

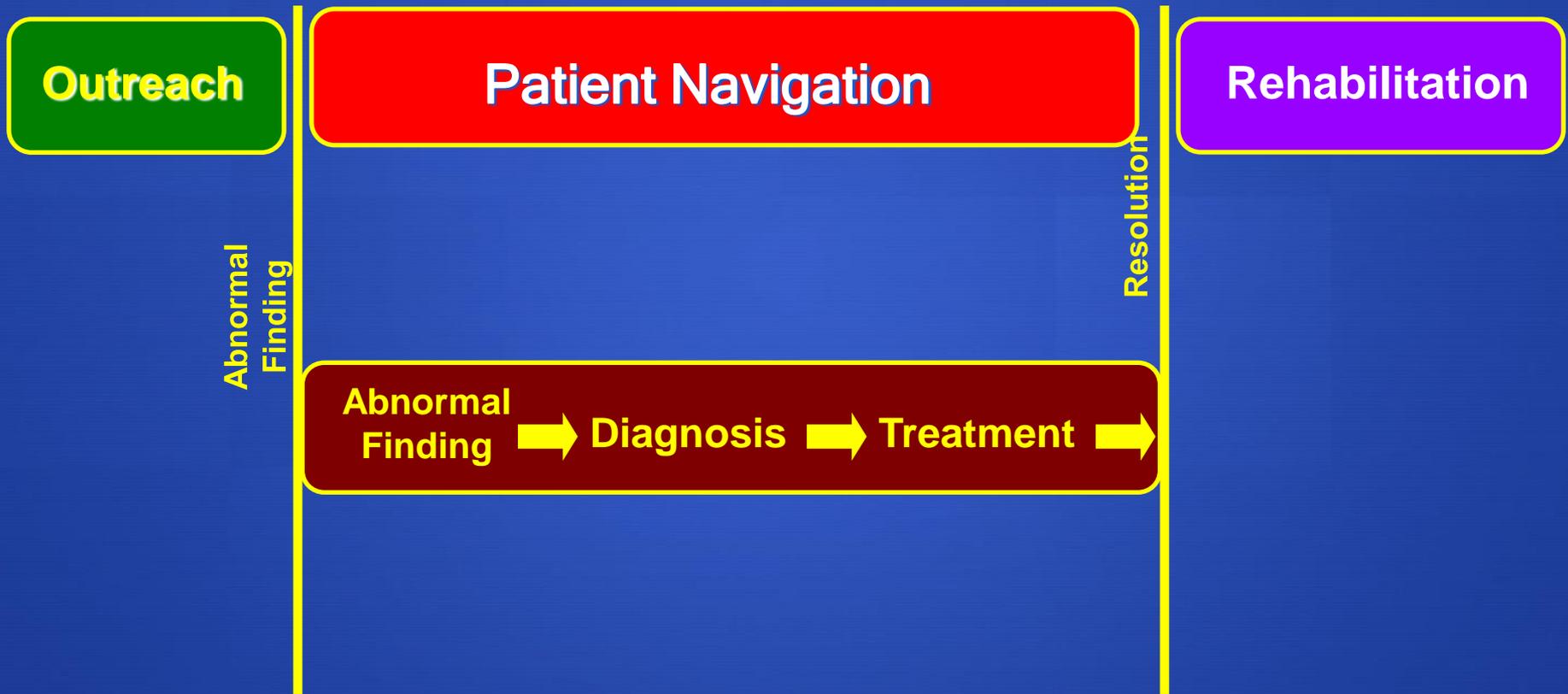
Evolution of Patient Navigation

Adirondack Health Institute 7th Annual Summit

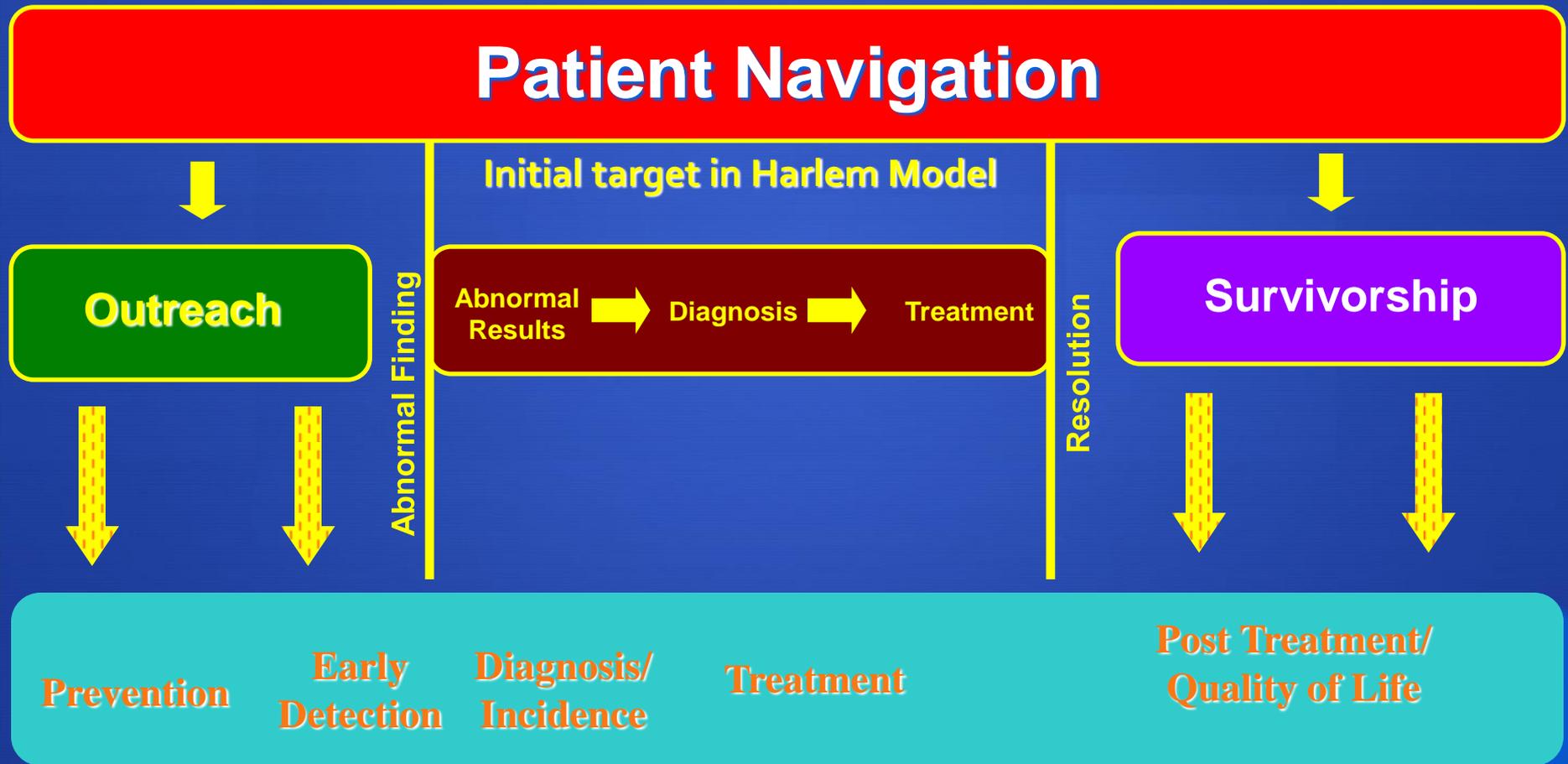
September 24, 2015
Lake Placid, NY

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Founder & President, Harold P. Freeman Patient Navigation Institute

Patient Navigation Model



Patient Navigation Across The Health Care Continuum



Phases of Patient Navigation

Outreach: The outreach navigator is responsible for creating access to the Center. This individual utilizes remote access technology to create real time appointments in the scheduling management system and tracks potential patients through their scheduled appointment.

Financial: The financial navigator is responsible for removing any financial barriers or obstacles faced by patients.

Diagnostic: The diagnostic navigator is responsible for removing barriers to timely diagnosis.

Treatment: The treatment navigator is responsible for removing barriers to timely treatment.

The Principles of Patient Navigation

Navigation is a patient-centric health care service delivery model.

The core function of navigation is the elimination of barriers to timely care across all segments of the health care continuum.

Patient navigation serves to virtually integrate a fragmented healthcare system for the individual patient.

The Principles of Patient Navigation

Patient Navigation should be defined with a clear scope of practice that distinguishes the role and responsibilities of the navigator from that of all other providers. Navigators should be integrated into the health care team in such a way that there is maximum benefit for the individual patient

Delivery of navigation services should be cost effective and commensurate with the training and skills necessary to navigate a individual through a particular phase of the care continuum

The Principles of Patient Navigation

The determination of who should navigate should be related to the level of skills required by the level of skills required at a given phase of navigation.

There is a need in a given system of care to define the point at which navigation begins and the point at which navigation ends

The Principles of Patient Navigation

There is a need to navigate patients across disconnected systems of care such as primary care site and tertiary care sites. Patient navigation can serve as the process that connects disconnected health care systems.

Navigation systems require coordination. In larger systems of patient care this coordination is best carried out by assigning a navigation coordinator or champion who is responsible for overseeing all phases of navigation activity within a given health care site.

Three Major Factors to Improve Results

- Provide screening to patients regardless of ability to pay
- Establish patient navigation program
- Increase outreach and public education

Funding for Patient Navigation

- **NCI 9 Demonstration Sites**
- **CMS 6 Demonstration Sites**
- **Health Resources and Services Administration 6 Demonstration Sites**
- **American Cancer Society**

Funding for Patient Navigation

- Susan Komen Foundation
- Avon Foundation
- Pfizer Foundation
- Amgen Foundation

National Legislation authorizing Patient Navigation Program

Signed into law
June 29, 2005

"Patient
Navigator
Outreach and
Chronic Disease
Prevention Act of
2005"
P.L. 109-18



American College of Surgeons Commission on Cancer

Cancer Program Standards 2012:

Standard 3.1

**American College of Surgeons Commission on Cancer
mandated that Patient Navigation is to be a standard of
care to be met by cancer programs seeking approval
beginning 2015**

Affordable Care Act: 2010

- The ACA requires that states utilize patient navigators to facilitate access to health insurance coverage for uninsured individuals.

Patient Navigation Impact on Clinical Outcomes

Research Findings

Major Research Finding:

A 2011 review of the literature on patient navigation showed that patient navigation improves participation in cancer screening particularly in vulnerable populations

Paskett E, CA Cancer J Clin 2011

**National Cancer Institute
Patient Navigation Research
Program (PNRP)**

Research Findings

Major Research Finding:

The weight of evidence from the NCI PNRP indicates Patient Navigation can reduce the time from abnormal finding to diagnosis in breast, cervix, colorectal, and prostate cancer.

NCI Patient Navigator Research Program, 2012

NCI PNRP Study:

**“Patient Navigation Improves Cancer Diagnostic Resolution:
An Individually Randomized Clinical Trial in an
Underserved Population”**

**Conclusions: Patient Navigation positively impacts time to
resolution of abnormal screening tests for breast,
colorectal and prostate cancers in a medically underserved
population**

NCI PNRP Study:

**“Boston Patient Navigation Program:
Impact of Navigation on Time to
Diagnostic Resolution after Abnormal
Cancer Screening”**

**Conclusion: This study documents a benefit
of patient on time to diagnosis in a
racially/ethnically diverse inner city
population.**

NCI PNRP Study:

“Patient Navigation Significantly Reduces Delays in Breast Cancer Diagnosis in the District of Columbia”

Conclusion: Navigated women, especially those requiring biopsy, reached their diagnostic resolution significantly faster than non-navigated women.

NCI PNRP Study:

“The Ohio Patient Navigation Research Program: Does Patient Navigation (ACS Model) Improve Time to Resolution in Patients with Abnormal Screening Tests?”

Conclusions: Participants with abnormal screening tests or symptoms resolved faster if assigned to patient navigators.

NCI PNRP Study:

“Follow-up and Timeliness After an Abnormal Cancer Screening Among Underserved, Urban Women in a Patient Navigation Program”.

Conclusions: Patient navigation reduces time from abnormal cancer findings to definitive diagnosis in underserved women.

**The position regarding Patient
Navigation of the Oncology Nursing
Society, the Association of Oncology
Social Work, and the National
Association of Social Workers**

- Patient navigation processes, whether provided on-site or in coordination with local agencies or facilities, are essential components of cancer care services.
- Patient outcomes are optimal when social worker, nurse and lay navigator function as multidisciplinary team.
- Ongoing collaboration to identify and/or derive metrics that can be used to clarify the role, function and desired outcomes of navigators must be supported and promoted.

- Patient Navigation programs in cancer care must address underserved populations in the community.
- Patient navigation programs must lay the groundwork for their sustainability.
- Navigation services can be delegated to trained non-professional and/or volunteers and should be supervised by nurse or social workers.

- **Nurses and social workers in oncology who function in patient navigator roles do so based on the scope of practice for each discipline. Educational preparation and professional certification play roles in regulating the practice of both disciplines. Nationally recognized standards of practice specific to the discipline and specialty also define safe and effective practice.**

- Nurses and social workers in oncology who perform navigator services should have education and knowledge in community assessment, cancer program assessment, resolution of system barriers, the cancer continuum, cancer health disparities, cultural competence, and the individualized provision of assistance to patient with cancer, their families, caregiver and survivors at risk.

- **Additional research to explore, confirm, and advance patient navigation processes, roles and identification of appropriate evidence-based outcomes measures must be supported.**

Final Thoughts

The Discovery-Delivery Disconnect



This *discovery to delivery* “disconnect”
is a key determinant of the unequal
burden of cancer.

Patient Navigation Historical Time Table

- 1989** National Hearings on Cancer in the Poor
- 1989** "Cancer in the Socioeconomically Disadvantaged", J. Cancer. 1989 Freeman HP
- 1990** Patient Navigator Program initiated at Harlem Hospital
- 1995** "Expanding Access to Cancer Screening and Clinical Follow-up Among the Medically Underserved", J. Cancer Practice. 1995 Freeman HP
- 2004** National Cancer Institute funded 9 demonstration sites

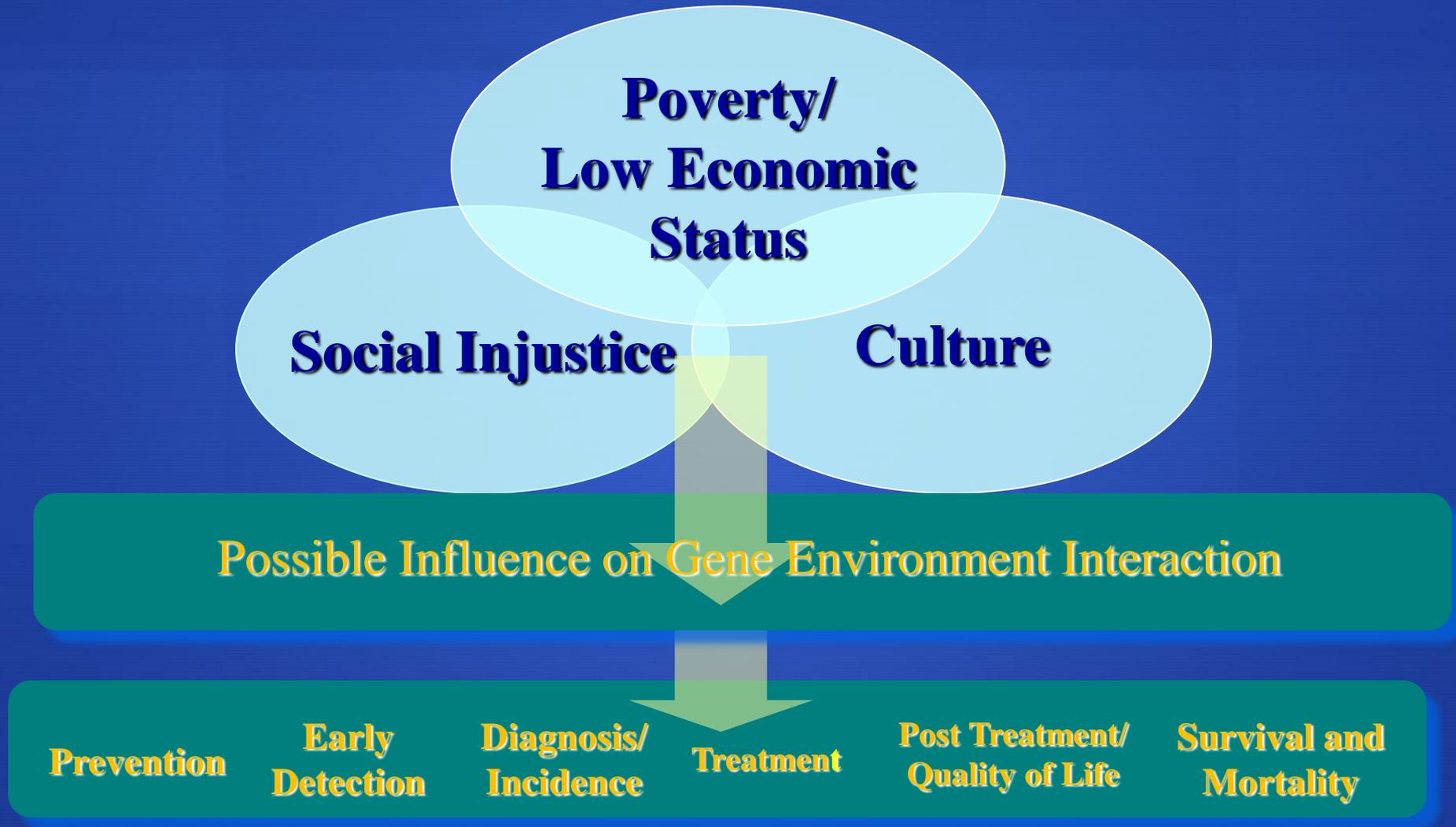
Patient Navigation Historical Time Table

- 2005** Patient Navigator Outreach and Chronic Disease Prevention Act
- 2006** Center for Medicare and Medicaid funded 6 demonstration sites
- 2008** Health Resources and Services Administration funded 6 demonstration sites (under the Patient Navigation Act)
- 2010** Affordable Care Act Requires that the State utilize Patient Navigators to facilitate access to health insurance coverage for uninsured individuals.
- 2012** American College of Surgeons, Commission on Cancer mandates that patient navigation is a standard of care for cancer center approval
- 2012** Patient Navigation Assistance Act introduced into Congress

- No person in America with cancer should go untreated.
- No person in America should experience delays in diagnosis and treatment that jeopardize survival.
- No person in America should be bankrupted by a diagnosis of cancer.

The unequal burden of disease in our society is a challenge to science and a moral dilemma for our nation.

Causes of Health Disparities



POVERTY



CULTURE



**Inadequate
physical and
social
environment**

**Inadequate
information
and
knowledge**

**Risk-promoting
lifestyle,
attitude,
behavior**

**Diminished
access to
health care**



DECREASED SURVIVAL

Patient Navigation across the Health Care Continuum

