

Narissa Nonzee, Ana Tergas, *Co-Principal Investigators*; William Dale, Annette Mercurio, Marianne Razavi, Deborah Lefkowitz (UCR), *Co-Investigators*
 Lorena Gaytan (Lead PN), Chrissy Kim, Terry Hernandez, Steven Morales, Danilo Duque, Zeke Luna, *Patient Navigators*
 Lauren Cai, *Project Coordinator*

Background

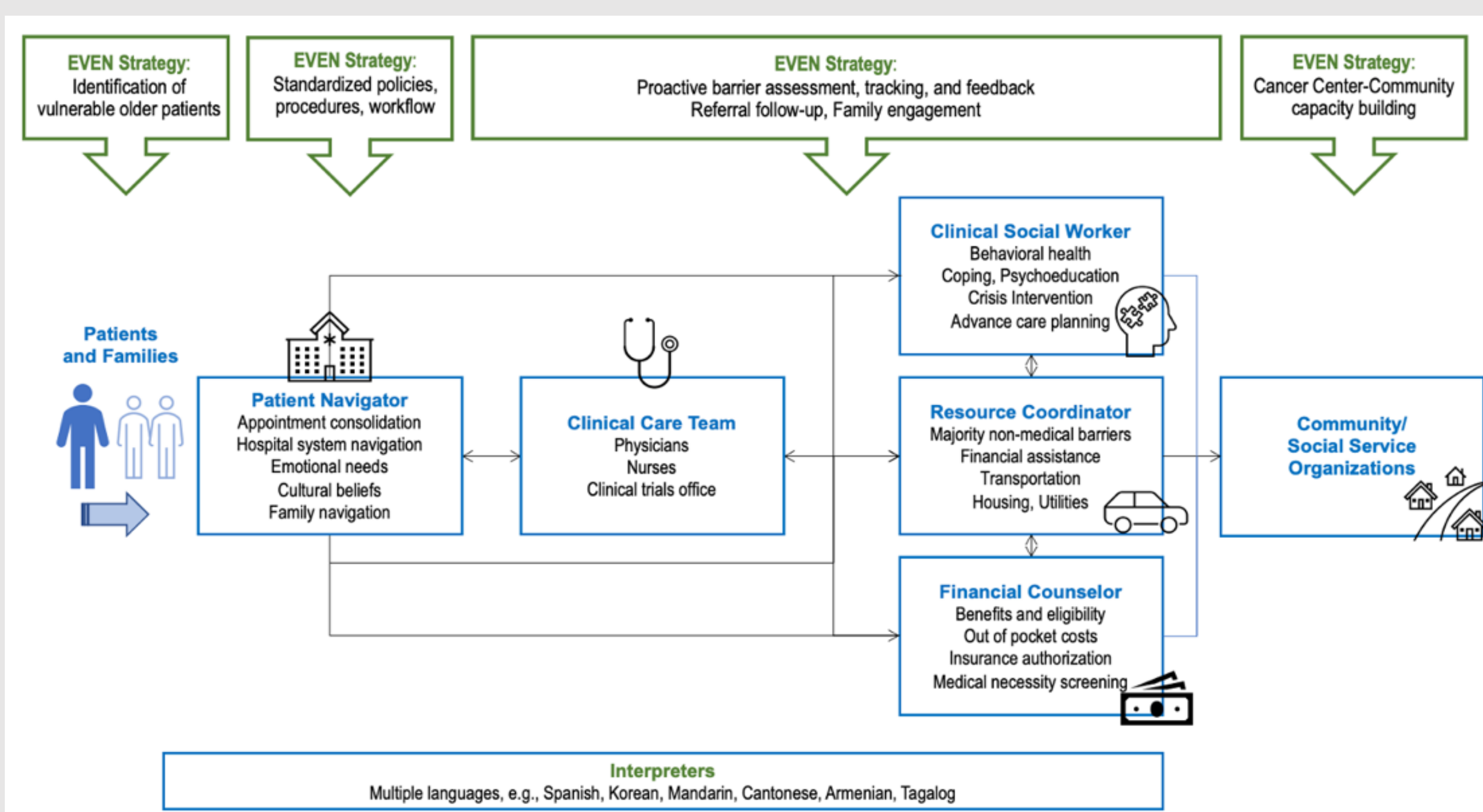
- Approximately 60% of patients with cancer are age 65+. Older adults are more susceptible to cognitive losses, functional impairments, social isolation, multiple chronic conditions, and many have gaps in insurance coverage – all of which increase the complexities of navigating a cancer diagnosis and treatment.
- The objectives of our program are to:



Project Design/Methods

- Target population:** Older (65+) adults, ethnic minorities
- Intervention strategies:** *workflow redesign* (e.g., new patient encounter protocol), *health IT infrastructure* (e.g., EHR-based patient identification, navigation template, barrier tracking), *iterative stakeholder feedback*
- Outcome evaluation:** Quasi-experimental design to compare changes in time to treatment initiation (primary outcome) before and after intervention implementation
- Implementation evaluation:** Iterative qualitative interviews with diverse stakeholders

Fig 1. COH's Team-based Patient Navigation Model



Interim Results

Characteristics of patients navigated: Navigated patients (N=1275) were mostly aged 60+ (66%), male (52%), and Medicare insured (60%). Almost half were ethnic minorities (23% Latino, 18% Asian, 5% African American); 22% had limited English proficiency, and 3% identified as LGBTQIA+.

Fig 2. Patient Navigation Caseload, 2023

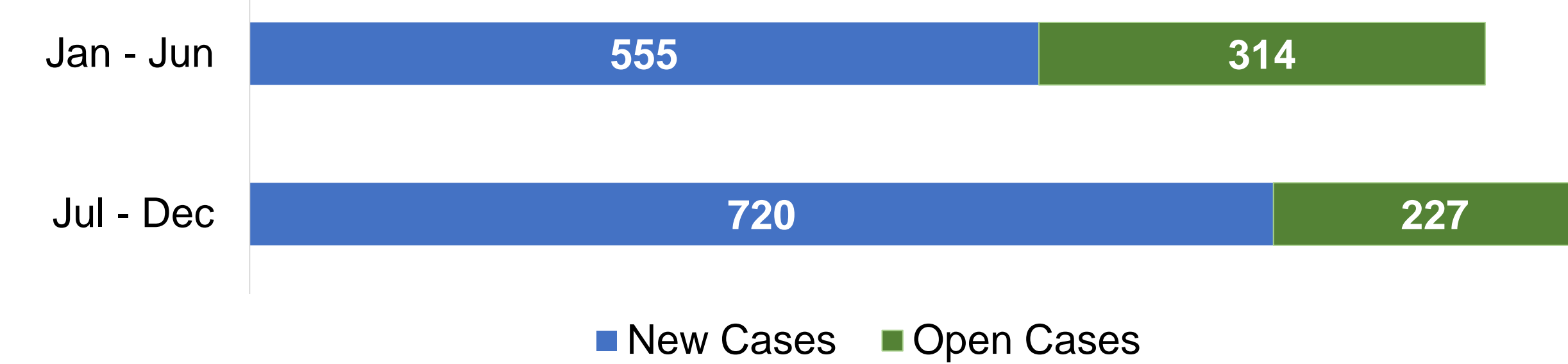


Fig 3. Primary Cancer among Navigated Patients (N=1275)

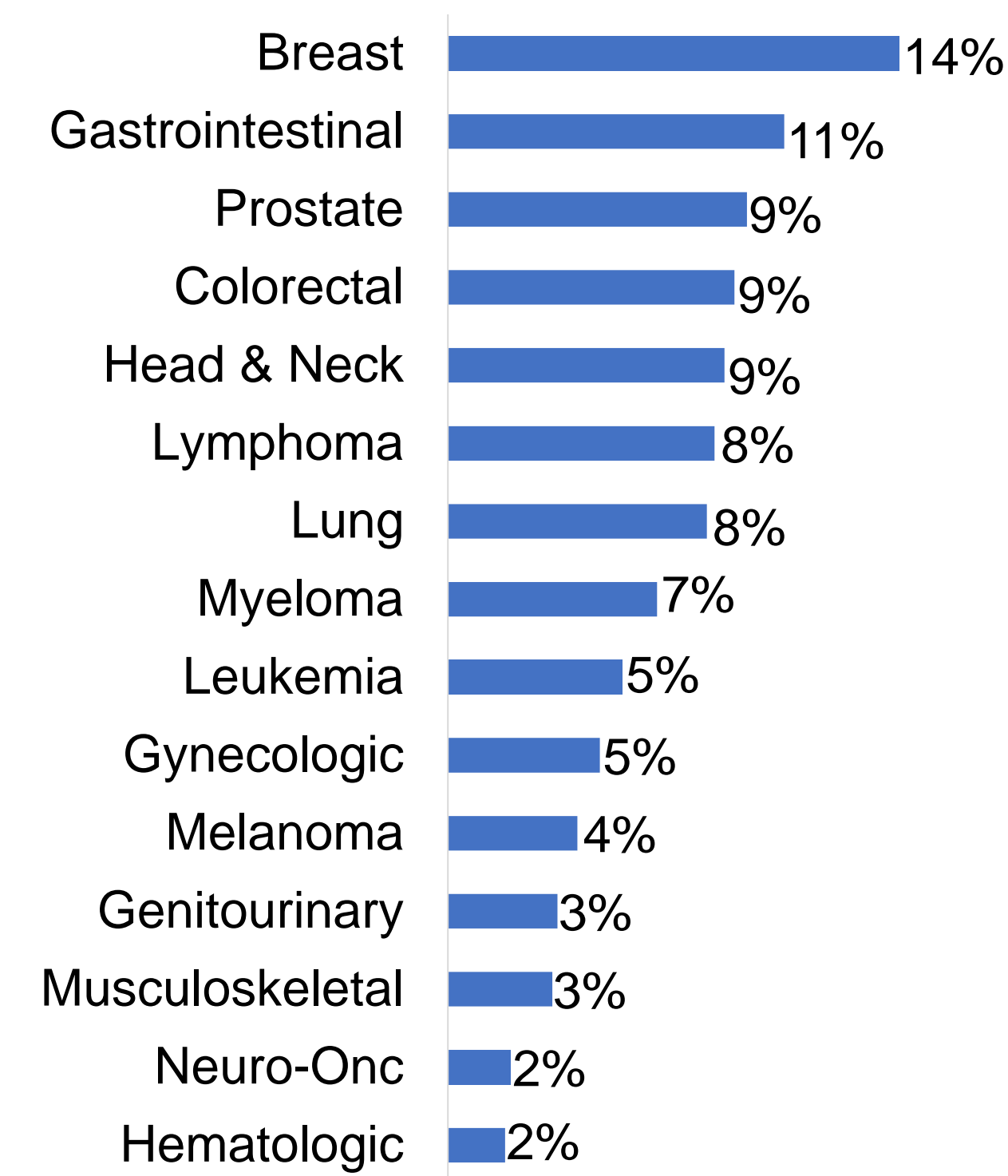


Fig 4. Most Common Barriers to Care Identified

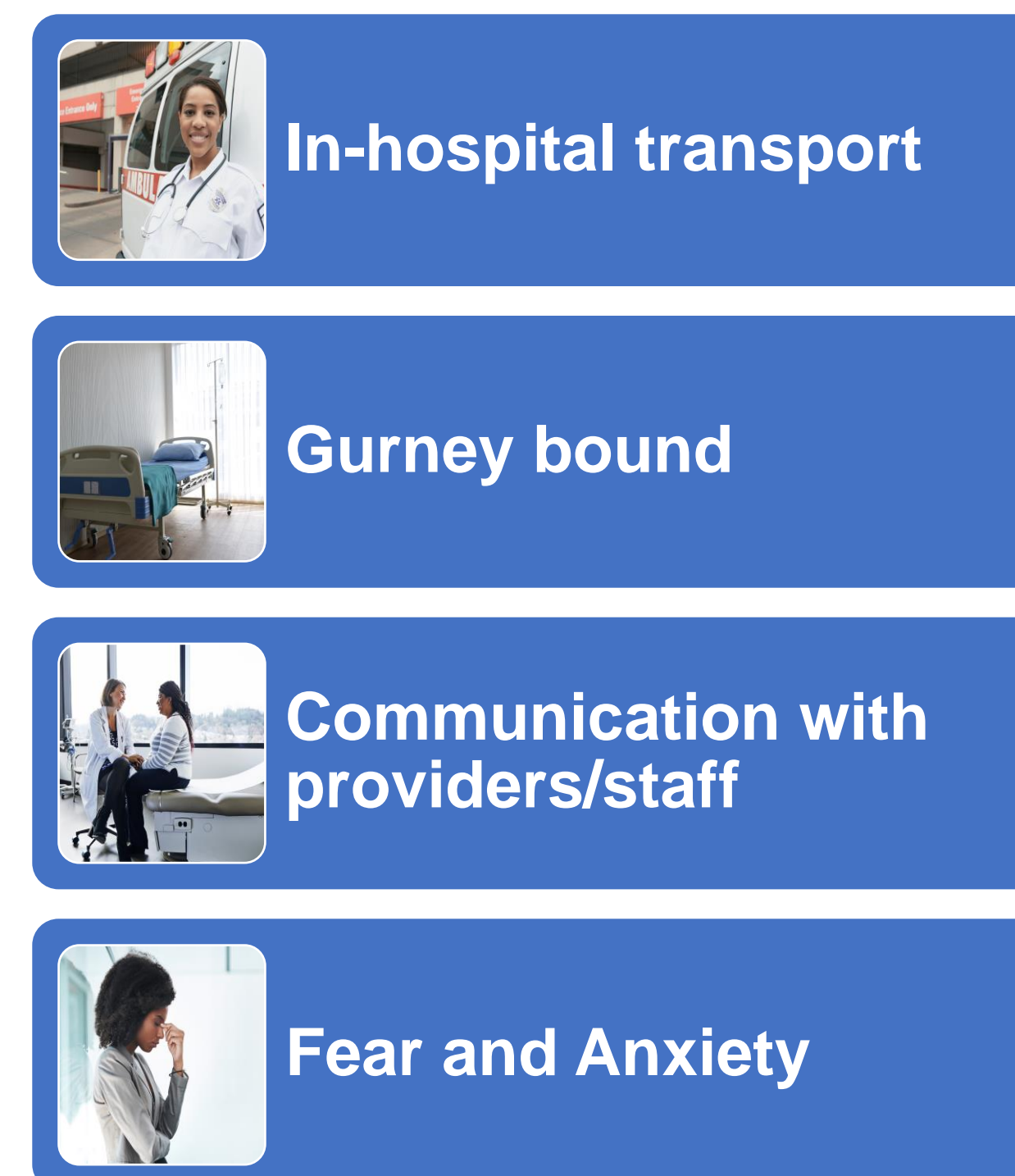


Table 1. Intervention Implementation

Program activities	N
Patient navigator capacity building/workflow redesign	
PN trainings completed (e.g., geriatric webinar, aging clinic)	4
Observations of specialty aging clinics completed	5
Navigators who adopted new patient protocol	6
Service lines navigated	15
New patients navigated	1275
Health IT enhancements	
No. of enhancements implemented	2
No. of program metrics captured	14
Stakeholder engagement	
No. of internal and external stakeholder interviews completed	41
Community Advisory Board members engaged	6

Innovation

- Focus on **intersectionality** of older adults and ethnic minorities
- COH's nationally recognized cancer and aging infrastructure leveraged to establish a **multidisciplinary supportive care model**
- Target **high-risk patients** most likely to benefit from navigation
- Bidirectional** community capacity-building approach
- Adaptive learning** through developmental evaluation of intervention implementation

Implications for Sustainable Practice

- Impactful Domains:**
 - Engaged Community (EC), Monitoring & Evaluation (ME)
- Supporting Evidence**
 - EC:** Engaged 6 community partners and 2 COH specialty aging groups; held 3 Community Advisory Board (CAB) mtgs
 - ME:** Conducted 41 qualitative interviews with program stakeholders; monitored core metrics
- Challenges**
 - EC:** Partnership sustainability; clear definition of PN roles
 - ME:** EHR data integration; metric standardization
- Addressing Challenges**
 - EC:** CAB development; community partner input integration; improved communication between advisors and program
 - ME:** User-friendly data collection tool; interdepartmental collaboration for IT tools; exploration of addnt'l task automation

Next Steps

- Complete iterative interviews with stakeholder groups and implementation evaluation.
- Evaluate changes in clinical and process outcomes.
- Develop implementation guide for older adult navigation.

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