

Incorporating Navigation into the Clinical Setting
- A Case Study
GASCO Annual Meeting August 27, 2011



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Agenda

- **Historic Evolution of Navigation Services**
- **New Paradigm for Community Cancer Care Management**
- **Navigation Case Study:
A Single Institution's Experience**



Historic Evolution of Navigation Services

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Historic Evolution of Patient Navigation in Cancer Care

- The ACS conducted a series of hearings in 1989 with low-income Americans throughout the United States
- The results of those hearings were published in a report by the ACS entitled *Report to the Nation: Cancer in the Poor*.
- The report indicated that poor individuals face significant "obstacles" to accessing care services that prevent them from obtaining needed care.

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Patient Navigation: State of the Art or is it Science?
Cancer, Volume 113 Issue 8 Pages 1999-2010
October 15, 2008 Kristen Wells, Et All



Historic Evolution of Patient Navigation in Cancer Care

- **Financial barriers** such as being unable to afford health insurance, Medicaid or Medicare ineligibility, losing employment that provides health insurance, and lack of affordable cancer services
- **Logistical barriers** such as lack of transportation, living at a far geographic distance from healthcare, lack of reminder systems, and lack of understandable cancer information
- **Sociocultural barriers** such as limited social support and inadequate health literacy.

Historic Evolution of Patient Navigation in Cancer Care

- In response to the results of the ACS Report, Dr. Harold P. Freeman partnered with ACS to create the first patient navigation program in Harlem, NY in 1990 targeting women with historically poor breast cancer outcomes.
- Program assisted low-income women in overcoming barriers to breast cancer screening and follow-up care.
- Specified members of the community provided patient navigation services to women who had clinical findings suspicious for cancer.

= First Instance of Lay Navigation

Historic Evolution of Patient Navigation in Cancer Care

- In 2001, the President's Cancer Panel recommended that funding be provided to promote community-based programs, such as patient navigator programs, to assist individuals in obtaining cancer information, screening, treatment, and supportive services
- Funding from private foundations, including the ACS, the Avon Foundation, and the Susan B. Komen Breast Cancer Foundation as well as local, state, and federal governments and community organizations.
- In 2003 there were over 200 cancer care programs identified nationwide by the NCI that were providing patient navigation
- By 2007 the ACS funded more than 60 patient navigation programs

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NCI Patient Navigation Research Program

Overview of Program:

- Funded through the NCI with additional support from the American Cancer Society and the Avon Foundation, the PNRP is a cooperative effort of 9 sites across the United States.
- Target Communities include racial and ethnic minorities and those of low socioeconomic status who have either abnormal cancer screening or an incident diagnosis of breast, cervical, colorectal, or prostate cancer.
- Investigators in each site will assess the outcomes in a group of patients receiving patient navigation, compared with a concurrent control group without navigation.

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National Cancer Institute Patient Navigation Research Program
Cancer, Volume 113 Issue 12 Pages 3391-3399
December 15, 2008 Karen M. Freund, MD, MPH Et All



Cancer Type & Population

Table 1. Cancer Type and Populations Studied by National Site-NCI Patient Navigation Program

National Site	Cancer Type				Populations Addressed			
	Breast	Cervical	Colorectal	Prostate	African American	Hispanic	Asian	American Indian/Native Alaskan
<small>NCI indicates National Cancer Institute.</small>								
Boston University Medical Center	X	X			X	X	X	
Denver Health and Hospital Authority	X		X	X	X	X	X	X
H. Lee Moffitt Cancer Center	X		X		X	X		
Northwest Portland Area Indian Health Board	X	X	X	X				X
Northwestern University			X	X	X	X		
University of Illinois/Access Community Health Network	X	X			X	X		
George Washington University	X				X	X		
Ohio State University	X	X	X		X	X		
University of Rochester School of Medicine and Dentistry	X		X		X			
University of Texas Health Science Center	X	X			X	X		

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New Paradigm for Community Cancer Care Management

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NCI Community Cancer Centers Program (NCCCP)

Eighty-five to ninety percent of cancer patients are treated at local hospitals, private oncology practices, or community centers.

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NCI CCOP History

- Since its inception in 1983, the Community Clinical Oncology Program (CCOP) has linked community cancer specialists, primary care physicians, and other health care professionals to the NCI-supported Cooperative Groups and Cancer Centers to conduct NCI-approved cancer treatment, prevention, and control clinical trials.
- The groups responsible for developing and implementing cancer prevention and control clinical trials are known as Research Bases: 14 Cooperative Groups and Cancer Centers have grants to serve as CCOP Research Bases .

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NCI CCOP History

- In 2005, 50 CCOPs and 13 Minority-Based CCOPs across the country received funding for participation in NCI-approved trials.
- CCOP Cancer Control Trials since 1987:
 - 241 cancer control trials
 - 136 symptom management trials
- The CCOP network is the primary mechanism for conducting phase III clinical trials in symptom management, palliative care, and other cancer control issues.

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NCI Community Cancer Centers Program (NCCCP)

NCI Mission:

- Enable the provision of state-of-the-art multispecialty care and early-phase clinical trials in community-based locations to meet the needs of the people

Goals:

- Draw more patients into clinical trials in community-based settings
- Reduce cancer healthcare disparities
- Explore standards for collecting and storing cancer research specimens
- Link to national computer networks for conducting research and sharing results

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NCCCP Pilot Program Sites 2007



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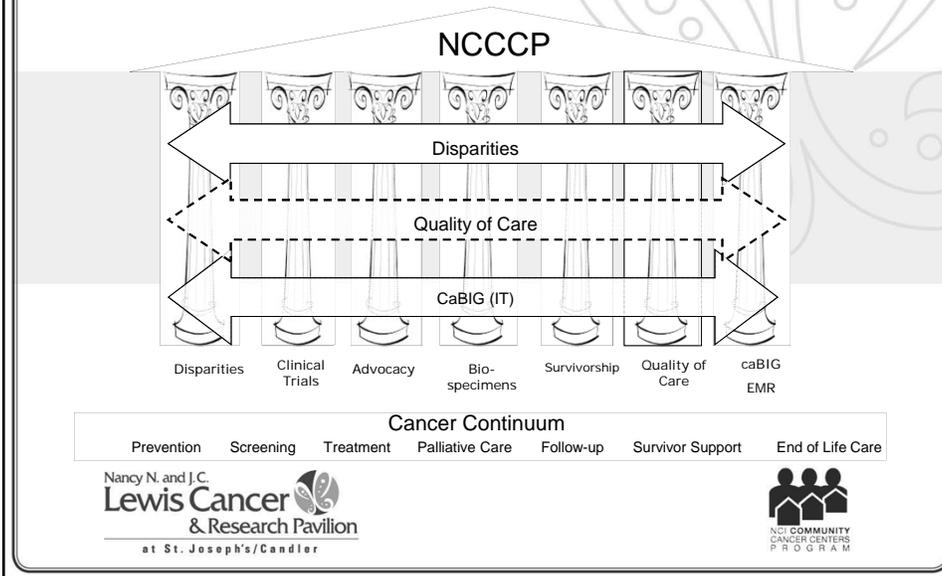
NCCCP Pilot Program Sites 2010



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NCCCP Pillars



NCCCP Site Experience: LCRP 4th Year

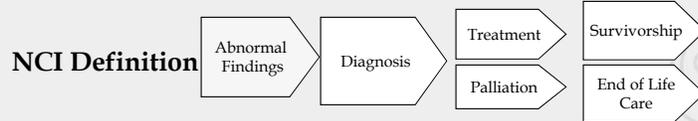
Clinical Trials	Disparities	Biospecimens	IT	Quality	Survivorship
<p>SWOG affiliate top accrual recognition</p> <p>Designated ECOG Primary Membership</p> <p>11 Early Phase Clinical Trials open to Accrual</p> <p>Trials currently open to accrual: 93</p> <p>Total Patient enrollment: 602*</p> <p>186% Increase in Clinical Trial Enrollment*</p>	<p>Disparate Population Screenings: 1260</p> <p>Navigation Study utilizing IOM Guidelines in Breast Cancer clinical care</p> <p>Morehouse School of Med. Colorectal Screening Intervention Program</p> <p>OMB Race/Ethnicity Tracking</p>	<p>PQC of biospecimen samples collected rated in Top 5 of all states</p> <p><u>Collected:</u> Year 1: 16 Year 2: 48 Year 3: 123 Year 4: 219</p> <p><u>Partnerships:</u></p> <p>Biorepository Alliance of Georgia</p> <p>Moffitt Total Cancer Care</p>	<p>NBIA is live and training has begun</p> <p>Electronic Clinical Trials Database (CREDIT)</p> <p>Integrated Oncology EMR now at vendor selection stage</p> <p>OMB Race and Ethnicity Training</p>	<p>Two rounds of QOPI completed</p> <p>Leader in RQRS</p> <p>Pulmonary MDC added with face-to-face clinic in Radiation Therapy</p>	<p>Day of Health & Healing</p> <p>"Survivors Journey: What's Next?" Survivorship Series</p> <p>State-wide initiatives for GCC and Navigation</p> <p>Palliative care/End of Life computer based learning module</p>

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*Total Patient Enrollment includes Total Cancer Care

NCC Community Cancer Centers Program

NCI Patient Navigation



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Navigation Case Study: A Single Institution's Experience

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Access to Care

- Two (2) acute care community hospitals
 - St. Joseph's
 - Candler
- 3300 employees
- 636 Beds
- Medical Staff of 596 physicians



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56,000 square feet freestanding facility

- Medical oncology
- Surgical oncology
- Pulmonology
- Radiation Oncology
- Outpatient Infusion Center
- Chapel
- Patient library
- Oncology Clinical Research
- Transformation Station

2011

- PET/CT
- Cyber knife



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LCRP - Access to Care

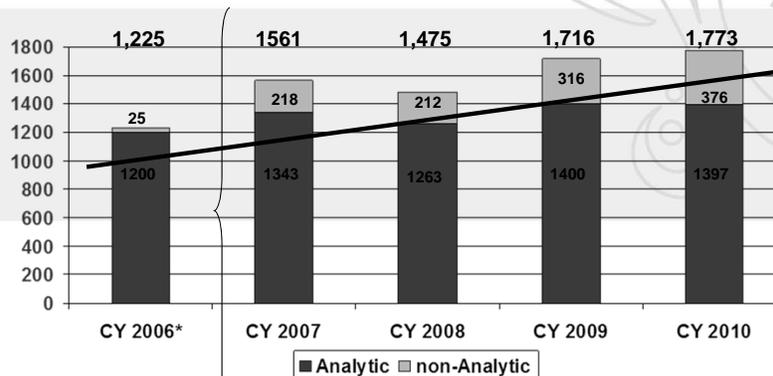
- SJ/C Serves 33 Counties covering a population base of over 670,000
- Focus on Early Detection
- Through collaborative efforts - address disparities



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Volumes: New Cancer Cases: 2006-2010



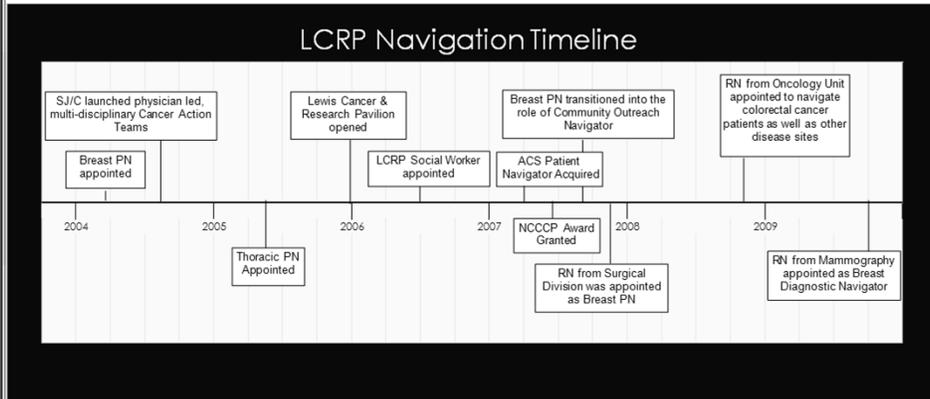
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*LCRP opens

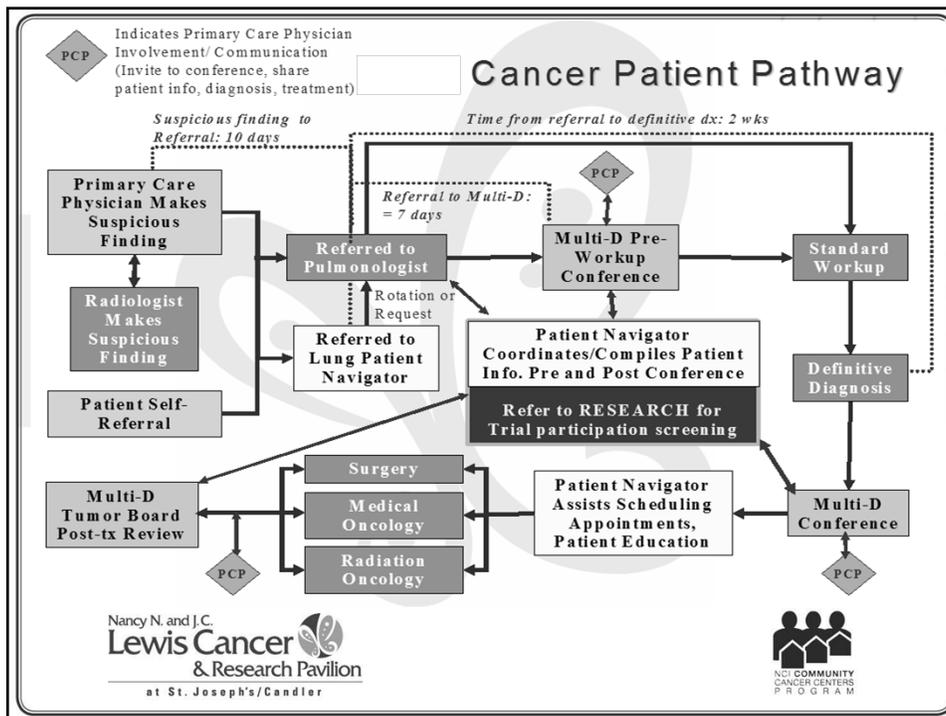
Source: Tumor Registry



History of Program - LCRP



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Navigation Team-(current)

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- Community Outreach Navigator-RN
- Social Worker
- ACS Resource Navigator
- 3 RN Cancer Patient Navigators
- 1 RN Breast Diagnostic Navigator
- 1 Lay Navigator



Breast Navigation Roles

- **Diagnostic Navigator**
 - Manages patient's with a BIRADS 4 or 5 result code through biopsy and surgical evaluation
- **Breast Cancer Navigator**
 - Guides newly diagnosed breast cancer patients through the treatment continuum



Navigation Agreement

- Outlines attending physicians' preferred next steps for patients requiring a surgical referral and/or additional diagnostic studies
- On-call surgeon to see a patient either same day or within 2-3 business days of a diagnostic result.
- Elevates the standard of care for participation in multidisciplinary conferences and accreditation of surgeons.
- Signed agreements with primary care, internal medicine, and OB/GYN physicians
- Provides continuity of care from abnormal finding to diagnosis

Patient Preference Profiles

- Preference Profiles allow patients to move through system faster.
- Physicians state preference for specific surgeon or rotation.
- Rotation Physicians must sign Participation Agreement
- >60% of the physicians referring patients to the Telfair Pavilion for screening mammography have "Preference Profiles" on file with the Navigator.

Surgical Rotation Participation Agreements

- Establish programmatic parameters, i.e., on-call breast surgeon to see a patient either same day or within 48 hours for BIRADS 4&5
- Adherence to national guidelines
- Required to participate in Multi-Disciplinary approach to patient care
- Board Certifications

Patient Navigation

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- Nurse Navigators (Diagnostic and Cancer)
- Patient Resource navigators (Social Workers)
- Physician Preference Profiles
- Navigation Agreements (2004-2009)
- NCCCP Conditions of Participation (2009+)
- Navigators paired with Clinical Research Coordinators
- Navigators paired with Cancer Registrars

Patient Benefits

- **Singular health care provider available as point of contact for:**
 - » Education
 - » Psychosocial needs
 - » Spiritual needs
 - » Physical needs
 - » Transportation needs
 - » Financial assistance
 - » Appointment organization
 - » Advocacy
- **Assurance of timely diagnosis and treatment**
- **Seamless and timely coordination of care across the continuum (diagnosis & survivorship)**
- **Improved access to community resources and support programs**
- **Reduced barriers to care**
- **Access to treatment summaries and end of treatment care plans**

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Physician Benefits

- **Formal communication to the provider regarding results, referrals, progress**
- **Increased community based referrals and increased patient volumes**
- **Improved patient compliance**
- **Improved clinical decision making through data collection and multi-d case presentation**
- **Clinical trial support (Navigator provides early education and screening)**

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Program Benefits

- **Conditions of Participation**
- **Private practice physicians dedicated to the Multi-D Team demonstrates commitment to program goals**
- **Increased patient satisfaction**
- **Increased downstream revenue to the health system**
- **Increased clinical trial awareness and screening**
- **Increased community referrals into the cancer center**

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Success Factors

- **Collaborative interdisciplinary team approach**
- **Utilizing senior nurses within the health system who have good physician rapport and established relationships with the surgical team & ancillary services**
- **On-site ACS patient resource navigator and social worker**
- **Electronic navigation reporting system (MSM) for documentation and data analysis**
- **Collaboration with occupational therapy for compliance with supportive interventions, i.e., lymphedema evaluations and services**
- **Increased access to clinical trials through the multi-disciplinary team approach**

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Success Factors

- Survivorship organizers – designed with educational tabs & file pockets to help patients with records, appointment cards, and information related to their diagnosis/treatment – Survivorship programs
- Ability to decrease out-migration of services and increase physician referrals through Navigation Agreements
- Certified RN Navigators: OCN and CBPN-C
- Implementation of Navigation Brochures

Challenges

- Private practice model
- Physician education re: goals and benefits of navigation services
- Lack of integrated EMR – need for access to multiple data sources
- Uninsured patient population
- Referrals for psychological/psychiatric care

Lessons Learned

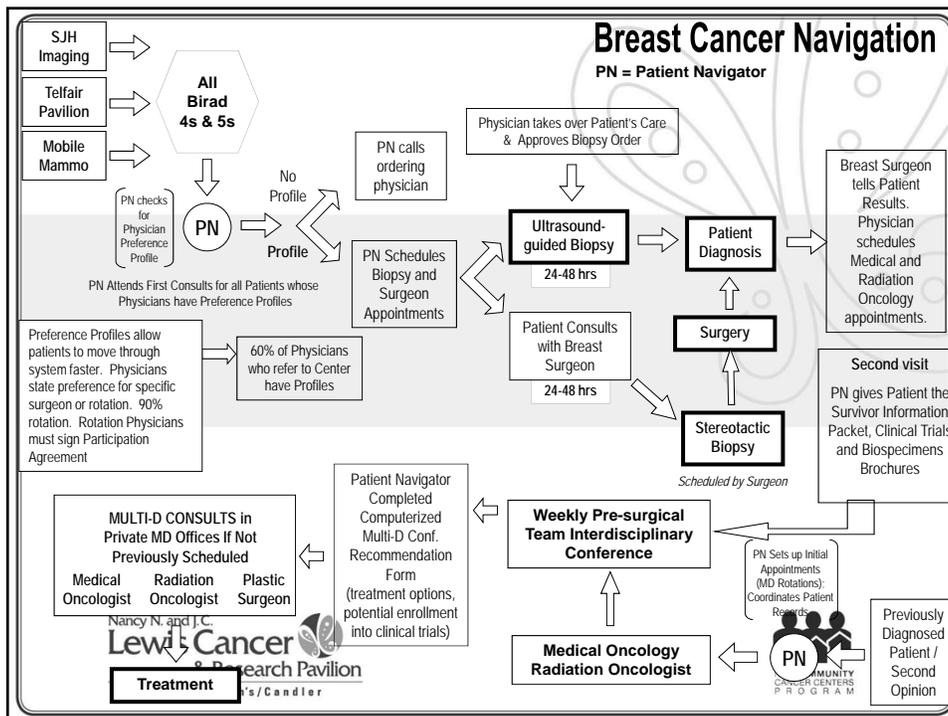
- Determine program goals and objectives early on and strive to align program with national guidelines and benchmarks
- Communication
- Personal contact with private practice physicians to encourage participation and to share program successes
- Establishing an environment of trust - private practice physicians
- Early implementation of a patient Satisfaction Survey
- Establish reporting and tracking systems that are not duplicative

Measuring Success & Evaluation Navigation

- Electronic navigation reporting system (MSM) for documentation and data analysis
- Cancer Registry Data

Measuring Success & Evaluation Navigation

- Georgia Cancer Coalition contracted with the IOM to produce *Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia*
- GCC wanted to measure the state's progress in improving the quality of cancer care.



Indicators

1. Days from screening to biopsy with a benchmark of 14 days
2. Days from biopsy to surgery *
3. Days from surgery to radiation with benchmark of 56 days
4. Days from Surgery to Adjuvant Combination Chemotherapy *

*Not Institute of Medicine indicators

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IOM Data 2008

Indicators	2008 Non navigated Patients	2008 All Navigated Patients	2008 Navigated with Physician Preference Profiles	2008 Navigated without Physician Preference Profiles
Measure 5.1 - Days from Screening to Biopsy (Benchmark = 14 days)	N=64	N=79	N=25	N=54
1.Median	7	6	5	7
1.Average	17	8	6	9
*Days from Biopsy to Surgery	N=83	N=78	N=25	N=53
1.Median	21	21	18	22
1.Average	33	24	19	26
Measure 6.5 - Days from Surgery to Radiation (Benchmark = 56 days)	N=18	N=16	N=5	N=11
1.Median	56	39	34	46
1.Average	92	39	24	46
*Days from Surgery to Adjuvant Combination Chemotherapy	N=22	N=34	N=14	N=20
1.Median	32	36	32	39
1.Average	33	41	33	44

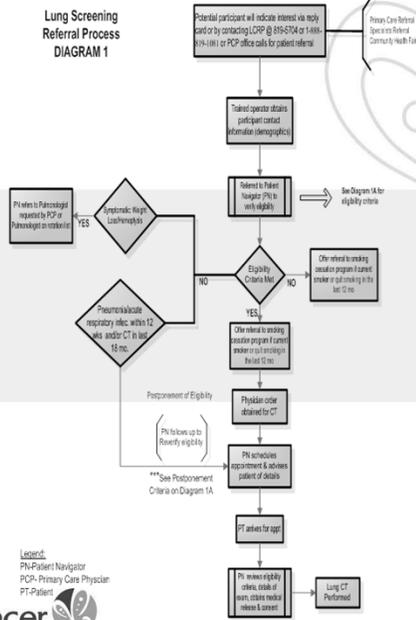
IOM Data 2009

METRIC	Non-Navigated 2009		Navigated 2009		IOM Benchmark
	AVG	MEDIAN	AVG	MEDIAN	
Screening Mammo to Biopsy (131 Navigated cases; 44 non-navigated cases)	32	21	7	6	14 Days
Biopsy to Surgery (131 navigated cases; 87 non-navigated cases)	23	18	25	21	No IOM benchmark
Surgery to Radiation (55 navigated cases; 39 non-navigated cases)	94	53	92	54	56 Days
Surgery to Chemotherapy (45 navigated patients; 30 non-navigated cases)	40	39	42	40	No IOM benchmark

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Lung Screening Referral Process
DIAGRAM 1



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Lung Screening

Lung Screening Patient Navigation Study 02/1/2010 - 8/23/2011

SCREENED FOR ELIGIBILITY										
116										
CT PERFORMED	RACE	GENDER		ETHNICITY		AGE 40-54		AGE 55-75		
60	WHITE	47	FEMALE	34	NON-LATINO/HISPANIC	54	FEMALE	14	FEMALE	20
	BLACK/AA	7	MALE	25	NOT REPORTED/UNKNOWN	5	MALE	11	MALE	14
	NOT RECORDED	5								
CT RESULTS		AGE 40-54	AGE 50-64	AGE 55-69	AGE 60-69	AGE 70-75	TOTALS			
NEG- No pulm nodules or masses		7	8	3	11	4	33			
< 5mm		5	5	4	7	1	22			
≥ 5mm < 15 mm		0	0	0	2	0	2			
≥ 15mm		0	0	0	2	0	2			

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Georgia Cancer Coalition (GCC) Contribution to Navigation Services Development

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Georgia Cancer Coalition

- The Georgia Cancer Coalition is an independent, not-for-profit organization that unites government agencies, academic institutions, civic groups, corporations and health care organizations in a concerted effort to strengthen cancer prevention, research and treatment in Georgia, with the ultimate goal of making Georgia one of the nation's premier states for cancer care.
- The Mission is to reduce the number of cancer-related deaths in Georgia. The coalition is the first of its kind in the nation and is fast becoming a nation model



Source: Georgia Cancer Coalition



Georgia Cancer Coalition

To attack cancer with a unified and comprehensive approach, the Georgia Cancer Coalition's strategies include:

- Coordinating and helping to fund a nationally recognized research effort to find cures and better treatments
- Establishing a statewide family of cancer centers to upgrade the availability of world-class treatment
- Developing a statewide clinical trials network
- Engaging stakeholders in supporting, developing and implementing a Comprehensive Cancer Control Program
- Facilitating the design, access and retrieval of clinical information and public health data for the purpose of measuring the quality of cancer care, enhancing adherence to standards of care and improving patient-centered care and outcomes



Source: Georgia Cancer Coalition



Georgia Cancer Coalition

Strategies Continued:

- Promoting adoption of 21st century health information technology to achieve research, education and quality of care goals
- Enhancing Georgia's educational programs in oncology for health care providers and caregivers.
- Creating and enhancing partnerships with pharmaceutical and biotechnology companies
- Developing a statewide screening/detection network



Source: Georgia Cancer Coalition



History of Navigation in Georgia



History of Navigation in Georgia

- In 2002 the Georgia Cancer Coalition (GCC) contracted with the Institute of Medicine (IOM) to develop Breast Cancer Care Indicators
- In 2005 the IOM produced the report *“Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia.”*
- In the fall of 2005 St. Joseph’s/Candler (SJ/C) enlists the Breast Cancer Action Team, voluntarily contracted with the GCC to test the IOM Breast Cancer Indicators which account for 21 of the 52 recommended Indicators.



GCC:42 of 52 IOM indicators

Prevention	Screening & Early Detection	Diagnosis & Staging	Treatment & Palliation
Adult Smoking <input type="checkbox"/>	Breast Cancer Screening <input type="checkbox"/>	Timely Breast Cancer Biopsy <input type="checkbox"/>	Participation in Clinical Trials <input type="checkbox"/>
Adolescent Smoking <input type="checkbox"/>	Colorectal Cancer Screening <input type="checkbox"/>	Needle Biopsy For Breast Cancer <input type="checkbox"/>	Inappropriate Hormonal Therapy <input type="checkbox"/>
Advice to Quit Smoking <input type="checkbox"/>	Early-stage Breast Cancer <input type="checkbox"/>	Clean Margins Breast Surgery <input type="checkbox"/>	Appropriate EBRT Prostate Cancer <input type="checkbox"/>
Pharmacotherapy to Quit Smoking <input type="checkbox"/>	Advanced-stage Breast Cancer <input type="checkbox"/>	Hist Assessment Breast Cancer <input type="checkbox"/>	EBRT/Hormone Prostate Cancer <input type="checkbox"/>
Adult Obesity <input type="checkbox"/>	Advanced-stage Colorectal Cancer <input type="checkbox"/>	Hist Assessment Colorectal Cancer <input type="checkbox"/>	Adjuvant Radiation Ther Breast Cons Surg <input type="checkbox"/>
Cancer Incidence All Sites <input type="checkbox"/>		Path Compliance for Specimens <input type="checkbox"/>	Adjuvant Hormonal Ther Inv Breast Cancer <input type="checkbox"/>
Breast Cancer Incidence <input type="checkbox"/>		Path Reports for Breast Cancer <input type="checkbox"/>	Adjuvant Chemo Ther Breast Cancer <input type="checkbox"/>
Colorectal Cancer Incidence <input type="checkbox"/>		Path Reports for Colorectal Cancer <input type="checkbox"/>	Adjuvant Chemo Colorectal Cancer <input type="checkbox"/>
Lung Cancer Incidence <input type="checkbox"/>		Path Reports for Lung Cancer <input type="checkbox"/>	Mammography After Treatment <input type="checkbox"/>
Prostate Cancer Incidence <input type="checkbox"/>		Path Reports for Prostate Cancer <input type="checkbox"/>	Colonoscopy After Treatment <input type="checkbox"/>
		Breast Cancer Stage Determined <input type="checkbox"/>	Cancer Pain Assessment <input type="checkbox"/>
		Colorectal Cancer Stage Determined <input type="checkbox"/>	Prevalence of Pain Cancer Patients <input type="checkbox"/>
		Lung Cancer Stage Determined <input type="checkbox"/>	
		Prostate Cancer Stage Determined <input type="checkbox"/>	
			Cancer Deaths In Hospice <input type="checkbox"/>
			Hospice Length of Stay <input type="checkbox"/>
			Breast Cancer 5/10 Survival Rate <input type="checkbox"/>
			Colorectal Cancer 5/10 Survival Rate <input type="checkbox"/>
			Lung Cancer 5/10 Survival Rate <input type="checkbox"/>
			Prostate Cancer 5/10 Survival Rate <input type="checkbox"/>
			Breast Cancer Mortality Rate <input type="checkbox"/>
			Colorectal Cancer Mortality Rate <input type="checkbox"/>
			Lung Cancer Mortality Rate <input type="checkbox"/>
			Prostate Cancer Mortality Rate <input type="checkbox"/>
			All Cancers Mortality Rate <input type="checkbox"/>

Key:
 Currently available Public Health Data
 SJ/C and Rome Demonstration Project Data



History of Navigation in Georgia

In addition to the project deliverable of a “Toolkit” for other healthcare providers, a number of care process changes were accomplished during the six month demonstration project. These improvements included:

- Pathology reporting improved through the adoption of CAP guidelines
- Time from BIRADS 4&5 mammography report to biopsy reduced from greater than 2 weeks to under 1 week, often earlier depending on patient preferences
- Preference orders were established to expedite diagnostic follow-up for positive screening mammograms
- A Patient Navigator was assigned specifically for breast care services
- In weekly Multi-disciplinary breast conference, the navigators participate in the treatment planning and review of available clinical trials pertinent to each patient’s case.

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History of Navigation in Georgia

- The GCC participated in the development of the Cancer Patient Navigators of Georgia (CPNG), a 501c3 organization. CPNG represents navigators of diverse backgrounds, from experienced oncology certified nurses and master’s prepared social workers to trained lay navigators and cancer survivors.
 - The Mission is to connect, educate and share best practices with the ultimate goal of successfully reducing barriers and increasing access to services specifically related to cancer.
 - The Vision is to be a state in which patient navigation plays a key role in cancer prevention and screening as well as in supporting and directing all Georgians diagnosed with cancer and their families through their cancer journey.

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History of Navigation in Georgia

- The CPNG was developed as a result of a survey conducted by the Georgia Society of Clinical Oncology (GASCO) and the Georgia Cancer Coalition (GCC), funded by an American Society of Clinical Oncology (ASCO) innovation grant.
- The 80 responses to that survey gave a glimpse of cancer patient navigators in Georgia
 - Registered Nurses - 65.9%
 - Other Navigation Roles - 26.8%
 - Only 19% of Navigator positions were funded by their organizations operating budget

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History of Navigation in Georgia

- Cancer Patient Navigators of Georgia (CPNG) playing important role in expanding the placement of Patient Navigators who can work at developing systems to enhance cancer support
 - Survivor-involvement is called for in developing protocols for ensuring cancer patient navigation from initial screening through follow-up, diagnosis, and staging.

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History of Navigation in Georgia

Survey Key Issues:

- Sharing information on community resources
- Ensuring patient and caregiver access to navigation
- Promoting best practices
- Addressing quality of care issues
- Reducing barriers to care
- Increasing awareness of the Oncology Navigator role

Georgia's Comprehensive Cancer Control Plan was revised in 2007 to clearly define specific and measurable goals and objectives, and incorporated the issues raised in the GASCO survey



History of Navigation in Georgia

- Southwest Georgia Cancer Coalition (SWGCC) has Patient Navigators playing a crucial role in Community Screening Programs
 - In 2009 the program provided low-cost or no-cost screenings for 351 men and women residing in 18 southwest Georgia
 - Thanks to the support of patient navigators approximately 38% of those receiving colonoscopies received follow-up treatment needed



Literature Search Results

- Little is known about the efficacy and cost-effectiveness of patient navigation..
- Using the keywords “Navigator” or “Navigation” and “cancer”, 45 articles were identified in the PubMed database and from the reference searches that were published or in press through October 2007.
- 16 Studies provided data on the efficacy of navigation in improving timeliness and receipt of cancer screening, diagnostic follow-up care, and treatment.
- Reported increase in screening ranged from 10.8% to 17.1%
- Increase in adherence to diagnostic follow-up care ranged from 21% to 29% compared with control Patients

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Summary

- Questions?

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