

Patient Navigation: A “Win-Win” for All Involved

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The words “you have cancer” are some of the most devastating words a patient will ever hear. Initially, patients are “often immobilized by fear and uncertainty” (Gentry & Sein, 2007, p. 8). Even as patients and their families are facing one of the greatest challenges of their lives, they will be asked to navigate a complex healthcare system while coordinating the multiple treatment plans they will face. At this time, they need someone to serve as their guide on this frightening journey. Patient navigator programs are streamlining the oncology care continuum, ensuring timely treatment and follow-up, and preventing patients from “falling through the cracks” (Gentry & Sein).

Patient navigation in cancer care refers to individualized assistance offered to patients, families, and caregivers to help overcome health system barriers and facilitate timely access to qualified medical and psychosocial care (Fowler, Steakley, Garcia, Kwok, & Bennett, 2006). Navigation programs for patients with cancer focus on working with patients and their families at various points along the continuum, with some beginning at diagnosis and continuing through all phases of the cancer experience (C-Change, Inc., n.d.; Yates, 2004). Patients and families value the individualized support provided by patient navigators throughout their cancer journeys. Patient navigators can connect patients to resources and support systems, help streamline appointments, help patients access financial services, assist with transportation needs, reduce patients’ and families’ anxiety, identify appropriate social services, and track interventions and outcomes (see Figure 1). Navigators can save valuable time and reduce problem-solving time for patients, ensuring that they are offered appropriate services in a timely manner. Although the initial model of navigation was designed for low-income patients, the model has evolved to assist people from all socioeconomic back-

grounds. Patient navigator programs have become a “value-added service” in cancer care clinics and hospitals all over the country. As the patient navigator model has evolved, it has taken on a variety of forms, usually dictated by the needs of the patients and experience of the institution or setting. Social workers, case managers, lay people, and nurses have filled the role of navigator. Private patient navigator services even exist for those who want to hire a navigator and can afford to pay hourly fees. This article shares the development of a patient navigator program in a small community hospital in the southeastern region of the United States.

The Nurse Navigator Concept

The navigator concept was introduced by Harold P. Freeman, MD, and implemented in 1990 at Harlem Hospital in New York (Freeman, 2006). The program was funded by a grant from the American Cancer Society, and the goal of the program was to reduce or eliminate cancer disparities in the poor and underserved populations that bear a heavier burden of cancer. As a result of the disparities, higher cancer incidence and mortality rates and lower survival rates existed. Freeman identified barriers that affected the timely diagnosis and treatment of cancer, including lack of insurance, poor social support, poor coping styles, and poor health literacy skills. Freeman was the first to identify an association between low socioeconomic status and racial differences in cancer survival. Freeman’s original patient navigator pilot program launched a national movement.

Overview of One Institution’s Navigator Program

Duke Raleigh Cancer Center in North Carolina is a nationally accredited cancer center, and the staff is comprised of a

multidisciplinary team of physicians, nurses, radiation therapists, tumor registrars, dietitians, social workers, spiritual counselors, clinical trial coordinators, genetic counselors, palliative care coordinators, and patient navigators. The center is affiliated with Duke Raleigh Hospital, a 186-bed community hospital which offers excellent care in a community setting. Duke Raleigh Hospital is a member of the Duke University Health System, which is a National Cancer Institute–designated Comprehensive Cancer Center. Duke Raleigh Cancer Center serves a broad community and provides expert care to a varied spectrum of malignancies, ranging from breast, head and neck, gastrointestinal, lung, prostate, endocrine, gynecologic, skin, brain, and the lymphomas.

Duke Raleigh Cancer Center employs two navigators. Although their job descriptions are alike in many ways, the professional background of each navigator is quite different. Each navigator brings individual strengths; together, they have developed an innovative and successful program. Julie McQueen, RHED, CHES, is a two-time breast cancer survivor and a certified health education specialist with a degree in public health. She facilitates a vibrant breast cancer support group that meets monthly and navigates patients with breast cancer from initial screening through diagnosis, treatment, and follow-up. As part of her navigator position, McQueen has become the outreach coordinator for the cancer center by serving on cancer boards on the local and state levels. The boards include the Susan G. Komen Race for the Cure® and the Pretty-in-Pink Foundation. Brenda Wilcox, RN, BSN, OCN®, is a 20-year oncology nurse and is responsible for navigating all other site-specific diseases, including gastrointestinal, lung, colon, head and neck, and the lymphomas. Wilcox also coordinates a thoracic multidisciplinary clinic within the cancer center and helps