IMPROVING NON-SMALL CELL LUNG CANCER CARE DELIVERY: FINDINGS FOR ONCOLOGY NURSES AND PATIENT NAVIGATORS 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 when integrated within multidisciplinary care teams. Although widely implemented in clinical practice since its inception,1,2 the design and delivery of patient navigation services in cancer care is often heterogeneous3,4 and the role and function of patient navigation within cancer care MDTs, including evidence-based interventions that can positively impact patient outcomes, need further clarification4,5.

In 2019, the Association of Community Cancer Centers (ACCC) and its partners implemented a multiphase initiative for advanced stage (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, and treatment options.

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 in the National Quality Survey?

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 respondents from 160 unique cancer programs across 44 U.S. states were included in the analysis (Figure 1A-C).

11.7% of respondents (n=75) of NSCLC care teams included advanced practice nurses.

5.2% (n=32) of respondents were financial advocates, navigators, or social workers who provide financial counseling and support patient access.

54.9% (n=351) of respondents were affiliated with community-based cancer programs.

74.7% (n=477) of respondents were affiliated with urban-based cancer programs.

5.2% (n=34) of respondents were financial advocates, navigators, or social workers who provide financial counseling and support patient access.

54.9% (n=351) of respondents were affiliated with community-based cancer programs.

74.7% (n=477) of respondents were affiliated with urban-based cancer programs.

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

22.3% (n=140) of respondents had neither nurse navigator nor patient navigator in their cancer program to assist patients with NSCLC.

90.1% (n=600) of respondents worked in cancer programs with no formal health literacy assessments.

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).

Explaining what SDM is to patients

Mean score (SD)

No patient navigator: 3.11 (0.82)

Patient navigator: 4.23 (0.76)

P=0.033

Explaining potential risks/benefits

Mean score (SD)

No patient navigator: 3.82 (0.68)

Patient navigator: 4.53 (0.70)

P<0.001

Tailoring care plans based on the values, preferences, and goals expressed by patients

Mean score (SD)

No patient navigator: 3.73 (0.74)

Patient navigator: 4.23 (0.64)

P=0.046

Exhausting potential roles/strategies, including those considered

Mean score (SD)

No patient navigator: 3.97 (0.60)

Patient navigator: 4.23 (0.64)

P=0.046

Explaining potential roles/strategies, including those considered

Mean score (SD)

No patient navigator: 3.97 (0.60)

Patient navigator: 4.23 (0.64)

P=0.046

Key Findings

No significant relationships were observed between time to receipt of the first treatment modality and difficulty in obtaining prior authorization from health insurance companies for biomarker testing and treatment.

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

CONCLUSIONS

Navigation services need to be expanded so that all patients may benefit from individualized assistance along the NSCLC care continuum.

The absence 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 patient understanding, and true informed consent.

These findings can inform future process improvements for ideal NSCLC care delivery.

REFERENCES


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