How Oncology Nurses Use Evidence Based Practices in Patient Navigation

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How Oncology Nurses Use Evidence Based Practices in Patient Navigation

Objectives:

• Discuss navigation and navigators
• Explore how navigators have decreased time in the care process
• Review how nurse navigators can be sustainable
• Share how navigation can increase clinical trial participation
• Look at the role of navigation in survivorship
What is navigation?

- **2009** - The National Accreditation Programs for Breast Centers
  “...process in place to guide the patient with a breast abnormality through provided or referred services.”

- **2012** and mandated by 2015 the American College of Surgeons Commission on Cancer requires Standard 3.1 - a patient navigation process
  “All cancer programs will be required to demonstrate that they have the ability and resources to assist cancer patients, families, and caregivers in moving or ‘navigating’ through the gaps and barriers to quality cancer care throughout their cancer journey.”
What is navigation?

- Navigation is a process whereby a patient is given individualized support across the continuum of care, beginning with community outreach to raise awareness and perform cancer screening, through the diagnosis and treatment process, and on to short- and long-term survivorship or end of life. Although a primary focus of navigation is the identification and elimination of barriers that delay early diagnosis and completion of treatment in keeping with National Comprehensive Cancer Network guidelines and other national accreditation requirements, it also incorporates education and psychosocial support for the patient and their caregivers.

AONN 2014
The Patient Navigation Model

Patient Navigator Research Program Results

Expanded model:

- Patient navigation

Outreach
- Abnormal finding

Initial target in harlem model
- Abnormal results → Diagnosis → Treatment

Resolution
- Survivorship

Prevention
- Early detection

Diagnosis/incidence
- Treatment

Post treatment/quality of life

Reference:
Freeman, H. P. Cancer Epidemiol Biomarkers Prev. 2012: 21:1614-1617

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ACNN: Academy of Oncology Nurse & Patient Navigators
Who are the Navigators?

- **RN** – 55%
- **APN** – 20%
- **SW** – 7%
- **Non-clinical** – 13%
- **Other** – 5%

Who are the Navigators?

- **Clinical**
  - Nurses
  - Social Workers
  - Advanced Practice Nurses

- **Non-Clinical**
  - Community Health Workers (CHW)
  - Primidoras
  - ACS Navigator
  - Lay/Survivor
  - Volunteer
Nurse Navigator

• A clinically trained individual responsible for the identification and removal of barriers to timely and appropriate cancer treatment. They guide the patient through the cancer care continuum from diagnosis through survivorship. More specifically, the nurse navigator acts as a central point of contact for a patient and coordinates all components involved in cancer care including surgical, medical, and radiation oncologists; social workers; patient education; community support; financial and insurance assistance; etc. This person has the clinical background and is a critical member of the multidisciplinary cancer team.

AONN 2014
Decreasing time in referrals

Outreach
Improve participation in cancer screening
Improve timeliness and completion of the workup of abnormal findings – breast, colorectal, cervix, prostate

Treatment
Improved timeliness in lung cancer care
Improved timeliness in breast cancer care
Facilitating continuity of care
Relational continuity – maintain a constant relationship
Mapping Out Patient Pathways

• Walk in their shoes
• See the healthcare system through the patient’s eyes
• Identify bottlenecks / barriers
## Mapping Out Patient Pathways

*Jones and Bartlett, 2011*

<table>
<thead>
<tr>
<th>Process being performed</th>
<th>Average # of Days to next steps</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient informed that pathology results are cancer</td>
<td></td>
<td>Navigator thoughts, personnel or patient comments</td>
</tr>
<tr>
<td>Patient seen by _______ for consultation</td>
<td></td>
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Mapping Out Patient Pathway

Breast Nurse Navigator Program
All Breast Clinic pathology

**Benign pathology** – Nurse Navigator calls with results and discusses recommendations of the radiologist – 1 yr. or 6 mo. follow up

or

**Benign high risk pathology** (atypical ductal hyperplasia, radial scars, papillomas) – Nurse navigator sees patient and arranges follow-up

Genetic Clinic offered to all high risk patients
Other cancer screenings needed?

Positive breast cancer pathology

Surgery
(FNA in surg office, Hosp exc biopsy)

Pathology
(All positive breast pathology)
Radiologist tells diagnosis

Other
(Community Dr. Office – outside system patients)

Diagnosis
Pt receives appt with 1)surgeon, 2)med oncologist and 3)RT oncologist
Return on Investment

2011 Advisory Board Company

“Document Revenues For Returned Patients”

Nurse navigators monthly productivity report – outmigration
$436,000 in annual revenue

Novant Health Derrick L Davis Cancer Center

2012 Change in breast navigation process
Added a nurse navigator at diagnostic visit

Outmigration decreased from 45 to 12 in one year
Return on Investment

Henrico Doctors’ Hospital Experience

Oncology Issues, Sept/Oct 2011

Nurse navigation in 2006: 20 patients / month were leaving at “callback”
240/year
Change in process - NN called within 24 hrs. and explained need for expedited scheduling.
Led to higher use of surgery, infusions, radiation and imaging services in 12 mos. following diagnosis
28/year
838 callbacks – 809 benign and 29 breast cancer
Billable services for both = $350,000
Decreased time from diagnosis and treatment
Return on Investment

How Patient Navigation Can Cut Costs and Save Lives

MetroHealth System in Cleveland, Ohio

2014 Harvard Business review

Patient navigation support helped reduce no-show and cancellation rates by 3 percent compared to a control group of patients.

Cost system $1,500 per missed appointment

The revenue generated by the program paid for the salaries of two full-time patient navigators in just over three and a half months.

Each full-time navigator added $150,000 in additional hospital revenue per year.

Extrapolating from these results, two full-time navigators across seven high-cost priority areas, such as head and neck cancers, colon cancer and diabetes, could yield approximately $2.1 million per year.
Increasing Clinical Trial Participation

University of Southern California
Kenneth Norris Jr. Comprehensive Cancer Center

Facilitated access to clinical trials in community settings
All were African American (AA)
86% (51:59) were enrolled
Cost to pt was half of the expected cost to be treated at an academic cancer center
AA accrual to clinical trials went from 3% to 7%
“no suitable trials for the 8 people that were not enrolled”

Increasing Clinical Trial Participation

Minority Matrix & Patient Navigation to Improve Accrual to Clinical Trials  Oncology Issues March/April 2011

- Pt trusted the navigators’ facilitation
- Introduced clinical trial concept early in cancer diagnosis phase
- Enhanced patient education
- Served as a liaison between patient and research team

Novant Health Derrick L Davis Cancer Center

2009- 2011 B-40 breast cancer neoadjuvant trial- led nation in enrollment
2013 change in process & ensuring appropriate breast cancer patients are considered for neoadjuvant chemotherapy - 94.4% had neoadjuvant chemo or a med onc consult prior to surgery.
Starting survivorship at diagnosis

Elements to Include in a Survivorship Care Plan by 2015

Cancer type, treatments received, and their potential consequences - rehabilitation or prehabilitation

Specific information about the timing and content of recommended follow-up reinforce in follow-up calls/contacts

Recommendations regarding preventive practices and how to maintain health and wellbeing genetics, tobacco cessation, dietary, exercise

Information on legal protections regarding employment and access to health insurance referral to agencies; Survivorship A to Z

The availability of psychosocial services in the community

Referral to support groups (caregivers, children) or healthcare team members

Distress screening
Blending Patient Navigation and Survivorship care

- Survivorship plan starts the day a patient is told their diagnosis.
- Nurse navigators can be initiators of a survivorship care plan.
- Nurse navigation supports the personalized survivorship plan.
- Nurse navigation can help survivors get the care they need.
“The nurse uses expert clinical judgment, systems thinking and advocacy to identify complications early or promote adherence to appropriate treatment in the complex, vulnerable patient.”

Mary Ann Case