Oncology Patient Navigation: Past, Present and Future

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Objectives

• Summarize history and development of patient navigation over past fifteen years
• Compare two types of patient navigation and their benefits and barriers
• Discuss current trends and progress in patient navigation
Oncology Patient Navigation: The Past

What is Navigation?

Navigation is whatever the institution, physicians, patients and community need it to be.
Patient Navigation: The Past
Dr. Harold Freeman’s Contributions
- Surgeon in Harlem (1967)
- President of American Cancer Society (1988-1989)
- Hearings On “Cancer in the Poor”
  - Poor people endure greater pain and suffering from cancer other Americans.
  - Poor people and their families must make extraordinary personal sacrifices to obtain and pay for care.
  - Poor people face substantial obstacles in obtaining and using health insurance and often do not seek care if they cannot pay for it.
  - Current cancer education programs are culturally insensitive and irrelevant to many poor people.
  - Fatalism about cancer is prevalent among the poor and prevents them from seeking care.
- Established first navigation program in Harlem

"I was really raring to go out and do what I could," he recalls, "but this was somewhat of a shock to me -- having been trained to do all this cancer work, and then I'm facing late-stage cancer that is too late for me to be effective technically.” - Harold Freeman
Oncology Patient Navigation: The Past

• First Patient Navigation Program
  – Began in 1990
  – Members of Community
  – Non-Clinical Background

• Results of First Navigation Program
  – Increase from 6% to 41% of patients diagnosed as Stage I
  – Decrease in patients diagnosed at Stage 3 and 4 from 49% to 21%
  – Increase in survival rate from 39% to 70%
  – These results directly attributed to patient navigation intervention and free/low cost breast.
Oncology Patient Navigation: The Past

• Directly From Work in Harlem
  – Patient Navigator and Chronic Disease Prevention Act (HR 1812) Passed by Congress and Signed Into Law by President Bush in 2005
  – More than 20 Patient Navigation Demonstration Sites Funded by Four Different Government Agencies
  – Basis For Private Foundations Wishing to Develop Navigation Program (American Cancer Society, Avon Foundation for Women, Susan G. Komen for the Cure)
Oncology Patient Navigation: The Past

How Has Navigation Been Defined?

– Who Defined
– Early Definitions
– National Coalition of Oncology Nurse Navigators
– Oncology Nursing Society/Oncology Social Work Joint Definition
Oncology Patient Navigation: The Present
Oncology Patient Navigation: The Present

• Two Types of Navigation
  – Professional Navigation
    • Oncology Nurse Navigators
    • Oncology Social Workers
  – Lay Navigation
    • Non-Clinical with Specialized Training
      – Medical Personnel
      – Former Patients
      – Volunteers
      – Community Health Advocates
Oncology Patient Navigation: The Present

Patient Navigation Across the Health Care Continuum

Initial Target in Harlem Model

Outreach
- Abnormal Finding

Abnormal Results
- Diagnosis
- Treatment

Rehabilitation
- Resolution

Prevention
- Diagnosis/Incidence
- Treatment
- Survival and Morality

Early Detection
- Post Treatment/Quality of Life Supportive Care
Oncology Patient Navigation: The Present

Our Story

• Original Command
  – “Go Forth and Prosper and BTW…..”
Oncology Patient Navigation: The Present

Program Development

• Our Priorities
  – Assessment of Institution and Program
  – Definition of Our Program
  – Process of Navigation
  – Documentation/IT System
  – Metrics
  – Evaluation
  – Expansion
  – Lessons Learned
Assessment Categories
Key Stakeholders
Community Partnerships
Acuity System
Risk Factors
Metrics/Reporting Measures
Continuum of navigation
Disparity
Tools for Reporting Navigator
Statistics
MDC Involvement

Navigation Assessment Tool

<table>
<thead>
<tr>
<th>Assessment Category</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Stakeholders</td>
<td>Administrative support</td>
<td>At least one physician champion referring to Navigation Program</td>
<td>Two physicians involved and referring to Navigation Program; one is not an oncologist.</td>
<td>Most Specialty physicians support the Navigation Program.</td>
<td>The Navigation Program receives referrals from employed and non-employed MDs PCPs, or community partners.</td>
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<tr>
<td>Community Partnerships</td>
<td>Navigator works with departments outside of cancer but within own facility</td>
<td>Plus, works with at least one national group such as NCI, ACS, LLS, Wellness Community, Susan G Komen for the Cure, or LIVESTRONG</td>
<td>Plus supports state cancer control goals &amp; objectives.</td>
<td>Plus connects with other local community partners such as churches, community centers, other community organizations.</td>
<td>Includes a formal connection to National/State/Local organizations as an active committee or board member.</td>
</tr>
<tr>
<td>Acuity system/Patient Risk Factor</td>
<td>No Risk Factor or Acuity system available</td>
<td>Some patients assessed but no formal tool is used. Acuity based on dependence of pt vs. actual patient risk factors.</td>
<td>Use of a formal tool which may be disease specific.</td>
<td>Utilizing formal assessment tool has a well defined referral process for identified issues.</td>
<td>Provides periodic re-evaluation as a proactive approach to intervene or prevent issues and ensure quality of care during specific treatment points.</td>
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Northside Hospital Cancer Institute Defines Navigation as:

A Proactive, Intentional Process of Collaborating with a Person and His or Her Family to Provide Guidance as They Negotiate Treatments, Services and Potential Barriers Throughout the Cancer Continuum.
Oncology Patient Navigation: The Present

Process of Navigation

[Diagram showing the process of navigation for oncology patients, including steps such as new oncology patient referral, call navigation, assignment to oncology nurse navigator, navigation assessment completed, and subsequent steps involving informational, psychological, emotional, physical, practical, and social aspects of care.]

Disciplines Include:
- Oncology Social Worker
- Disparities Nurse Navigator
- Dentist
- Chaplain
- ACS Patient Resource Navigator
- Community Resources
- National Resources

Information Available via MDC Conferences and/or Provider Request.
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• Documentation
  – Considerations
    • Documentation Essential
    • Charting in Outpatient vs. Inpatient Setting
    • Legal Issues

• IT Systems
  – Considerations
    • Commercial Off the Shelf Systems vs. Custom vs. Homegrown
    • Questions to Consider
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• Metrics
  – What Is Important to Your Institution
    • Patient Satisfaction
    • Return on Investment
  – Examples
    • Diagnosis to Treatment Time
    • Patients Call < 3 Days of Diagnosis
    • # of Patients Navigated
    • Referral to Resources
    • Downstream Revenue
    • Distress Screening #’s
    • Phone Calls after Treatment (C1D1)
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“Each Organization Needs to Define What Patient Navigation Is Not”

Harold Freeman

“If It Is Everything, Then It is Nothing”

Harold Freeman
Oncology Patient Navigation: The Present

• Navigation Framework
  – Bi-Dimensional Framework
    • Continuity of Care
      – Informational
      – Management
      – Relational
    • Patient Empowerment
      – Active Coping
      – Cancer Self-Management
      – Supportive Care
Oncology Patient Navigation: The Present

• Person Centered Care
  – Patients Unique Living Beings
    • Listened To
    • Informed
    • Respected
    • Involved in Own Care
    • Wishes Honored

• Patients Have Right To Make Their Own Decisions

What is Most Important To You?
Oncology Patient Navigation: The Present

Supportive Care Framework

Cancer Patients Entering the Cancer System
100%

All require assessment of supportive care needs on an ongoing basis with provision of relevant information, basic emotional support, good communication and astute symptom management

Providing Supportive Care Services

Approximately 20% will only require this level of service/care

Many will need additional information and education as well as encouragement to seek help and engage in peer support groups

Approximately 30% will also require this level of service/care

Some will require specialized or expert professional intervention for symptom management/psychosocial distress

Between 35%–40% will also require this level of service/care

A few will need intensive and ongoing complex interventions

Between 10%–15% will also require this level of service/care

Figure Three. Service provision based on proportion of patients requiring assistance
Oncology Patient Navigation

- Physical
- Informational
- Emotional
- Psychological
- Social
- Spiritual
- Practical
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• Job Description Development
  – Core Competences
  • Nursing
    – National Coalition of Oncology Nurse Navigators (NCONN) Available Through Oncology Nurse Advisor for Purchase
    – Oncology Nursing Society (ONS)
  • Lay Navigation
    – George Washington University Cancer Institute
      » https://smhs/gwu/gwci/education
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- **Oncology Nurse Navigator**
  - Monitoring Patients and Their Progress Throughout Their Journey
  - Facilitating Communication and Between Patients and Members of Team
  - Assessing for Barriers to Care and Facilitating Referrals to Resources
  - Providing Clinical Education on Diagnosis, Treatments and Side Effects
  - Offering Emotional Support and Referral to Counseling Services and Support Services

- **Cancer Care Liaison**
  - Identifying Primary Concerns of the Patient and Their Loved Ones
  - Assisting with Referrals to Appropriate Resources Within Northside Hospital and the Community
  - Identifying Services and Activities That Will Help Patients Achieve Great Quality of Life
  - Assisting Oncology Nurse Navigator with Tracking Patients Throughout Their Journey
### Oncology Patient Navigation: The Present

**ONCOLOGY PATIENT NAVIGATION ROLE DELINEATION GUIDE**

<table>
<thead>
<tr>
<th>Role Description</th>
<th>Oncology Nurse Navigator (ONN)</th>
<th>Oncology Patient Navigator</th>
<th>Cancer Care Liaison (CCL)</th>
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</thead>
</table>
| - Practices as a Registered Nurse.  
- Provides and supervise person-centered care across cancer continuum.  
- Engages patients and caregivers in a pro-active intentional process promoting empowerment and autonomy.  
- Demonstrates advanced knowledge of disease specific areas within oncology.  
- Participates as an active member of multidisciplinary team. | - Practices as a non-nursing health professional  
- Provides person-centered care across the cancer continuum in conjunction with NHCI Oncology Patient Navigation Program.  
- Engages patients and caregivers in a pro-active intentional process promoting empowerment and autonomy.  
- Maintains knowledge of and provides care for identified patient population. | - Non-Clinical Person, oncology trained  
- Functions under direction of ONN or designee to provide person-centered care.  
- Engages patients and caregivers in a pro-active intentional process promoting empowerment and autonomy.  
- Guides patient and caregiver with organizing care activities and paperwork. |

**Statement of Purpose:**
The Northside Hospital Cancer Institute (NHCI) Oncology Patient Navigation System offers a proactive, intentional process of collaborating with a person and his or her family to provide guidance as they negotiate the maze of treatments, services and potential barriers throughout the cancer journey.

**Function:**
The NHCI Oncology Patient Navigation Program includes: Oncology Nurse Navigators (ONN), Patient Navigators and Cancer Care Liaisons (CCL). Navigation is part of an integrated system of cancer care delivery, managing the care of identified patients with cancer, in collaboration with a multidisciplinary team, to ensure access to high quality, patient-centered care throughout the continuum.

**NHCI Navigation:**
The NHCI Oncology Patient Navigation Program is guided by a bi-dimensional professional navigation framework, focusing on facilitating continuity of patient care and promoting patient and family empowerment as well as the Supportive Care Theory by Margaret Fitch.
Oncology Patient Navigation: The Present

• Orientation and Training
  – Competencies
    • First 3 months
    • Next 9 months
    • Year 2
    • Year 3+
  – Training Checklist
Oncology Patient Navigation: The Present

• Expansion
  – Large Health System
    • Hospitals
    • Practices
Oncology Patient Navigation: The Present

- **Staffing**
  - Oncology Nurse Navigator Supervisor
    - Women’s Health
    - General
  - Oncology Nurse Navigator
    - Hospital
    - Community
  - Cancer Care Liaisons
    - Hospital
    - Community
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**What I Wish I Had Known**

- The Nod of a Head Does Not Indicate Agreement
  - Know Your Institution Well
- Find Your Champion
  - Physician
  - Administrative
  - Staff
- Determine Institutions Abilities
  - Strengths
  - Weaknesses
- Consider Your Personnel
  - What Need Do You Have?
  - Who Is the Best Person to Fill It?
Oncology Patient Navigation: The Present

PRACTICAL RESOURCES

https://accc-cancer.org/resources/PatientNavigation-Overview.asp

www.advisory.com

https://smhs.gwu.edu/gwci/survivorship/casnp

https://www.ons.org
Oncology Patient Navigation: The Future
Oncology Patient Navigation: The Future

- American College of Surgeon’s Commission on Cancer (CoC) Cancer Center Standards 2012
  - Standard 3.1 Patient Navigation
    - Phase in by January 1, 2015

A patient navigation process, driven by a community needs assessment, is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on-site or by referral to community-based or national organizations. The navigation process is evaluated, documented, and reported to the cancer committee annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment.
Oncology Patient Navigation: The Future

• Navigation Hindered by Unique Nature
  – No Agreed Upon Definition
  – Variety of People Performing Role
    • Nurses
    • Social Workers
    • Chaplains
    • Lay Personnel
  – No Nationally Recognized Certifications
    • National Consortium of Breast Centers
    • Oncology Nursing Society
      – Role Delineation Study
      – Core Competencies
  – Multiple Models
    • Academic Institutions
    • Community Health Systems
    • Community Organizations
Oncology Patient Navigation: The Future

Where Do We Go From Here?

• Sustainability
  – Commitment from Institutions
  – Commitment of Grant Monies
  – Commitment at Federal Level

• Billable Navigation
  – Use of Defined Standards
  – Common Metrics in Evaluation Standards
Contact Information

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