

Cancer Care Nova Scotia
Presents:

Cancer Patient Navigation:

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The Imperative: Resources

- Growing incidence and prevalence rates.
- Demand for diagnostic, treatment, rehabilitation, supportive and palliative care.
- Human Resource requirement shortfalls.
- Rising costs to the health system for drugs and technology.



The Imperative: System

- Fragmented care.
- Delays in system access.
- Inadequate Information.
- Poor communication and co-ordination among health care providers.
- Hospital-centric and provider-oriented.
- Lack of supportive and palliative care.



Imperative: Patients and Families

- Diagnosis of cancer is a life threatening experience
- Patient /families need support in making the day to day adjustments and decisions necessary to move along the cancer journey
- Realities of cancer will be faced by patients and families in their own homes and communities
- Access to supportive care is critical



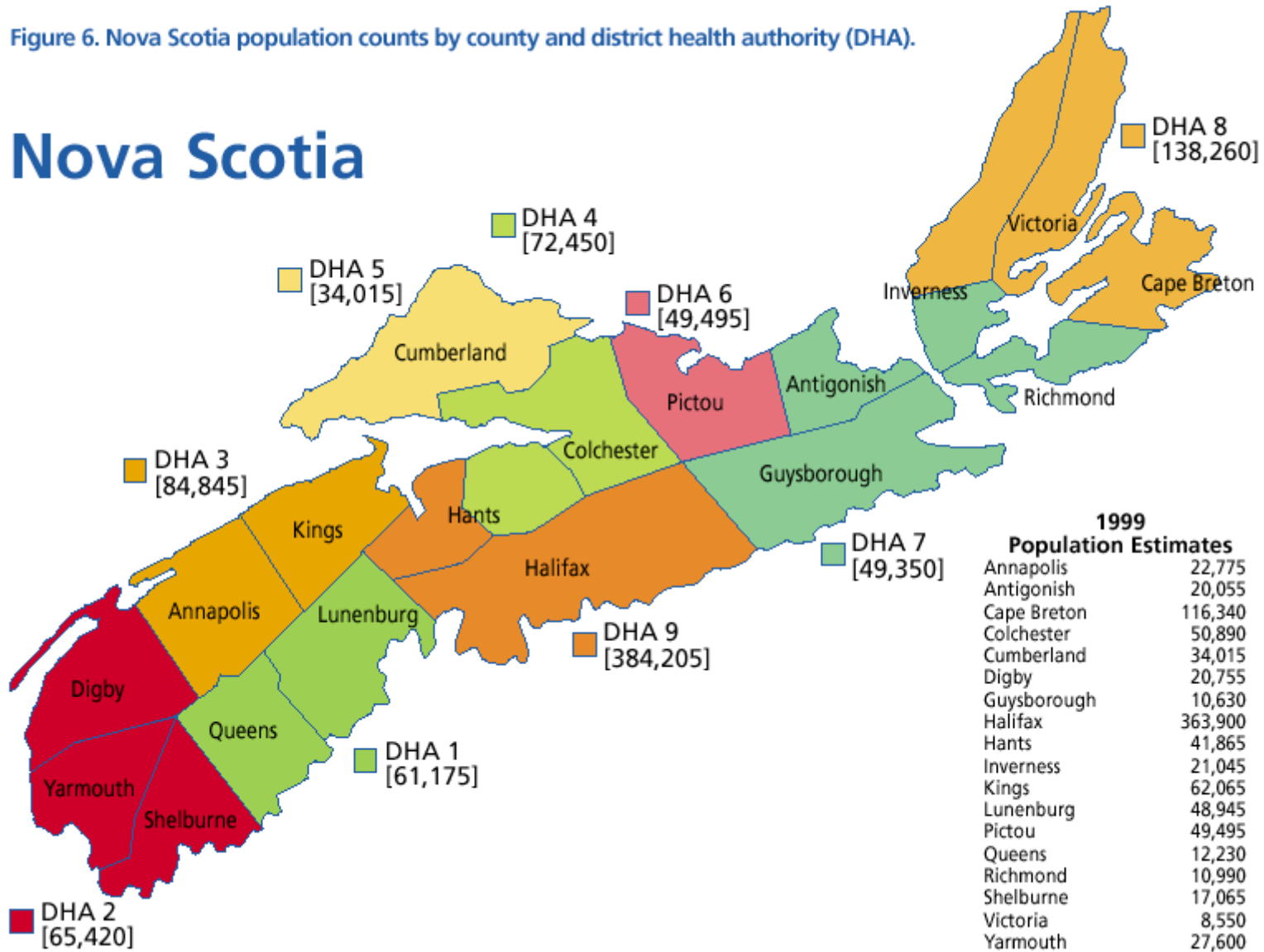
The Response:

Cancer Patient Navigation



Figure 6. Nova Scotia population counts by county and district health authority (DHA).

Nova Scotia



Nova Scotia has...

- Population 1,000,000
- 50/50 Rural and Urban
- 9 District Health Authorities
- 2 Cancer Centres (Sydney and Halifax)
- 3 Outreach Clinics
- No oncology specialists in other communities
- Supportive and palliative care delivered in local communities



What is Cancer Patient Navigation

Cancer Patient Navigation (CPN) is a client-centered, outcome-focused management approach put in place to assist, patients, their families, health professionals and health leaders deal more effectively with cancer and the cancer system.





Evidence Basis for CPN

- Chronic Disease Management
- Supportive Care Research
- Contracted Research



Framework: Chronic Disease Management

- Case management, scheduling, coordination of visits and follow up;
- Decision support for providers;
- Information systems to ensure access;
- Patient responsibility and support for self management
- Community resources to inform and support patients



Supportive Care Research

- Relationship exists between psychosocial intervention and improved quality of life, cost savings and possibly survival
- 35% –45% of patients have clinically significant distress
- Empowered patients do better
 - Satisfaction
 - Outcomes
 - Compliance
 - Clinical time efficiency
 - Reduced medical malpractice



Goals of Patient Navigation

Ensure that cancer patients and their families have the information, knowledge and support they need

Assist family practitioners, community-based specialists, oncologists and other health professionals provide optimal care

Enhance district health authorities capacity to care and support people with cancer and their caregivers

Improve access and education to groups that have traditionally found it difficult to access cancer care



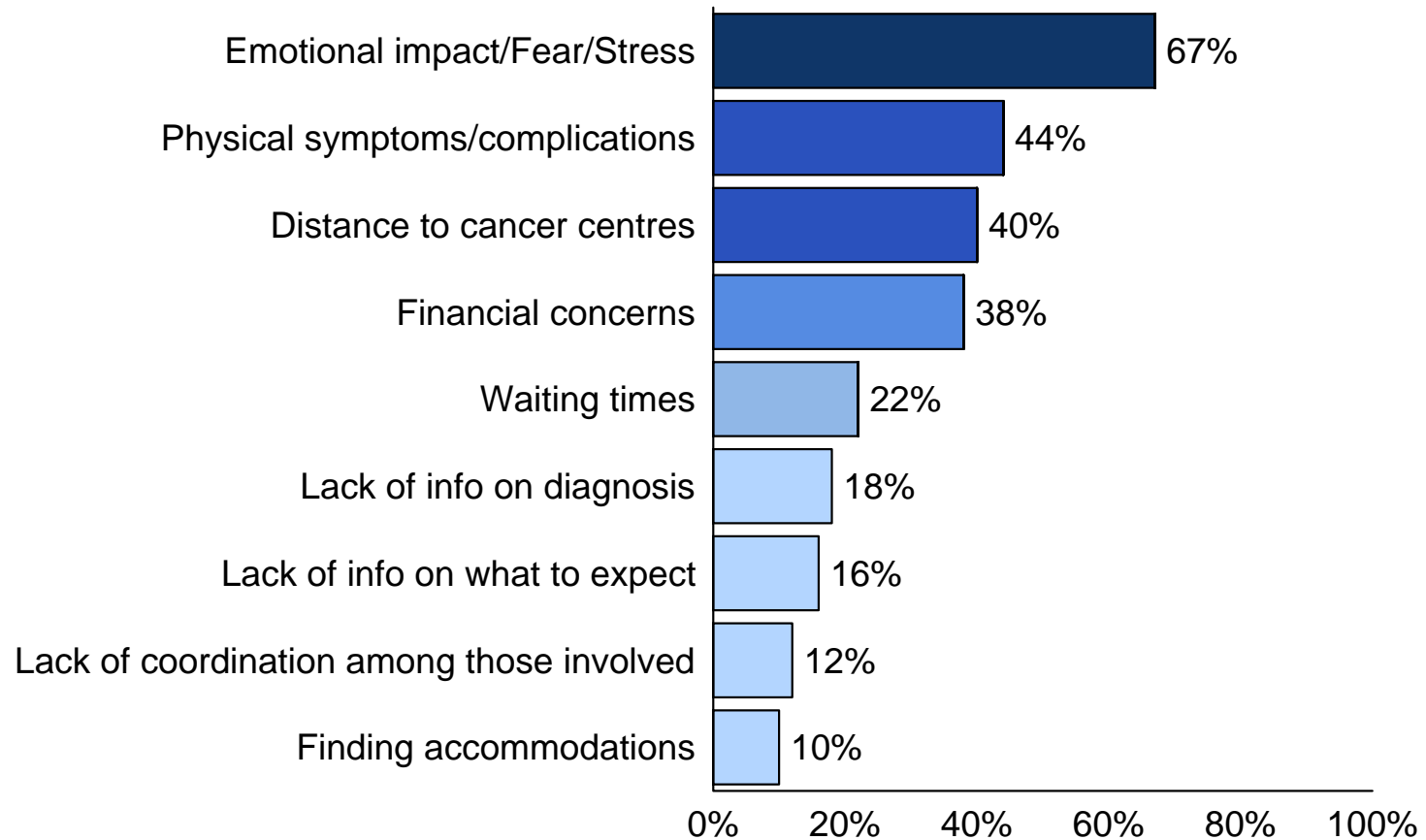
Impact of Navigators on the Experience of Living with Cancer

- Navigators could play a significant role in supporting and guiding patients to meet the decisional, psychological, social, emotional and practical challenges associated with cancer, its treatment and life after treatment
- Navigation would become an important component of supportive care



Issues and Concerns During Cancer Experience

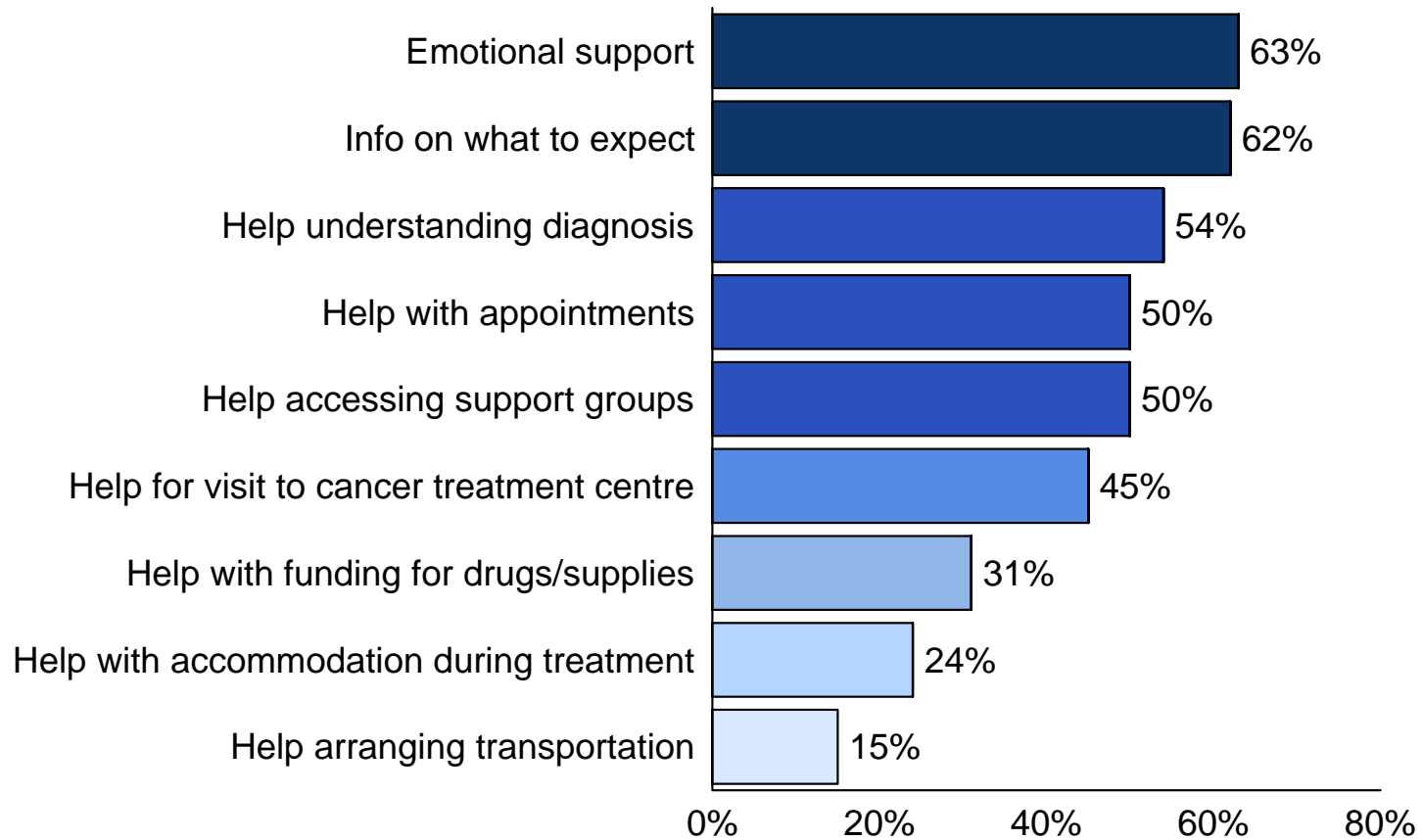
% Saying Yes



Source: Patient Survey

Assistance Received From the Patient Navigator

% Saying Yes



Source: Patient Survey

Conceptual Model

- Health professionals based in the community.
- Unique aspects is the support it provides to family physicians, community based specialists.
- Recognizes the unique needs of diverse communities.
- Planned orientation and continuing education is supported provincially and at the community level



Conceptual Model Continued

- Collaborative partnership with community health professionals and resources.
- Any diagnosed cancer patient at any stage.
- Provides a single focus point for coordination and integration and source of community cancer expertise.
- Patient/Family centered



Areas of Support for Patients

- Informational support
- Decisional Support
- Emotional Support
- Practical Support



Conclusion

The current role is matching expectations of patients, families, physicians and health professionals and there is a high level of satisfaction with the role.



Patients and Families Reported That....

- The navigator role matches their expectations
- They have become a primary source of support and assistance.



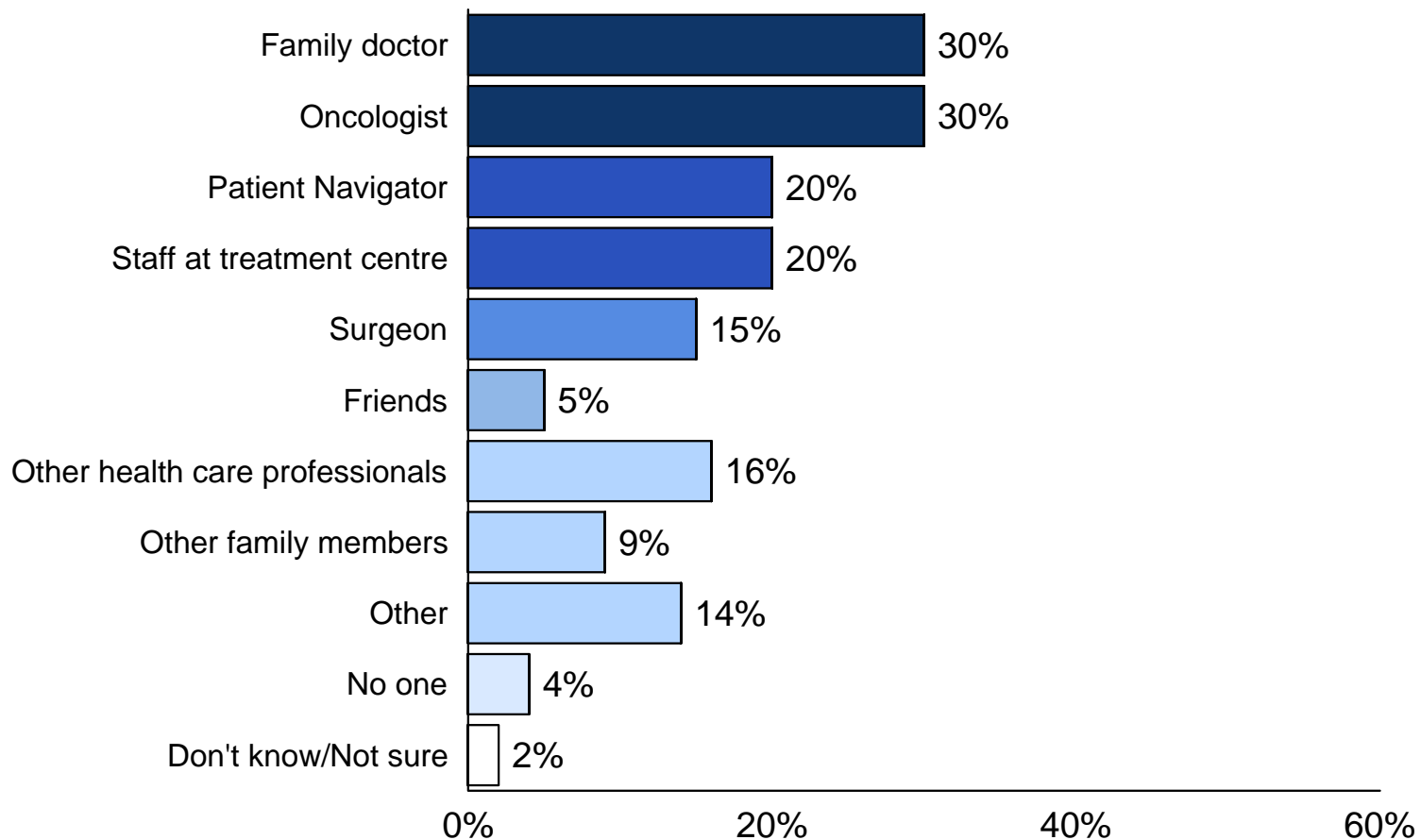
***“I went through cancer without the Navigator
and with a Navigator and definitely with the
Navigator is easier to get through...fear takes
hold of you...”***

Patient



Who Helped Prepare You?

Total Mentions



Source: Patient Survey

Areas of Focus for the Cancer System

- Co-ordination/Integration
- Advocacy/Education
- Continuity/Transition



Conclusion

Patient navigation has had a positive impact on patients/families and health professionals and has resulted in improved community cancer care.



Health Professionals Reported That....

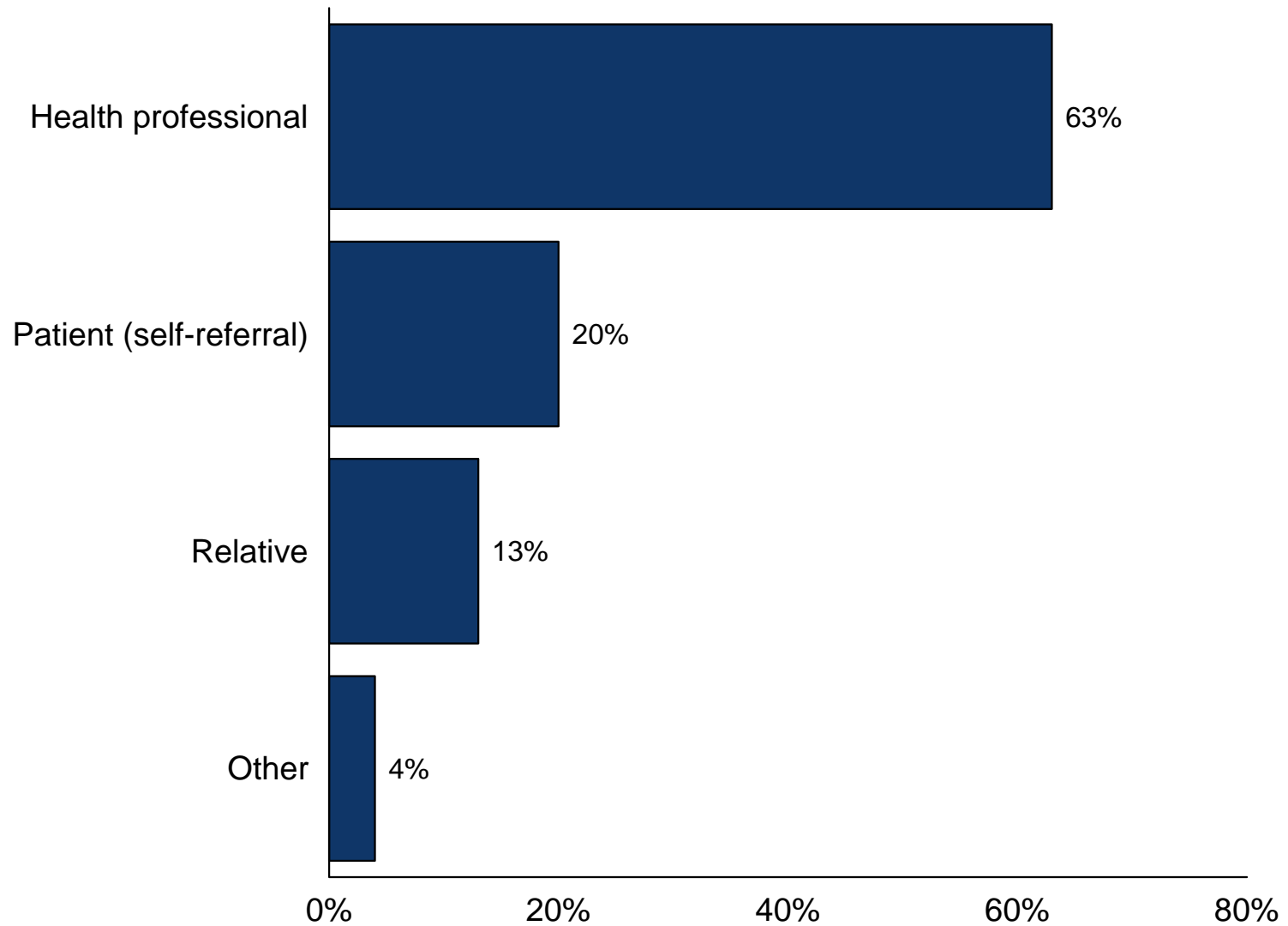
- Better patient preparedness and support.
- More efficient physician involvement with patients.
- Improved coordination and communication among health professionals.
- Source of information.



“Since navigation started there is more coordination between surgeons, patients, family physicians, oncologists the whole team. There is more information sharing and families are more involved.” Nurse



Source of Patient Referrals



Source: Database

“I see them as a liaison between myself, the family doctor and other health professionals ensuring that the patient has a smooth journey through the cancer system and when necessary arranging transitions to other services such as palliative care.”

Oncologist



Conclusion

The program has been successful in bringing notable benefits to the development and utilization of cancer care in the “early adopter” sites.



District Benefits

- Identification of service and program gaps.
- Increased collaboration.
- Improved coordination.
- Source of central knowledge.
- More awareness and use of community supports.



***“It is so fundamental to the goals of quality,
evidence-based cancer services, client
satisfaction and improved primary health care
in the community.”
Senior Leader***



Summary Conclusions

- Reduced patient distress.
- Improved access to tertiary care and community supports.
- More efficient use of physician and program resources.
- Better communication and collaboration among healthcare team.



Summary Conclusions continued

- Overall improvements in the cancer care system by addressing problems related to integration, coordination and continuity of care.
- Integrated institutional and community based care.
- Improved communication.



Key Elements for Success

- Strong commitment from the district to the program.
- Recruiting a professional with the right skills and personality.
- Ongoing communication plan.
- Good working relationships with health professionals.
- Comprehensive orientation and ongoing educational opportunities.
- Central leadership and expertise.



Recommendations

- The Patient Navigation Program should be implemented in the remaining health districts
- CCNS should continue to take the lead in supporting and coordinating the cancer patient navigation network.





Detailed Findings Available At

www.cancercare.ns.ca

