

Growing Your Patient Navigation Program

A step-by-step guide for community cancer centers

by Joann Zeller, MBA, RTT, CTR

Good Samaritan Hospital is a 232-bed community hospital serving a 15-county area in both Indiana and Illinois. We opened our new Cancer Pavilion in April 2008.

A state-of-the-art facility designed to bring all of our cancer patient services under one roof, the completion of the Cancer Pavilion fulfilled the “bricks and mortar” portion of our strategic plan. Next we focused on expanding our existing patient support services. These included social services, dietary counseling, patient support groups, financial counseling, rehabilitation, pastoral care, and two certified RN breast health navigators. Our plan to increase patient support services included growth on several fronts:

- Hiring a patient support specialist to assist with insurance authorizations. This staff member will also help patients apply to drug replacement programs as well as organizations that assist with co-pays.
- Adding a dedicated social worker in the outpatient setting to help grow our offering of support groups and build a survivorship program.
- Expanding the use of patient navigators across the service line.

If you are a community hospital similar in size to our facility, you may face the same challenges that we do. You have a dedicated, well-educated staff, as well as varied support services, but you lack a formal program to ensure that all patients are getting the information and support that they deserve.

Patient navigation has been a growing force in cancer care since the ground-breaking work by Harold P. Freeman, MD. Patient navigators can serve as compassionate, effec-

tive “guides” to help patients move through the complexities of the healthcare system. While that is exactly what we wanted for our patients, we did not have the luxury of a hospital-funded FTE to devote to the project. Our first thought was to write a grant, but our experience has shown us that you have better success being funded when you have a well-defined program prior to submitting a grant. Our solution was to implement a scaled-down patient navigation program within our existing structure. This smaller program would be just the first step toward establishing a fully developed, comprehensive Patient Navigator Program in our facility. Below is a description of the eight-step process we devised as a road map to navigate toward success.

Step 1: Analyze the Role of the Patient Navigator

Analyzing the patient navigator role allowed us to identify key functions we could realistically take on with our existing staff. Our goal: to successfully incorporate as much of the navigator role into our program as possible, while documenting its effectiveness. We believed these actions would best prepare us for submitting grant applications in the future. And procuring grant funds for a full-time patient navigator would serve to fully expand the role and be a bridge to eventually having a hospital-funded FTE navigator position.

Patient navigator key time points are:¹

- Connecting individuals to screening
- Following patients post-screening
- Assisting patients through treatment
- Providing support to survivors.



Traci Hill, RN, (left) is one of two certified breast health navigators at Good Samaritan Hospital’s Breast Care Center.

Even in a limited capacity, if applied to specific key time points, our patient navigators could achieve the most basic functions which are:

- To eliminate barriers to care
- To ensure timely delivery of services
- To save lives from cancer
- To improve patient satisfaction.

Step 2: Identify Our Existing Strengths

Our program already had in place a number of components that would support a navigation program including an established breast health navigator, a physician champion, certified staff, existing support services, and accreditations.

Established breast health navigators. Our Breast Care Center has a well-established patient navigation program, a huge advantage to our facility. Approximately 80 analytic breast cancer cases are accessioned by our registry each year. In 2006 Good Samaritan Hospital established the Breast Care Center to provide comprehensive care to those patients who present with a positive diagnosis as a result of screening. As part of this program, Traci Hill, RN, received training

to become a Certified Breast Health Navigator (CBHN). She completed a 40-hour comprehensive training program on all aspects of patient navigation for breast cancer patients through EduCare, Inc., and received certification. A second nurse, Cindy Mouzin, RN, was also sent for breast health navigator training and certification. She now assists on all biopsies in the mammography portion of the Breast Care Center. Together these two nurses provide complete navigation services for all of our breast cancer patients.

Physician champion. We have a strong physician champion for patient navigation at our facility. Even better, we did not have to look for a champion—he came to us. Kurt Maddock, MD, is a breast surgeon and medical director of our Cancer Program. He championed the CBHN training for the nurses in the Breast Care Center. As a strong advocate for patient navigation, we have his full support as we expand patient navigation across the cancer service line.

Certified staff. The majority of our nurses are ONS certified. As stated above, our Breast Health Navigators are also certified. Our nurses have completed the Certified Breast Care Nurse (CBCN) courses offered by the Oncology Nursing Society (ONS) and will be sitting for the exam in the spring. To date, we have not pursued any general patient navigation certifications.

Existing support services. Our cancer center already provides the following supportive care services to our cancer patients: social services, dietary counseling, patient support groups, financial counseling, rehabilitation, and pastoral care.

Facility accreditations. Our cancer program has received several accreditations including: JCAHO; ACoS, American College of Surgeons CHCP; Magnet status (this speaks to the dedication of our nurses and our hospital's support of the continuum of care for the patient); and designation as a Breast Imaging Center of Excellence

(BICOE) through the American College of Radiology (ACR).

Step 3: Identify Our Challenges as a Community Hospital

Our cancer center faced several challenges to implementing patient navigation. For example, our screening programs take place across the community and are not centralized through our hospital.

Another challenge: all of the patient services listed under our strengths are shared services within the hospital. In other words, they are not immediately available to outpatients without scheduling an appointment.

We also faced staffing issues. Specifically, our current RN FTEs have limited hours to fill the role of Patient Navigator.

We saw a lack of an official survivorship program as another barrier. (Developing a survivorship program is a cancer program goal for 2009.)

Step 4: Develop the Bones of Our Navigation Program

Now it was time to develop policies and procedures to formalize our navigation process. We started by looking at the number of patients who were going to use our navigation services each year.

Our literature search revealed an effective navigation ratio of 1 FTE for 25 to 30 patients under treatment and 75 to 80 post-treatment. Our cancer center treats approximately 50 patients a day and has 450 analytic cases per year. We have 7 oncology nurses and 2 certified breast health navigators. Of our analytic cases per year, 80 are breast cancer patients. The remaining cases divide into approximately 50 cases per nurse. These cases are a combination of patients undergoing treatment and those in follow-up. The simple rule of thumb at our facility is the first nurse to communicate with the patient becomes that patient's navigator. This approach works for us because all of our nurses are scheduled in the same work areas with the same rotating duties. No one is

specifically assigned to education or to patients experiencing chemotherapy or radiation therapy for the first time.

Prior to initiating the navigator role (beyond the breast care center) we met several times with our nurses to discuss what the change would mean to our patients, how best to manage the process, and what documents they thought would be worthwhile. We wanted to give patients an easy way to organize their papers and keep track of smaller forms as they moved through the healthcare system. Everyone agreed to use an expandable file folder with a fold-over top to hold the forms. The folder had a place for the patient navigator's card, as well as a card for the managing physician. We also included an insert for other business cards that patients invariably receive during office visits. After selecting a file folder with 12 expandable pockets, we organized the educational information under five headings:

- 1. Intake Forms.** This section includes forms for the initial entry into the program: Intake Form, Identification of Barriers to Care, and a Weekly Contact Record. Our tools were based on templates provided through EduCare, Inc., and the Pfizer patient navigation toolkit, which is available online at www.patientnavigation.com. Using the information from the intake form, navigators can make appointments for patients based on their self-identified needs. These can include dietary, rehabilitation, nutrition, financial, and assistance from our Patient Support Specialist.
- 2. Medication Record.** This record is fully reconciled with the patient's hospital medication record.
- 3. Patient Support Services.** We include flyers for our American Cancer Society (ACS) support groups, as well as information on our Resource Library and Boutique, which offers free wigs, hats, and mastectomy bras.
- 4. Insurance.** This information is generated at patient registration, but we

Good Samaritan Hospital's new Cancer Pavilion opened in April 2008.



PHOTO COURTESY OF GOOD SAMARITAN HOSPITAL, VINCENNES, IND.

found that having a copy in the folder has been helpful to patients as they make their various office visits.

5. Demographics. This information is also generated at patient registration. And again, patients have found it helpful to have a copy in their folder as they make their office visits. Our demographic form contains basic information such as address, next of kin, insurance information, etc.

6. Education. We do not pre-load this portion of the file folder. Instead, the information is specific to the patient and his or her disease process. The navigators believe it is important to first review the information with the patient prior to putting it into the file folder.

Our hope is that patients view the file folder and all of its documents as their own "tool box."

Step 5: Initiate the Navigator Role

Once the formal processes and tools were in place, it was time to educate the community about our new navigation program. Our patient navigation service is featured on hospital and cancer center brochures, on the hospital's website, and on flyers available in the cancer center's resource area. The most effective communication, however, is from our navigators themselves when they first see the patient. When we have fully expanded our program and incorporated navigation services at the most basic screening level, we anticipate a full marketing campaign to include our regional physicians.

Step 6: Measure Program Effectiveness

Our Cancer Program has an ongoing process improvement initiative that tracks our current compliance rate with

the American College of Surgeons CP³R NCDDB studies. Beginning in 2009, ACoS requires accredited facilities to not only report compliance rates to their own Cancer Committee but also to set benchmarks and establish plans to address low performance rates. Our facility went one step further and is now reporting current data four to six months out. We felt this was important because the online NCDDB data reflect 2006 data with 2007 soon to follow.

The navigators are all well-versed on the CP³R studies and the qualifications for the patient subsets. We felt this was an ideal way to use and measure the patient navigator skill set. If navigators know up front that the patients' disease and stage qualifies them to be included in a study, they can be proactive in watching for the appropriate appointments for specialty consultations. More importantly, the navigators can make sure that the patient follows through on these appointments.

The resulting data on performance rates are tracked by our quality department and reported to the Cancer Committee six times a year.

Step 7: Apply for Grant Funding

The Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 (The Patient Navigator Act) was signed into law on June 29, 2005. This Act authorized \$2 million in FY 2006, \$5 million for FY 2007, \$7 million for FY 2008, \$6.5 million for FY 2009, and \$3.5 million for FY 2010 to the Health Resources and Services Administration (HRSA) to provide grants to eligible entities. The grants are to recruit, assign, train, and employ patient navigators who have direct knowledge of the communities they serve to facilitate the care and improve healthcare outcomes for individuals with cancer or chronic disease. This

legislation has increased both awareness of patient navigation and the number of available grants. Your local libraries may be an additional resource if they have user passwords to specific grant writing websites such as www.foundationcenter.org.

Step 8: Transition to Hospital-funded FTE Employee

Our goal is to have a hospital-funded FTE patient navigator by 2012. Once our current, abbreviated navigated program has been in place for one year, we will submit grant applications. A grant-funded FTE will allow us to expand the navigation services to capture *all* patients receiving initial suspicious findings of what may be cancer. Establishing these expanded services will take some time as it will require structuring a system to gather community-wide screenings. If we are lucky enough to receive a grant to establish a comprehensive navigation program over a two-year period, we anticipate having well-established cost and effectiveness outcomes on the patient navigation program ready to submit for FTE approval in our hospital budget.

For our community cancer center, incorporating the patient navigator role, even in a limited fashion, has been well received and extremely valuable to our patients. Like many projects that seem overwhelming at first glance, growing a patient navigation program is achievable if you break it down into manageable sections. As Theodore Roosevelt said, "Do what you can, with what you have, where you are." ✓

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References

¹ Katz Mira L. Patient Navigation Measurement Tools. *Overcoming Disparities through Patient Navigation*. Detroit, Michigan. September 20, 2007.