Issue #: Patient Navigation

ISSUE STATEMENT & RATIONALE/EVIDENCE BASED RESEARCH:

Oncology Patient Navigators address barriers to care, improve timely access to care, promote health education and support for patients, and serve as an entry point in to the health care system for patients. Studies have shown the utilization of nurse navigators for oncology patients improves quality of life and patient outcomes, yet there is a lack of formal training and funding for implementation of navigator programs.

The burden of navigating our fragmented and complex health system often falls on patients and their caregivers. It is often difficult for patients and caregivers to know what resources are available or how to obtain them when needed. When information is available, it may not be relevant or understandable or presented at the right time. Failing to provide patients with the right information and services at the right time may lead to poor health outcomes and negatively affect survivor and caregiver quality of life. There is a need for resources to help cancer survivors and caregivers navigate the health system in order to improve health outcomes and improve quality of life.

- Konrad, K. (2016). Basics of Patient Navigation. *Journal of Oncology Navigation and Survivorship.* Accessed from http://www.jons-online.com/issue-archive/2016-issue/may-2016-vol-7-no-4/basics-of-patient-navigation/

The Role of the Oncology Patient Navigator

The role of an oncology patient navigator is to improve patients' timely access to cancer-related care throughout the cancer continuum.[1-3] The navigator identifies and addresses real and perceived barriers to cancer screening and care, provides guidance and emotional support, encourages patient empowerment, advocates for patients, coordinates cancer-related care and resources, and provides general information to patients about cancer screening, treatment, and resources to reduce gaps in quality care and improve cancer-related outcomes.[1-4] Navigators link patients to health and community programs and services, improve communication between patients and healthcare providers, encourage patients to cope by providing support and addressing fears, and facilitate the problem-solving process and shared decision-making with patients and their families.[2,4]"

- **Many cancer survivors experience difficulty connecting to the correct resources at the time they need them**. In a study of over 1800 cancer survivors in Vermont, one third of survivors reported a need for "A case manager to whom you could go to find out about services whenever they were needed," but 32% of those also declared that need was unmet, (Geller BM, Vacek PM, Flynn BS, Lord K, Cranmer D. What are cancer survivors' needs and how well are they being met?. *The Journal of family practice*. 2014. Oct;63(10):E7-16)

- **Cancer survivors and their families may not even know resources exist to support dimensions of wellness other than physical health**. There is increasing awareness and support for care to address other dimensions of wellness (social, emotional, spiritual). Other aspects of wellness have been less consistently evaluated for cancer survivors include environmental, occupational, intellectual and financial dimensions.

- **Primary Care teams, and other care providers more removed from the immediate cancer care may be even less aware of resources to support survivors' social, emotional, psychological, and spiritual needs.** This is important because these care delivery providers may be the ones providing the initial cancer diagnosis, but also the longer term follow up care and surveillance after the oncology team.

- **Oncology Patient Navigators address barriers to care, improve timely access to care, promote health education and support for patients, and serve as an entry point in to the health care system for patients**. Studies have shown the utilization of nurse navigators for oncology patients improves quality of life and patient outcomes, yet there is a lack of formal training and funding for implementation of navigator programs, (Konrad, K. (2016). Basics of Patient Navigation. *Journal of Oncology Navigation and Survivorship.* Accessed from http://www.jons-online.com/issue-archive/2016-issue/may-2016-vol-7-no-4/basics-of-patient-navigation/)

- **Patient navigation interventions are recommended as a strategy for eliminating cancer related health disparities**. Navigators perform key tasks across the cancer care continuum to ensure that patients receive services that are Understandable, Available, Accessible, Affordable, Appropriate, and Accountable, (Braun KL, Kagawa-Singer M, Holden AE, Burhansstipanov L, Tran JH, Seals BF, Corbie-Smith G, Tsark JU, Harjo L, Foo MA, Ramirez AG. Cancer patient navigator tasks across the cancer care continuum. *Journal of health care for the poor and underserved*. 2012 Feb 1;23(1):398)

(Krebs LU, Burhansstipanov L, Watanabe-Galloway S, Pingatore NL, Petereit DG, Isham D. Navigation as an intervention to eliminate disparities in American Indian communities. In *Seminars in oncology nursing* 2013 May 31 (Vol. 29, No. 2, pp. 118-127). WB Saunders.)

- **Many studies have also showed that "the use of patient navigators was effective in closing the gap between development and delivery of cancer treatments for the medically underserved**." (Smith, J., & Kautz, D. (2015). *Journal of Oncology Navigation & Survivorship*. A Literature Review of the Navigator Role: Redefining the Job Description. Accessed from http://www.jons-online.com/issue-archive/2015-issues/april-2015-vol-6-no-2/a-literature-review-of-the-navigator-role-redefining-the-job-description/)

What factors & barriers contribute to this issue?

-A very complex and fragmented healthcare system makes it difficult to navigate care on own
-Reimbursement and funding for Patient Navigators to be employed within health systems
-Lack of defined standards, competencies, training around patient navigation/care coordination
-Challenges in communication, especially between care groups (impact of EMRs and lack of interoperability)
-Lack of awareness of these resources among different organizations, care providers, and survivors & their families
-Challenges in collecting (and maintaining) active database of national, statewide, and local resources for cancer survivors
-High patient acuities and complex patient situations

What are the gaps in policy, systems and services that give rise to this issue?

-Minimal standards or training available for patient/nurse navigators
-Challenges in funding navigator programs/roles
-Lack of education, communication and resources for cancer survivors that may be further away from time of diagnosis and may no longer be connected directly to oncologist care
-Availability and appropriateness of resources for non-English speaking patients or other under-resourced communities
-Low levels of health literacy (burden for finding and understanding information & services often left to patient versus health system)
-Lack of coordination among providers of clinical and non-clinical services
-Lack of centralized searchable database of local resources for patients that can be easily filtered by relevance

What are the POLICY opportunities to address the identified factors, and racial, economic, geographic, and other barriers that contribute to this issue? What are the POLICY opportunities to address the identified gaps?

-Provide funding or reimbursement for organizations to implement navigator programs.
-Explore opportunities for statewide standards and certification for patient navigation/ care coordination akin to the Health Care Homes
-To address health equity, ensure these factors (racial, economic, geographic) are included in wellness assessments and in the development of care coordination standards.
-Ensure that any resource database includes local or community specific resources.
-Offer evidence based trainings and support for clinicians to become patient navigators
-Consider use of community navigators in conjunction with clinical navigators

What are the STRATEGY opportunities to address both the barriers and the gaps relating to this issue?

-Development, implementation, and utilization of competencies/training for oncology and patient navigators.
-Reimbursement for Navigator services
-Hire survivors as navigators

1. Who are the existing partners/organizations already working on this issue?

- George Washington Cancer Institute
- American Cancer Society
- Academy of Oncology Nurse & Patient Navigators (AONN)
- LIVESTRONG
- Oncology Nursing Society (ONS)

- Association of Oncology Social Work
- National Association of Social Workers
- Minnesota Health Literacy Partnership
- Native American Cancer Research Corp.(NACR)

2. Which partners/organizations should work together to address this issue?

- State, local, and national resources
- Recognition of possible central, linking role for the state/MDH
- Care Delivery groups/ systems
- Community and Support services/ organizations

Which strategies promote health equity?

- The use of nurse and patient navigators help to address barriers to care and improve access to care. This is especially necessary in the un/under-insured and non-english speaking patient population in our state. Studies have shown improved, timely access to care and improved patient outcomes in underserved populations with the use of patient navigators.
- By ensuring consistent assessments of wellness at critical checkpoints in an individual's survivorship timeline, we can have better awareness and connection to resources that already exist.
- With underserved groups, this assessment may serve to make care patient, families and care delivery groups more aware of support opportunities. Also, a consistent wellness assessment may identify gaps in current resources and support.
- Hire survivors from under-resourced communities to serve as patient navigators and help define navigator roles and responsibilities
- Collect data on race, ethnicity, socioeconomic status, sexual orientation and gender when evaluating programs