

Navigating Patients With Breast Cancer

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BROUGHT TO YOU BY:

OncologyNurseAdvisor



- The Grand Canyon
 - It is 277 miles long
 - It is 18 miles wide
 - It is 1 mile deep
- What is your Grand Canyon?
 - How will you make it down, across, and through it?
 - When is the best time to go?
 - Who do you want to come along?

Our Grand Canyon

Re-evaluating and developing a navigation program for breast cancer patients to make their lives easier and better.

- Challenges that exist:
 - Replicating services
 - Resistance from physicians and staff
 - Lack of understanding of roles and responsibilities
 - How to best use our resources
 - Who is most suited to be brought to the MDC
 - Changing documentation to decrease duplication
 - Making sure the patient is well informed

What We Used to Do

- Tumor Case Conference only: A meeting of the minds with oncologists, surgeons, nurses, managers, ancillary disciplines as needed, etc.
- Who puts it together: Tumor Registry based on whatever crumbs are sent their way
- How is it presented over and over and over: Let's look at images, pathology and the physician presenting usually has their plan determined and is just letting everyone else know what they have already spoken to the patient about and agreed upon
- What now: If tests have not been completed nursing is there to ensure it gets done, registry writes down the plan, and other disciplines may or may not have input – such as “Has genetic testing been done yet?”

Who Are We Changing for - Sophia

- Hispanic, age 36
 - Married with children
 - Gabriella, 11
 - Isabella, 5 (suffers from asthma)
 - Just found out she is pregnant (unplanned)
 - Takes care of her parents and in-laws
 - Mother has diabetes and breast cancer history at 50
 - Father-in-law has COPD
- She owns her own company
- Household income approximately \$80,000
- Health care decision maker, often short on time and money
- She had left breast invasive ductal cancer T2, N0, M0
 - Er/Pr (-) and Her2 (+) Ki-67 high at 93%



What Kind of Treatment Do You See Coming For Sophia?

- Does she need any additional imaging?
- Procedures?
- What chemotherapy could be recommended?
- After chemotherapy?
- Anything else?
- MRI
- Chemotherapy
- Dose-dense AC followed by T +trastuzumab +/- pertuzumab or TCH +pertuzumab
- Post-surgery and MRI
- Radiation

What We Needed to Change

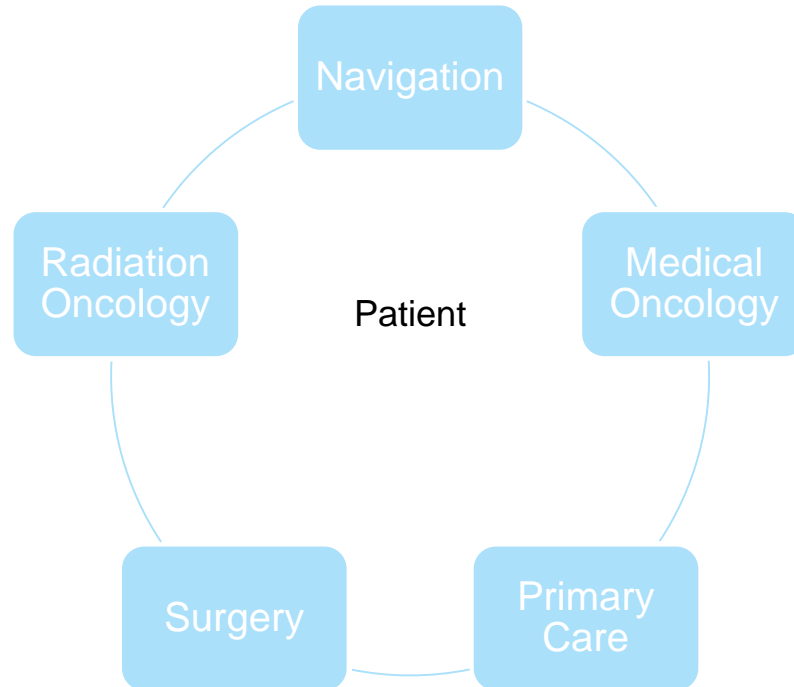
- Our thinking
- Our feelings
- Our process
- Our own interests
- Our education
- How we could help Sofia
- How we felt about her choices
- How should we have helped her from the beginning
- How our timing should change to make her life easier
- How we could best inform her and keep her up on her treatment

What Is the Vision

- The role of the multidisciplinary team involves assessing the patient, discussing potential treatments for the cancer and symptom relief, and reviewing the impact of treatment across the whole care pathway utilizing all disciplines.

What we do now!

Agreements



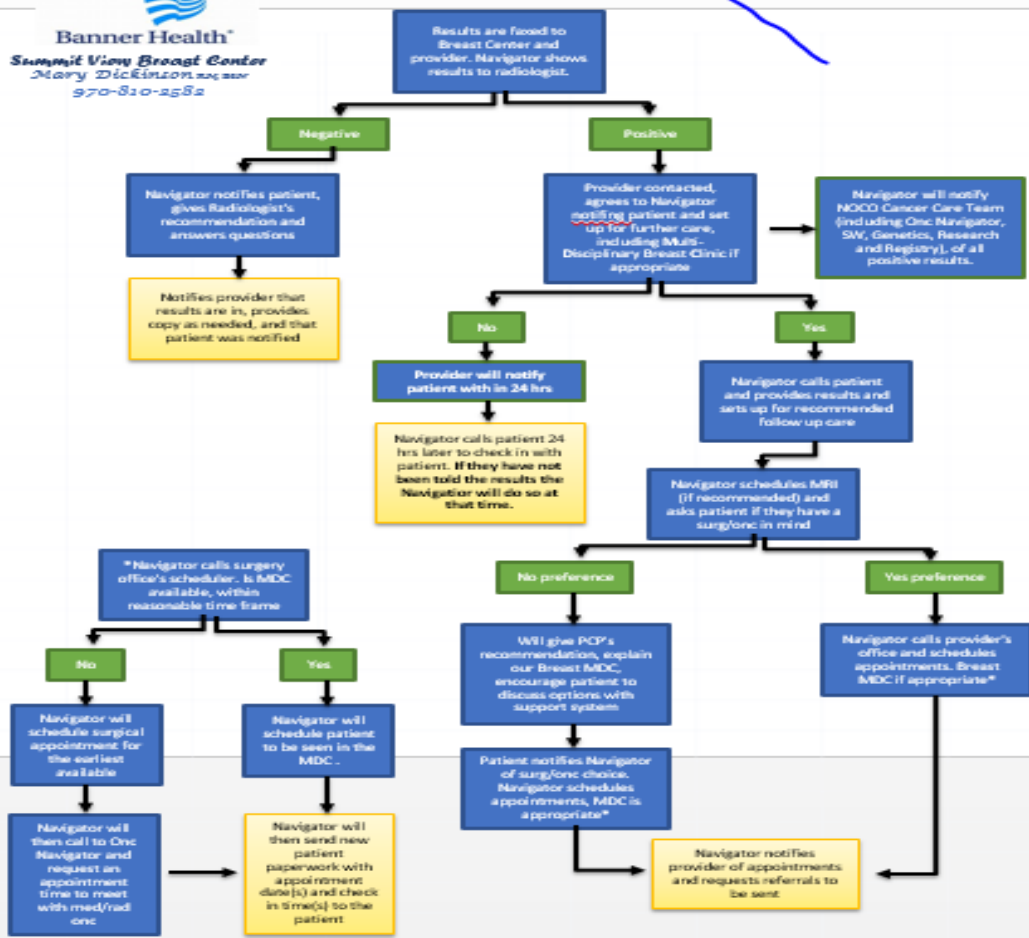
Joint Models of Care

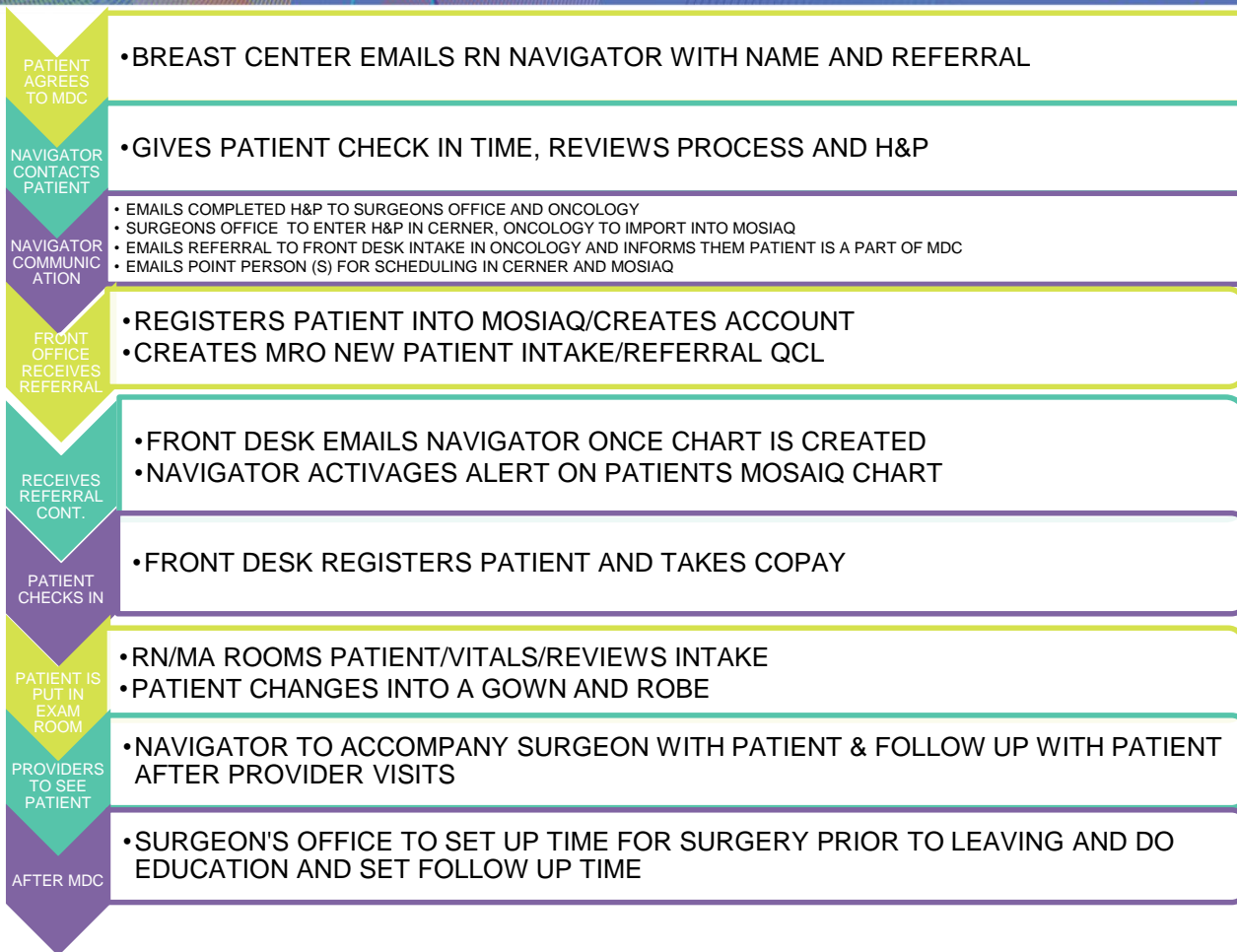
Three Models of MDC Clinics

- The cancer case conference or tumor board
- The dedicated disease site-specific clinic
- The virtual clinic

Beard EM. Case 22: navigator collaboration. In: Daugherty P, Gamblin KA, Rummel M, eds. *Oncology Nurse Navigation: Case Studies*. Pittsburgh, PA: Oncology Nursing Society; 2017:211-212.

Pallavi R. Tumor board locally advanced rectal cancer. In: Management of locally advanced rectal cancer – an evidence-based approach [LinkedIn SlideShare].
<https://www.slideshare.net/ranjitapallavi/tumor-board-locally-advanced-rectal-cancer>.
Published April 29, 2014.





Billing

- Global bill for MDC billing – each provider still has their billing, but one grand total is given to the patient with an explanation of cost and includes the facility fee
- Prospective financial counseling available to Patients
 - Medicare/Medicaid
 - Grants
 - Insurance options (during enrollment period)

MMC MDBC SCHEDULE

Patient 1

Appointment Time:	Type	Duration		
12:30 PM	Check in/RN Assessment	30 minutes		
1:00	Surgeon Consultation	45 minutes		
1:45	Medical Oncology Consult	30 minutes		
2:15	Radiation Oncology Consult	30 minutes		
2:45	Navigator Follow Up	15 minutes		

Patient 3

Appointment Time:	Type	Duration		
2:00 PM	Check in/RN Assessment	30 minutes		
2:30	Surgeon Consultation	45 minutes		
3:15	Medical Oncology Consult	30 minutes		
3:45	Radiation Oncology Consult	30 minutes		
4:15	Navigator Follow Up	15 minutes		

Patient 2

Appointment Time:	Type	Duration		
1:15 PM	Check in/RN Assessment	30 minutes		
1: 45	Surgeon Consultation	45 minutes		
2:30	Medical Oncology Consult	30 minutes		
3:00	Radiation Oncology Consult	30 minutes		
3:30	Navigator Follow Up	15 minutes		

Patient 4

Appointment Time:	Type	Duration		
2:45 PM	Check in/RN Assessment	30 minutes		
3:15	Surgeon Consultation	45 minutes		
4:00	Medical Oncology Consult	30 minutes		
4:30	Radiation Oncology Consult	30 minutes		
5:00	Navigator Follow Up	15 minutes		

Who Does What?

- MDC Line-up
- Pt has a positive biopsy – Breast Nurse (BN) or PC notify patient to get appointments set
 - MRI if ordered
 - Genetic consult – done before as close to MDC as possible
 - MDC Clinic times – See Schedule Communication below
 - Emails to appropriate groups
 - Insure consults are sent timely
 - Patient put on TB
- Oncology Scheduling = Block MD schedules for: Surgeon, Medical Oncologist, Radiation Oncologist, Nurse Navigator (NN), Genetics (if not already seen or scheduled)
- Schedule Communication = Breast Nurse, Nurse Navigator, Surgical RN/MA, and Patient coordinate times for patient to arrive, NN explains the process and financial obligations
 - Financial consult if needed (hopefully prior to MDC)
- Paperwork is sent to the patient or called and information is put into Cerner by NN or BN
 - Information put in to Cerner
 - MD offices notified that paperwork is completed
 - NN brings paperwork to TB
- Pt is reviewed in TB the day of the consult
 - Decreases time needed for each practitioner – decrease repeat questions
 - Reviews needed items – paperwork if completed or not (NN to bring)
- Pt arrives to oncology at scheduled time and is checked in at front desk
 - all 3 co-pays are collected and one is given to surgery
 - Scheduling notifies the NN of patient arrival
 - Surgical MA rooms the patient and begins pre-op teaching
- Patient is seen for first consult (45 minutes)
- Patient is seen for second consult (30 minutes)
- Patient is seen for third consult (30 minutes)

Care Plan

- **MDC Breast Basics:**

- Patient Name _____ MRN _____ Ht _____ Wt _____ DOB _____

- **Preoperative:**

- Biopsy date _____

- Diagnosis _____

- Results given: Y _____ Date: _____ By whom _____ Pre-Op MRI: Y _____ Date: _____ N _____

- Genetics Consult: Y _____ Date _____ N _____

- MDC times: Date _____

- Surgeon time _____

- Med Onc time _____

- Rad Onc time _____

- Initiate TB referral: _____

- **MDC Visit 1: Date _____ Meet Nurse Navigator to assist with appointments below and DT given**

- **Surgeon:** Surgical type _____

- Lumpectomy Date _____

- Mastectomy Date _____

- Plastic Surgeon Referral _____

- Neo-adjuvant Chemo _____

- Lymphedema Consult Date _____

- MRI: Results given y _____ Follow up _____

- **Medical Oncology:** Chemotherapy recommendation _____

- HT: type _____ Start date _____

- Her2+

- Oncotype

- Fertility

- Dietitian

- PT/OT

- Financial

- Chemo teach: Date _____

- Research

- **Radiation Oncology:** Radiation recommendation _____

- Radiation RN Date: _____

- Radiation Physicist y _____ Date _____ n _____

- Sim Date: _____

- Radiation Schedule: _____

- **Appointments scheduled:**

- Surgery _____ or port placement _____

- Chemo teach _____

- MDC 2 Ancillary Staff _____

MDC Visit 2: Date _____ Ancillary staff _____

Surgeon: Lymphedema exam prior to surgical date _____

Medical Oncology: Chemo teach y____ n____ (start chemo) y____ n____ Start Date _____

Chemo regiment _____

Nurse Navigator recommended support: (DT) Distress tool addressed- DT number _____

- ☐ Grants _____
- ☐ Practical Problems : Child care, housing insurance/financial, transportation, work/school, treatment decisions
- ☐ Family Problems: Children, Partner, Fertility, Family Health concerns
- ☐ Emotional Problems: Depression, Fears, Nervousness, Sadness, Worry, Loss of interest
- ☐ Spiritual/religious concerns
- ☐ Physical Problems: _____

Dietitian recommendations: _____

PT/OT recommendations: _____

Financial recommendations:

Research candidate:

Y____ N____ Study _____

Next Appointments: _____ MDC Visit 3

- ☐ Medical Oncology:
 - o MD/NP chemotherapy follow up _____
- ☐ Radiation Oncology:
 - o MD/NP set SIM date _____ Speak to physicist
- ☐ Surgery:
 - o Post-op check up _____



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NCCN Guidelines Version 1.2018 Invasive Breast Cancer

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PREOPERATIVE SYSTEMIC THERAPY FOR OPERABLE DISEASE: WORKUP CLINICAL STAGE

T2,N0,M0

T2,N1,M0

T3,N0,M0

T3,N1,M0

and

Fulfills criteria for breast-conserving surgery except for tumor size^{kk}

or

Has node-positive disease likely to become node-negative with preoperative systemic therapy

- History and physical exam
- Diagnostic bilateral mammogram; ultrasound as necessary
- Pathology review^b
- Axillary assessment with exam; ultrasound or other imaging as necessary, and percutaneous biopsy of suspicious nodes
- Determination of tumor ER/PR status and HER2 status^c
- Genetic counseling if patient is high risk for hereditary breast cancer^d
- Breast MRI^e (optional), with special consideration for mammographically occult tumors
- Counseling for fertility concerns if premenopausal; pregnancy test in all women of childbearing potential^f
- Assess for distress^g

Additional studies consider:^h

- CBC
- Comprehensive metabolic panel, including liver function tests and alkaline phosphatase
- Chest diagnostic CT with contrast
- Abdominal ± pelvic diagnostic CT with contrast or MRI with contrast
- Bone scan or sodium fluoride PET/CTⁱ (category 2B)
- FDG PET/CT^{j,k} (optional)

[See Preoperative Systemic Therapy: Breast and Axillary Evaluation \(BINV-11\)](#)

^bThe panel endorses the College of American Pathologists Protocol for pathology reporting for all invasive and noninvasive carcinomas of the breast. <http://www.cap.org>.

^cSee Principles of HER2 Testing (BINV-A).

^dSee NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian.

^eSee Principles of Dedicated Breast MRI Testing (BINV-B).

^fSee Fertility and Birth Control (BINV-C).

^gSee NCCN Guidelines for Distress Management.

^hRoutine systemic staging is not indicated for early breast cancer in the absence of symptoms.

ⁱIf FDG PET/CT is performed and clearly indicates bone metastasis, on both the PET and CT component, bone scan or sodium fluoride PET/CT may not be needed.

^jFDG PET/CT can be performed at the same time as diagnostic CT. The use of PET or PET/CT is not indicated in the staging of clinical stage I, II, or operable stage III breast cancer. FDG PET/CT is most helpful in situations where standard staging studies are equivocal or suspicious, especially in the setting of locally advanced or metastatic disease.

^kFDG PET/CT may also be helpful in identifying unsuspected regional nodal disease and/or distant metastases in locally advanced breast cancer when used in addition to standard staging studies.

^{kk}In cases where breast-conserving surgery may not be possible but patient will need chemotherapy, preoperative systemic treatment remains an acceptable option. This may be of benefit for patients who may be able to avoid ALND with a good response to therapy (T2,N1,M0, T3,N0,M0, T3,N1,M0) [See ST-1](#).

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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BINV-10

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Collaboration

Collaboration enables individuals to work together to achieve a combined and defined purpose.

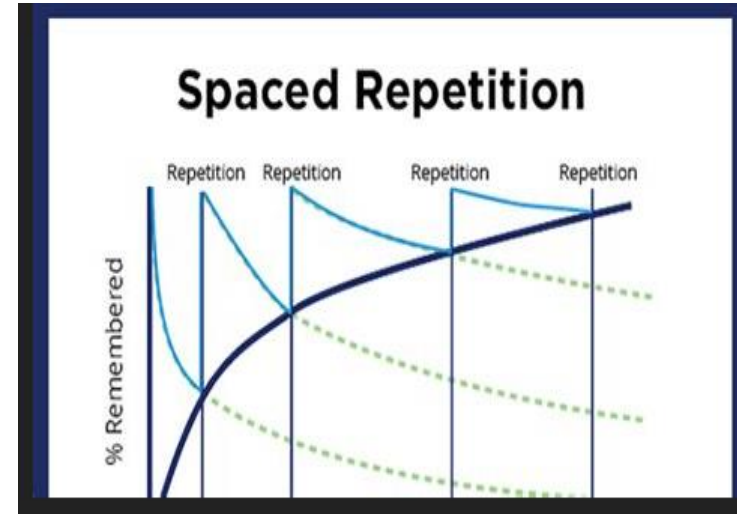
- What are your patient needs?
- What are the solutions?
- What are the benefits?

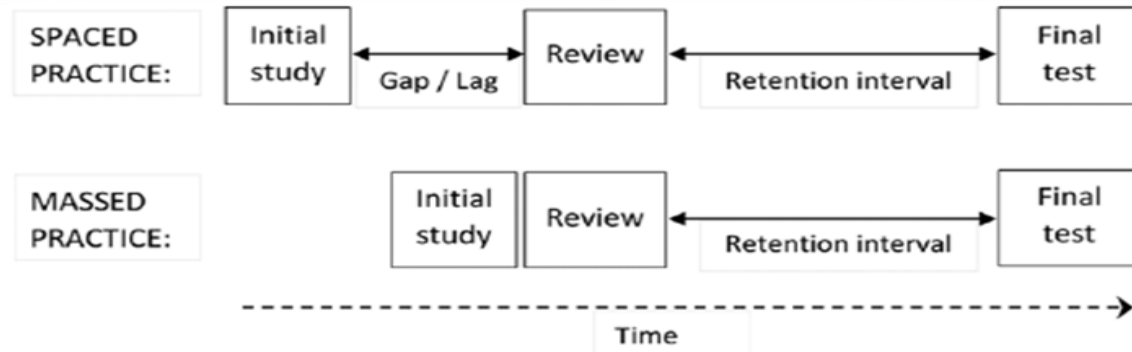
- **Needs include**

- Accessories
- Emotional support financial assistance
- Food and nutrition
- Home and family care
- Hospice and respite
- Legal assistance
- Medical services
- Physical well-being
- Programs and events
- Transportation
- Wish fulfillment

Spaced Repetition

- Spaced repetition is a learning technique that incorporates increasing intervals of time between subsequent review of previously learned material in order to exploit the psychological spacing effect





- Mass practice (repeating over and over) might appear more effective than spaced practice in the short term, spaced practice produces durable long-term learning
- *Deficient processing* of massed repetitions: When a current item is the same as one that was just presented it reduces attention
- Some evidence indicates that spacing can enhance meaningful learning that generalizes to new situations on the questions that required application of knowledge

Spaced Repetition

- What McKee Radiation Oncology Found:
 - Patients seek answers to questions that were already addressed
 - Patients take advantage of every opportunity to ask questions about their care
 - Patients achieve health literacy by being able to access, understand, process, and take in relevant information in their care
 - Patients immediately recognize other team members that assist in education
 - Patients tend to ask the same questions repeatedly during their journey

Role Play

Patient

Surgeon

Medical Oncologist

Radiation Oncologist

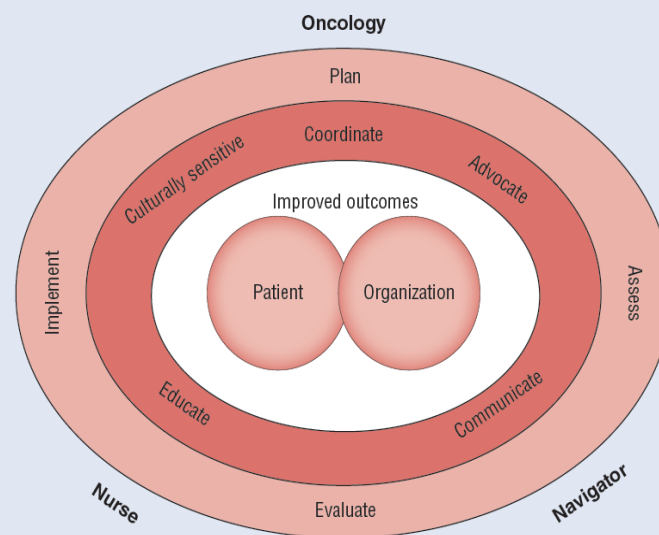
Nurse Navigator

ONN Core Competencies

- Coordinate the care of patients with a past, current, or potential diagnosis of cancer
- Assist patients with cancer, families, and caregivers to overcome healthcare system barriers
- Provide education and resources to facilitate informed decision-making and timely access to quality health and psychosocial care throughout all phases of the cancer care continuum

Nurse Navigator Framework

Figure 1. Professional Practice Framework



Note. From "Oncology Nurse Navigator Core Competencies," by Oncology Nursing Society, 2013. Retrieved from https://www.ons.org/sites/default/files/ONNCompetencies_rev.pdf. Copyright 2013 by Oncology Nursing Society. Reprinted with permission.

ONN Role in the MDC Clinic

- Develop a relationship with the staff and patient
- Improve access and coordination of services
- Include all the specialties and explain the planning process to patients
- Collaborate on the MDC structure
- Anticipating needs and plans for coordination care
- Proactively anticipating clinical guidelines of care
- Organizing timely referrals to ancillary staff or care providers
- Encourage and allow spaced repetition education
- Compile data

NCCCP Navigation Matrix

The Navigation Assessment Tool- Measure 16

	Level 1	Level 2	Level 3	Level 4	Level 5
Multidisciplinary care/conference involvement	<p>Basic Commission on Cancer requirements met, including discussion of NCCN guidelines or other national oncology standards.</p> <p>NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines®)</p>	<p>Navigator attends tumor conference but does not participate, documents physician discussion of plan of care in narrative note but not formal part of patient record.</p>	<p>Navigator assists with case finding for MDC presentations. No treatment plan documented. Dictation completed by MD regarding plan of care.</p>	<p>Navigator provides formal review of discussions of MDC with patient after care presentation.</p>	<p>Patient informed of presentation at MDC with full formal report on treatment planned, discussion shared with patient, referring MD and primary care, formal audits completed.</p>

Outcome Measures Tool

This tool can help your organization identify outcome measures for your patient navigation program. Keep in mind, measures will be specific to individual programs.

PATIENT SATISFACTION

1. Patient satisfaction score prior to implementation of navigation services (baseline score).
2. Patient satisfaction score 6-12 months after navigation program has unrolled. Continue to monitor scores on an ongoing basis.
3. Number of patients leaving the cancer center for treatment elsewhere prior to implementation of navigation services.
4. Number of patients leaving the cancer center for treatment elsewhere 6-12 months after navigation program has unrolled. Continue to monitor scores on an ongoing basis.
5. Number of patient referrals prior to implementation of navigation services.
6. Number of patient referrals 6-12 months after navigation program has unrolled. Continue to monitor scores on an ongoing basis.
7. Patient satisfaction with navigation program. Continue to monitor scores on an ongoing basis.

PATIENT ENCOUNTERS

1. Time to diagnostic mammogram BEFORE and AFTER implementation of navigation services.
2. Time to needle biopsy BEFORE and AFTER implementation of navigation services.
3. Time to diagnosis BEFORE and AFTER implementation of navigation services.
4. BEFORE and AFTER implementation of navigation services, the time to initial treatment from: a) Initial visit, b) diagnostic mammogram, c) diagnosis.
5. BEFORE and AFTER implementation of navigation services, the time from diagnosis to consult with: a) breast surgeon, b) plastic surgeon, c) medical oncologist, d) radiation oncologist, e) genetic counselor.
6. Time from OR to chemo/radiation BEFORE and AFTER implementation of navigation services.
7. Number of referrals to: a) navigator, b) genetic counseling, c) nutrition, d) social work.
8. Number of underserved BEFORE and AFTER implementation of navigation services.
9. Number of unavoidable admissions/ER visits BEFORE and AFTER implementation of navigation services.
10. Length of hospital stay BEFORE and AFTER implementation of navigation services.

PROGRAMMATIC COMPONENTS AND PERFORMANCE IMPROVEMENT

1. Track tumor conference recommendations based on guidelines (e.g., NCCN, ASCO).
2. Create standing order sets by disease site and measure use of tools.
3. Track percentage of patients provided with educational materials/information, BEFORE and AFTER implementation of patient navigation services.
4. Track percentage of patients given information on clinical trials and monitor percentage of patients put on clinical trials.
5. Create site-specific navigation programs.
6. Establish a Patient and Caregiver Advisory Committee.
7. Develop marketing materials and measure physician referrals BEFORE and AFTER implementation of navigation services.
8. Establish survivorship program and measure patient satisfaction.
9. Develop end-of-treatment celebration and measure satisfaction.
10. Create support groups and other educational programs and evaluate.

Patient Outcomes

Three things that help to measure our worth as Navigators include:

1. Patient Satisfaction
2. Patient Encounters
3. Program Performance Improvement

Association of Community Cancer Centers (ACCC). *Cancer Care Patient Navigation: A Practical Guide for Community Cancer Centers*. Rockville, MD: ACCC; 209:S37. <https://www.accc-cancer.org/docs/projects/resources/pdf/patient-navigation-guide>.

2018 MMC Breast Multidisciplinary Clinic Performance Measures Overview

			JAN-18	FEB-18	MAR-18	APR-18	MAY-18	JUN-18	JUL-18	AUG-18	SEP-18	OCT-18	NOV-18	DEC-18	YTD	Target	Stretch	Trend
#1	Capture Rate	↑														60.0%	75.0%	
#2	Time to MDC	↑														75.0%	90.0%	
#3	Completed MRI	↑														50.0%	60.0%	

Key	
Meeting or exceeding target	
Exceeding stretch target YTD	
Not meeting target	

What was learned with Sophia?



- Patient Satisfaction
 - Doing well
- Patient Encounters
 - Time delays
- Program Performance Improvement
 - Beginning to track performance
 - Plan is to start neratinib, but is doing well

Patient Satisfaction

Patient Survey for the Breast Multidisciplinary Clinic

1. Scheduling of appointments were timely, organized and understandable

Excellent	Very Good	Fair	Poor	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Multidisciplinary clinic appointments were efficient and educational

Excellent	Very Good	Fair	Poor	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Follow up appointments with ancillary (non-physician) staff was helpful and informative

Excellent	Very Good	Fair	Poor	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Information given was understandable and useful to understanding my diagnosis

Excellent	Very Good	Fair	Poor	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Care provided was friendly and helpful

Excellent	Very Good	Fair	Poor	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finding a Path

Grand Canyon Map

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