

Cancer Patient Navigation: Improving Access to Care

The Nova Scotia Experience

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CIAD MILE FAILTE



Overview of Presentation

- Concept of navigation
- The development of navigation in Nova Scotia
- Current practice
- The evaluations findings



“No person with cancer should have to spend more time fighting their way through the cancer system than fighting their disease” Harold Freeman M.D.



The Term “Navigation”

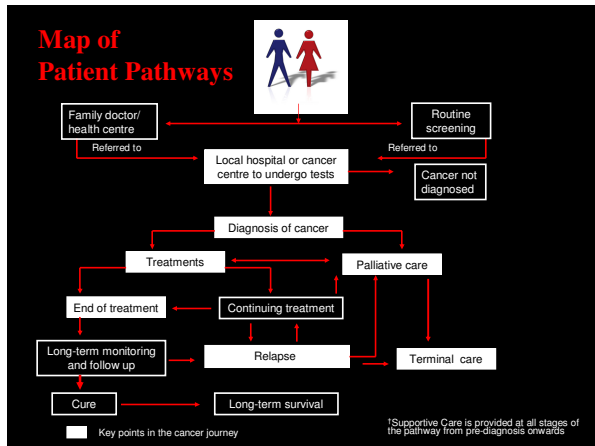
- Is the process of planning, recording and guiding the movement of a craft or vehicle from one place to another safely and efficiently. It involves assessment and reassessment
- Navigator is the person responsible for developing a comprehensive plan and advising the captain of hazards and changing conditions.
- Navigators must be well qualified for the job which is seen as critical for safe/efficient journey



The Passage Plan

- When working in a team environment, a passage plan must be communicated to the navigation team in a pre-voyage conference in order to ensure that all members of the team share the same mental model of the entire trip.





Health Care Services Trends

- Shorter length of stays in hospitals
- More treatment provided in the ambulatory settings
- Increasing intervals of remission and living with “controlled” disease
- Intensity of treatments leaving a growing number of survivors dealing with long term after effects

Changing Societal Trends

- Demographic changes, increasing immigration and cultural diversity in the population
- Increasing numbers of single head households
- Migration of young people to urban centres

Challenges Associated with Educating Cancer Patients

- The complex nature of cancer care
 - provided in a variety of settings involves many disciplines
 - No one gives the big picture or knows what has been taught by the other disciplines
 - Result! piece meal education

Cancer Patient Navigation is ”

- The process of systematically screening and assessing patients/families needs
- Linking patients to other members of the interprofessional team for services and resources
- Improving continuity and coordination through out the cancer journey by sharing the plan
- Providing an umbrella of supportive care.

Who are Cancer Patient Navigators

- Health professionals working with children, adolescents, adult cancer patients & their families other team members
- Employees of a district health authority
- Address a wide range of physical, informational, psychological, social, emotional and practical needs.

Special knowledge and Skills for a Cancer Navigator

- In depth knowledge of cancer care, including both clinical and supportive care
- In depth knowledge of both local community and provincial cancer services
- Excellent analytical skills
- Skilled in conflict management
- Excellent communication, facilitation and presentation skills.



Skills Continued

- Effective adult educator
- Posses knowledge of a broad spectrum of cultural beliefs in health issues
- Ability to assess biopsychosocial responses
- Critical thinker.



Evidence Basis for CPN

- Chronic Disease Management
- Supportive Care Research
- Patient Education Research
- Contracted Research



Chronic Disease Management

- Case management, scheduling, co-ordination of visits and follow up;
- Decision support for providers;
- Information systems to ensure access;
- Patient responsibility and support for self management
- Community resources to inform and support patients

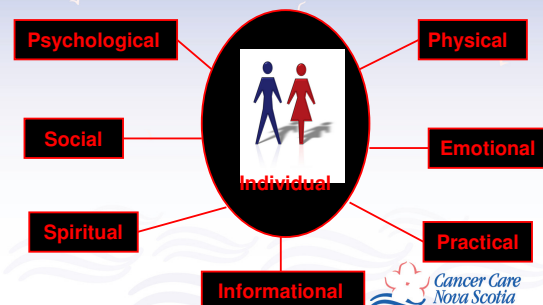


Supportive Care Research

- Relationship exists between psychosocial intervention and improved quality of life, cost savings and possibly survival
- 35% –45% of patients have clinically significant distress
- Empowered patients do better



Areas of Need



M. Fitch/CCO Supportive Care Program Committee/2002

Contracted Research

- Focus groups with patients and families completed a map of the cancer journey

www.nelh.nhs.uk/nsf/cancer/redesign_toolkit/redesign

- Key Findings
 - Someone needed to manage the process or coordinate activities
 - Assistance with the practical issues
 - Better supportive care
 - More information about their disease
 - Family physicians more in the loop



Goals of Patient Navigation

Ensure that cancer patients and their families have information, knowledge and support

Assist family practitioners, community-based specialists, oncologists and other health professionals provide optimal care

Enhance district health authorities capacity to care and support people with cancer and their caregivers

Improve access and education to groups that have traditionally found it difficult to access cancer care



Hypothesis about Cancer Patient Navigation

They would:

- Assist patient and families as an advocate, educator and support person throughout the cancer journey,
- Link them with networks of professional and volunteer helpers
- Maximize pts ability to cope and enhance psychosocial well being and quality of life



Planning Parameters

- Health professionals based in the community.
- Unique aspects is the support it provides to family physicians, community based specialists.
- Recognizes the unique needs of diverse communities.
- Planned orientation and continuing education supported provincially and at the community level

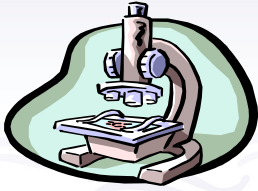


Planning Parameters Continued

- Collaborative partnership with community health professionals and resources.
- Any diagnosed cancer patient at any point in the journey.
- A single focus point for coordination and integration and source of community cancer expertise.
- Patient/Family centered



What did the evaluation find?



Key Findings



- An important source of support for patients and families in dealing with the emotional turmoil, informational needs and logistical challenges associated with cancer its treatment and life after treatment.
- Fostered collaboration and communication among health professionals and reduced duplication of services which has resulted in efficient and cost effective care



Issues and Concerns During Cancer Experience

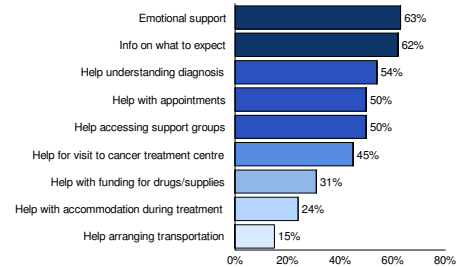
% Saying Yes



Source: Patient Survey

Assistance Received From the Patient Navigator

% Saying Yes



Source: Patient Survey

“I went through cancer without the Navigator and with a Navigator and definitely with the Navigator is easier to get through...fear takes hold of you...”

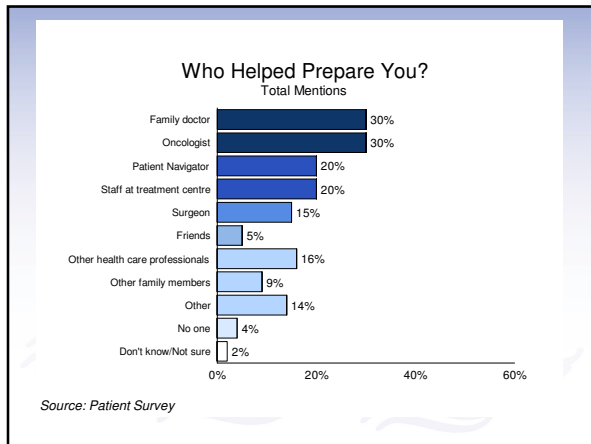
Patient



Health Professionals Reported That...

- Better patient preparedness and support.
- More efficient physician involvement with patients.
- Improved coordination and communication among health professionals.
- Source of information.





“Since navigation started there is more coordination between surgeons, patients, family physicians, oncologists the whole team. There is more information sharing and families are more involved.” Nurse

“I see them as a liaison between myself, the family doctor and other health professionals ensuring that the patient has a smooth journey through the cancer system and when necessary arranging transitions to other services such as palliative care.” Oncologist

Key Findings

- Viewed as an integral component of district cancer services with widespread support for the program among managers, health professionals and the client
- Improved the quality and consistency of cancer care in the districts by providing a central contact that is a constant for patients and health professionals

District Benefits

- Identification of service and program gaps.
- Increased collaboration.
- Improved coordination.
- Source of central knowledge.
- More awareness and use of community supports.

“I have seen an improvement in care and communication with cancer patients and families from several points of view: 1) They have access to someone who will provide them with information and support as they go through their illness; 2) The Navigator has an excellent knowledge of available resources and has been providing good follow-up and referrals to appropriate people.” Community Partner

Summary Conclusions

- Reduced patient distress.
- Improved access to tertiary care and community supports.
- More efficient use of physician and program resources.
- Better communication and collaboration among healthcare team.



Summary Conclusions continued

- Overall improvements in the cancer care system by addressing problems related to integration, coordination and continuity of care.
- Integrated institutional and community based care.
- Improved communication.



***"It is so fundamental to the goals of quality, evidence-based cancer services, client satisfaction and improved primary cancer care in the community."
Senior Leader***



Key Elements for Success

- Strong commitment from the district to the program.
- Recruiting a professional with the right skills and personality. Currently all cancer patient navigators are nurses with oncology certification.
- Ongoing communication plan.
- Good working relationships with health professionals.
- Comprehensive orientation and ongoing educational opportunities.
- Central leadership and expertise.



Detailed Findings Available At

www.cancercare.ns.ca

