Navigating Cancer Care Delivery

The Emerging Role of Nurse Navigators

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Consultant, Sg2

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Agenda

Emerging Trends That Will Demand Care Coordination
What Is a Nurse Navigator?
How Does the Model Work?
The Value Proposition
How Will the Model Evolve?
High-Quality Chronic Care Demands
Exacting Coordination

- Routine imaging
- Genetic markers of disease
- Patient education
- Outreach

- 2nd, 3rd-line course of therapy with increased acuity

- 1st-line course

- Patient education
- Family education

- Social work
- Palliative care
- Smooth transition to hospice

- Follow-up imaging
- Molecular markers of recurrence or disease progression

Utilization Intensity

Progression of Disease and Time

Screening and Prevention

Detection and Diagnosis

Episodic Treatment

End-of-Life Care

Detection and Diagnosis
The Length of Treatment Courses Will Continue to Grow

- **TODAY**
  - 1st-Line Chemo
  - Radiation
  - Surgical Resection
  - 2nd-Line Chemo

- **FUTURE**
  - 3rd-Line Chemo
  - IMRT for Metastatic Disease
  - Selective Internal Radiotherapy
  - 4th-Line Targeted Therapeutic
  - Image-Guided Focused Ultrasound
System Interaction Will Continue to Increase

Screening and detection technologies identify patients sooner.

Increasingly specific and targeted therapies increase eligible patient populations.
Agenda
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It’s a Person...

- A travel agent
- A career counselor
- A teacher
- A camp counselor

What Is Their Mission?

Bringing treatment resources, staff and support to patients rather than patients to resources, staff and support systems

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## What Do They Do?

| Education       | - Diagnosis  
|                 | - Second opinions  
|                 | - Evidence-based treatment choices  
|                 | - Complementary medicine  
| Advocacy        | - Insurance coverage  
|                 | - Clinical evidence  
|                 | - Research participation  
| Clinical Care   | - Coordination across specialties  
|                 | - Surgery, radiation, chemotherapy  
| Supportive Care | - Pain, fatigue, nausea management  
|                 | - Transition care, hospice  
|                 | - Advanced directives  
| Rehabilitation  | - Reconstructive surgery  
|                 | - Prostheses  
|                 | - Physical therapy  

What Do They Really Do?

Depends on Whom You Ask: Aided Responses

<table>
<thead>
<tr>
<th>Percentage of Patients Concerned About Each Issue</th>
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<tbody>
<tr>
<td>Emotional impact/fear/stress</td>
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<tr>
<td>Physical symptoms</td>
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<tr>
<td>Distance to treatment center</td>
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<tr>
<td>Financial issues</td>
</tr>
<tr>
<td>Waiting times</td>
</tr>
<tr>
<td>Information on diagnosis</td>
</tr>
<tr>
<td>What to expect</td>
</tr>
<tr>
<td>Lack of coordination</td>
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<tr>
<td>Finding accommodations</td>
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Source: Cancer Care Nova Scotia.
What Do They Really Do?

Depends on Whom You Ask: Unaided Responses

Percentage of Patients Concerned About Each Issue

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Emotional impact/fear/stress</td>
<td>40%</td>
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<td>Physical symptoms</td>
<td>15%</td>
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<td>Distance to treatment center</td>
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<tr>
<td>Financial issues</td>
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<tr>
<td>How to beat the cancer</td>
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<tr>
<td>Waiting times until treatment</td>
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<tr>
<td>Information on diagnosis</td>
<td>4%</td>
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<tr>
<td>What to expect</td>
<td>4%</td>
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<tr>
<td>Lack of coordination</td>
<td>3%</td>
</tr>
<tr>
<td>Lack of communication</td>
<td>3%</td>
</tr>
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Source: Cancer Care Nova Scotia.
## What Do They Do?

| Education       | - Diagnosis
|                 | - Second-opinion programs
|                 | - Evidence-based treatment choices
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|                 | - Prostheses
|                 | - Physical therapy
They Educate

- What is my current treatment plan?
- What should I expect in terms of side effects?
- What other common plans exist?
- What are the likely outcomes?
- What alternative therapies are available?
- What could complementary medicines add?
- What about a second opinion?
## They Advocate

<table>
<thead>
<tr>
<th>Insurance Pre-Approval</th>
<th>Research</th>
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</thead>
<tbody>
<tr>
<td>Coordination of clinical evidence</td>
<td>Screening</td>
</tr>
<tr>
<td>Off-label indications</td>
<td>Eligibility</td>
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<tr>
<td>References</td>
<td>Referrals to affiliated institutions</td>
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<tr>
<td>Appeals</td>
<td>Complementary/supportive care protocols</td>
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<table>
<thead>
<tr>
<th>2nd Opinion/Consultation Coordination</th>
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<tbody>
<tr>
<td>Coordination of contacts at centers of excellence</td>
<td>Provision of records and transfer</td>
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<td></td>
<td>Coordination of consults for alternative or complementary therapies</td>
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</table>
They Coordinate Care

<table>
<thead>
<tr>
<th>Coordination Across Specialties</th>
<th>Surgery</th>
<th>Medical Oncology</th>
<th>Radiation</th>
<th>Radiology</th>
<th>Pathology</th>
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</thead>
<tbody>
<tr>
<td>Scheduling</td>
<td>Across specialties</td>
<td>At different sites</td>
<td>Ancillary services</td>
<td>Complementary care</td>
<td>Psychosocial support</td>
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<tr>
<td>Logistics</td>
<td>Transportation</td>
<td>Record transfer</td>
<td>Accommodations</td>
<td>Referrals</td>
<td></td>
</tr>
</tbody>
</table>

- Surgery
- Medical Oncology
- Radiation
- Radiology
- Pathology
- Across specialties
- At different sites
- Ancillary services
- Complementary care
- Psychosocial support
- Transportation
- Record transfer
- Accommodations
- Referrals
They Support

- Clinical evidence about prognosis
- Education about treatment options
- Survivor support groups
- Facilitate Q&A with MDs

- Fatigue
- Pain
- Nausea and vomiting
- Neuropathy
- Infection management

- Chaplaincy
- Family counseling
- Support groups
- Pre-planning for end-of-life care
They Rehabilitate

| Reconstructive Surgery          | Plastic surgery consults  |
|                                 | Scheduling               |
|                                 | Second opinions          |
|                                 | Payer advocacy           |
|                                 | Management expectation   |
| Physical Therapy                | Nerve damage             |
|                                 | Compensation for muscle or connective tissue damage |
|                                 | Restoration of full range of motion for specific skills |
| Prostheses                      | Wigs                     |
|                                 | Bra fittings             |
|                                 | References               |
|                                 | Support groups           |

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Emerging Trends That Will Demand Care Coordination
What Is a Nurse Navigator?
How Does the Model Work?
The Value Proposition
How Will the Model Evolve?
Patient Navigator Programs Are Highly Variable Depending on Setting

Navigator programs can work in a variety of settings, can be implemented by a variety of professionals, and can take on several different methods of patient interaction.
A rural provider with minimal resources and lower volumes should invest in a non-specialized navigator to handle a wide range of tumor types and circumstances.

A community provider with sufficient resources and substantial volumes should invest in several specialized navigators to handle the unique aspects of tumor types such as breast, prostate and lung.
3 Models for a Patient Navigator

Defining specific program types is context-dependent.

- **Active**
  - Led by an experienced nurse with a proactive role
  - Schedule appointments, assist with referrals, has direct contact with physician
  - Provide disease education to the patient and assists with treatment decisions

- **Facilitative**
  - Led by a nurse, assistant or volunteer with a psychosocial role
  - Little direct intervention, focus on education and guidance
  - Act as a consultant, offers suggestions but ensures that patient makes decisions

- **Tacit or Shared**
  - Indirect navigation provided by several people involved with patient’s care
  - Benefits: Interaction with experts; dedicated staff may be unnecessary
  - Drawbacks: Difficult to assess outcomes; less concentrated patient knowledge makes customization of care more difficult
4 Key Contact Points During Active Care

- Cancer Diagnosis
- Consult With Surgeon
- Surgery
- Follow-Up
Interval Between Cancer Diagnosis and First Visit to Surgeon

Contact Point #1

- Provide an overview of the care pathway; familiarize the patient with your institution
- Explain to the patient what to expect during the first surgical consultation
- Inform the patient of the available treatment options
- Provide educational information to the patient
- Facilitate access to support network if necessary
Pre-Surgery

Contact Point #2

- Ensure patient understanding of treatment decision, confirm surgery date
- Familiarize the patient with your institution’s admission and discharge procedures
- Explain the details of post-surgery pain and provide management options
- Assist with access to emotional and practical support if necessary
Post-Surgery, 2–3 Days After Operation

Contact Point #3

- Provide encouragement
- Assist with post-surgery pain management
- Provide access to emotional support if necessary
After Follow-up Appointment

Contact Point #4

- Provide continued support and encouragement into recovery phase
- Facilitate access to post-surgical educational and support sessions
- Prepare the patient for any upcoming therapy
But It’s Never That Simple

Coordination of Clinical Care

- Scheduling
- Explanation of expected side effects
- Q&A about alternative treatment pathways
- Psychosocial support
- Coordination of referrals among subspecialists
- Management of patient experience expectations
- Planning for side effect management
- Education of caregivers
What Are the Sources of Navigator Referrals?

The vast majority of referrals are new diagnoses from health professionals.

Source of Patient Referrals

- Health Professional: 63%
- Self-Referral: 20%
- Relative: 13%
- Other: 4%

Distribution of Referral Category

- New Diagnosis: 84%
- Recurrent: 15%
- Other: 1%

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The Value Proposition

Subjective and objective outcomes must be measured.

Subjective
- Provider
- Patient
- Navigator

Objective
- Provider
- Patient
- Navigator
The Value Proposition for Providers

Measure professional perception and resource utilization.

Provider

Professional Perception

Subjective
- Collaboration between physicians and navigator
- Impact on care continuum
- Perceived benefit to patients
- Effectiveness of teamwork and collaboration

Objective
- Wait times between visits and procedures
- Visits to ED, specialists and acute care admissions
- Phone calls to physicians and nurses
- Use of counseling, support and nutritional services

Resource Utilization
The Value Proposition for Patients

Measure subjective and objective outcomes.

**Subjective**
- Physical pain and fatigue
- Anxiety and depression
- Perceived coordination of care
- Effectiveness of support network
- Ownership of treatment decisions

**Objective**
- Level of interaction with navigator
- Improvements in disease education
- Utilization of social support network
- Preparedness for physician visits
- Compliance with treatment program
- Medical morbidities
- Complaints or praise of program
The Value Proposition for Navigators

Measure subjective and objective outcomes.

Subjective

- Workload and average time dedicated to each patient
- Satisfaction with program design
- Effectiveness of training
- Cooperation from physicians and others involved in care path

Objective

- Time spent with each patient
- Referrals obtained and made as a result of the program
- Utilization of education materials
- Evaluation of patient preparedness
- Effectiveness of community marketing
- Facilitating follow-up interaction
- Identifying opportunities for program modification
## Where Do We Go Next?

**NCI Cancer Care Outcomes and Research Consortium**

<table>
<thead>
<tr>
<th>Study Site</th>
<th>Collaborating Organizations</th>
<th>Incident Cancer Patients</th>
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<tbody>
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Implementation

- **Training**
  - Nursing staff
  - Medical staff
  - Ancillary staff
    - Social work
    - Nutrition
    - Pastoral care

- **Building Consensus**
  - Referring MDs
  - Payers
  - Administration
  - Advocacy
  - Support networks

- **Defining Clinical Pathways**
  - Referring MDs
  - Payers
  - Administration
  - Advocacy
  - Support networks

- **Operationalization**
  - Standing orders
  - Charting (EMR) protocols
  - Scheduling
  - Measurement
  - Measurement
  - Measurement
Different Tumor Types

Distribution of Diagnoses by Tumor Type

- Breast: 28%
- Digestive System: 22%
- Lung: 12%
- Male Genital: 6%
- Blood and Lymph: 6%
- Urinary: 4%
- Female Genital: 2%
- Brain: 2%
- Liver: 1%
- Unknown: 2%
- Other: 17%

Source: Cancer Care Nova Scotia.
Conclusions

- Cancer care will remain multidisciplinary by nature.
- Coordinated care will remain the best means by which to deliver an increasingly complex and long treatment plan in cancer.
- Care complexity and duration of treatment will continue to grow.
- Delivery models based on lessons learned from breast cancer care coordination will define models of care delivery for other tumor types.
- Nurses, ancillary staff and physician extenders will have a more prominent role in future cancer care.
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