

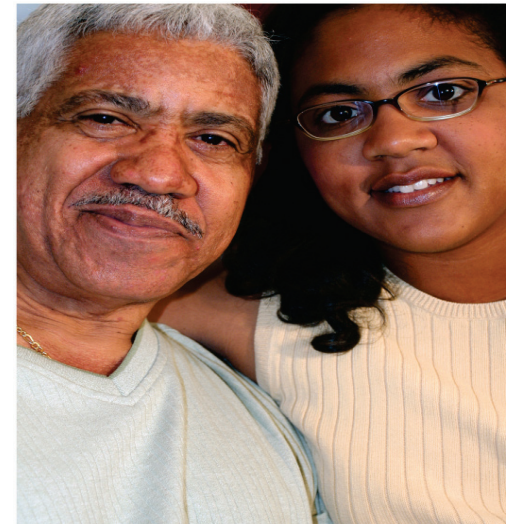
Patient Navigation & Psychosocial Care

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Understanding Patient Navigation in Cancer Care





Factors that affect health

- Inadequate income limits one's ability to access proper and complete health and health care. ¹
 - Food, medication, medical supplies, transportation
- Lack of out-of-home health resources is common and can pose a barrier to health monitoring, illness management and health promotion. ²
 - Health education, support groups, access to specialty care
- Distressed emotional states also generate somatic problems, which can confound the treatment and diagnosis. ³



Factors that can impede care

- Current clinical practice design
- Education and training of current workforce
- Workforce shortages
- Distribution of healthcare personnel
- Nature of payment and the political environment
- Lack of public awareness



Patient Navigation

- Patient navigation in cancer care refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience.
- Navigation services and programs should be provided by culturally competent professional or non-professional persons in a variety of medical, organizational, advocacy, or community settings.
- The type of navigation services will depend upon the particular type, severity, and/or complexity of the identified barriers.

Harlem Hospital – Breast Cancer Patient Navigation Program

- First navigation program founded 1990 at Harlem Hospital funded by a grant by the American Cancer Society.
- Culturally attuned to the community served.
- Knowledgeable of the environment and system through which patient must move.
- Highly connected and allied with critical decision makers within the system.





Outcomes of patient navigation

- Changes in stage of diagnosis
 - Increase of in situ breast cancer diagnosis from 12.4% to 25.8% ¹
 - Decrease in late stage of breast cancer patients from 16.8% to 9.4% ¹
 - Colorectal cancer screening increased from 6% to 31% using navigation ²
 - Breast cancer diagnosis late stage diagnosis changed from 49% to 21% an early stage diagnosis from 6% to 41%. ³



Harlem Hospital Experience

- “Patient Navigation is believed to have been a critical determinant of the improved outcome in the Harlem patients.” (Freeman, 2006)
- “In communities of low socioeconomic status, patient navigation has proved to be an effective intervention in promoting screening, timely diagnosis and treatment of cancer, and we suggest that the same approach that has had positive results in breast cancer can be successfully applied to screening, diagnosis and treatment of colon cancer.” (Freeman, 2006)



Outcomes of navigation

- Many articles have cited improvements of both adherence to screening, diagnostics, and treatment regimen.
- Improvements in completion of treatments and reported levels of increased psychosocial support.
- Increased enrollment and retention into clinical trials.
- Increases in patient reported Quality of Life.
- Navigation has become more integrated in Canada as a means to improve care and increase efficiency.



Barriers to Care (Individual level)

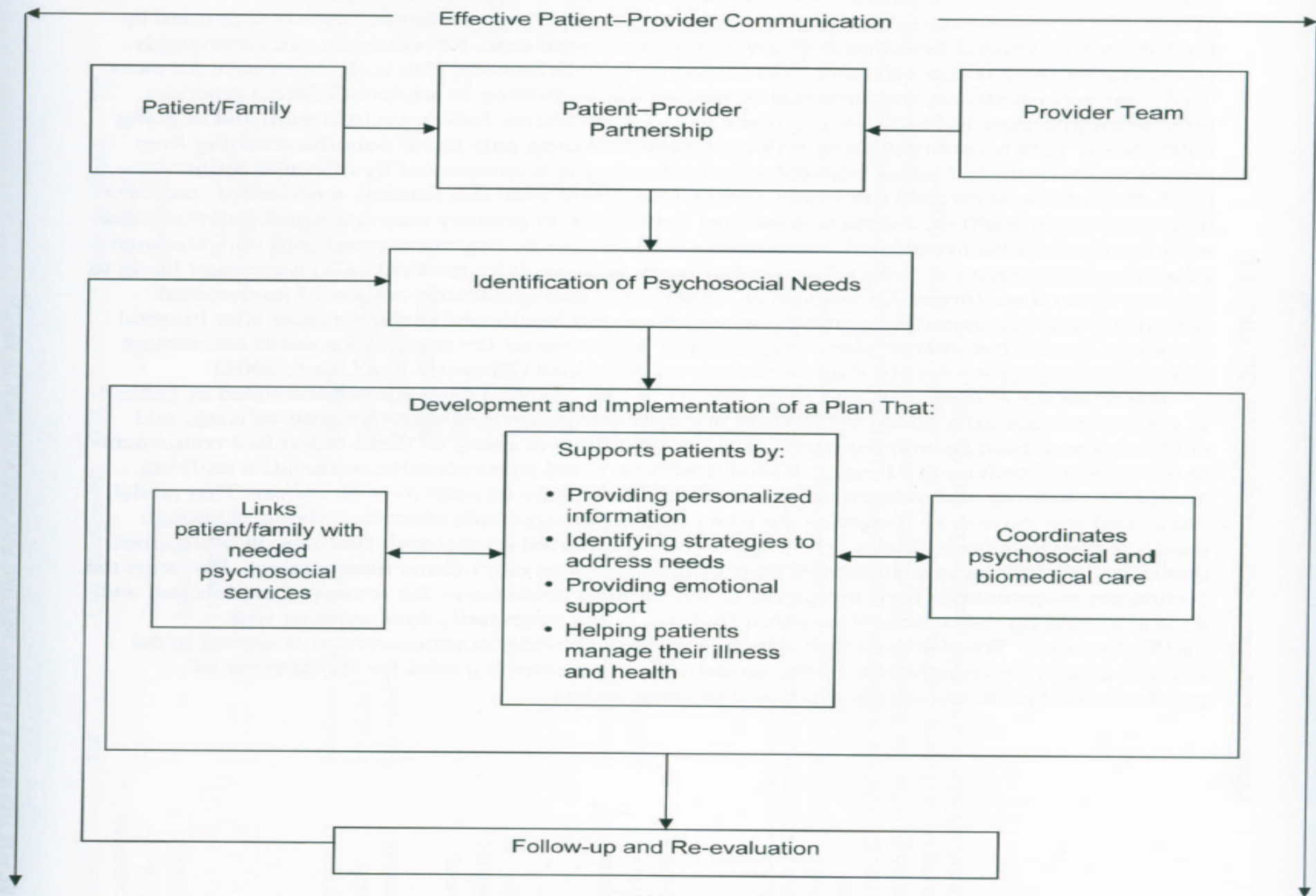
- Access to care and financial matters (insurance and out of pocket expenses)
- Fear & fatalism
- Concrete barriers (transportation)
- Socio-cultural barriers (distrust)
- Communication (pt/provider and pt/family)
- Information about disease and treatment options (health literacy & language)



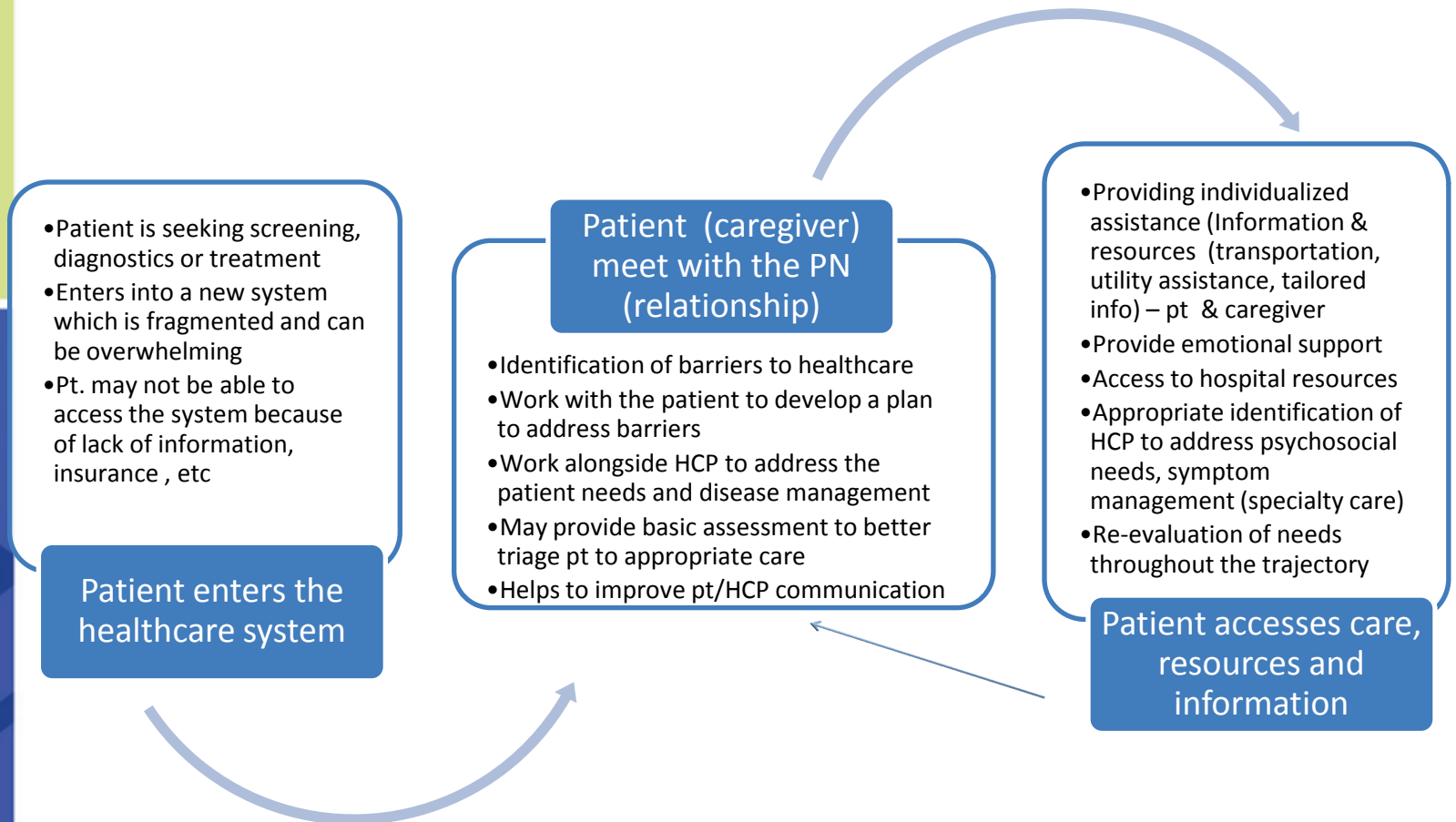
Cancer and the Healthcare (System level barriers)

- Fragmented
- Inaccessible
- Variable in terms of quality
- Disempowering

FIGURE 4-1 Model for the delivery of psychosocial health services.



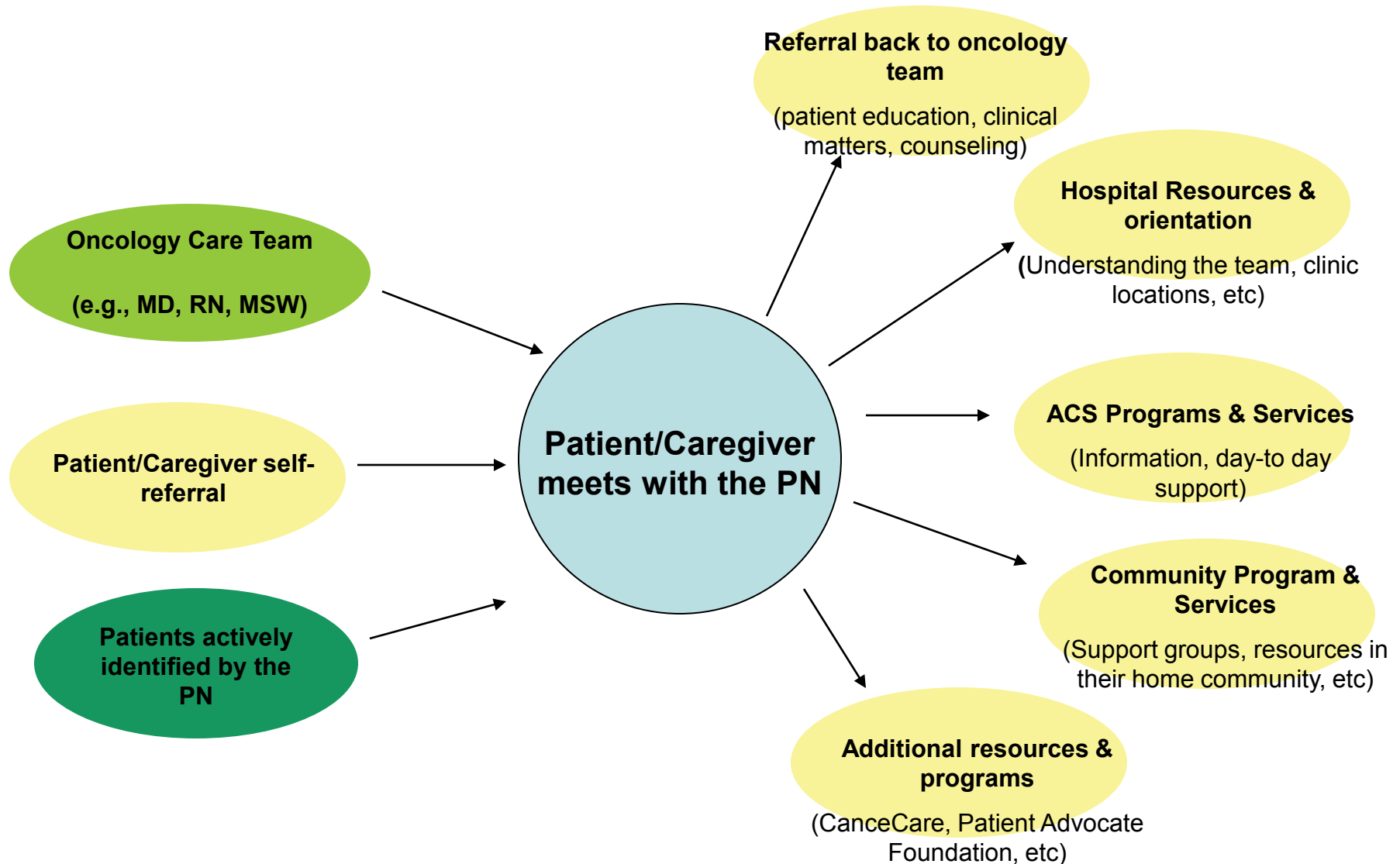
Navigation in action



ACS Patient Program Goals

- Develop effective strategies to improve the informed decision making and quality of life of those newly diagnosed
- Facilitate an early connection to available resources
- Establish effective strategies to reach the medically underserved
- Develop and implement an evaluation process for continuous quality improvement.

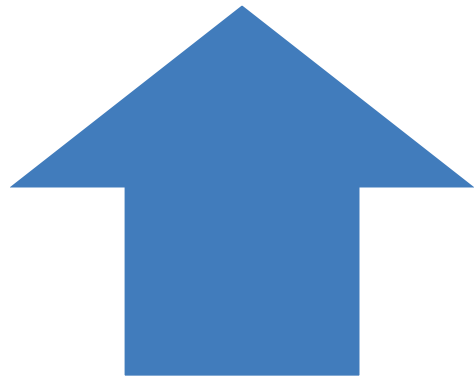
ACS Navigation Model





Services Provided - 2010

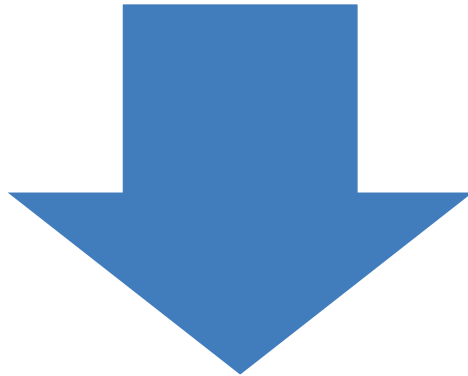
- Over 83,000 patients and caregivers
- Provided over 113,000 services and resource referrals
- Sixty percent of the patients served were newly diagnosed (less than 3 months)
- Twenty-four percent were medically underserved



Self-efficacy (understanding,
ability to cope)

Communication with HCP

Comfort in understanding the
system



Barriers to care

Fear and anxiety

Outcomes of the PNP

- Self-efficacy scores were affected by
 - The time spent with the PN
 - Educational level of the respondents
 - Insurance coverage
- Patients felt their understanding of their diagnosis was improved
- Conversations helped them cope with their fears and anxiety
 - Bills, transportation, housing, scheduling



“I owe Lillian and the program so much. I was so scared. I didn’t know anything - I was like a fish out of water. Lillian rescued me and gave me hope. She scooped me up and dropped me into the right tanks of water, so I could focus on getting better.”

*Patient Rita Denly speaking about Patient Navigator Lillian Coleman
John Stroger Hospital (Cook County)
Chicago, IL*

Integrating Patient Navigation





Future of Navigation

- Broader application beyond oncology care
- Clarification on the definition of “navigation” - navigation cannot be everything
- Continue to improve outcome measures
- Policy initiatives & integration into the healthcare team

Thank you

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