Patient Navigation Role Delineation

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Objectives

- Explain the background and history of patient navigation in oncology

- Discuss key challenges for the profession

- Describe a collaborative initiative to develop a competency-based training for oncology patient navigators
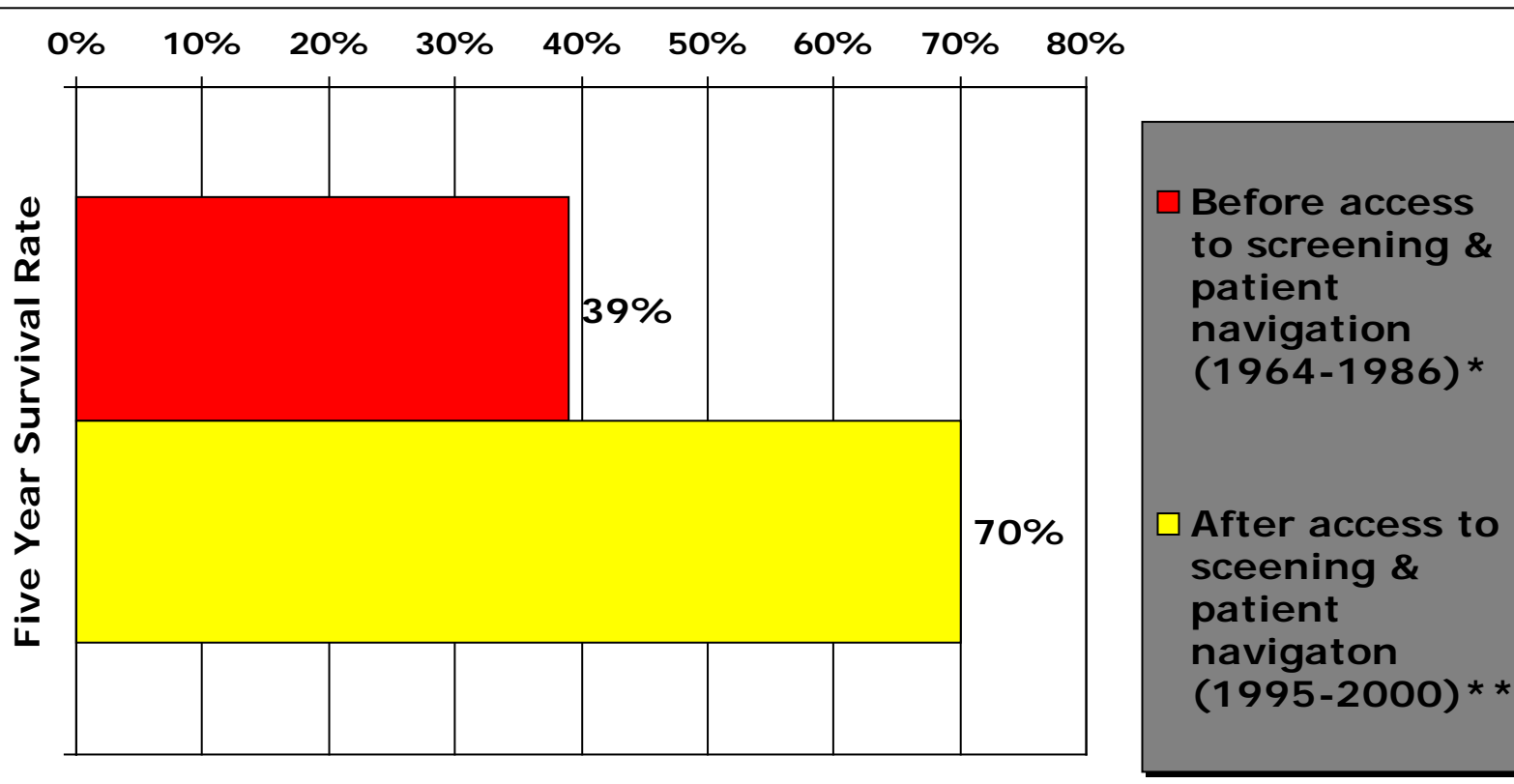
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- Survivorship & Navigation Resources
  - E-news
  - caSNP listserv
- Health Policy Initiatives
  - Policy reports and white papers
- Education & Training
- Research

The First Patient Navigation Program

- Dr. Harold P. Freeman introduced in 1990 as an intervention to reduce cancer health disparities among the poor in Harlem, NY
- Assisted patients through screening, diagnosis and treatment of cancer

Results of Harlem Study

Bar chart titled "Five Year Survival Rate" with axis from 0% to 80%.

- Red bar: 39% — Before access to screening & patient navigation (1964-1986)*
- Yellow bar: 70% — After access to sceening & patient navigaton (1995-2000)**

Freeman HP, Wasfie TJ. Cancer, *1989*;63(12): 2562-2569.; Oluwale,Freeman, Journal of American College of Surgeons, 2003.

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Evolution of Patient Navigation

Expansion across the cancer continuum, including not only patients but also families and caregivers

Replication across country and in various disease (i.e. diabetes, heart disease, and HIV/AIDS)

NCI-funded Patient Navigation Research Program to fund 9 sites to assess impact on timeliness, patient satisfaction, cost effectiveness

2015 Commission on Cancer Standard

Why is patient navigation needed?

- Fragmented and complex health care system

- Need to address health disparities and improve quality of life for those affected by cancer, especially medically underserved

- Identify and eliminate barriers to care

- Culturally competent intervention based upon specific population needs

Definition

- Patient Navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, survivors, and families.

What Navigators Do

Reduce barriers

Educate

Build partnerships in the community

Coordinate appointments

Maintain communication

Arrange for/connect with support

Teach self-advocacy

Provide access to clinical trials

GWCI's Patient Navigation Program

- Diagnostic to Diagnosis
  - Nurse Navigator
    - Provides education, pre and post biopsy follow-up, etc.
  - Avon Patient Navigator
    - Provides support, ensures access to care (insurance and referral issues), translation services, explanation of testing and connection to resources as needed (transportation, counseling, etc.)

GWCI's Patient Navigation Program

- Treatment
    - Breast Care Center Navigator
        - Provides resources and support for all breast cancer patients undergoing surgery
    - Radiation Oncology Navigator
        - American Cancer Society/GWCI partnership to provide navigation to patients receiving radiation treatment

GWCI's Patient Navigation Program

- Post-treatment
  - Susan G. Komen/GWCI partnership to provide survivorship navigation services to individuals in the Thriving After Cancer Adult Survivorship Clinic
  - Navigator addresses barriers to care & provides education on post treatment issues such as late and long term effects of cancer and treatments
  - Referrals to support services and programs to improve self-efficacy and support overall wellness

DC Citywide Patient Navigation Network

- ~ 20 active patient navigators
- Variety of institutions
- Main barriers: social/practical support, financial issues, transportation, care fragmentation, fear or negative perceptions

Challenges

- Lack of role clarity and standardization
- Effectiveness and cost-effectiveness
- Funding and sustainability
- State role

Greatest Challenges Identified by Patient Navigators

Lack of reimbursement (47%)

Lack of funding (46%)

Lack of role clarity (45%)

Willis et al. 2014. Journal of Oncology Navigation and Survivorship.

Lack of Role Clarity and Standardization

- Community Health Workers (CHWs) vs. Patient Navigators vs. Nurse/Social Work Navigators
- No consistent terminology
- Navigators doing administrative work
- No consistent job description
- Focus on different parts of the continuum
- Difficult to create common measures
- No established competencies

Effectiveness and Cost-Effectives

- Some evidence of benefit
- Need more consistent measures
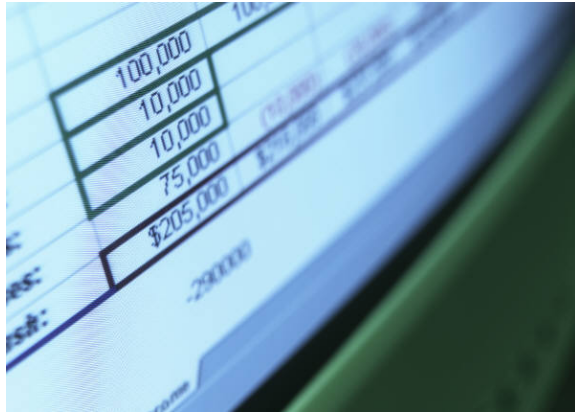- Cost-effectiveness still has not been established

Funding and Sustainability: Program Costs

TABLE 3.
Sample Patient Navigator Program Costs

Description	Budget Line Items	Personnel	Total Cost
Community health center[26]	Personnel & training	5 part-time navigators	$75,000 over 1 year
Academic hospital[24]	Personnel & training	.5 FTE navigator	$25,000 over 1 year
Three community hospitals[22]	Personnel & materials	1 lay navigator 1 navigator Patient navigator + nurse-LPN + bilingual outreach worker + project supervisor	$73,291 over 1 year (avg. of 3 hospitals)
Three public hospitals[23]	Personnel & pagers	2 FTE navigators + part-time administrative and nursing staff + % of a service chief	$116,000 over 1 year
		2 FTE navigators + part-time administrative and nursing staff + small % of a service chief	$104,000 over 1 year
		2 FTE navigators + 1 FTE program coordinator + 1 FTE program assistant + .5 FTE nurse + .5 FTE clerk + small % of 2 service chiefs and a medical director	$373,000 over 1 year
Four community health centers[25]	Personnel, variable costs & fixed costs	3 FTE lay navigators + 1 FTE social worker navigator + .25 FTE program director	$317,101 over 2 years

Abbreviation: FTE, full time equivalent.

Pratt-Chapman, Willis. 2013. Seminars in Oncology Nursing.

Funding and Sustainability: Funding Sources

58% Operational budget
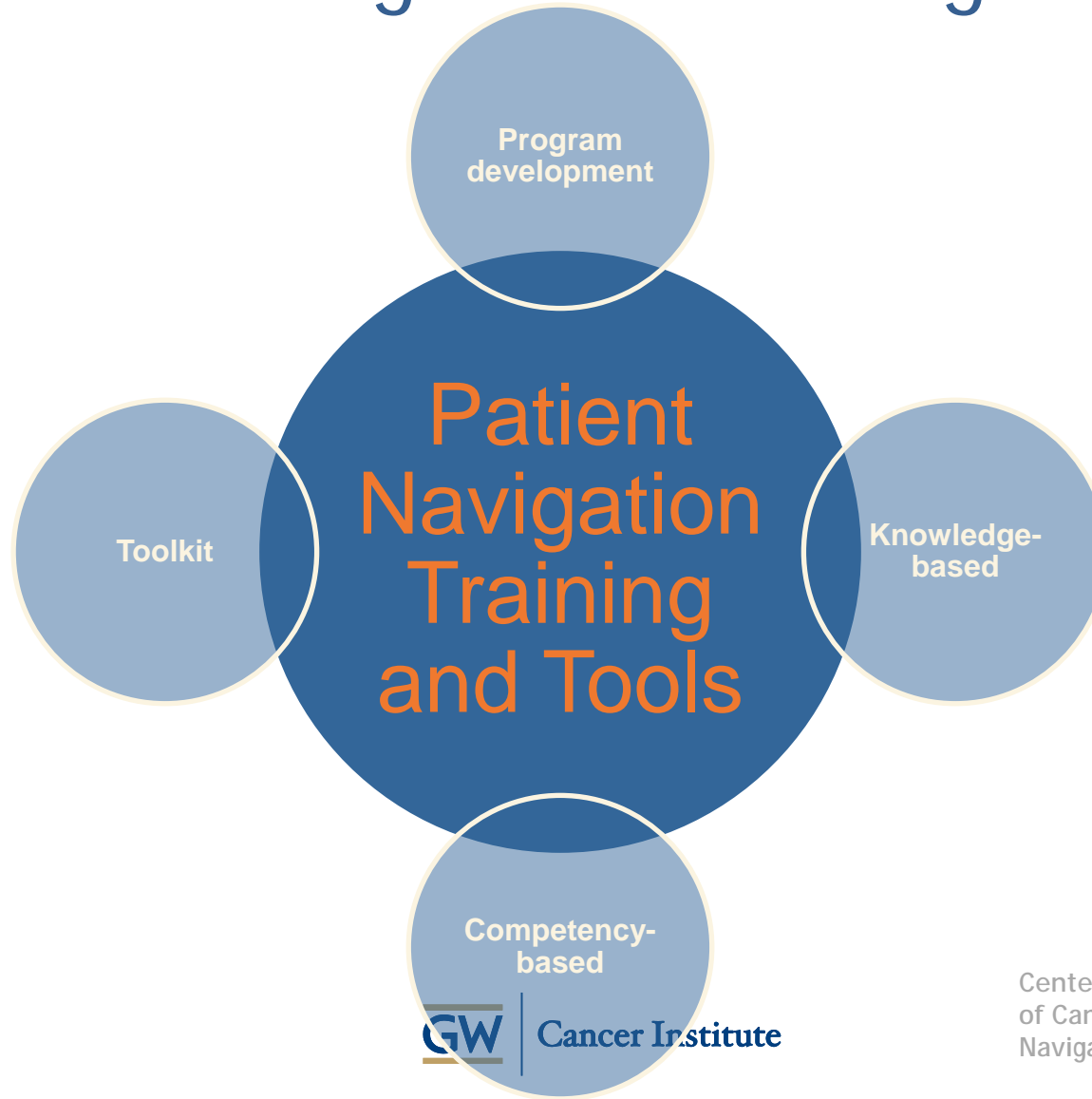

57% Grants

18% Existing resources

1% Reimbursement

Willis et al. 2014. Journal of Oncology Navigation and Survivorship.

Competency-Based Training

GW Cancer Institute Patient Navigation Training

Program development

Patient Navigation Training and Tools

Toolkit

Knowledge-based

Competency-based

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Competency-Based Training

Structure-/Process-Based
- Knowledge acquisition
- Knowledge

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Competency-Based
- Knowledge application
- Ability

Carraccio et al. 2002. Acad Med.
Englander et al. 2013. Acad Med.

An Initiative to Clarify Roles and Increase Standardization

Identify roles & responsibilities
- Literature, internet review
- Expert consensus and framework development
- Focus groups with patient navigators

Develop competencies
- Create competencies by domain
- Validate competencies with patient navigators

Develop training
- Competency -> Sub-competency -> Learning objectives -> Evaluation procedures*

*APTR Competency-to-curriculum toolkit. 2008.

Development of a Framework to Delineate Navigator Roles

Academy of Oncology Nurse & Patient Navigators

Oncology Nursing Society

National Association of Social Workers

Association of Oncology Social Workers

Association of Community Cancer Centers

Patient navigators and CHWs

Development of a Framework to Delineate Navigator Roles

Patient navigation training curricula

Journal articles on roles/responsibilities/competencies/tasks/activities for CHWs, patient navigators, nurse/social worker navigators

CHW competencies

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Functional Domains

Professional Roles/ Responsibilities	Communication	Patient Empowerment	Cultural competency
Ethics & Professional Conduct	Education, Prevention & Health Promotion	Psychosocial Support Services / Assessment	Barriers s to Care / Health Disparities
Community Resources	Outreach	Care Coordination	Advocacy

Oncology Navigation Roles

Domain	Community Health Worker	Patient Navigator	Clinical Navigator (RN/SW)
Barriers to Care/Health Disparities: *Identifying and addressing barriers to care and reducing health disparities as defined by age, disability, education, ethnicity, gender, sexual identification, geographic location, income or race that often bear the greater burden of disease than general population.*	Address barriers to accessing the health care system. Focus on reduction of general health disparities.	Address structural, cultural, social, emotional and administrative barriers to care. Focus on reduction of cancer health disparities in medically underserved patients and timely access to care across the continuum.	Address clinical and service delivery barriers to care. Provision of services to at-risk populations which may be defined by individual need, high-acuity or high-volume at institutional level.

RN = registered nurse; SW = social worker; Dx = diagnostic; Tx = treatment.

Willis, Pratt-Chapman, Reed & Hatcher. Journal of Oncology Navigation and Survivorship. 2013.

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Oncology Navigation Roles

Domain	Community Health Worker	Patient Navigator	Clinical Navigator (RN/SW)
Patient empowerment: Identifying problems and resources to help patients solve problems and be part of the decision-making process.[11] An important facilitator of patient empowerment is development of good patient rapport.	Motivate individual and community to make positive changes in health behaviors. Activate and empower individuals and communities to self-advocate and make healthy decisions.	Assist patient with identifying administrative, structural, social, and practical issues to participate in decision-making and solutions. Empower patients by ensuring they know all their options; identify their preferences and priorities, and assist them to access healthcare services and self-manage their health. Educate patients on their rights and preferences and ensure they are able to participate in the decision-making process throughout their care and into survivorship or end-of-life care.	Assist patients in decision-making regarding diagnostic testing and treatment options (specific to nurse navigators). Provide patients with strategies to cope with disease, treatment, and stress (specific to social work navigators).

Willis, Pratt-Chapman, Reed & Hatcher. Journal of Oncology Navigation and Survivorship. 2013.

Supplementing the Framework

- Virtual focus groups with patient navigators across the country
- Identify most important roles and responsibilities for each domain
- Identify knowledge, skills and abilities most critical to key functions to help us build competency statements
- Provide feedback on training

Focus Group Demographics Results

We hosted 6 focus groups (n=21). The majority of participants:

- Were female (n=19)
- Were ages 55-64 (n=8) and 25-34 (n=5)
- Were White (n=13) and/or non-Hispanic/Latino (n=16)
- Held Bachelors (n=8) or Masters degrees (n=8)
- Had varying years of experience from less than 1 to more than 10
- Worked in multiple settings (n=6) and community organizations (n=5)
- Were from GA (n=3), HI (n=3), or DC/MD/VA (n=4)

Development of Oncology Patient Navigator Competencies

- Alignment with Association of American Medical Colleges (AAMC) domains for health care professionals*

- Alignment with ONS Nurse Navigator Competencies**

- National survey of patient navigators and their supervisors to validate competencies (working with Dr. Leah Masselink)

* Englander et al. Academic Medicine. 2013.

**ONS 2013.

Map to AAMC Domains

Patient care	• Patient empowerment • Psychosocial support services/assessment • Education, prevention and health promotion
Knowledge for practice	
Practice-based learning and improvement	• Outreach
Interpersonal and communication skills	• Cultural competency • Communication • Advocacy
Systems-based practice	• Barriers/health disparities • Community resources
Interprofessional collaboration	• Care coordination
Personal and professional development	
Professionalism	• Professional roles and responsibilities • Ethics and professional conduct

State Role

- **Parallels to CHWs**
  - Establishment of profession
  - Credentialing
  - Reimbursement

Patient Navigation Toolkit

- Guide for Comprehensive Cancer Control Programs to:
  - Leverage free competency-based training
  - Provide tips for providing technical assistance to navigator networks
  - Work at the state level to advance the field

Steering Committee

- Jennifer Bires, LICSW, OSW-C, Association of Oncology Social Workers
- Susan Bowman, RN, OCN, CBCN, MSW, Oncology Nursing Society
- Stacy Collins, MSW, National Association of Social Workers
- Margaret Darling, Nueva Vida
- Leigh Ann Eagle, MAC Inc
- Lorena Gayton, City of Hope
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