can schedule time for you to speak to our Clinical Pharmacist, who can help make sure you understand your medications. Our Clinical Pharmacist can also assist with barriers you may encounter so that you can purchase your medications as efficiently and economically as possible.

Care Navigators can follow your care from start to finish, communicating needed clinical information to the next specialty and/or primary care physician — including medication reconciliation — so that all providers share the most up-to-date information. The Care Navigators can also help procure durable medical equipment and schedule home health visits, as well as place follow-up calls to ensure you are receiving the most complete care available.



YOUR PRIVACY

The Houston Methodist Care Navigator program is HIPAA-compliant, meaning that patients receive full confidentiality with their Care Navigators, and information is only released to those whom the patient has authorized.

With best practices in place and advanced technologies available at Houston Methodist, you can feel confident that each Care Navigator represents quality, commitment and compassion in meeting your health care needs. **Call 713.441.0001 to speak to a Care Navigator today**, and close the communication gaps in your health care.

Houston Methodist Care Navigator
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