

Background

The Problem

Widespread adoption of PN is threatened by:

- Inconsistent definition of PN roles & responsibilities
- No common data elements for program evaluation
- No viable or sustainable funding for PN programs

The Solution

- Equity focused implementation strategies across the cancer continuum
- Community and hospital stakeholder engagement

Project Design/Methods

Eligibility Criteria

- Diagnosed Breast, GI, Lung, or Head/Neck cancer
- 18+ years of age
- Have a navigator template within their EHR

Multi-level patient navigation intervention

Patient level: Integrate systematic screening for SDOH barriers and patient distress at time of cancer diagnosis

Provider Level: Increase care-team knowledge through new navigator awareness campaign

Health Systems: Enhance monitoring of PN KPI's & integration of workflow policy to streamline navigation

Innovation

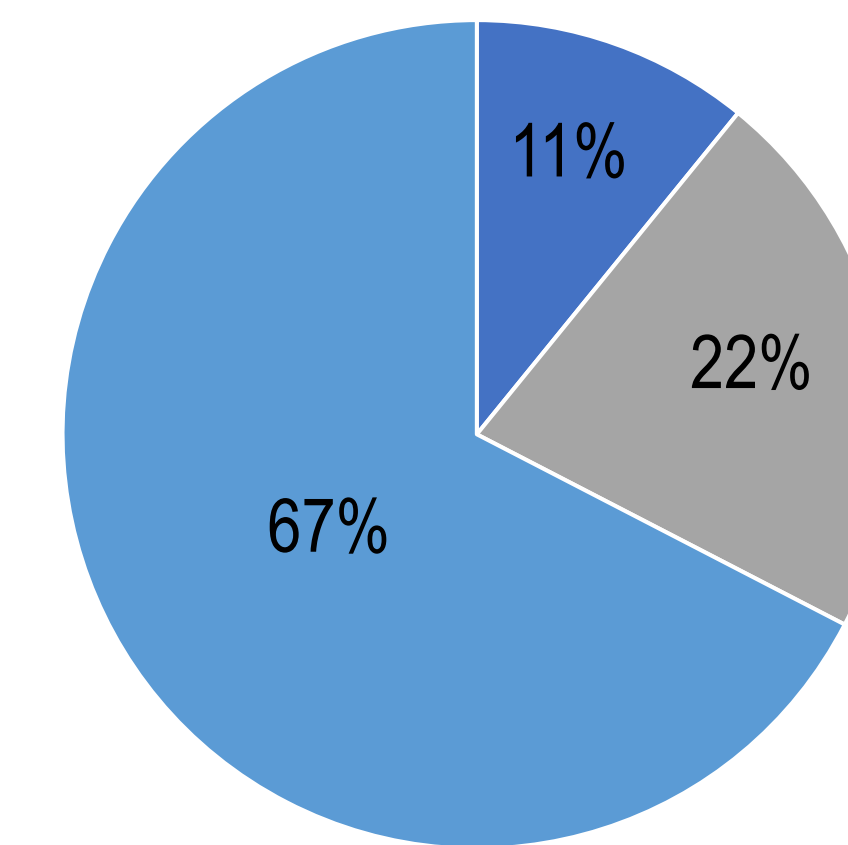
- Utilization of implementation science methods to accelerate the dissemination of best-practices
- Collaborative approach steeped in the principles of community-engaged research that builds off regional and national relationships
- A systematic approach to screening and intervention for social needs

Legend	
SDOH- Social determinants of health	
PN- Patient navigator/patient navigation	KPI- Key performance indicator
Navigator template- record of the encounter with a patient navigator	PAG- Patient advisory group
EHR Electronic health record	EAC- External advisory committee

Interim Results

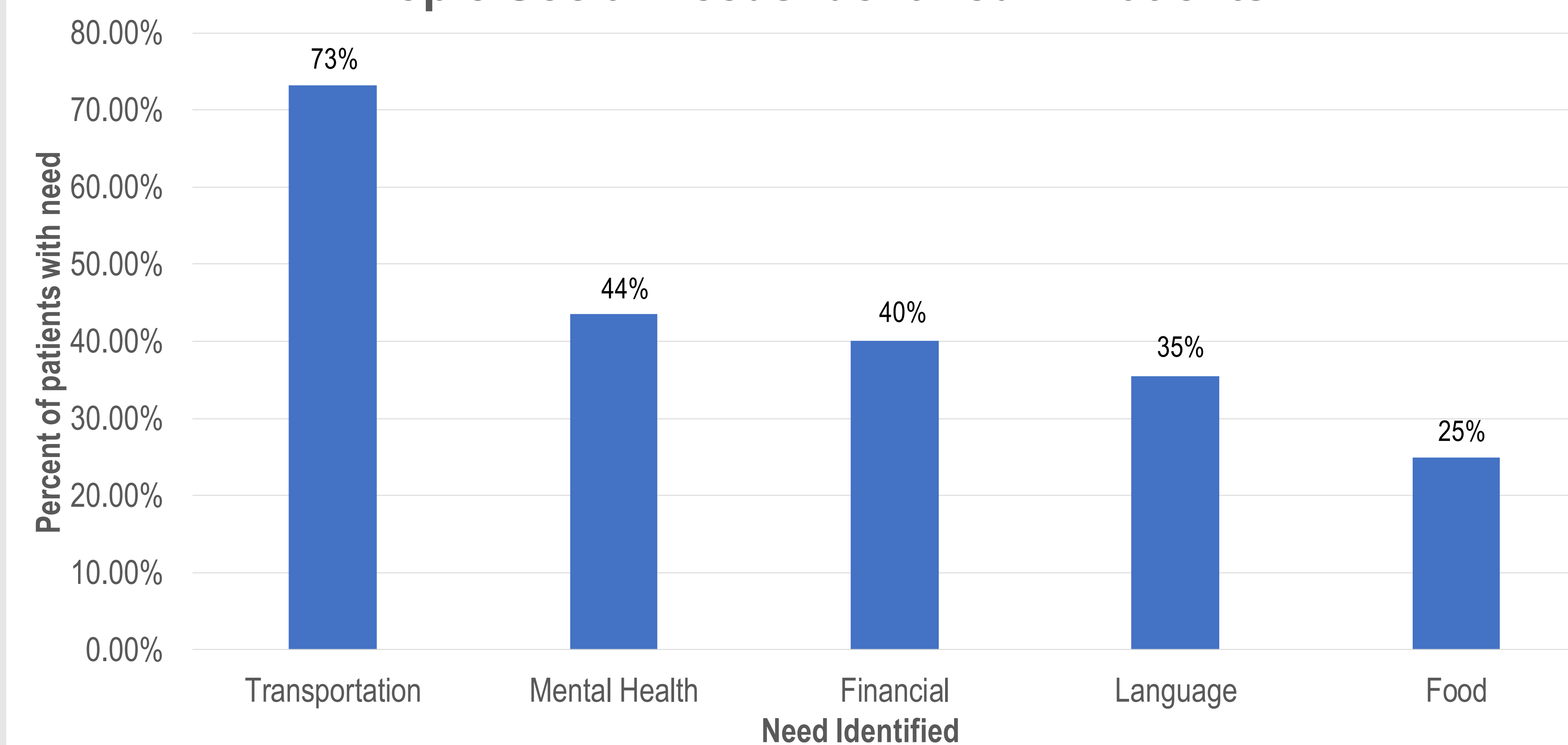
OEA Demographics July 2022-Feb 2024 (N=497)			
		n	%
Sex	Female	337	68
	Male	160	32
Age	20-39	31	6
	40-59	192	39
	60-80+	274	55
Race	Asian	31	6
	Black/AA	241	49
	White	94	19
	Other	57	11
	Unknown	74	15
Ethnicity	Hispanic/Latino	118	24
	Not Hispanic/Latino	377	76
Cancer Type	Breast	249	50
	GI	119	24
	Lung	84	17
	Head/Neck	45	9

of SDOH Domains Identified (n=497 patients)



- 0 Domains
- 1 Domain
- 2+ Domains

Top 5 Social Needs Identified in Patients



Major Domains & Themes	Representative Quotes
Barriers to Utilizing Transportation Resources Patients past negative experiences leads them to prefer other transportation options	"PN reminded patient (Pt.) she has transportation service covered by Mass health. Pt stated they never answer, PN apologized and wanted to provide Pt with number again, Pt refused, stated she will keep using personal Lyft"
Accessing Resources to Address Social Needs PNs tailor resources based on patient's circumstances	"Pt reported extreme food insecurity to Registered Dietician (RD). Pt unable to receive home delivered meals due to housing insecurity and no permanent address. Pt's family unable to store food from food pantry for Pt. PN provided three \$75 CVS gift cards to RD to provide to Pt."
Complexities of PN-Patient Relationship PNs experiencing negative interactions with patients or patient family due to incorrect understanding of their role	"Pt's daughter became increasingly upset regarding Pt's treatment plan, reporting that treatment was not clearly explained to [them]. She expressed frustration in Pt getting additional PET scans. PN explained PN is not medical and cannot comment on Pt's treatment plan or need for repeat PET. Daughter expressed not being satisfied with provider during last visit. PN provided active listening and emotional support."

Implications for Sustainable Practice

Impactful Domains

OEA is making a significant impact on the following domains: engaged community; engaged staff & leadership; communication, planning & implementation; organizational context & capacity; and workflow integration.

Supporting Evidence

Engaged community, staff, & leadership: Established clinical and operational working groups, PAG, EAC, and clinical champions across the cancer care-continuum

Communication, planning & implementation: Completed 40 navigation workflow interviews and developed disease-specific workflow reports

Organizational context & capacity: Planned hiring of 2 intake PNs as a result of OEA initiatives

Workflow integration: Streamlined navigation procedures in cancer center

Challenges

Staffing turnover, operational disruptions/tension for change

Addressing Challenges

Aligning with PN advocates and BMC health equity priorities, development of PN awareness campaign

Next Steps

1. Implement proposed navigation policy and protocols in Cancer Center
2. Pilot standardized workflow in disease-based departments
3. Improve Cancer Center navigation training and onboarding procedures
4. EHR enhancements to elevate navigator monitoring and streamline activities
5. Disseminate knowledge of navigator roles and responsibilities across BMC
6. Establish navigator community

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