

Overview of Patient Navigation: Navigator Perspective

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CHRISTIANA CARE
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Helen F. Graham Cancer Center
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What title best resembles what your organization calls its navigators?



Types of Navigators

- ◆ Oncology Nurse Navigator (ONN)
- ◆ “...professional RN with oncology-specific, clinical knowledge who offers individual assistance to patients, families, and caregivers to help overcome healthcare system barriers using the nursing process...provides education & resources to facilitate informed decision making throughout the cancer continuum...”
 - ◆ Novice ONN-worked two years or less in the role
 - ◆ Expert ONN-worked at least three years

- ◆ Lay Navigator
 - ◆ “...trained nonprofessional or volunteer who provides individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers & facilitates timely access to quality health and psychosocial care...”

Types of Navigators, cont'd.

Nurse Navigators

- ◆ BSN/Oncology Certified
- ◆ Patient/caregiver education
- ◆ Emotional support
- ◆ Symptom management
- ◆ Continuum of Care/Specific Phase of Continuum
- ◆ Provide oversight to Lay Navigators

Lay/Peer Navigators

- ◆ Grant funded or trained volunteers
- ◆ Standardized training
- ◆ May have a history of a cancer diagnosis
- ◆ Work to reduce disparities and help remove barriers to care

Types of Navigators, cont'd.

- ◆ Oncology Social Worker/Navigator
 - ◆ MSW/LCSW/OSW-C
 - ◆ Performs initial and ongoing psychosocial assessment
 - ◆ Provides social work assistance to patients and caregivers
 - ◆ Referrals to community resources
- ◆ Social Work Navigators
 - ◆ Young Adult
 - ◆ Breast Care
 - ◆ Survivorship
 - ◆ Hematological malignancies/HCT

Roles of Navigators in Practice

- ◆ Many roles and responsibilities
 - ◆ *Patient education & emotional support*
 - ◆ Encompasses symptom management
 - ◆ Empower patients to advocate for themselves
 - ◆ *Identify and help patients overcome barriers to care*
 - ◆ Linking patients/caregivers to resources within institution & community
 - ◆ Ensure safe transitions of care across care settings
 - ◆ *Coordination of Care*
 - ◆ *Improves patient and provider satisfaction with care*
 - ◆ Quality improvement
 - ◆ Community education

Goodman, A. (2017). Nurse navigation program improves access and satisfaction with cancer care. <http://theoncologynurse.com/ton-issue-archive/2017-issues>. Retrieved 9/22/17.

Gordlis-Perez, J., Schneider, S., & Trotter, K. (2017). Oncology Nurse Navigation: Development and implementation of a program at a comprehensive cancer center. *CJON*, *21*(5), 581-588.

Sheldon, L.K. (September, 2017). How oncology nurse navigation contributes to effective care coordination. *ONS Voice*, 33.

Practice Settings

	Rural	Community	Academic
Resources	Low	Sufficient	Plentiful
Volume	Low	Substantial	High
Navigator Type	Non-Specialized	Non-specialized and Specialized	Specialized
Program Model	Shared or Facilitating	Shared, Facilitating, or Active	Facilitating or Active

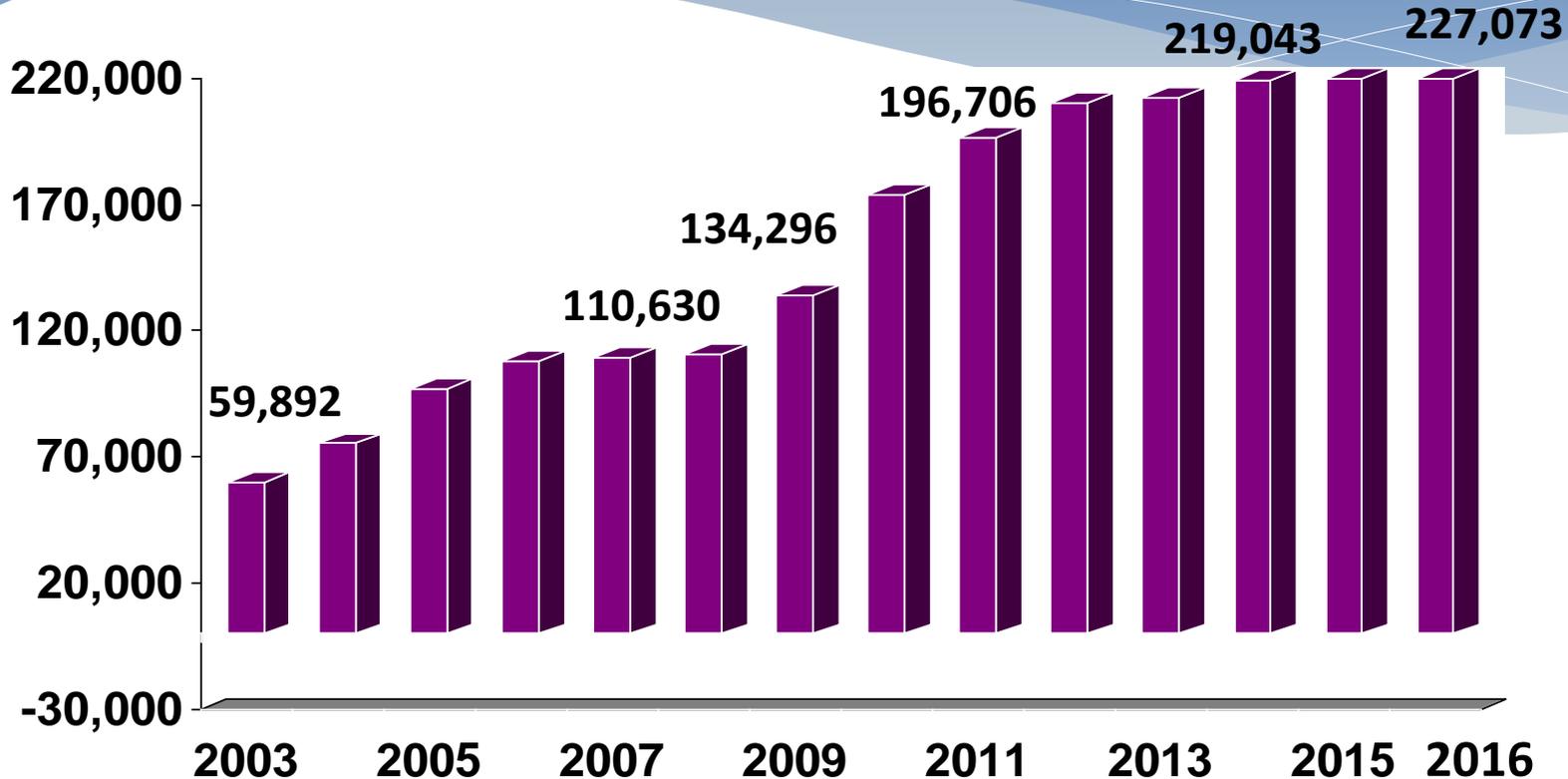
Clinical Intelligence: Cancer Care Coordination with Nurse Navigators (2006), SG2, www.sg2.com

Casey, A. & Strusowski, P. (2017). How oncology nurse navigators contribute to value-based care. <http://www.oncnusingnews.com>. Retrieved 9/13/17.

Christiana Care Health System



Helen F Graham Cancer Center & Research Institute Patient Visits 2003 – 2016

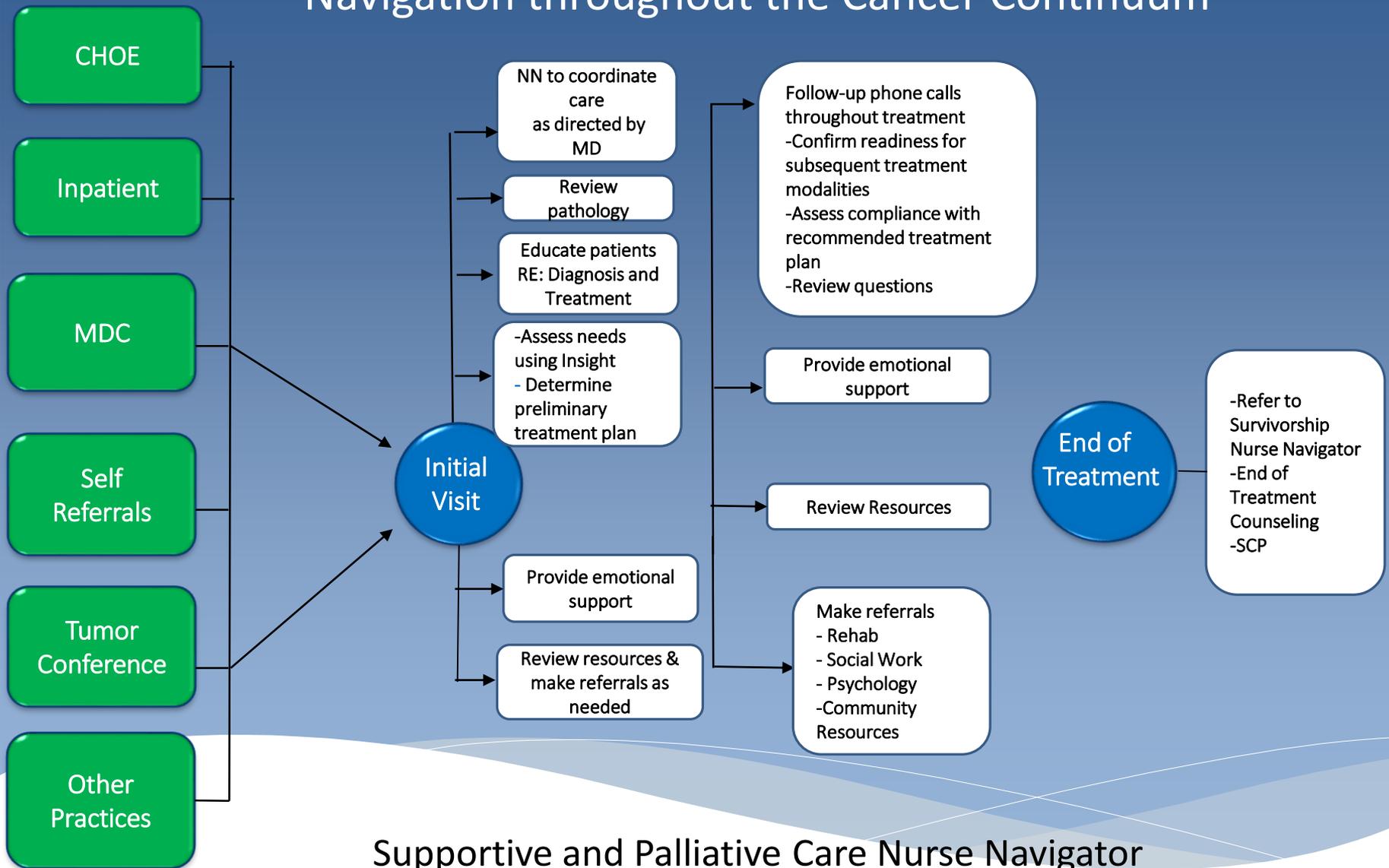


95% OF SECOND OPINIONS RETURN TO HFGCC

Navigation at Christiana Care Health System

- ◆ Implemented 1999 to coincide with opening of Breast Center
 - ◆ CNS Nurse Navigator oversight to 3 NN
 - ◆ Breast and Ovarian Cancer High Risk Surveillance Program
- ◆ By 2001, 8 additional disease specific ONN were hired + 4 IP NN to assist with discharge planning
- ◆ *Six Lay Navigators*
 - ◆ African-American
 - ◆ Bilingual in Spanish & Mandarin
- ◆ *Prevention Nurse Navigators* (Colorectal/Prostate/Lung)
- ◆ Survivorship (2010)
- ◆ Supportive and Palliative Care (2017)

Navigation throughout the Cancer Continuum



Supportive and Palliative Care Nurse Navigator

Case Load

- ◆ Varies between navigators
- ◆ Open cases about 50-100 at a time in various points along the continuum
- ◆ Time with each patient varies
 - ◆ Higher the acuity = More time with the patient
 - ◆ Acuity based on many factors
 - ◆ Multimodality treatment
 - ◆ Socioeconomic Factors
 - ◆ Comorbidities
 - ◆ Limited English Proficiency
 - ◆ Health Literacy

Nurse Navigator Led Patient Outcome Measures

- ◆ Provider and patient satisfaction scores have been maintained between 98% to 100% since implementation of the nurse navigator role
- ◆ Breast biopsy turnaround time has decreased from 18 days to 5 days
- ◆ Comprehensive lymphedema program developed with greater than 80% reduction in overall volumetric measurements and revenue generating of \$2,500 per average 14 visit treatment program
- ◆ ED visits: 31.1% vs 58.3%
- ◆ Admissions: 26.7% vs 33.3%
- ◆ Readmissions at 30 days: 15.0% vs 31.0%

Lessons Learned

- ◆ Not a one size fits all approach to navigation
 - ◆ Anticipate growing pains
 - ◆ Ask your patients and colleagues
 - ◆ Define population as well as role of all team members
 - ◆ *Focus on what's best for the patients in your community*
- ◆ Utilize existing resources
- ◆ Collaborative efforts between clinical and lay navigators seem to work best
- ◆ Evaluate model of navigation
- ◆ Communicate, communicate, communicate!

American College of Surgeons (2012). Cancer program standards: Ensuring patient-centered care. Retrieved from <https://www.facs.org/quality-programs/cancer/coc/standards>

Smith, J. & Kautz, D. (2015). A literature review of the navigator role: Redefining the job description. Journal of Oncology Navigation and Survivorship, 6(2), 24-33.

What's the future look like for patient navigation?

- ◆ Group visits
- ◆ Telehealth
- ◆ Social media
- ◆ Technology
- ◆ Improved collaboration with our non-oncology colleagues for transitions of care/managing co-morbidities
- ◆ How do you balance volume/acuity with limited resources?
- ◆ To be continued...

Thank you!

**“It’s not about what
it is, it’s about what
it can become.” —
Dr. Seuss, The Lorax**