PATIENT NAVIGATION & SURVIVORSHIP

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The History of Patient Navigation

- In 1990, Harold P. Freeman established the first patient navigation program at Harlem Hospital Center.

- This pilot program compared 5 year survival rates of breast cancer patients who were navigated versus those that were not.

- The pilot program found an improvement in those that were navigated.

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What is Patient Navigation

- Patient Navigation is a process by which an individual, a patient navigator, guides a patient with suspicious findings through and around barriers in the complex cancer care system to help ensure timely diagnosis and treatment.

- Patient navigation helps ensure that patients receive competent care that is confidential, respectful, compassionate and safe.

Barriers to quality care can include:
- Financial and economic
- Language and cultural
- Transportation
- Fear
- Insurance
Navigation at Advocate

- 30 Nurse Navigators
  - 15 Oncology Nurse Navigators
  - 10 Women’s Health/Breast Health Specialists
  - 1 Survivorship Navigator
  - 1 Thoracic Navigator
  - 2 GI Navigators
  - 1 Neuro Oncology Navigator
Survivorship

- The American Cancer Society states that there are 15.5 million cancer survivors in the United States.

- The ACS predicts by 2026 the survivor population will increase to 20.3 million due to early detection, improved diagnostics, improved treatment options and an aging population.

The NCI Definition of Survivorship

- The NCI defines survivorship in cancer as the focus on the health and life of a person with cancer post treatment until the end of life. It covers the physical, psychosocial, and economic issues of cancer, beyond the diagnosis and treatment phases. Survivorship includes issues related to the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life. Family members, friends, and caregivers are also considered part of the survivorship experience.

Survivorship continued

- The ACS defines a “cancer survivor” as a person with a history of cancer, from the time of diagnosis through the remainder of their life.

- The transition from active treatment to survivorship is a critical period, and improvement in the period is necessary in order to meet the unique needs of this growing population.

- Survivors often lack the knowledge to manage potential medical and psychosocial problems.

Survivorship continued

- The 2006 Institute of Medicine (IOM) report “From Cancer Patient to Cancer Survivor: Lost in Transition” introduced the concept of a survivorship care plan.

- The report identified that cancer patient’s transition from a structured system of care to a period with limited guidelines to help them navigate the next stage of their life.


Contents of a Survivorship Care Plan

- General information
  - Contact information
  - DOB
  - Age at diagnosis
  - Support Contact

- Health Care Team
  - Full contact information for individual providers
  - Identification of a key point of contact and coordinator of continuing care
Background

- Diagnostic tests performed and results

- Tumor Characteristics:
  - Site
  - Stage and grade
  - Hormonal Status
  - Marker information
Treatment Plan and Summary

- Type of treatment
- Dates of treatment initiation and completion
- Treatment regimen
- Agents used
- Total doses
- Genetics/Family History
- Serious side effects, both short-term and long-term
- Clinical Trial information if applicable
Follow Up Care

- Surveillance
  - What
  - When
  - How Often
  - Coordinating Provider
- Support services provided or referred
- Possible late and long term effects of treatment
- Possible psychological effects and potential need for support
- Ongoing health maintenance, including recommendations for lifestyle changes to promote health and reduce the risk of cancers and chronic disease
General Information

- Nutrition
- Activity
- Skin Care
- Signs of recurrence
- Life After Cancer Treatment: Your Feelings
- Financial Concerns
Thank you!