

Navigating Cancer Care Delivery

The Emerging Role of Nurse Navigators



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Consultant, Sg2

November 3, 2005

Agenda

Emerging Trends That Will Demand Care Coordination

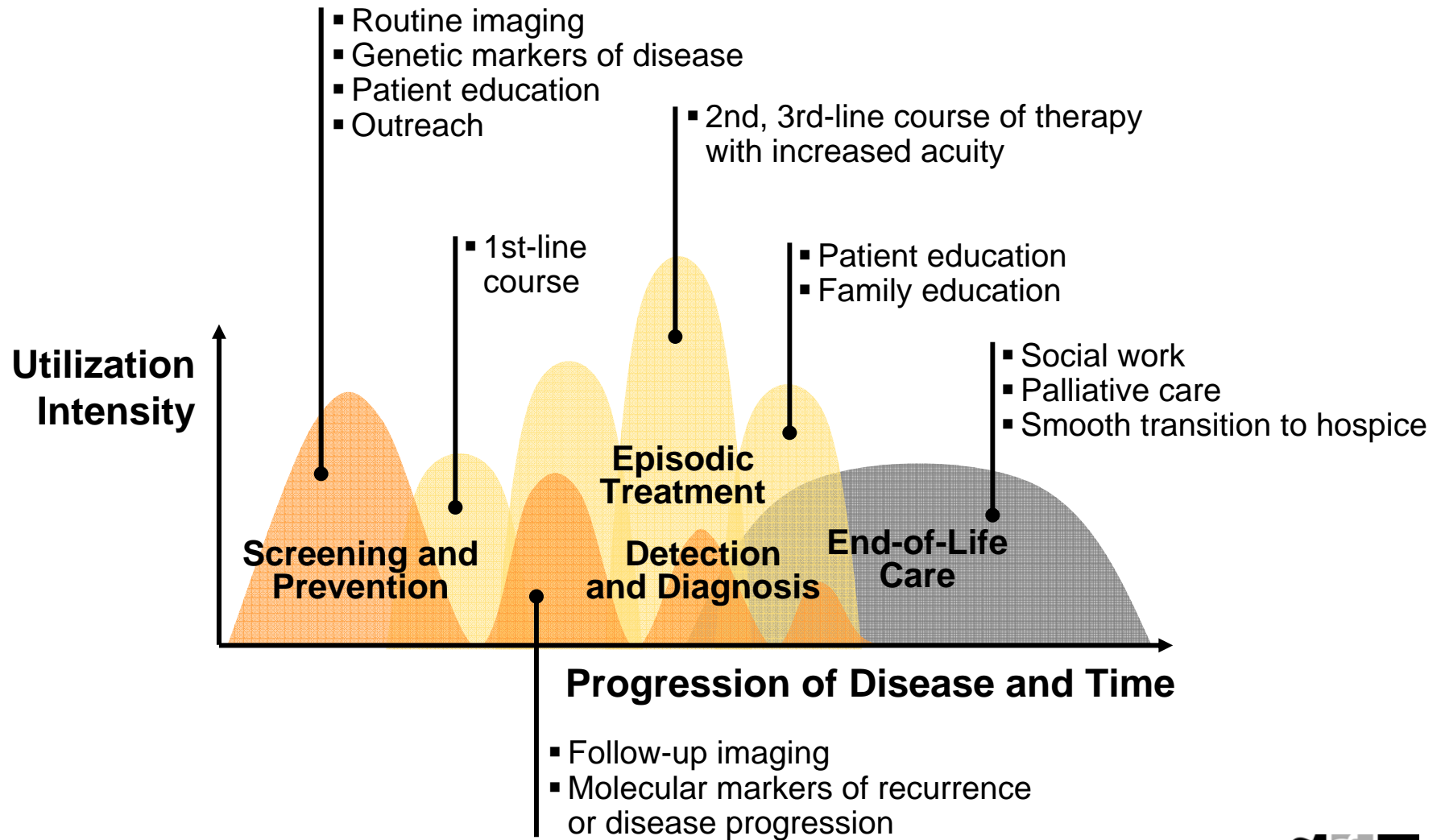
What Is a Nurse Navigator?

How Does the Model Work?

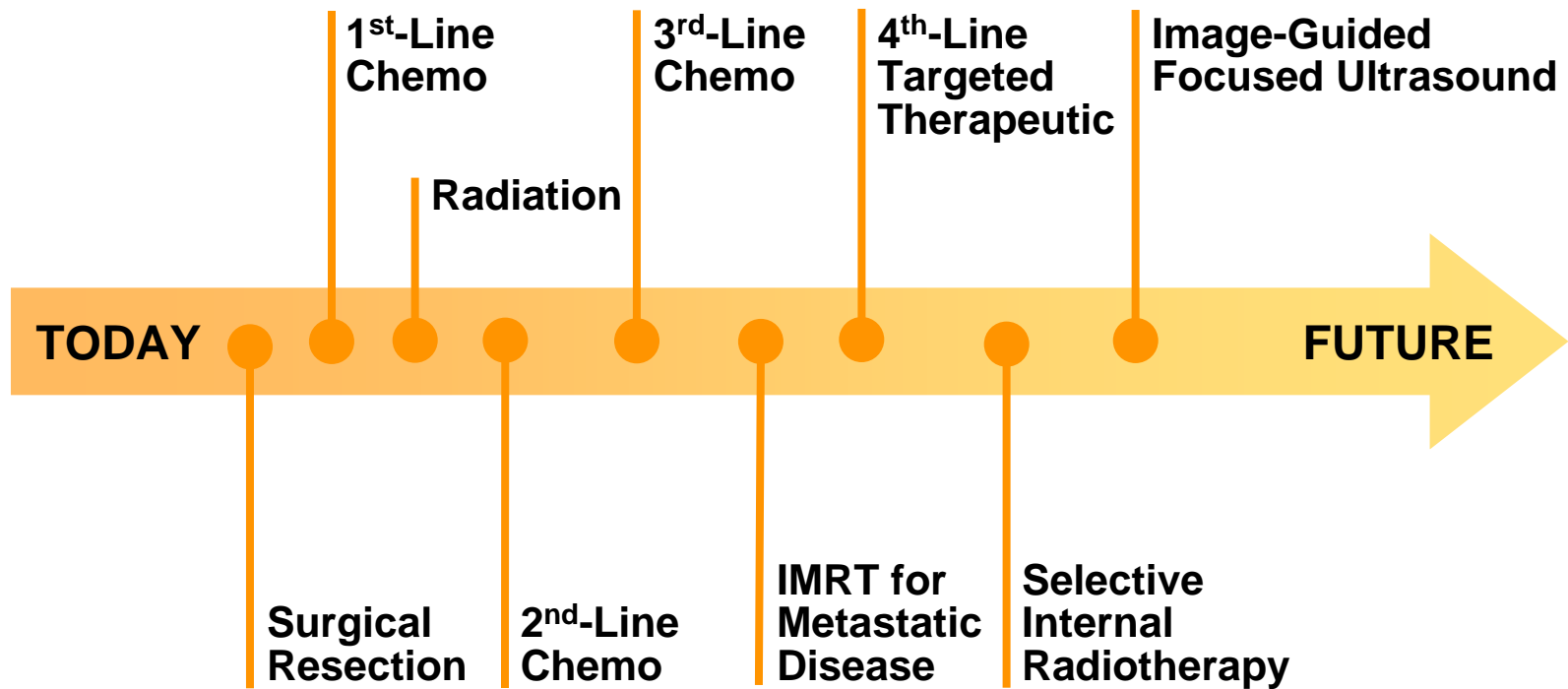
The Value Proposition

How Will the Model Evolve?

High-Quality Chronic Care Demands Exacting Coordination

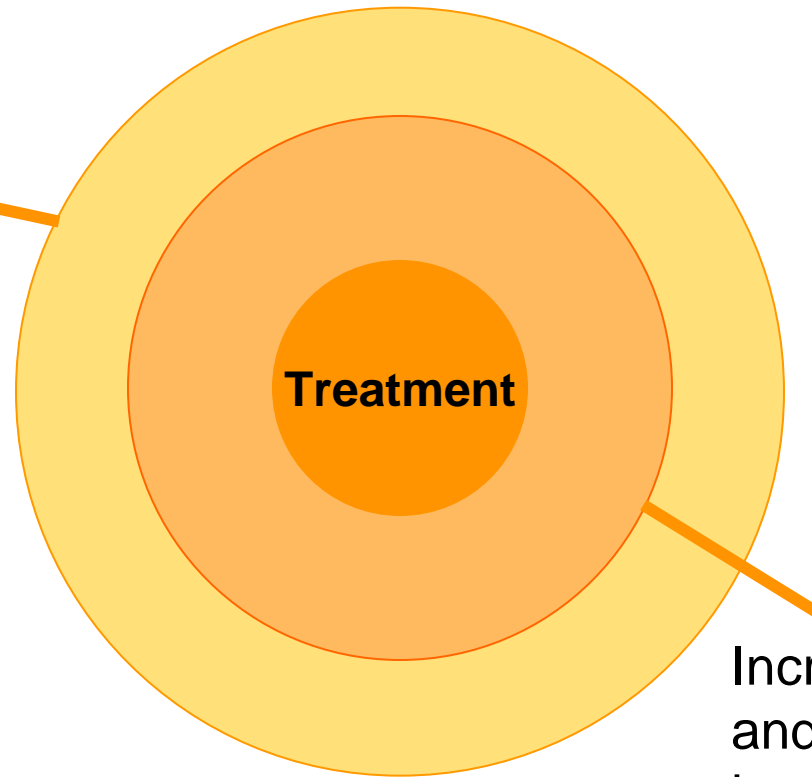


The Length of Treatment Courses Will Continue to Grow



System Interaction Will Continue to Increase

Screening and detection technologies identify patients sooner.



Increasingly specific and targeted therapies increase eligible patient populations.

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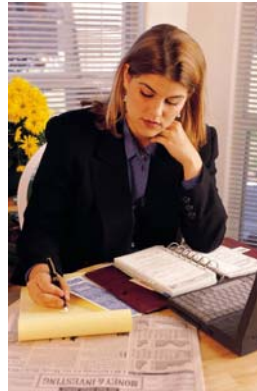
How Does the Model Work?

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It's a Person...

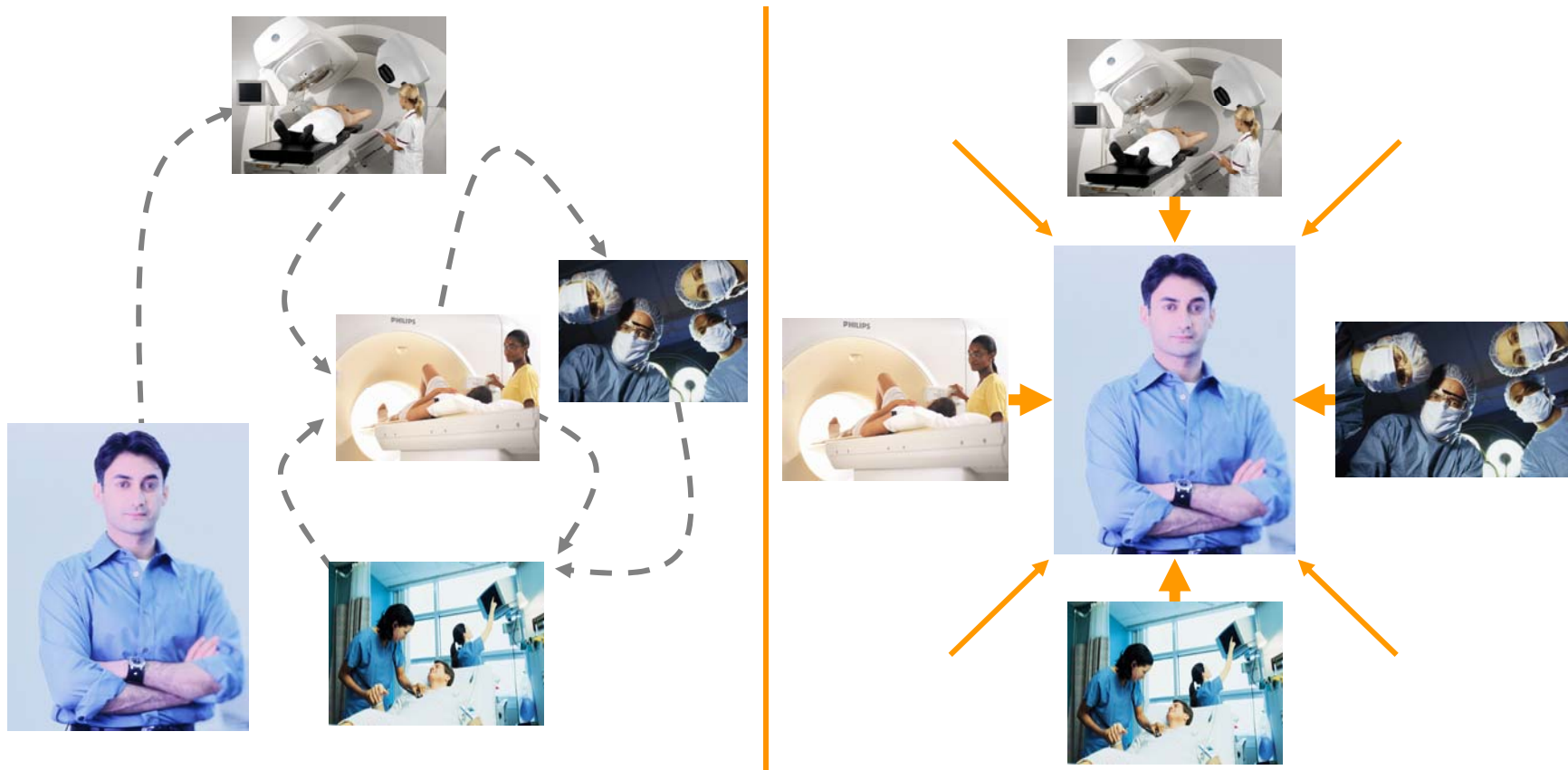
- A travel agent
- A career counselor
- A teacher
- A camp counselor



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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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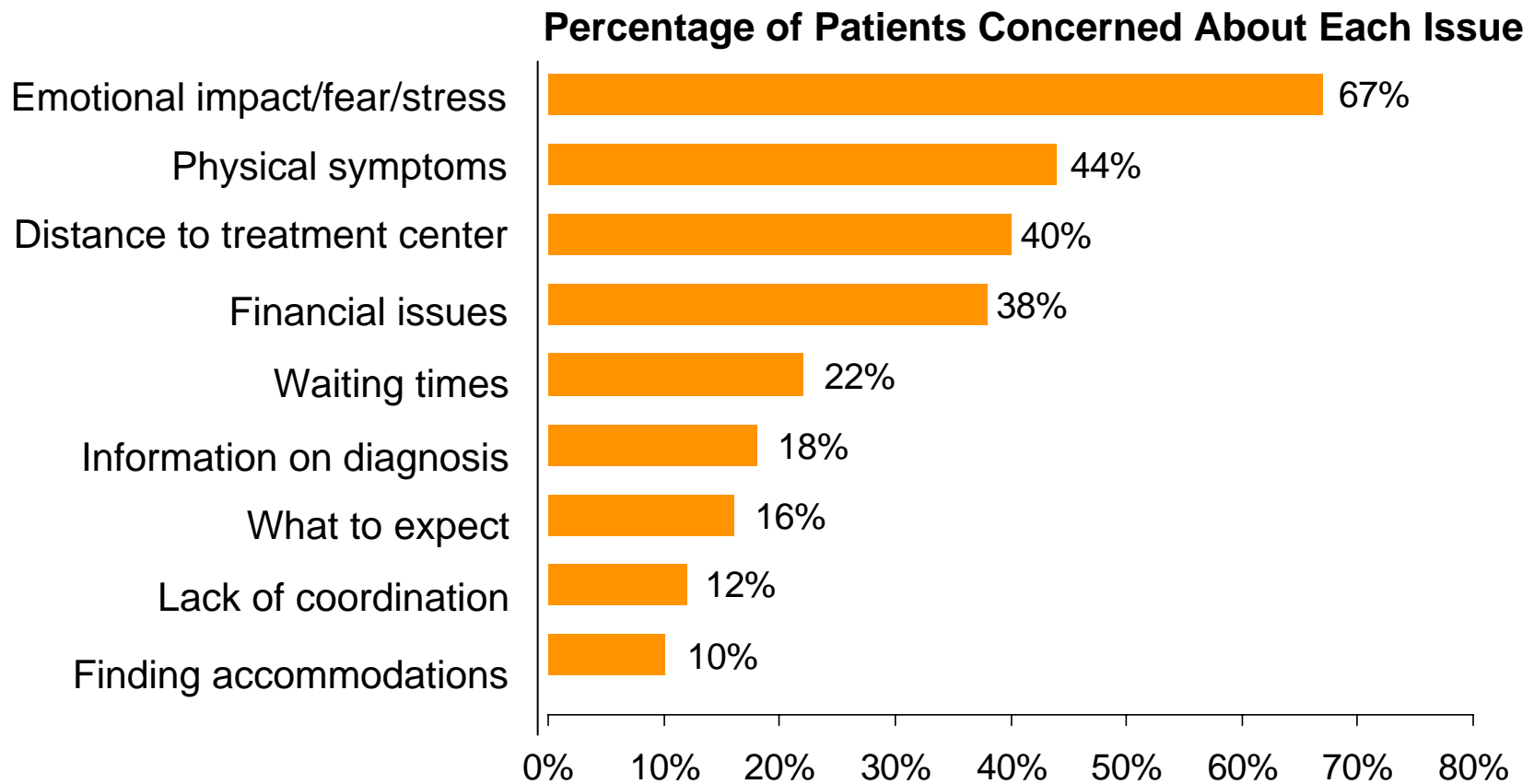
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What Do They Do?

Education	<ul style="list-style-type: none">▪ Diagnosis▪ Second opinions▪ Evidence-based treatment choices▪ Complementary medicine
Advocacy	<ul style="list-style-type: none">▪ Insurance coverage▪ Clinical evidence▪ Research participation
Clinical Care	<ul style="list-style-type: none">▪ Coordination across specialties▪ Surgery, radiation, chemotherapy
Supportive Care	<ul style="list-style-type: none">▪ Pain, fatigue, nausea management▪ Transition care, hospice▪ Advanced directives
Rehabilitation	<ul style="list-style-type: none">▪ Reconstructive surgery▪ Prostheses▪ Physical therapy

What Do They Really Do?

Depends on Whom You Ask: Aided Responses

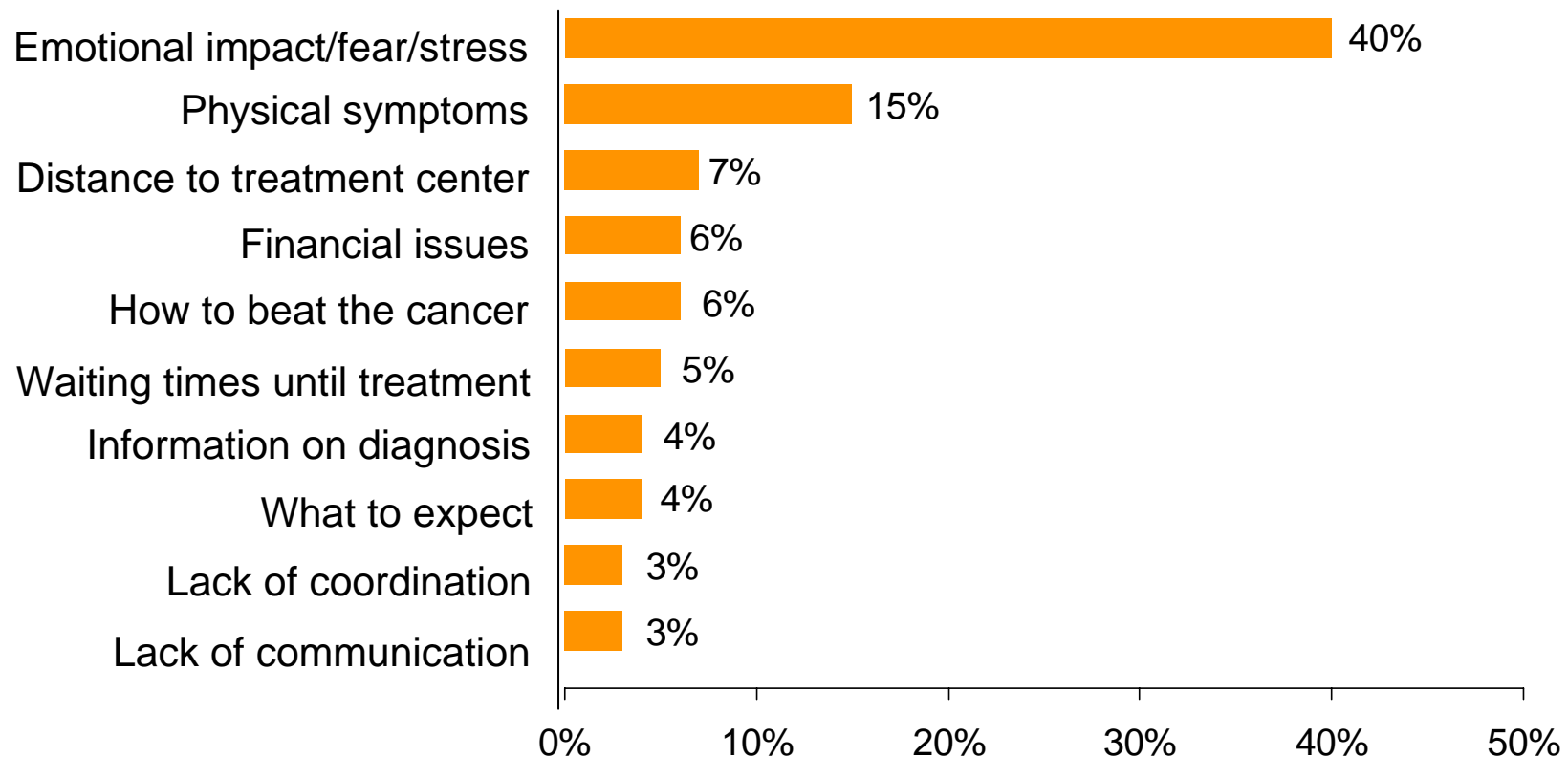


Source: Cancer Care Nova Scotia.

What Do They Really Do?

Depends on Whom You Ask: Unaided Responses

Percentage of Patients Concerned About Each Issue

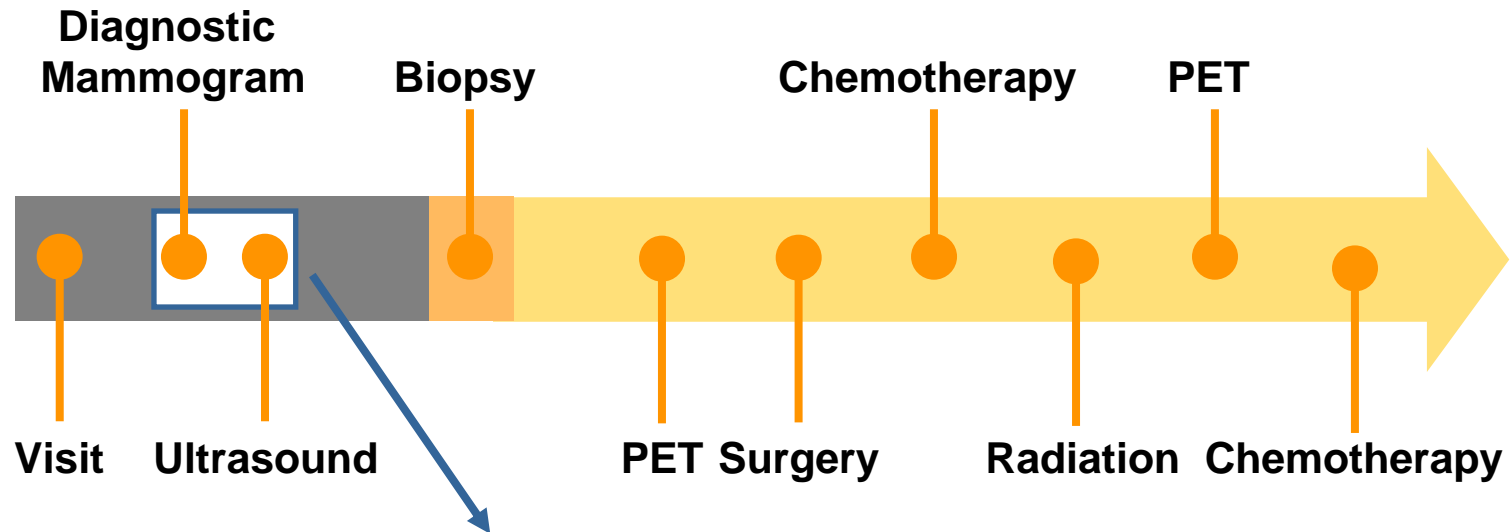


Source: Cancer Care Nova Scotia.

What Do They Do?

Education	<ul style="list-style-type: none">▪ Diagnosis▪ Second-opinion programs▪ Evidence-based treatment choices▪ Complementary medicine
Advocacy	<ul style="list-style-type: none">▪ Insurance coverage▪ Clinical evidence▪ Research participation
Clinical Care	<ul style="list-style-type: none">▪ Coordination across specialties▪ Surgery, radiation, chemotherapy
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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



Insurance Pre-Approval

- Coordination of clinical evidence
- Off-label indications
- References
- Appeals

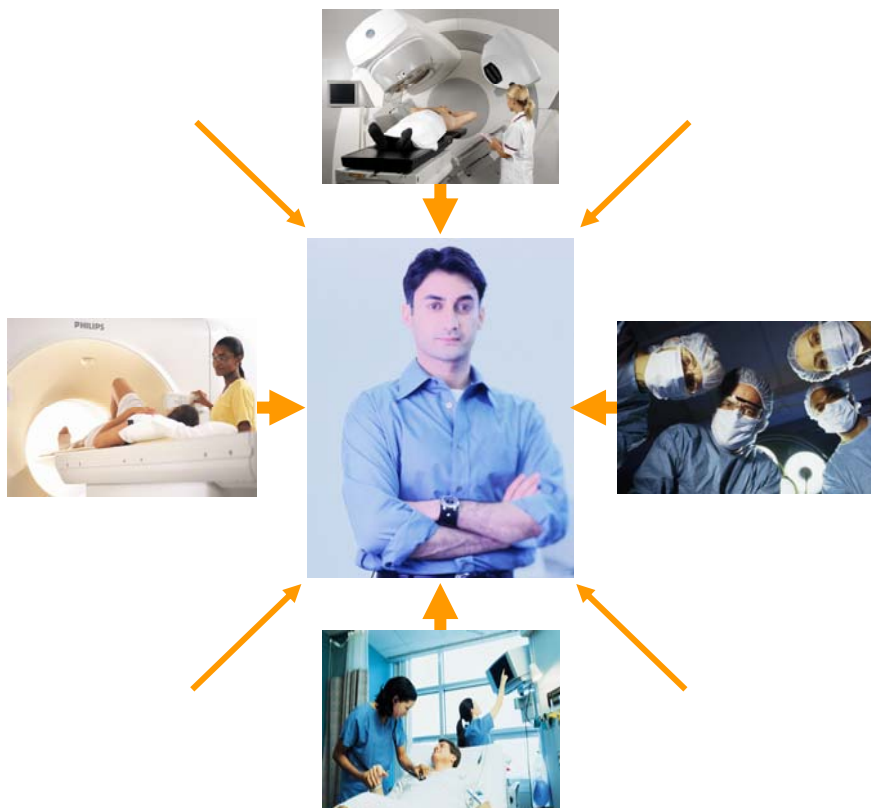
Research

- Screening
- Eligibility
- Referrals to affiliated institutions
- Complementary/supportive care protocols

2nd Opinion/ Consultation Coordination

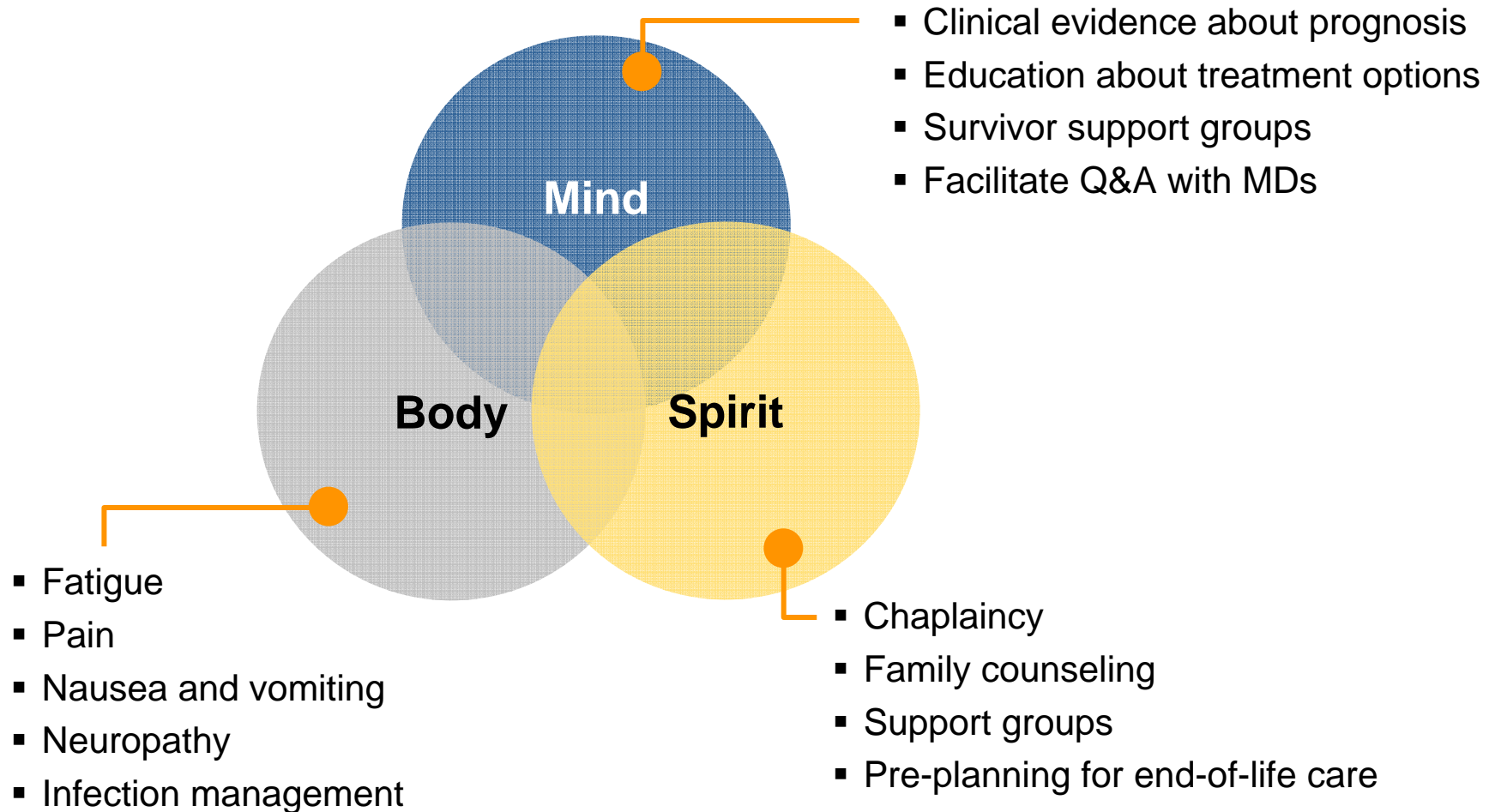
- Coordination of contacts at centers of excellence
- Provision of records and transfer
- Coordination of consults for alternative or complementary therapies

They Coordinate Care



Coordination Across Specialties	<ul style="list-style-type: none">▪ Surgery▪ Medical Oncology▪ Radiation▪ Radiology▪ Pathology
Scheduling	<ul style="list-style-type: none">▪ Across specialties▪ At different sites▪ Ancillary services▪ Complementary care▪ Psychosocial support
Logistics	<ul style="list-style-type: none">▪ Transportation▪ Record transfer▪ Accommodations▪ Referrals

They Support



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

Photo: comstock.com.

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Emerging Trends That Will Demand Care Coordination

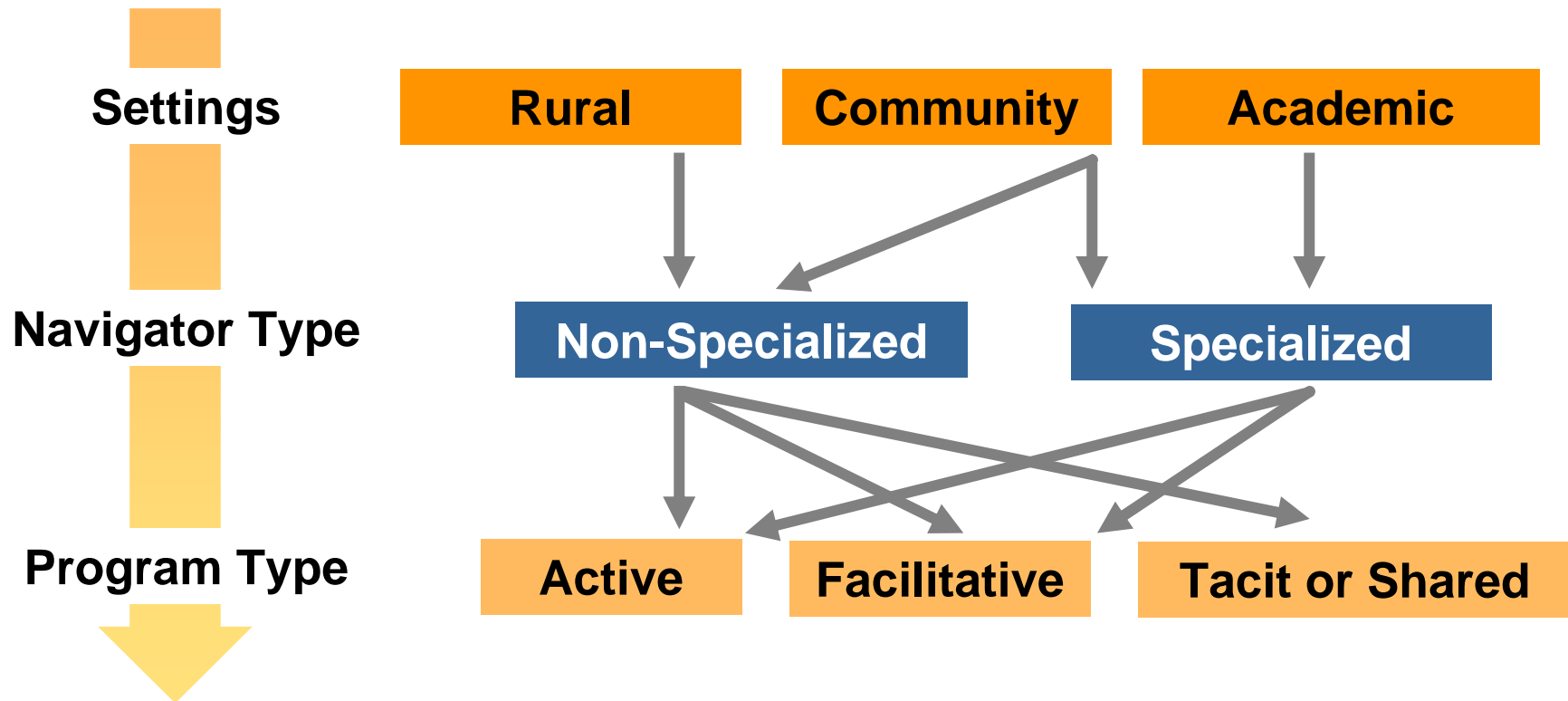
What Is a Nurse Navigator?

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.

Setting Determines the Navigator Type

Rural

Non-Specialized

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.

Community

Specialized

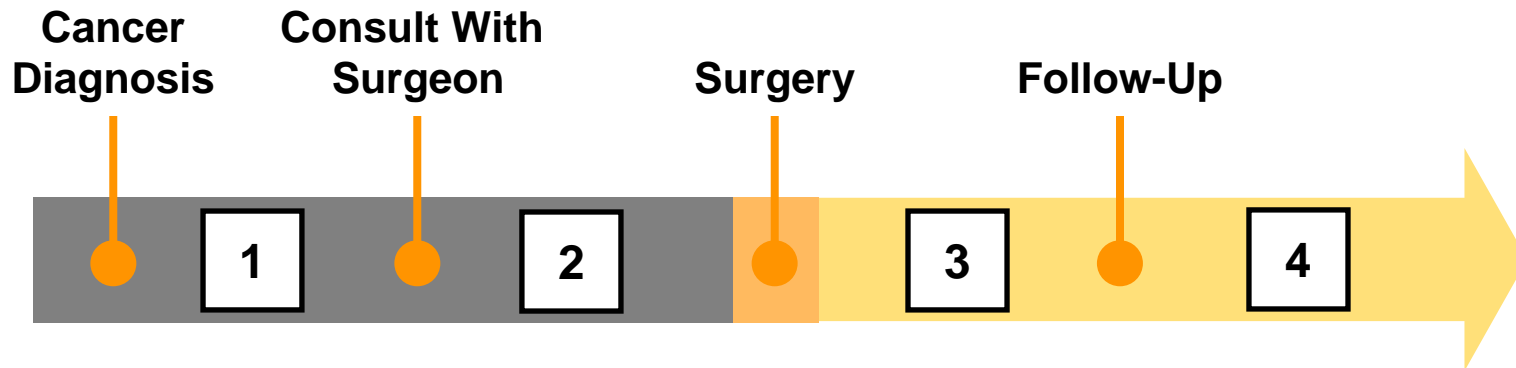
A community provider with sufficient resources and substantial volumes should invest in several specialized navigators to handle the unique aspects of tumor types such as breast, prostate and lung.

3 Models for a Patient Navigator

Defining specific program types is context-dependent.

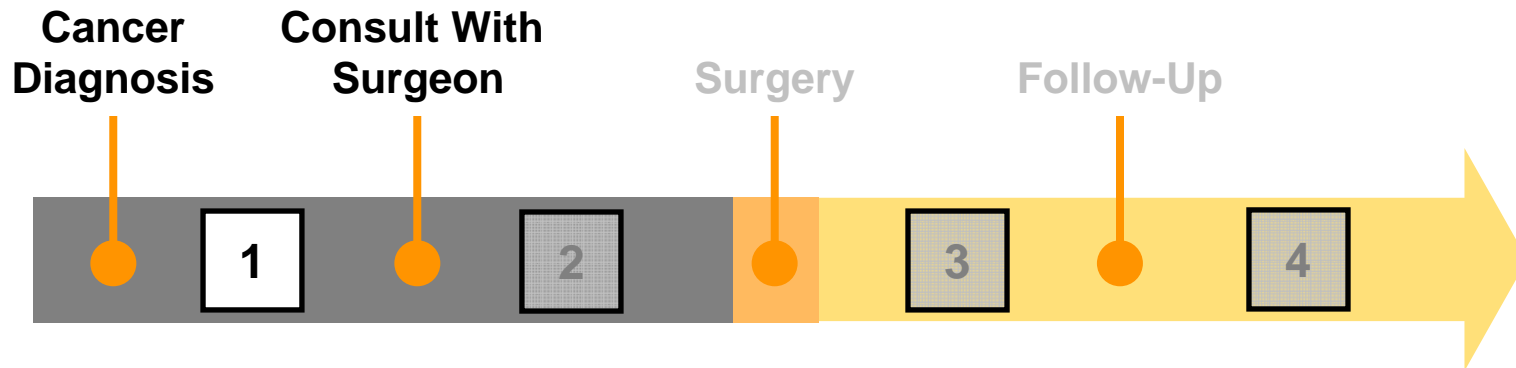
- Active
 - Led by an experienced nurse with a proactive role
 - Schedule appointments, assist with referrals, has direct contact with physician
 - Provide disease education to the patient and assists with treatment decisions
- Facilitative
 - Led by a nurse, assistant or volunteer with a psychosocial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



Interval Between Cancer Diagnosis and First Visit to Surgeon

Contact Point #1



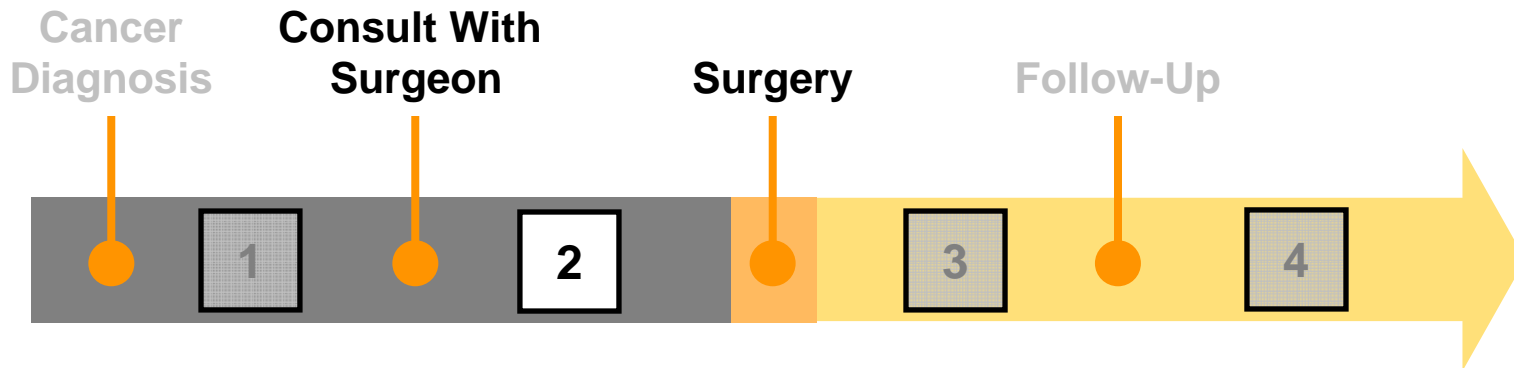
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Interval Between Cancer Diagnosis and First Visit to Surgeon

- 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



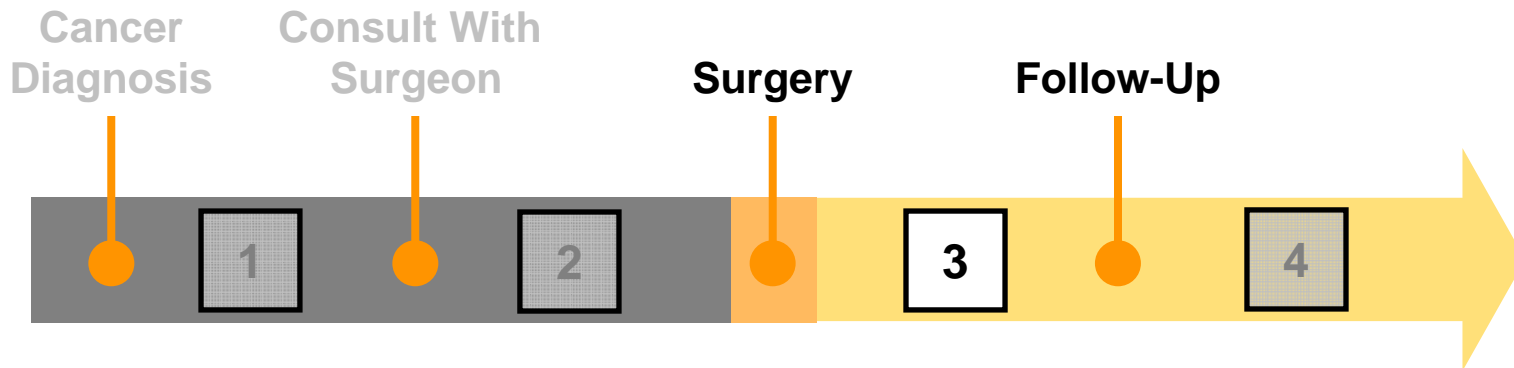
2

Pre-Surgery

- 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



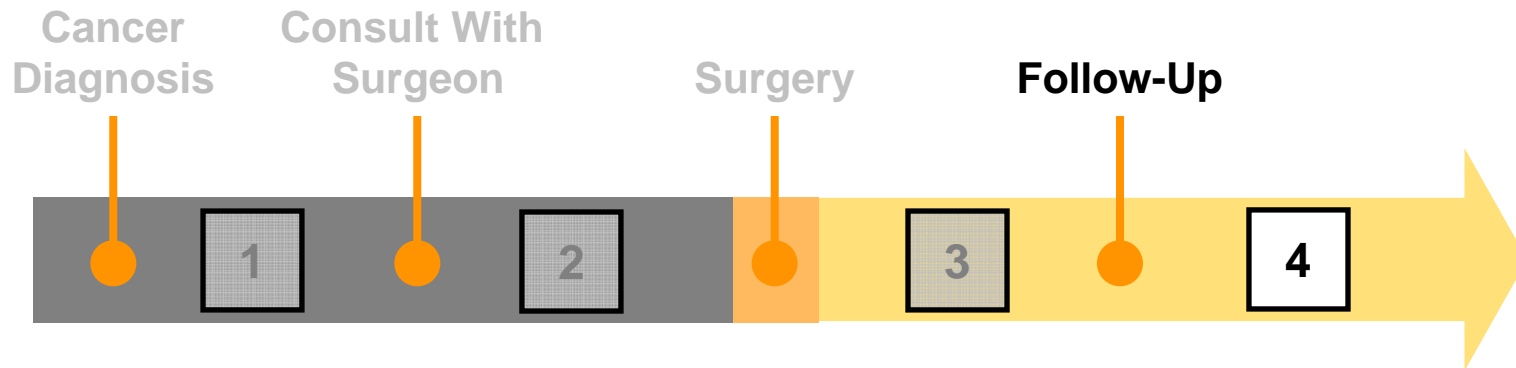
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Post-Surgery, 2–3 Days After the Operation

- Provide encouragement
- Assist with post-surgery pain management
- Provide access to emotional support if necessary

After Follow-up Appointment

Contact Point #4



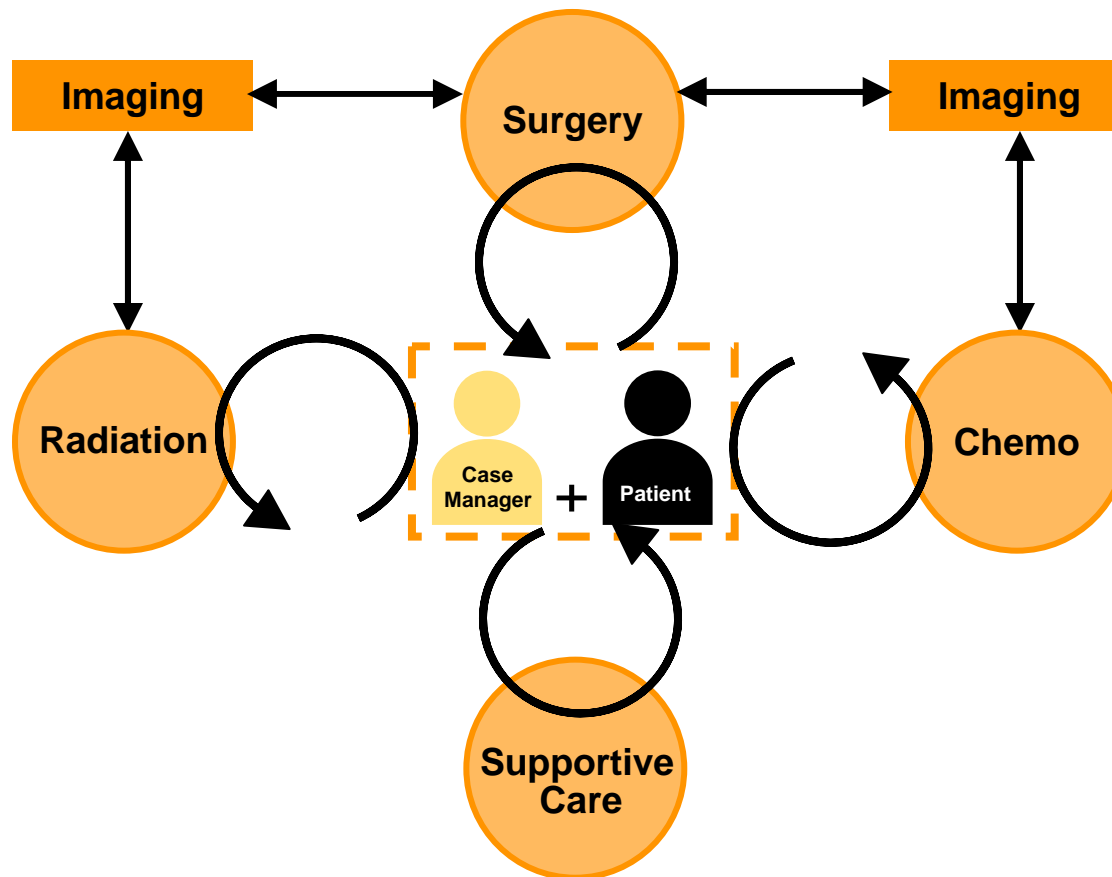
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After Follow-Up Appointment

- 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

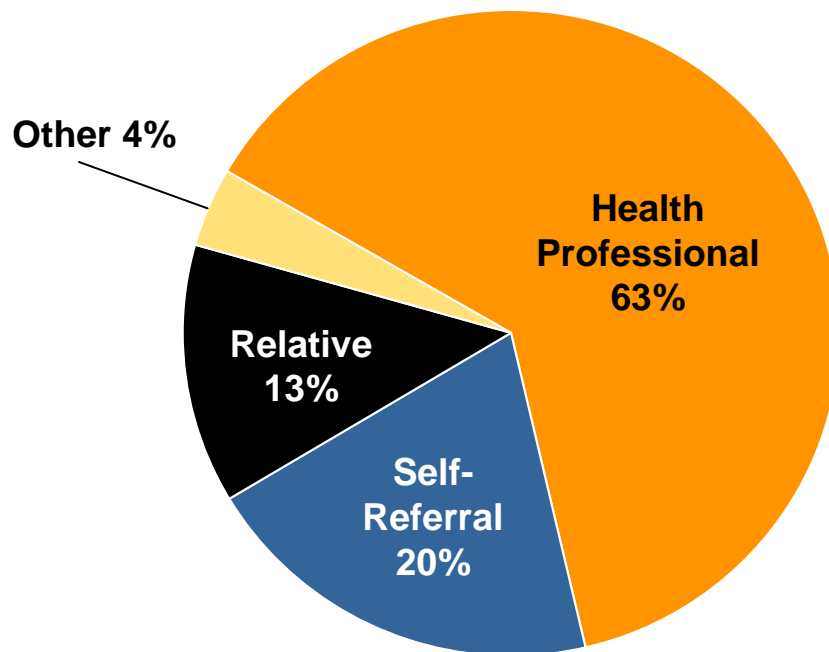


- Scheduling
- Explanation of expected side effects
- Q&A about alternative treatment pathways
- Psychosocial support
- Coordination of referrals among subspecialists
- Management of patient experience expectations
- Planning for side effect management
- Education of caregivers

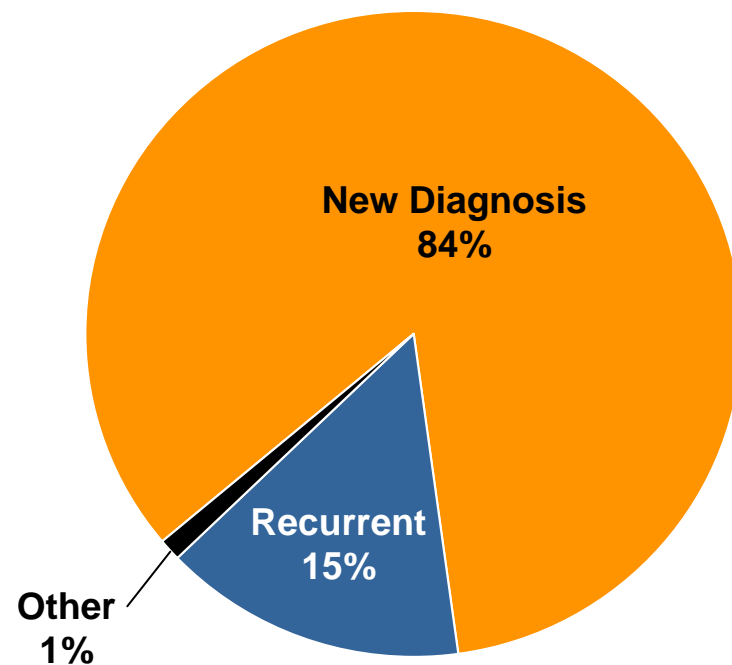
What Are the Sources of Navigator Referrals?

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

Source of Patient Referrals



Distribution of Referral Category



Source: Cancer Care Nova Scotia.

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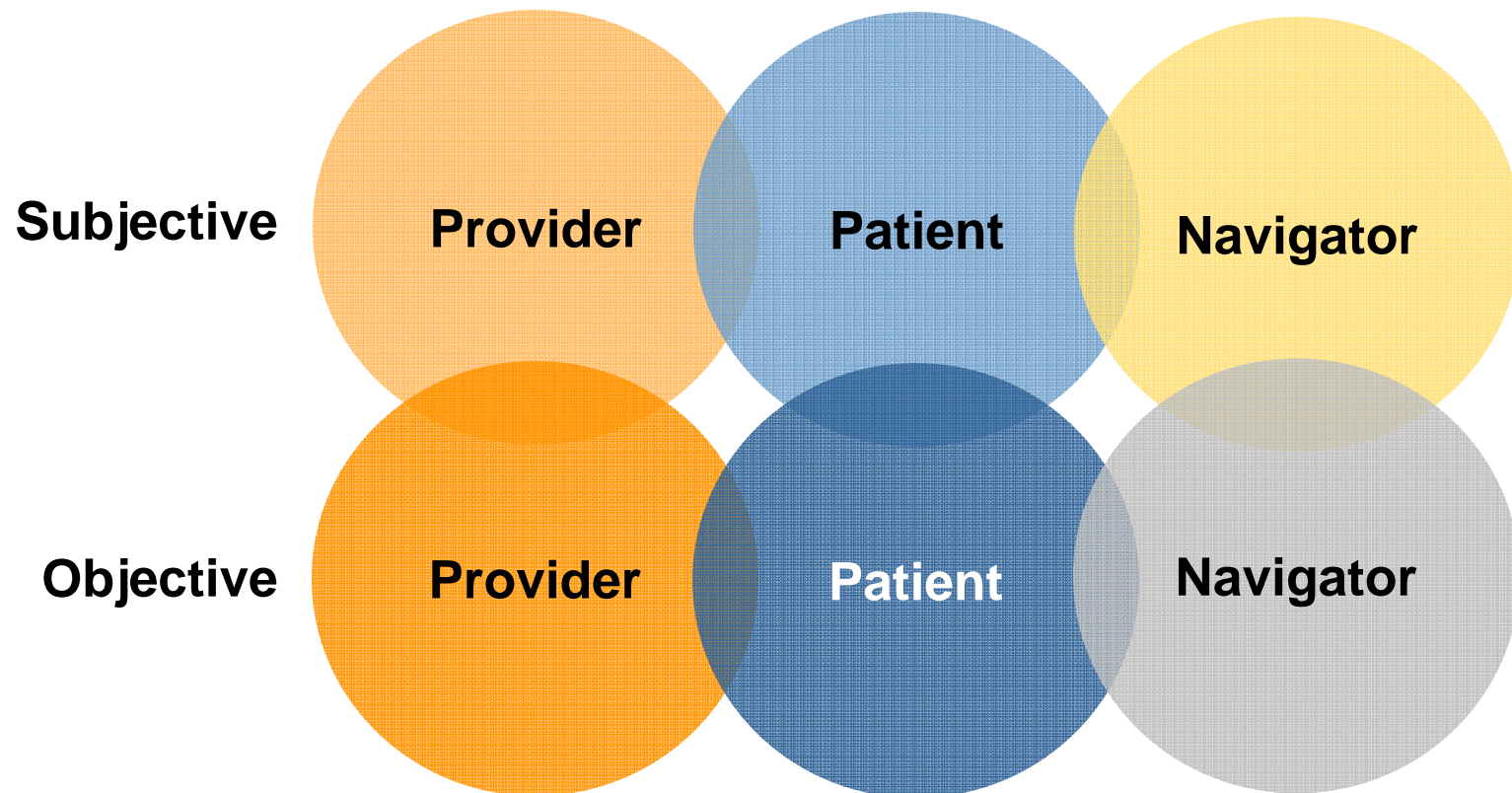
How Does the Model Work?

The Value Proposition

How Will the Model Evolve?

The Value Proposition

Subjective and objective outcomes must be measured.



The Value Proposition for Providers

Measure professional perception and resource utilization.

Provider



Professional Perception

Subjective

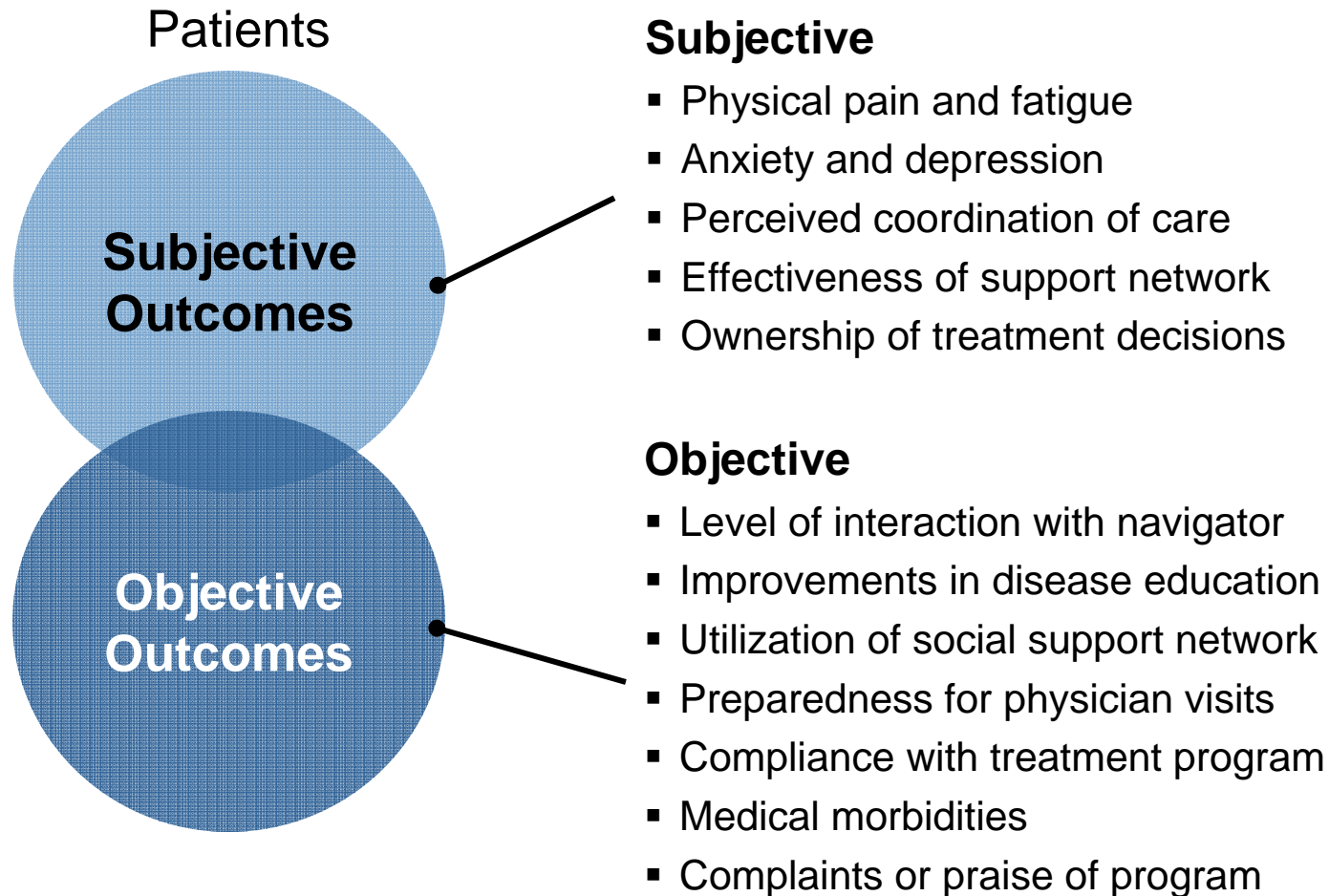
- Collaboration between physicians and navigator
- Impact on care continuum
- Perceived benefit to patients
- Effectiveness of teamwork and collaboration

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

The Value Proposition for Patients

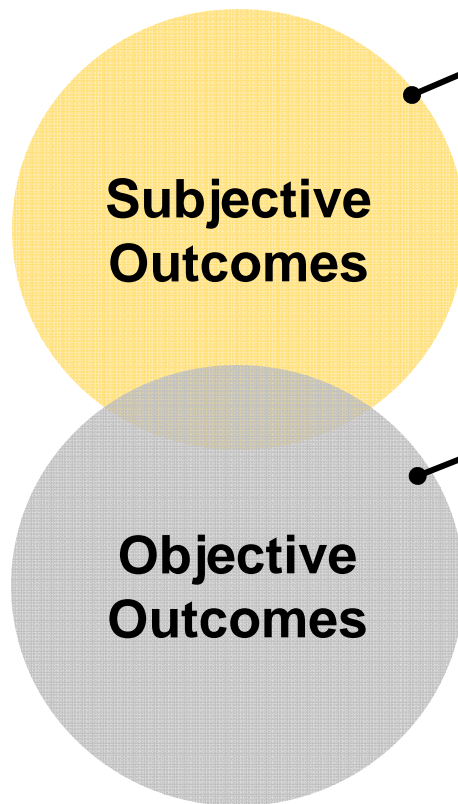
Measure subjective and objective outcomes.



The Value Proposition for Navigators

Measure subjective and objective outcomes.

Navigators



**Subjective
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

Study Site	Collaborating Organizations	Incident Cancer Patients	
		Lung	Colorectal
Alabama	University of Alabama, Birmingham University of Iowa	3,271	2,204
Los Angeles	UCLA RAND	3,860	3,862
Northern California	Harvard Northern California CC Kaiser Permanente	4,125	3,351
North Carolina	Group Health Cooperative Dana Farber Harvard Pilgrim Kaiser Hawaii	N/A	1,335
	Henry Ford Kaiser Northwest		
VA	Durham, NC	1,253	630

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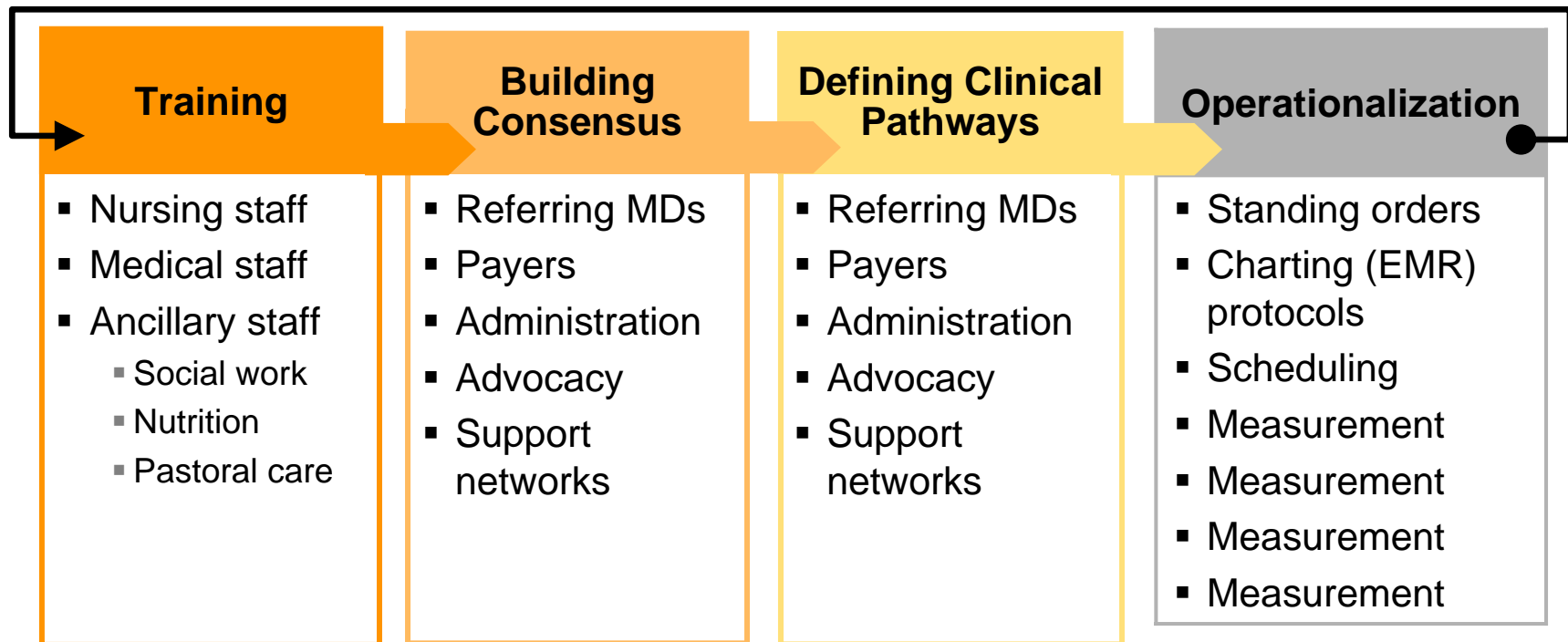
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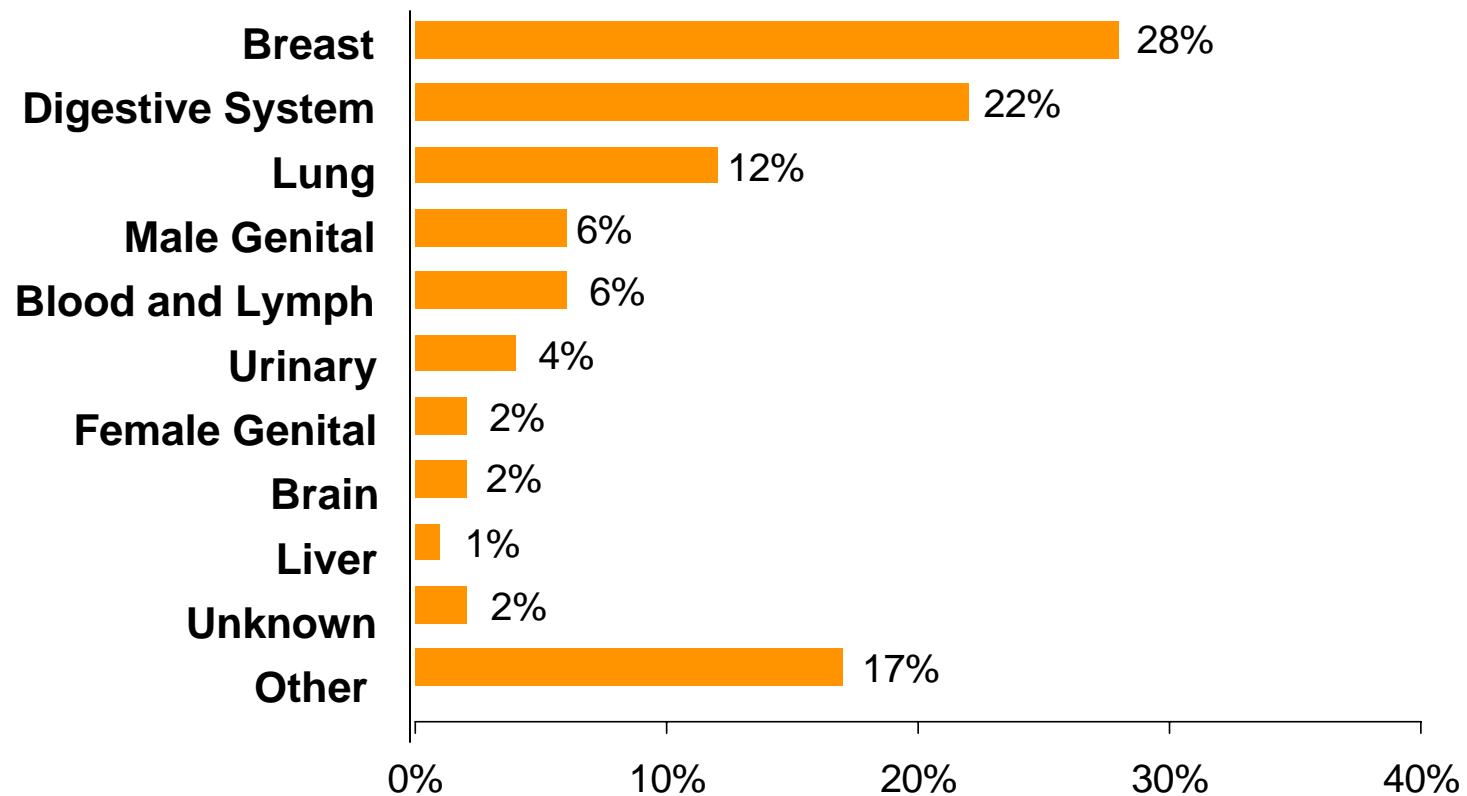
How Will the Model Evolve?

Implementation



Different Tumor Types

Distribution of Diagnoses by Tumor Type



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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