Cancer patient navigators can improve patient outcomes and reduce health care costs

June 27 2023

Credit: Pixabay/CC0 Public Domain

Roles for cancer patient programs, including navigators and associated digital tools should be funded in the health system, with new global research at Flinders University demonstrating that such programs can

improve medical outcomes by increasing screening rates and reducing waiting times for cancer diagnosis and treatment.

In 2020, over 19 million people worldwide were diagnosed with cancer and 10 million died from the disease.

This startling figure underscores the importance of evidence-based guidance for screening and surveillance, ongoing evaluation and treatment, symptom management, coordination between specialists and primary care providers, and cost-effective, follow-up care.

Cancer patient navigators are typically trained nurses, social workers or health care advocates that help guide and support cancer patients with personalized care by working with them to understand their diagnosis, treatment options, and relevant medical information.

A new global study published in the journal, *CA: A Cancer Journal for Clinicians* has compared the experiences and outcomes of thousands of cancer patients who were supported by navigators with those that weren't in regions including Australia, the U.S, the U.K, the EU, Asia and Canada.

Gathering international evidence, the results show that patient navigation is strongly linked to increased and successful rates of screening, earlier medical diagnosis and cancer outcomes worldwide.

The results also highlight the benefits of effective navigation to reduce health care costs in the US.

"Navigating the health care system as a cancer patient can be an overwhelming experience, especially for those facing multiple barriers when accessing health care. Barriers include lack of health and system knowledge, lack of financial resources or health insurance coverage,

geographic distances from care providers, and lack of social support," says the study's lead author, Professor Raymond Chan, Director of the Caring Futures Institute and Dean of Research (Nursing and Health Sciences) at Flinders University.

"It's clear that First Nations people, and those from the culturally and linguistically diverse populations and rural and remote areas have worse cancer outcomes and experiences and this must change."

"This challenge can begin at the time of diagnosis and continue throughout treatment, follow-up care, survivorship, and palliative care and end-of-life care. But navigation covers support required at the cancer screening and early detection, even before the cancer diagnosis. Our latest research looked at valuable data that supports the worldwide medical contribution of cancer patient navigators."

Head and neck cancer survivors advocate Julie McCrossin says support from a patient navigator to arrange and attend appointments can mean the difference between life and death.

"I remember the weeks of my intensive treatment for cancer and the follow-up as a busy time of multiple blood tests, scans and radiation and chemotherapy treatments. Each week I had appointments with several doctors, nurses and allied health practitioners."

"Patient Navigators can help vulnerable cancer patients by co-ordinating care, organizing transport, providing information, overcoming cultural and language barriers and offering emotional support to encourage people to complete treatment.

"I am especially excited by the role patient navigators can play in providing education about cancer screening and symptoms at community locations and events. Early diagnosis saves lives and navigators can reach

out to multicultural and First Nations communities to improve the uptake of screening and early diagnosis, followed by support to get treatment quickly."

Professor Chan says the study results show that effective navigation is strongly linked with patients successfully overcoming socio-economic barriers, difficulties accessing healthcare, and screening and treatment outcomes for Indigenous populations around the world.

"Our research shows that patient navigation is clearly improving participation in cancer screening for breast, cervical, colorectal, and lung cancer and reducing times from screening to diagnosis, and diagnosis to starting treatment."

"The evidence also suggests patient navigation improves quality of life and patient satisfaction with care in the survivorship phase, and may reduce hospital readmission in the active treatment and survivorship care phases," says Professor Raymond Chan.

"These significant findings provide data supporting the effectiveness of funding and employing navigators in healthcare systems around the world, when considering improved treatment outcomes and reduced costs to the healthcare system."

"There are also further opportunities to adopt artificial intelligence in conjunction to human navigators. Effective navigation is vital to providing appropriate services that support Indigenous people who are less likely to access screening in Australia and Canada and are diagnosed at a later stage."

The navigators can handle responsibilities often left to struggling family members and caregivers such as appointments, transportation, and also help connect patients with the resources and support they need to

understand and manage their care. In Australia, they may work in hospitals or community clinics and other healthcare settings.

"In developed countries such as the UK, Australia, Canada, there may already be professional workforces that provide some level of navigation support for people with cancer during treatment, survivorship, and palliative or end-of-life care phases," says Professor Chan.

"These professional groups may be specialist cancer nurses, care coordinators, oncology social workers, and general practitioners. While 'their day-to-day role may cover a range of patient navigation activities, their role is not dedicated to navigation support."

The study includes recommendations for policymakers and care providers:

- Policy makers and healthcare leaders can consider connectivity between workforce service delivery, financing, leadership and governance, technology, and information.
- Establish sustainable funding models
- Education and training for the navigation workforce requires the development of frameworks to enhance consistency and quality of patient navigation.
- Care providers can design navigation to prioritize areas where outcomes have been demonstrated.
- Incorporating emotional support, promotion of healing, caregiver support, and facilitation of coping as a key feature of person-centered, navigation programs.
- Patient navigation is needed in underserved segments of the population who can benefit from culturally appropriate and relevant education and assistance.
- Indigenous people require navigation support that is delivered in a culturally safe, sensitive, and competent manner.

- Researchers need to inform best-practice standards for cancer patient navigation and to explicitly define the work scope and training requirements of the workforce.
- Standardized data collection addressing aim for healthcare improvement is likely helpful to support program sustainability and enable benchmarking at all levels (local, national, and international).
- Development and evaluation of technology-based patient navigation solutions including the use of artificial intelligent systems can enhance the longer-term efficiency and sustainability of patient navigation.

More information: Raymond J. Chan et al, Patient navigation across the cancer care continuum: An overview of systematic reviews and emerging literature, *CA: A Cancer Journal for Clinicians* (2023). DOI: 10.3322/caac.21788

Provided by Flinders University