

Dietitian as Navigator A Winning Combination

BY KELAY E. TRENTAM, MS, RDN, CSO



In cancer care, the use of patient navigators has grown substantially over the past decade. In 2012, the American College of Surgeons' Commission on Cancer added Standard 3.1 requiring that accredited programs have a patient navigation process in place. Though the navigator's role and responsibilities may vary from institution to institution, clinical navigators typically:

- Assess patients' clinical, financial, spiritual, and other needs
- Ensure that patients are referred to appropriate supportive care such as financial counselors, social workers or psychologists, dietitian or nutritionists, palliative care providers, and rehab services
- Provide needed patient education on the disease and its treatment
- Assist patients in overcoming barriers to care
- Assist patients and families with managing complex social, cultural, developmental, cognitive, and economic circumstances
- Assist in care transitions, discharges, and advanced care planning.

Given these responsibilities, it may come as no surprise that nurses and social workers are often in navigator roles. Some cancer programs may also employ nonclinical navigators (or lay navigators) who assist patients with some services, as is the case with the American Cancer Society's resource navigators, who educate patients about the American Cancer Society and other

community resources. Patient navigation is usually a team effort where the work of various disciplines coalesces around a single point of contact for care coordination. For example, the navigator may be the patient's central connection even though she or he refers patients to physical therapists or dietitians for specialized care.

For diagnoses that require intensive nutritional support, such as head and neck, esophageal, or gastric cancer, a registered dietitian nutritionist can effectively serve as a patient's principal navigator, because these patients may see the registered dietitian nutritionist as often, if not more often, than other team members throughout the course of treatment as well as posttreatment.

In initial medical and radiation oncology consults, these patients are often told that they will need a feeding tube. Prior to receiving feeding tube education, patients may have many concerns such as that the tube is very large and cumbersome, that it might impede normal daily activities, that tube placement is permanent, or that they or their caregiver(s) will not be able to learn how to use it. Meeting with a registered dietitian nutritionist for immediate education about the logistics of having a feeding tube can allay any fears and concerns about this component of their care plan and reduce distress. In addition, the registered dietitian nutritionist can reassure patients and caregivers that he or she is available to assist with any questions about using the tube throughout the course of

treatment. Further, registered dietitian nutritionist navigators can assure patients that their experience and training places them in a unique position to best advocate for patients with respect to nutrition support issues.

The registered dietitian nutritionist's knowledge base makes this member of the cancer care team an excellent fit for ensuring coordination of care with a patient's home infusion agency. In addition to regular monitoring of nutritional status and the provision of nutrition support, a registered dietitian nutritionist navigator can:

- Work with the medical team to ensure proper documentation so that enteral feedings are covered by insurance
- Assist patients with locating donated tube-feeding supplies and formula in the event of limited or a lack of coverage
- Work with pharmacy services to get medications converted to crushable or liquid forms for use in feeding tubes.

In addition, the registered dietitian nutritionist navigator would continue to see the patient regularly during the transition from tube feeding back to an oral diet, coordinating care with the speech therapist or surgeon as needed. For example, after gastrectomy or esophagectomy, patients experience significant changes in oral diet tolerance and may require considerable education and coaching to adapt to their "new normal." Patients may also experience nutritional issues over the long run, which the registered dietitian nutritionist can monitor and/or preempt.




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Much like the nurse or social worker navigator, the registered dietitian nutritionist navigator would refer patients to other disciplines when needed, such as to an RN for education about port placement, to a pharmacist for questions about chemotherapy or medications, to a social worker or financial counselor for financial concerns, or to rehabilitation services (speech/swallow, physical, and/or lymphedema therapy). For some patients, intensive nutrition support may be required from before treatment until

long after treatment is completed, making it a primary component of care that the registered dietitian nutritionist is best equipped to navigate.

At its best, patient navigation should be designed to ensure that patients receive individualized, timely, appropriate, and high-quality care from the entire multidisciplinary team. Excellent care is always a team effort best orchestrated by a strong advocate and leader. For cancer patients requiring intensive nutrition support, having an RDN

serve as the patient's navigator and central care coordinator can be a winning combination, improving care as well as the patient experience. 

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