Cancer
Patient Navigator Program

Roland Garcia, Ph.D.
Center to Reduce Cancer Health Disparities
2003 Community-Based Cancer Patient Navigator Survey

- 51 patient navigation programs responded
- 75% began between 1997 & 2003
2003 Community-Based Cancer Patient Navigator Survey

- 70% of programs serve patients with specific types of cancers such as breast and cervical cancer
2003 Community-Based Cancer Patient Navigator Survey

- Most Programs report using paid navigators
- Navigators come from a variety of backgrounds & professional experience
There is a critical disconnect between cancer discoveries and cancer care delivery to all American people.
Abnormal finding/diagnosis to resolution
- Eliminate critical delivery gap for populations experiencing disparities
- Test feasibility of Patient Navigation intervention concept
- Identify, test, and measure delivery improvement interventions that use Patient Navigators
Northwest Native American Patient Navigator Pilot Project

AIMS

- Examine the efficacy of the Navigator program as an intervention to reduce cancer health disparities among Native populations
- Increase adherence to cancer treatment
- Decrease time from abnormal screening or diagnosis to treatment
- Decrease time from treatment to resolution
- Increase survival rates for cancer patients
- Encourage a greater sense of empowerment during treatment
- Improve coordination of care
Doctor-Speak

The doctor says “Your margins are clear; you are PR positive; and you have clear nodes.”

The patient turns to me for interpretation. I say “That’s good news! That means the cancer has not spread.”

Christine Merenda, RN
Patient Navigator at Yakama
Cancer Care Barriers

Cultural Barriers
- Fear of "contagious"
- Fear of "punishment"
- Fear & stigma of cancer
- Fear of Federal Government
- Do not ask questions
- Privacy
- Misconceptions about Navigator program
- Data collection
- Staffing
- Administrative approval
- Insurance

Program & Administration Barriers
- Educational
- Communication
- Frequent moves
- Inflexible clinic hours
- Transportation
- Insurance

Patient Barriers
- Education
- Communication
- Child- & Elder care
- Comorbidities
- Inflexible clinic hours
- Insurance

Navigator Barriers
- Comorbidities
- Trust
- Time involved working with outside agencies
- Insurance
- Non-Navigator clinic demands
- Cross-training
- Patients who lack family support
- Patient compliance
Highlighted Changes Since Initiation of Patient Navigator Pilot Program

- Improved patient trust
- Improved patient adherence to cancer treatment protocols
- Increased patient-provider communication and understanding
- New reservation-based cancer outreach programs
- Improved transportation options
Definition

• Underserved Populations include:
  – Racial/ethnic minorities
  – People of lower socioeconomic status
  – Residents of rural areas
  – Members of other underserved populations for whom the unequal burden of cancer continues to be documented through the nation’s cancer surveillance networks
Navigator Definition

• Support and guidance offered to persons with abnormal findings in accessing timely cancer care and overcoming barriers to quality, standard care

• Examples of navigator services may include:
  – Arranging financial support
  – Arranging transportation to and childcare during scheduled diagnosis and treatment appointments
  – Identifying and scheduling appointments with culturally sensitive caregivers
Navigator Definition

• Continuing examples of navigator services may include:
  – Coordinating patient’s medical tests, laboratory results, and both cancer care and general medical care among providers
  – Arranging for translation/interpretation services and appropriate information and education services
Definition

• One or more of the following eligible cancer sites:
  – Breast
  – Cervical
  – Prostate
  – Colorectal
Formal Arrangements

• There must be formal arrangements between community outpatient settings and a hospital that offers quality, standard cancer treatment. This formal arrangement will assist the patient navigators health care system access barriers.
• Must include a significant number of racial/ethnic minorities, people of low socioeconomic status and members of other underserved populations.

• Required to identify, coordinate and collaborate with other local Federal and State funded programs that could augment successful interventions- such as CDC, HRSA, CMS.

• Reminder- PNRP does not pay for screening, diagnosis, or treatment costs, existing systems are to be used for this purpose.
Requirements

- Must present methodologies and techniques for overcoming barriers to timely access to cancer diagnosis and treatment services.
- Must demonstrate the treatment hospital has a service area with adequate cancer screening rates.
- Must address plans for conducting a needs assessment, training navigators, tracking pts, conducting a rigorous program evaluation and dissemination of findings.
Application Requirements

• Applicants must:
  – Present techniques for overcoming patient access barriers
  – Propose approaches to develop and implement formal referral and care arrangements between community outpatient settings and hospital(s)
  – Identify other local Federally funded cancer care services programs that could augment successful interventions
  – Demonstrate that treatment hospital has a service area with adequate cancer screening rates to enroll sufficient patients to evaluate proposed patient navigator research questions/hypotheses
## Cancer Sites To Be Examined

<table>
<thead>
<tr>
<th>Site</th>
<th>Breast</th>
<th>Cervical</th>
<th>Colorectal</th>
<th>Prostate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwestern—Chicago</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>UT—San Antonio</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Rochester</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Boston University</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest Indian Health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ohio State (ACS funded)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>GWU—Washington, DC</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denver HHA</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Moffitt—Tampa</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
## Target Populations

<table>
<thead>
<tr>
<th></th>
<th>Black</th>
<th>Hisp</th>
<th>AI/AN</th>
<th>Underserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwestern—Chicago</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>UT—San Antonio</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Rochester</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Boston University</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Northwest Indian Health</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ohio State (ACS funded)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>GWU—Washington, DC</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Denver HHA</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Moffitt—Tampa</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Types of Navigators</td>
<td>Nurse Clinician</td>
<td>RN</td>
<td>SW</td>
<td>CHW</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------</td>
<td>----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>Northwestern—Chicago</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>UT—San Antonio</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Rochester</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Boston University</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest Indian Health</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ohio State (ACS funded)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>GWU—Washington, DC</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denver HHA</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moffitt—Tampa</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Patient Navigator Intervention Research Critical Timeline

- **2005**: Begin PNRP Research
- **2007**: Prepare research findings
- **2009**: Disseminate Research Findings
- **2011**: Other Communities Implement Patient Navigator Interventions
- **2015**: NCI 2015 Goal

PNRP Research Interventions
Acknowledgements

Sanya Springfield, Ph.D.
Nada Vydelingum, Ph.D.
Ken Chu, Ph.D.
Harold Freeman, M.D.

For Further Information
E-mail: garciaar@mail.nih.gov
URL: http://crchd.nci.nih.gov/