Patient Navigation: A Multidisciplinary Team Approach

by David Nicewonger, MHA

MultiCare Health System is a community-based healthcare organization based in Tacoma, Washington, that includes four hospitals, a multidiscipline physician group, and various other service lines. MultiCare Regional Cancer Center (MRCC) is a hospital-based oncology practice consisting of five medical oncology practices and two radiation oncology practices.

In 2005 MultiCare entered into a five-year strategic planning process for cancer services. At that time the services delivered included basic oncology services with very little structure beyond physician, infusion, and radiation services. Data gathered through a survey of patients and families revealed a significant unmet need related to the support patients received throughout their treatments. Likewise, a survey of staff at that time showed considerable frustration expressed over a lack of resources to provide patients with much needed support beyond basic cancer treatment. Based on this survey data and as part of the strategic planning process, we decided that future programs would build on four fundamental foundations:
1. Facilities
2. Providers
3. Technology
4. Patient support systems.

Putting the Team to Work

The strategic plan ultimately approved by MultiCare's Board of Directors included the development of a Patient Navigation Team. This team would be charged with addressing the unmet needs identified by patients and their families. By early 2006, patient navigator job descriptions were developed and the first members of the Navigation Team were hired.

MultiCare Regional Cancer Center (MRCC) developed the concept and structure of its Navigation Team by drilling into the details of the patient and staff surveys. The most commonly identified needs were then bundled into four categories:
1. Care management and coordination
2. Social and psychosocial support
3. Financial support and counseling
4. Nutritional support and education.

While multiple needs and issues existed within each of these four categories, these fundamental patient needs drove the decision to create a multidisciplinary Navigation Team versus the traditional pool of case managers. By leveraging the focused skills of each individual on the team, we believed that cancer patients would be better supported and that team members would be more satisfied with their work.

The first three members of MRCC's Navigation Team were an RN navigator, a social worker, and a patient representative who provided financial assistance. While we initially requested a larger Navigation Team, the model was untested and hospital leadership initially approved the smaller three-person team. This approval came with the expectation that Cancer Center leadership would return in one year to report on outcomes and conclusions regarding continuation or expansion of the navigation program. Specific outcomes measures were identified, including improved patient satisfaction and increased patient volumes for the Cancer Center.

Growing the Team

MRCC's Navigation Team initially focused on helping patients through the first weeks of their cancer treatment. The team's motto: "Patients and families should only have to focus on healing." The Team's goal: to take all of the peripheral worries out of their patients and families hands.

One of the Navigation Team's first tasks was to conduct another survey of new patients to obtain a baseline score measuring how well supported patients felt *before* the Team started its work (see Figure 1, page S12-13). The results of that survey became the defining structure for the Navigation Team's work, and over the course of the first year, the survey was repeated for new patients entering the program.

By the end of that first year, MRCC saw significant improvements in all but two areas: assistance making and/or getting appointments with other MultiCare departments and transportation issues. Furthermore, physicians in the clinic and nurses in the infusion centers reported that the Navigation Team allowed them to focus on direct patient care rather than struggling with how to address issues such as transportation or financial coverage. The Navigation Team also maintained a log of patient stories, documenting successful interventions and the impact on the lives of patients entering cancer treatment.

At the end of the first year, hospital and cancer center leadership looked at these findings and approved the addition of three new team members: a second RN navigator, a second patient representative, and a nutritionist. The expanded Patient Navigation Team supported all patients who received care at MRCC's main campus but another ongoing challenge remained: how could the Navigation Team support staff and patients at satellite clinics where patient volumes were significantly lower but needs were just as important?

To help initially address this challenge, we adopted a model that combined the job functions of the RN navigator with a clinic supervisor. In small clinical operations, where the supervisory demands are less signifi-

cant, this approach provided some navigation support for the patients. Later, an organizational focus on standardization of care across all care locations led to the approval of an additional social worker and patient representative in the next budget cycle. The expanded eight-person Navigation Team was then able to service all clinical locations.

Disease-site-specific Navigators

Another component of the original strategic plan was a focus on four primary disease groups: 1) thoracic, 2) urologic, 3) breast, and 4) neurologic. While our cancer program treats all cancer types, the decision was made to focus on these primary disease groups with the eventual goal of becoming a center of excellence in those areas. Over time it was acknowledged that this goal would be best achieved by having disease-site-specific navigators. And while the general navigators continued to function in the clinics, these new disease-focused navigators became a key component in MRCC's strategy to develop a program of excellence for each disease site.

The disease-site-specific navigators were expected to work not only with the patient and family, but also to serve as a direct liaison between the cancer program and referring physicians and surgeons. Our expectation was that navigator services would be valued by both patients and referring physicians; therefore, providers would be more likely to direct their patients to a MultiCare facility. Accordingly, we projected substantial volume increases in cancer services during our 2008 budget planning process.

So, in addition to the two general RN navigators, our Navigation Team would now include four disease-site-specific navigators. While three of the disease-site-specific navigators would be RNs with an oncology background, we decided to fill the other position with an ARNP who could provide service at a different level. Under this model, the ARNP navigator provides

9 Ways Patient Navigation Can Benefit Your Cancer Patients

1. Patient navigators become the initial contact point for all patients who come into contact with the healthcare system. They remain an ongoing, consistent point of contact for patients and families through the full continuum of their care.
2. Patient navigators support patients as they move through different points of the healthcare system, including hand-offs between inpatient and outpatient settings, specialty consultations, research, hospice, and/or palliative care. Smoother hand-offs across all phases of care translate into fewer delays in treatment, improved communication between caregivers, and less confusion for the patient and family.
3. Patient navigators provide valuable education to patients and families on a variety of treatment, nutritional, financial, or social issues.
4. Patient navigators can help decrease ER visits associated with complications in care by identifying complications sooner and directing earlier interventions at the clinical level.
5. Patient navigators link patients and families to community resources such as transportation, housing assistance, financial assistance, and/or support groups.
6. Patient navigators optimize access to financial resources to assist patients and families with treatment-related costs, including drugs. This access is particularly critical for indigent, uninsured, and under-insured patients.
7. Patient navigators offer emotional support to patients and families during difficult and stressful times.
8. Patient navigators can help match patients to potential research protocols.
9. Patient navigators can provide a valuable link between the cancer center and the community physicians referring into the cancer center.

MultiCare Regional Cancer Center's multidisciplinary Navigation Team.

some direct patient care and works directly with community physicians and surgeons to provide support and intervention on cases earlier—often before the patient even enters the actual oncology clinics. Some of the services performed by our ARNP navigator, such as office visits for ongoing care, are billable. And while the billable charges do not fully support the ARNP salary, the additional revenue stream is enough to make up for the difference between the salary of an ARNP versus using an RN in the same position. With an ARNP navigator, the level of connection and collaboration with surgeons is enhanced. Again, our assumption is that improving those relationships and making the navigators indispensable to community surgeons will foster loyalty and increase patient volumes.

A True "Team" Effort

The multidisciplinary Navigation Team model is working well at MRCC. Our model is both cost effective and

comprehensive in scope. In other words, our multidisciplinary Navigation Team is more cost effective than hiring only one discipline such as RNs. Likewise, if the team consisted only of social workers or volunteers, there would be an absence of qualified expertise to work through the complex medical issues associated with cancer care. Instead, social workers are available to address issues such as assistance with transportation, linkages to community support groups, or assisting in comple-

tion of documentation for enrollment in alternative funding sources, freeing up the RNs and ARNP to deal with issues such as coordination of medical care and patient education. Augmenting the team with patient representatives to offer financial assistance has not only helped our cancer patients, it has also helped the cancer program by decreasing payer denials and improving patient access to funding alternatives.
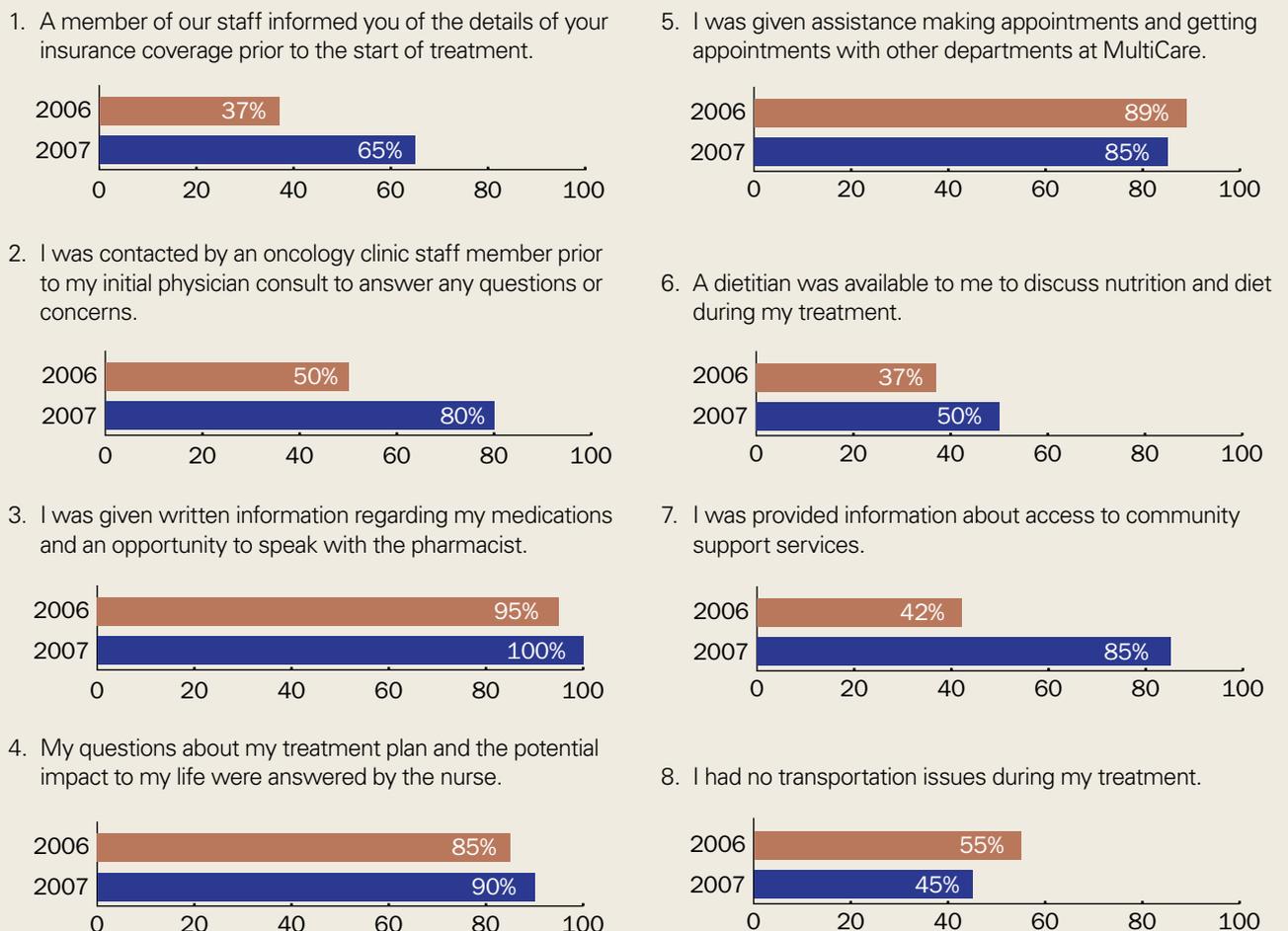
While our patient navigation model is still evolving, early indications are

that the program is a success. Looking back at our outcome measures, we have improved patient satisfaction and increased patient volumes. In fact, since the inception of the first Navigation Team in 2006, the volume of cases across all locations has increased more than 30 percent. While it is difficult—if not impossible—to definitively correlate these volume increases to the work of the Navigation Team, when coupled with the improvement in

Figure 1. Percentage of Patients Giving a Score of 4 on MRCCs Cancer Patient Survey*

Patients asked to use 1-4 point scoring on all questions with 1= Disagree; 2= Somewhat Disagree; 3= Somewhat Agree; and 4=Completely Agree.

1. A member of our staff informed you of the details of your insurance coverage prior to the start of treatment.

   2006: 37%
   2007: 65%

2. I was contacted by an oncology clinic staff member prior to my initial physician consult to answer any questions or concerns.

   2006: 50%
   2007: 80%

3. I was given written information regarding my medications and an opportunity to speak with the pharmacist.

   2006: 95%
   2007: 100%

4. My questions about my treatment plan and the potential impact to my life were answered by the nurse.

   2006: 85%
   2007: 90%

5. I was given assistance making appointments and getting appointments with other departments at MultiCare.

   2006: 89%
   2007: 85%

6. A dietitian was available to me to discuss nutrition and diet during my treatment.

   2006: 37%
   2007: 50%

7. I was provided information about access to community support services.

   2006: 42%
   2007: 85%

8. I had no transportation issues during my treatment.

   2006: 55%
   2007: 45%

## Practical Tips for Developing and Growing a Patient Navigation Team

- **Start small**. Although your needs may be great, consider implementing a smaller navigation program with defined boundaries and objectives that can then be used as benchmarks for success and justification for program expansion. It's better to do a few program elements successfully and use that success to validate expansion than to allow the program to struggle with measurable outcomes due to "scope creep."
- **Use a multidisciplinary model**. Bringing together RNs, ARPNs, social workers, nutritionists, financial counselors, and other professionals can provide a depth of expertise in a cost-effective manner. Clearly define roles for each discipline on the team.
- **Survey your cancer patients**. Conduct a baseline survey of patient satisfaction administered *prior to* initiation of the navigation program so that success can be measured and reported to leadership.

- **Listen to your cancer patients**. Keep a log of patient success stories. These anecdotal accounts provide faces, emotions, and reality to patient navigation benefits that are not easily quantified. These human interest success stories help gain and sustain support for navigation programs and services.
- **Control program growth**. Evolving the program structure and scope in small intervals with demonstrated successes through each stage can garner confidence and support for continued expansion.
- **Expand the navigator role**. Asking patient navigators to liaise with your community referral base—patients and referring physicians—can help increase patient volumes and grow your navigation program.
- **Establish an advisory council**. An advisory council of providers, patients, and family members can help direct the goals and work of your Navigation Team.
- **Set up a foundation to help fund the program**. A foundation can accept community donations and other funds to pay for supplies, materials, and programs associated with the work of your navigation team.
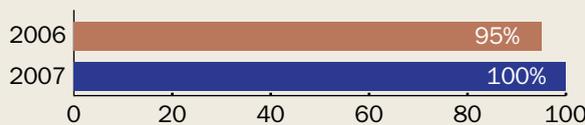

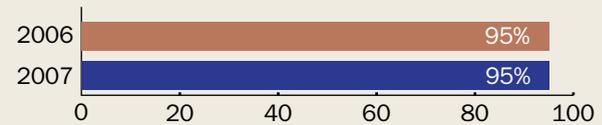
9. My pain was monitored and managed during my treatment.

2006	67%
2007	100%
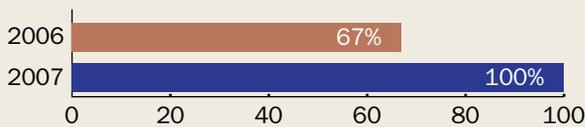
13. I understood potential side effects of my treatment and how to manage them.

2006	89%
2007	95%
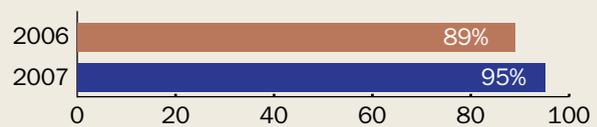
10. My family was well supported by the clinic staff.

2006	95%
2007	100%

14. I understand when I need to call my physician.

2006	95%
2007	95%

11. My quality of life was maintained through my treatment.

2006	79%
2007	85%
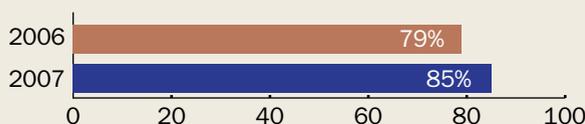
15. All of my questions were answered understandably.

2006	79%
2007	95%
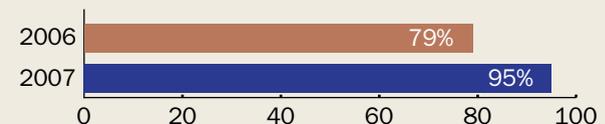
12. I knew what to expect through each stage of my care.

2006	74%
2007	80%
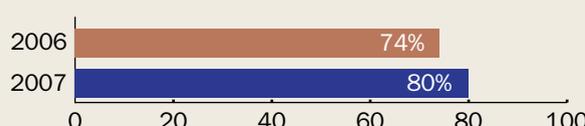
16. I know who to call when I have problems or questions.

2006	85%
2007	85%
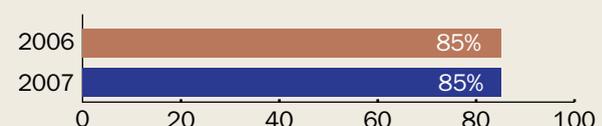
*The 2006 survey established a baseline before the initiation of the Navigation team.

Figure 2. Possible Future Directions for Targeted Disease Group Navigation Teams

Medical Oncologists

| *Research* RN | *Breast* ARNP RN | *Lung* ARNP RN Navigator | *Urology* ARNP RN Navigator | *Neurology* ARNP RN |

Social Work
Patient Representatives/Financial Counselors
Nutrition
Administrative Support
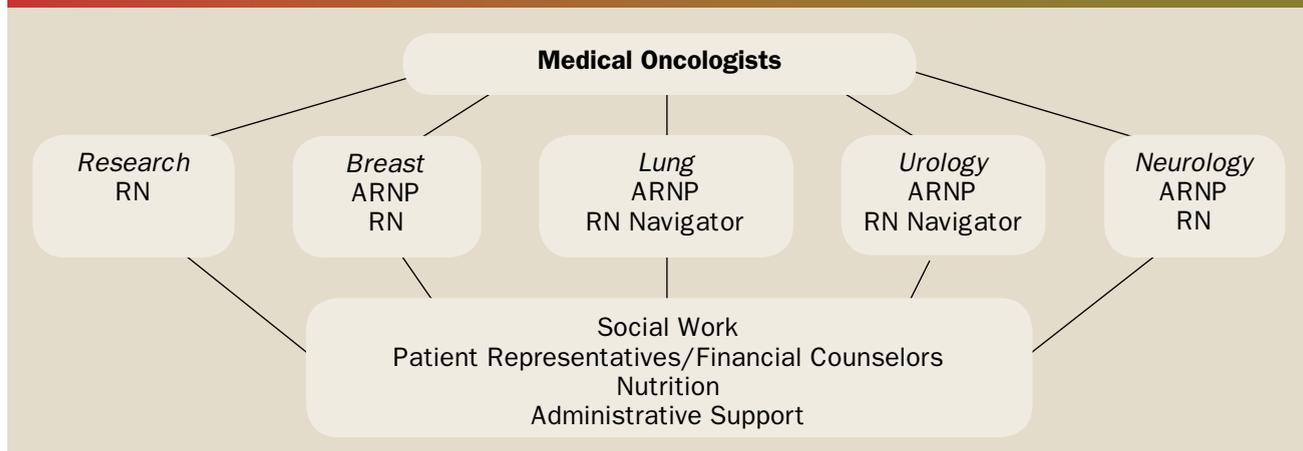
patient satisfaction, it is reasonable to assume that there is some correlation between patient volumes and the Navigation Team.

For example, preliminary findings related to our lung cancer patients may support the positive benefits of disease-site-specific navigation. The ARNP has only been in the position for six months; however, in that time there has been a sudden and definite increase in lung cancer patients entering the program. Preliminary data for the past four months show a 20 percent rise in referrals for lung cancer, and the ARNP has had early success developing close relationships with the leading pulmonology and cardiothoracic practices in the area.

Today, our Navigation Team consists of six navigators (five RNs and one ARNP). Four of these navigators are disease-site-specific and two are generalists who provide care management support for those patients whose cancer does not fall into one of the four focused disease sites. The team also includes two social workers, a nutritionist, and three patient representatives. Our plan is to add an additional nutritionist and an additional patient representative in the next 12 months. Collectively this multidisciplinary team supports all cancer patients at five clinic locations.

Lessons Learned
We are still working to understand the appropriate workload for the Navigation Team and the right mix of disciplines. In addition, the Navigation Team's work continues to evolve; as one segment of identified needs is addressed, more needs are identified.

One critical decision made early in the process was to define boundaries

for the Navigation Team to work within. We communicated those boundaries to physicians and other staff in an effort to keep our Navigation Team focused. Without clearly defined boundaries, "responsibility creep" can easily pull the Navigation Team in so many directions that team members cannot be effective in their supportive roles and there will be no measurable success points that can then be used to help justify expansion of the team. Even today, with the expanded Navigation Team, the definition of boundaries is crucial to sustain focus and experience success.

Another important step taken in the program's early stages was conducting the baseline survey of patient satisfaction in key areas, and then focusing the Navigation Team on improving those specific indicators. As success benchmarks are achieved through patient satisfaction scores or increased patient volumes and the team is expanded, the boundaries can likewise be expanded.

Our model is still evolving and being refined. The structure of MRCC's Navigation Team is defined based on success and continued unmet need as the next iteration is taking shape. Figure 2 illustrates the direction that our program appears to be taking. In addition to meeting the support needs of patients and driving patient volumes, another important factor that comes into play is the increasing shortage of oncology physicians. With this new model, the disease-site-specific ARNPs will continue to liaise with referring physicians, but they will also start to become responsible for routine follow-up care of patients, freeing the oncologist to focus his or her expertise on initial consultations and management of complex cases. In this

model the RNs, social workers, nutritionists, and patient representatives continue to play their supportive roles. This model is still a concept, but in looking at the unique contributions of the ARNP in our current thoracic model it seems there are advantages in patient care and care delivery economies in moving toward this next iteration.

Reflecting back over the evolution of the Navigation Team, several key actions contributed to the team's success, including:

- Starting small
- Using a multidisciplinary model
- Surveying patients and listening to what they had to say
- Controlling program growth
- Expanding the navigator role
- Establishing a patient advisory council and listening to their experiences and advice in setting priorities and identifying unmet support needs
- Establishing a foundation to help fund some of the resources of the program.

For more information, see "Practical Tips for Developing and Growing a Patient Navigation Team" on page S13.

As 2007 survey results show, MRCC's Patient Navigation Team has clearly benefited our patients and our cancer center. Today, we call the navigation program at MultiCare Regional Cancer a successful "work in progress." Our hope is that other community cancer centers can learn from our program as we continue to evolve to meet the needs of our patients, families, physicians, staff, and community. ✔

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