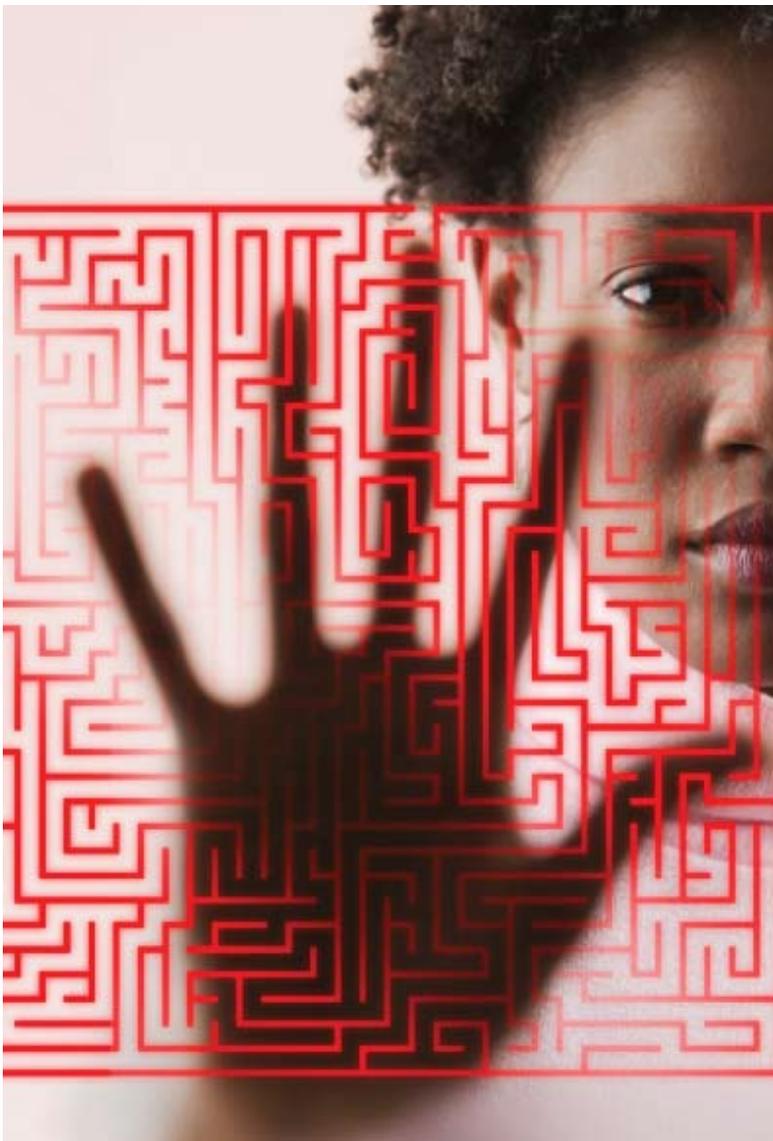


Patient navigator: A role that goes beyond clinical care

Cancer entails a confusing labyrinth of multidisciplinary care. Using nurses in this role is becoming increasingly vital to achieving ideal patient outcomes.



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ROSE LISANO VALENTINO, MSN, FNP, BC

A cancer diagnosis has the power to produce a myriad of overwhelming emotional responses, including shock, denial, anxiety, fear, grief, and depression. A cancer patient's footpath through the health care system involves dealing with this host of feelings while juggling a multitude of medical tests and consultations to determine a definitive diagnosis and course of treatment. In addition, many patients do not fully appreciate the need for prompt access to care, which further confounds their situation. This pathway, to say the least, can be a confusing labyrinth.¹

Cancer care is often complex, with many patients facing complicated treatment regimens, individualized therapies, and rapidly changing evidential recommendations for existing therapies. Patient navigators take some of this burden from the patient. They guide patients with cancer through complex treatments during a formidable time. Patient navigators are an important bridge between the doctor, adjunct services, and the patient.

A HEALTH CARE ROLE EMERGES

The concept of a cancer patient navigator was originally developed by Harold Freeman, MD, in 1990.¹⁻⁸ Freeman's model was in response to seeing a disproportionate number of African American women presenting with late-stage breast cancer, which he attributed in part to their inability to access an array of cancer care services.^{3,4} Freeman partnered with the American

Cancer Society (ACS) to create the first patient navigation program at Harlem Hospital in New York, New York.³⁻⁶ The first patient navigators were laypersons who worked directly with patients through each phase of care. Their responsibilities included providing patient education, removing barriers to care, and ensuring tests and appointments were completed in a timely manner.⁶ Freeman’s model emphasized community outreach and encouraged people to undergo appropriate cancer screenings. After the navigator program was implemented, the percentage of patients presenting with late-stage disease at diagnosis was significantly reduced and 5-year survival rates increased considerably. Due to the initial success and promising results, development of patient navigation programs increased impressively across the United States for other diseases as well as cancer.^{3,5}

The Harlem Hospital program focused on the specific needs of its local community. The program was designed to help people overcome barriers of access to care and screening.^{2,5,6} The Harlem Hospital program served as a springboard for other patient navigation models across the country that address varied health system needs based on their different settings, diseases, and divergences in care.⁶ In 2010, the American College of Surgeons’ Commission on Cancer exemplified the notability of navigation services by adding a criterion for patient navigation services to its standards for cancer program accreditation; the new criterion will be phased in by 2015.^{8,9}

TABLE 1. Exploring the role of the nurse navigator

Academy of Oncology Nurse Navigators www.aonnonline.org/
Cancer Navigator Program http://cancernavigatorprogram.org/
EduCare Inc. Breast Health Navigator Training www.educareinc.com/training_nav.php
National Coalition of Oncology Nurse Navigators www.nconn.org/
National Consortium of Breast Centers Breast Cancer Navigator Certification Program www.bpnc.org/about-bpnc.cfm
Sonoma State University School of Extended & International Education Patient Navigator Certificate Program www.sonoma.edu/exed/patient-navigator/

Patient navigator services follow several models. Successful models are developed to meet the specific needs of individual cancer programs and patient populations. The *clinically oriented model* pairs patients with navigators based on tumor site. A *point-of-entry model* is driven by logistical methodology based on the patient’s varying needs due to tumor site, diagnosis and stage, chosen treatment regimen, and existing support systems. The most common approach,

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high-volume/low-acuity model, allows for a higher patient load per navigator, and is often used to manage breast cancer cases. Alternately, a *high-acuity/low-volume model* is utilized for patients whose complex care has the greatest need for navigator services, such as those with head and neck cancer. These traditional navigation models have evolved into a broad range of hybrid programs specific to their individual cancer care site.⁸ Patients’ needs are variable depending on stage at diagnosis, type of treatment, and existing patient support systems, thereby altering the resources needed for any particular patient population and influencing the services provided by patient navigation programs.^{1,8}

No one standard definition for patient navigation in cancer care applies universally.^{2,5} Subsequently, the definition of the role, title, responsibilities, and qualifications for patient navigators vary considerably from center to center. In the same manner, patient navigators’ backgrounds vary as well, and the role may be assumed by registered nurses (RNs), advanced practice nurses (APNs), nurse practitioners (NPs), case managers, social workers, laypersons, tumor registrars, and even patients.^{2,5,6,8}

EXTENDING NURSING CARE THROUGH NAVIGATION

In the past two decades, the number of nurses, both RNs and advanced practice NPs, practicing in the navigator role has significantly increased.⁶ Many programs prefer to use clinically trained navigators over laypersons due to their ability to play a larger, more comprehensive role in patient care.^{5,6} A clinical background expands navigators’ capabilities to identifying psychosocial needs of patients, and to providing more in-depth answers to diagnosis- and treatment-related clinical questions. Most nurse patient navigators have at

least a bachelor's degree.⁶ Most often, nurses come to this type of work through oncology or other advanced nursing experience.

There is no one nationally recognized license or credentialing body in patient navigation, nor is there any one generally accepted criteria for certification. However, as the validity of the role grows, various professional organizations offer some type of training, certification, or professional society membership (Table 1). Available training and certification options allow navigators to provide generalized cancer care navigation or specialize in a specific cancer type, such as breast cancer; or even work in disciplines outside the field of oncology, such as women's health.

APNs' expertise in clinical practice, patient education, consultation, research, and management, which provides a comprehensive integration of medical and nursing perspectives, are additional benefits to utilizing these clinicians as navigators.⁶ Further, most patient navigation services are nonbillable; however, as part of an office visit for ongoing care, they are billable when provided by a nurse practitioner but not when provided by a registered nurse. This additional revenue stream can potentially substantiate the difference between the costs compared with using a layperson or registered nurse in this capacity.¹ Many cancer programs are incorporating NPs as active coordinators in their patient navigator programs. Both the facility and the patient benefit from the advanced diagnostic education and clinical expertise of NPs.

Nurse practitioners are also the ideal candidates for transitioning patients from the acute treatment stage to post-treatment survivor care. Health care trends often reflect a breakdown in implementing recommended follow-up care. Patients either do not fully understand the importance of follow-up care recommendations or health care providers are not communicating this message effectively. These breakdowns, when they occur in the oncology arena, have the potential to heighten the risk of cancer recurrence and secondary cancers. Oncology NPs who also serve as navigators can provide the follow-up care, as well as coordinate their patients' overall care needs. The pending shortage in primary care and oncology providers further validates utilizing APNs in this role. An advanced practice NP is also well suited for implementing the Commission on Cancer's proposed new standards for patient navigator and survivorship programs.^{6,9}

NAVIGATION EVOLVES INTO CLINICAL CARE

The initial criteria developed for the patient navigation program at Harlem Hospital did not specify a level of formal

education. Since that time, some programs have developed requirements for formal education or certification, while others continue to use layperson navigators.² However, growth of the navigator role and attempts to standardize it have demonstrated the advantages of the additional oncology experience or specialized education of an oncology nurse or nurse practitioner. Their comprehensive knowledge base of cancer pathophysiology, treatment modalities, disease progression, and systemic management enhances and strengthens the navigator's role in the continuum of cancer care.⁶

That being said, patient navigation programs and the credentials of those who serve as navigators continue to be diverse, driven by system- and site-specific needs. One patient navigator model does not fit the needs of all medical systems or settings.^{2,5-7} One program may place a greater emphasis on screening and access to care, as seen in the Harlem Hospital pilot program; whereas another program may have a stronger need for direct patient care. Still others may need to place a greater emphasis on transportation and financial issues for their patient populations. The scope of service is ultimately directed by a needs assessment that identifies the goals and mission of the program, the patient population, the community, and the individual navigator's qualifications.^{2,6,8}

MEASURABLE BENEFITS

As stated, most patient navigation services are nonbillable. Thus, these services must demonstrate efficiency to justify their use of valuable and oftentimes scarce resources.^{1,8}

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Effectual outcome metrics that can be monitored and trended are needed to support resource allocation. However, data on the cost effectiveness and efficiency of patient navigation programs are limited, but several studies are ongoing.² Community cancer centers often struggle to provide a business case that demonstrates how navigator services generate revenue. The values of patient navigation services have been identified as enhanced communication and trust, and increased provider referrals when these services are offered.¹ The National Comprehensive Cancer Control Program (NCCCP) and some authors have found that

cancer patient navigation programs aid patient care in the following ways^{1,6,7}:

- Reduce inpatient stays and ER visits
- Increase downstream revenues for other higher-volume services, such as surgery, infusion, radiation, and imaging tests
- Improve care coordination and quality of care
- Increase number of referrals to the individual cancer center
- Reduce wait times from abnormal findings to diagnosis
- Improve patient satisfaction survey results
- Direct divergent populations through the continuum of care
- Facilitate shared decision making between the health care team and the patient and family, which impacts patient choices and decisions
- Decrease financial stress on the health care system
- Lower patient stress.^{1,6,7}

Reporting tools that effectively evaluate navigation programs can range from paper documentation, simple databases, electronic patient navigation software systems, and electronic medical records. An accurate measure of the impact of navigation services can be made by reviewing patients' perspectives on their treatment course. Navigator-specific patient satisfaction surveys provide a targeted approach. Patients report that navigators are effective because they provide information, assist with problem-solving, offer emotional support, and enhance logistical assistance.^{1,5,8}

Data obtained from these surveys not only assess patient satisfaction, but identify opportunities to refine the health care delivery process. A market-oriented approach measures the impact of the patient navigator on the potential to influence patient volume. The popularity of patient navigators has the potential to influence patients to initiate their care at an institution with a patient navigator versus one without.

CONCLUSION

The services of a patient navigator are becoming increasingly necessary to coordinate the multidisciplinary providers and complexity of care across the disease trajectory inherent in cancer treatment.³ The most essential role of patient navigation is to assure that a patient with a suspicious cancer-related finding receives a timely diagnosis and treatment.⁴ Patient

Patient navigators essentially act as a bridge between a complex and diverse medical culture and the patient's culture.

navigator programs can increase cancer screening and adherence to diagnostic follow-up. These programs have successfully helped patients overcome communication, financial, and systemic barriers. They essentially act as a bridge between a complex and diverse medical culture and the patient's culture, and help expedite diagnostic workup, initiate treatment, and improve participation in clinical trials.^{2,6,8}

Oncology care is a complex entity, involving many disciplines as well as multiple treatment options from numerous specialties. Further studies are needed to define the role, establish credentials, quantify cost effectiveness, and evaluate the sustainability of navigation programs.³ However, patient navigation has shown the capacity to assist patients through the continuum of care while eliminating barriers to timely screening and diagnosis, improving health outcomes, and increasing patient and health care provider satisfaction. ■

Rose Valentino is assistant director of nursing for the Upstate Cancer Center, SUNY Update Medical University, Syracuse, New York.

REFERENCES

1. *Cancer Care Patient Navigation: A practical guide for community cancer centers*. Rockville, MD: Association of Community Cancer Centers; 2009:53-539
2. Varner A, Murph P. Cancer patient navigation: where do we go from here? *Oncol Issues*. 2010;50-53.
3. Robinson-White S, Conroy B, Slavish KH, Rosenzweig M. Patient navigation in breast cancer: a systemic review. *Cancer Nurs*. 2010;33(2):127-140.
4. Freeman HP. A model patient navigation program. *Oncol Issues*. 2004;44-46.
5. Paskett E, Harrop J, Wells KJ. Patient navigation: an update on the state of the science. *CA Cancer J Clin*. 2011;61(4):237-249.
6. Muscari DE, Kennedy J, Helseley M, et al. Making the case for nurse navigators—benefits, outcomes, and return on investment. *Oncol Issues*. 2011;26-33.
7. Swanson J, Asfeldt T, Kalaskie C, et al. How the NCCCP is using patient navigation to help reduce cancer disparities. *Oncol Issues*. 2011;46-52.
8. Swanson J, Strusowski P, Mack N, et al. Growing a navigation program using the NCCP navigation assessment tool. *Oncol Issues*. 2012;36-44.
9. Cancer program standards. Commission on Cancer Web site. <http://www.facs.org/cancer/coc/programstandards2012.html>. Accessed March 18, 2013.



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Go to OncologyNurseAdvisor.com/navigation for a link to the Navigation Assessment Tool from the NCI Community Cancer Centers Program.