Implementing and Measuring Impact of Patient Navigation

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Graduate Program in Nursing Administration
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A patient-centered navigation program was developed at AnMed Health Cancer Center to assist and support oncology patients in addressing coordination of care and barriers while improving patient satisfaction and quality outcomes.

**TEAM MEMBERS**
(Note: This was a MS student project collaboration between AnMed Health and Clemson University)

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**INTRODUCTION**
A diagnosis of cancer still elicits an alarming response even though there has been significant emphasis on improving cure and survival rates. Over the years, advances in early detection and treatment have proven to be very successful in decreasing the burden of some types of cancers (American Cancer Society, 2008; Freeman & Chu, 2005). Often those faced with a diagnosis of cancer experience a disruption of daily functions, disorganization in their social processes, and emotional distress (Mills & Sullivan, 1999). Patients and families are faced with making multiple decisions related to treatment interventions. These issues, coupled with lack of information and resources, have the capacity to affect adherence to and negatively impact clinical outcomes (Adler & Page, 2008). With the evidence-based evolution of science and health care, treatment plans for cancer have become very complex, making navigation of the healthcare system challenging and time-consuming for the patient (Seek & Hogle, 2007).

**REVIEW OF THE LITERATURE**
The term “patient navigator” is often used interchangeably with other terms such as “nurse navigator” and “care coordinator,” depending on how the role is defined by the organization. Often based on individualized assessment, the most common approaches used to reduce barriers to care include: mobilizing financial assistance, coordinating services/appointments, and providing education. By decreasing barriers to care, patient navigator programs are able to increase screening services, promote timely treatment after a suspicious finding, and improve adherence to treatment regimens. The literature review revealed that patient navigation is an emerging trend in oncology care whose purpose is to affect a decrease in cancer-related health disparities primarily by resolving barriers to care. Other benefits of patient navigation that were identified include improving clinical outcomes, increasing patient satisfaction, and increasing cost effectiveness of care.

**AIM**
The patient navigator role was implemented to improve patient-centered cancer care orientation, education, coordination and adherence to treatment plans, access and referral to community resources, and assistance with financial needs, while improving outcomes and satisfaction.

**MEASURES**
• Volume growth in referrals as an indicator of perceived value by providers.
• Evidence of greater satisfaction with care by patients receiving navigation services as compared to a control group of patients without navigator services.
• Staff perception of navigator role effect on patient preparation for treatment.

**RESULTS**
• Total patient contacts for navigator services averaged 59.5 per month at the outset of the program. 4th Q 2007 and 93.5 per month FY 2008 with full implementation and revisions as the program and role developed.
• New patient referrals averaged 13/mo at the outset & have averaged 19.5/mo FY 2008.
• A random sample of patients who received navigation services (n=28) responded more positively at a statistically significant level to 7 of 10 survey statements using an instrument designed to measure perceptions of service compared to a control group of patients (n=20) without navigation services.
• Providers (n=24) indicated agreement with five statements using a survey instrument designed to measure perceived role effect.
• From the perspective of patients and staff working closely with cancer patients, patient navigation is effective in reducing barriers to care, confusion, and fragmentation and increasing satisfaction.

**LESSONS LEARNED**
• Obtain top leadership support.
• Involve all stakeholders and especially frontline providers who know patient and family needs best.
• Continually identify gaps in care and experiment with content and role adjustments.
• Gain a strong commitment from physicians and provide frequent and informative follow-up to keep informed.
• Continually evaluate progress and report it widely.