The Role of the Navigator Person for a Patient with Lung Cancer

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ABSTRACT

Introduction: Value-based medicine has succeeded in improving the quality of patient care and or patient satisfaction, reducing costs, and obtaining better outcomes. It rests on three fundamental pillars: evidence-based medicine, patient-centered care, and sustainability. However, there are few publications on the people navigator strategy for lung cancer patients, which could be a crucial tool for providing support, ensuring that they have access to the knowledge and resources needed to complete the recommended clinical care pathway.

State of the art: It is a health intervention whose main objective is to overcome care-related barriers (e.g., logistical, bureaucratic-administrative, communication, and financial) to improve quality and access to health in the context of cancer care. These individuals play a guiding role for patients during the diagnostic and active treatment process. Their job is to link the patient with clinical providers, provide a support system, ensure individualized accompaniment, and guarantee that they get access to the knowledge and resources necessary to complete the appropriate follow-up and, or treatment.

Discussion/Conclusion: Undoubtedly, patient navigators represent an increasingly recognized element of high-quality, patient-centered cancer programs. Its implementation will be of specific interest in the Integrated Practice Unit for people with lung cancer.

Key words: integrated practice units, patient-reported outcomes, value-based healthcare, lung neoplasms.

INTRODUCTION

The framework for value-based health care implementation in organizations has achieved cost reductions and better outcomes, suggesting an improvement in the quality of patient care and or individual satisfaction[1]. The model is based on three core pillars: evidence-based medicine, patient-centered care, and sustainability[2]. This healthcare model begins with identifying and understanding the needs of a specific population (patients whose health and related circumstances are particular). Then, an interdisciplinary team comes together to design and deliver comprehensive solutions[1]. Next, this highly coordinated team must measure health outcomes and costs and use that information to drive continuous improvement.

In this way, the care provided would be aligned with the strategic plan of our Institution, ensuring the provision of services based on quality standards, allowing patients to have good experiences, and reconnecting

health professionals with their purpose of care. On the other hand, lung cancer is the most common neoplasm in the world[3] and imposes a significant burden on people's lives[4]. Since the beginning of the 21st century, management has changed drastically, and new treatments are improving survival outcomes but have implied notable increases in costs[5]. In this regard, it is particularly crucial to have a healthcare team that takes care of this population from the initial stages (screening or an early diagnosis) to the end of life.

The Institution is working on planning, designing, and implementing an Integrated Practice Unit for people with lung cancer. In that context, the present work sought to review recent literature on the essential components in navigation programs for these patients that could represent a critical tool for providing individualized support to individuals, ensuring that they have access to the knowledge and resources needed to complete the recommended clinical care pathway.

STATE OF THE ART

Definition

The Patient Navigation (PN) strategy is an intervention that aims to improve the quality of and access to health in cancer care, primarily to overcome barriers to care (e.g., financial, logistical, bureaucratic-administrative, and communication).[6,7] Patient navigators are facilitators who advocate for individuals, communicate their needs to health professionals, and manage their care.

Patient navigation refers to a direct care function, which consists of linking the patient with clinical providers, providing a support system, ensuring individualized accompaniment, and guaranteeing access to the knowledge and resources necessary to complete the appropriate follow-up or treatment.

Origin of strategy

The initiative dates back to 1989 when the American Cancer Society compiled a survey of testimonies of people with cancer from vulnerable sectors of the United States, which made it possible to identify inequalities in access, involving a great effort to obtain care and experiences of heightened pain due to late diagnosis and treatment[8]. The first program was implemented at Harlem Hospital Center in 1990, targeting women with breast cancer from ethnic minority and low-income backgrounds[9]. However, its implementation has expanded throughout the world, including Latin America.

In Argentina, the role of PNs in cancer programs is recent; since 2014, the National Cancer Institute established its use for national cervical colorectal cancer programs. Besides, the information obtained by a PN from every province of the public system becomes part of the Screening Information System (SITAM), where you can view the status of each patient.

Navigation tasks

They are primarily concerned with ensuring uninterrupted care for people with cancer and their families and coordinating services to facilitate navigation through the health system. The main navigation tasks include[10]:

- Accompanying people in real-time (asking what is the best channel of communication to maintain contact; inquiring about reasons why they could not continue with the care process; providing information and psychosocial or emotional support; generating space to ask questions or evacuate doubts).
- Articulation with healthcare systems, management of appointment systems as a strategy for re-engagement (e.g., appointments for follow-up, appointments for practices and or studies), to resolve difficulties (e.g., coverage authorizations).
- Review of medical records.
- Uploading or updating information in the computer system, which allows for surveillance. Among the actions linked to this task are logistical and emotional support to overcome barriers to access to healthcare services; interpretations of the language used between physician and patient; generation of medical appointments, reminders, and confirmations, helping with information (e.g., procedures) and accompaniment during medical consultations[11].

Competencies, skills, and supervision

A systematic review identified some points to keep in mind when implementing this intervention[12]:

A. The identification of the skills needed to perform navigation tasks.
B. The supervision and integration of PNs into the health system. As regards the necessary skills, they require empathy, charisma, patience, respect, responsibility, and communication skills because their work carries an enormous emotional burden. The literature also points out the importance of coordination to facilitate the integration of PNs into the health system, with a guide who supervises and monitors the tasks they perform. This supervision should include administrative (e.g., number of contacts made), clinical (e.g., results obtained), and reflective evaluation (identification of barriers to generate solutions). For this purpose, we suggest regular meetings to learn about the experience of contacting the intervention's target population and how cases are solved.

For educational training, this could be nursing, social work, and or respiratory therapies for lung cancer. However, any community member or volunteer can also train in this role. There may be two distinct specialties: one that seeks to reduce health disparities and one that focuses more on treatment and emotional support[13]. The selection and training of PNs should address all the skills required for the position. Regarding the type of hiring, they should be full-time and fully dedicated.

RESULTS

There is a diversity of navigation models and a lack of protocols to evaluate their efficacy in different contexts[14]. The use of the navigation model was, nonetheless, associated with a reduction in the utilization of unnecessary or avoidable resources (e.g., emergency unnecessary or avoidable resources (e.g., emergency room visits and hospitalizations) and a reduction in oncology burden (which could reduce burnout, errors, and costly staff turnover)[15]. Additionally, its incorporation into cancer programs has implied a modification in access times, shortening the time to diagnosis and initiation of treatment[16]. Most navigation experiences worldwide focused mainly on breast, cervical, prostate, and colorectal cancer programs[17], although a 2019 systematic review included 26 studies[18], of which seven evaluated efficacy specifically for lung cancer patients.

The results showed a higher rate of screening, reduced time between suspicion and treatment, an increased proportion of patients receiving molecular diagnosis and treatment, shorter referral time (such as for oncology, systemic therapy, and radiotherapy), an increased proportion of stage 1 and 2 diagnoses, with no differences in quality of life or satisfaction[18].

DISCUSSION

With the increasing trend toward subspecialization, cancer patients often receive care from multiple specialties and have several therapeutic options. Thus, there is a need to coordinate care and integrate information to improve quality and outcomes.

There is growing evidence of the benefit of navigation for patients and health care systems[19]. A majority include interventions at all points along the cancer care continuum, i.e., awareness, education, screening participation, treatment adherence, and follow-up protocols.

Thus, this complexity of the care process highlights the need for collaboration and communication among professionals. Therefore, teamwork is considered a key element in highly complex hospital settings. It is necessary to recognize that organizational culture affects the participation and experience of healthcare personnel in teamwork.

It is an ethically significant concern that health policies should leave no one behind, and in this sense, it would seem that the Integrated Practice Unit would exclusively benefit a subset of individuals. However, the literature suggests that a staggered implementation system is desirable, starting with confirmed lung cancer cases, then suspicions (e.g., nodule clinic), and ultimately progressing to active screening[20]. Finally, navigation could represent the first step in moving forward with data related to individual satisfaction, usually reported by each patient using PROMs (Patient Reported Outcomes Measures) and PREMs (Patient Reported Experience Measures).

CONCLUSION

Undoubtedly, navigation is an increasingly recognized element of patient-centered, high-quality care. Despite this, it is a role that remains absent or with limited presence in many cancer programs. Its implementation would be of primary interest in the Integrated Practice Unit for people with lung cancer.

Conflict of interest: the authors declare no conflict of interest.

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