

Improving Non-Small Cell Lung Cancer Care Delivery: Findings for Oncology Nurses and Patient Navigation From a National Quality Survey

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INTRODUCTION

- Oncology nursing and patient navigation are vital components of optimal cancer care planning, coordination, and delivery within multidisciplinary teams (MDTs)¹⁻³
- Although widely implemented in clinical practice since its inception,⁴⁻⁵ the design and delivery of patient navigation services in cancer care is often heterogeneous⁶⁻⁸
- The role and function of patient navigation within cancer care MDTs, including evidence-based interventions that can positively impact patient outcomes, need further clarification⁶⁻⁸
- In 2019, the Association of Community Cancer Centers (ACCC) and its partners implemented a multiphase initiative for advanced (stage III/IV) non-small cell lung cancer (NSCLC)

OBJECTIVES

- To evaluate care coordination for advanced NSCLC by MDT disciplines, including oncology nursing and patient navigation
- To identify barriers to optimal care delivery in cancer programs

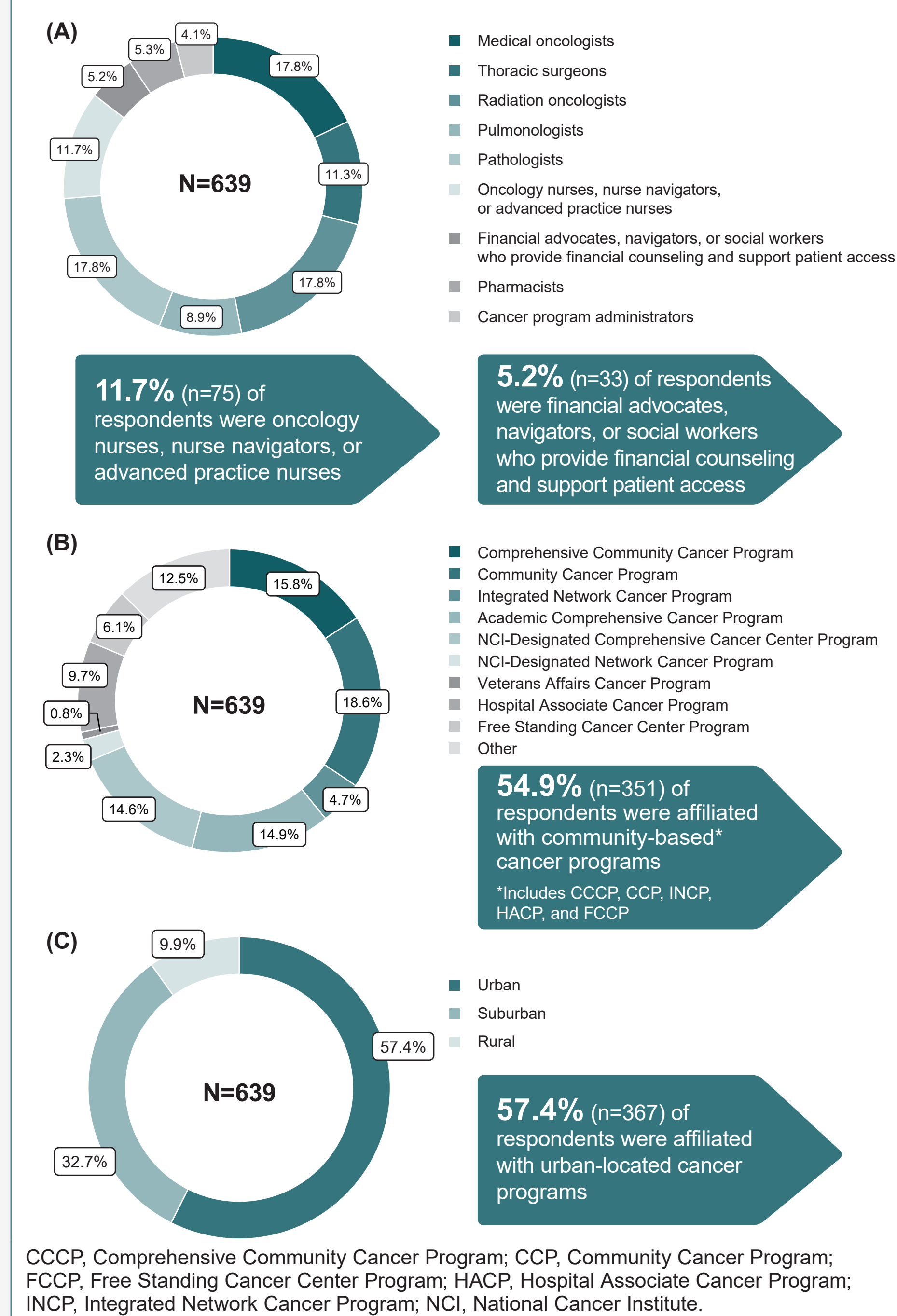
METHODS

- MDT members, including oncology nurses and patient navigators, at U.S. cancer programs participated in a national, double-blind, online survey between January 24 and April 25, 2019
- Survey questions were customized for MDT disciplines using skip logic and included topics such as NSCLC screening, diagnosis, treatment, and care coordination
- Subanalyses examined relationships between care delivery practices and outcomes using statistical testing
 - Research Question 1:** To what extent does the presence of a patient navigator in a cancer program differ by geographical area classification and cancer program type?
 - Research Question 2:** To what extent is the use of formal health literacy assessments associated with the presence of patient navigators in cancer programs?
 - Research Question 3:** To what extent are differences in shared decision-making (SDM) influenced by the presence of patient navigators in cancer programs?
 - Research Question 4:** To what extent are there relationships between time to receipt of the first treatment modality and difficulty in obtaining prior authorization from health insurance companies for biomarker testing and treatment?

RESULTS

- Among 1,211 survey respondents, 639 (response rate, 52.8%) complete responders from 160 unique cancer programs across 44 U.S. states were included in the analysis (**Figure 1A-C**)

Figure 1. (A) Profession, (B) cancer program type, and (C) geographical area classification in the National Quality Survey



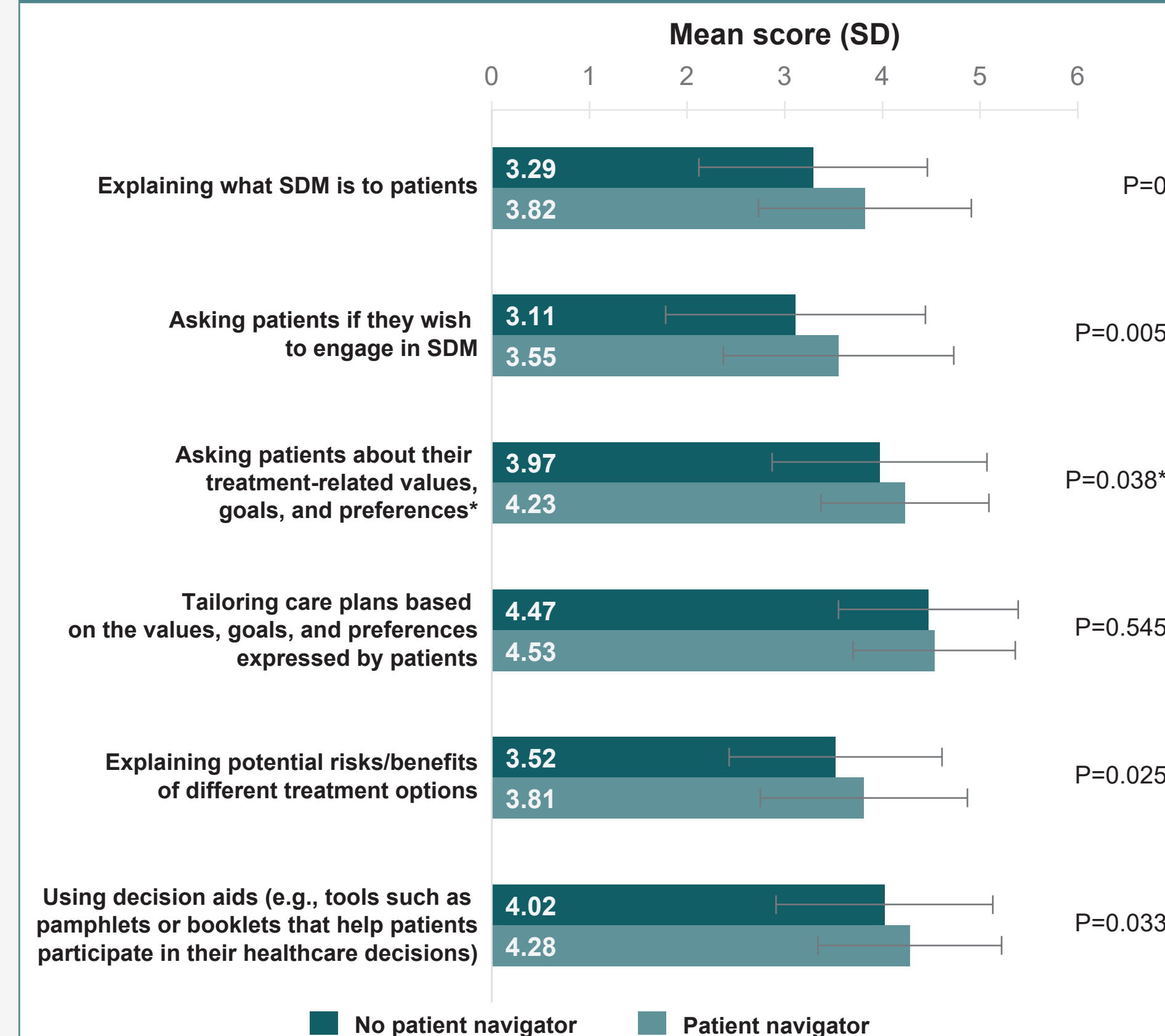
Key Findings

22.3% (n=101) of respondents had neither nurse nor lay navigators in their cancer programs to assist patients with NSCLC

90.1% (n=100) of respondents worked in cancer programs with no formal health literacy assessments for patients with NSCLC

- Research Questions 1 and 2:** No significant associations were observed
- Research Question 3:** Significantly higher mean scores (P<0.05) for most elements of SDM were observed in cancer programs with patient navigators compared with programs without patient navigators (**Figure 2**)

Figure 2. Association between the presence of patient navigators in cancer programs and elements of SDM



Note. Includes oncology nurses, nurse navigators, or advanced practice nurses, and financial advocates, navigators, or social workers who provide financial counseling and support patient access. Higher mean scores are indicative of a greater occurrence of SDM. Error bars represent SD. *t-test results did not meet the assumption of equal variances, and degrees of freedom were adjusted accordingly. P value (0.082) for nonparametric testing was not statistically significant at the 0.05 alpha level. SD, standard deviation; SDM, shared decision-making.

- Research Question 4:** No significant relationships were observed

CONCLUSIONS

- Navigation services need to be expanded so that all patients may benefit from individualized assistance along the NSCLC care continuum
- The overwhelming lack of formal health literacy assessment use, which can restrict the ability of patients to participate in their care and treatment decisions, can be addressed through the increased involvement of patient navigators
- Oncology nurses and patient navigators should be strategically integrated within lung cancer care MDTs
- Patient navigators can significantly help decrease the provider burden of SDM by assisting with education, assessment of patients' understanding, and true informed consent
- These findings can inform future process improvements for ideal NSCLC care delivery

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DISCLOSURES

- The authors have no conflicts of interest to disclose

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