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Creating better lives through research



BETTER
SYSTEMS



BETTER
LIVES



BETTER
CARE



BETTER
COMMUNITIES

PATIENT NAVIGATION IN CANCER CARE

Professor Raymond Chan

Deputy Vice-Chancellor (Research)

Matthew Flinders Professor of Cancer Care, Systems and Policy

Flinders University

WE ARE ON KAURNA LAND

Flinders University acknowledges the Traditional Owners and Custodians of the lands on which its campuses are located, these are the Traditional Lands of the Arrernte, Dagoman, First Nations of the South East, First Peoples of the River Murray & Mallee region, Jawoyn, Kurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman and Yolngu people. We honour their Elders past, present and emerging.

Today, over **400 ABORIGINAL AND TORRES STRAIT ISLANDER STUDENTS** are enrolled in courses at Flinders University.



CONFLICTS OF INTEREST

Relevant to the presentation

- **Australian Government:**

- Cancer Australia – Advisor, Clinical Policy Advice Branch
- Medical Research Future Fund – Research Grants
- National Health and Medical Research Council – Salary and Research Grants

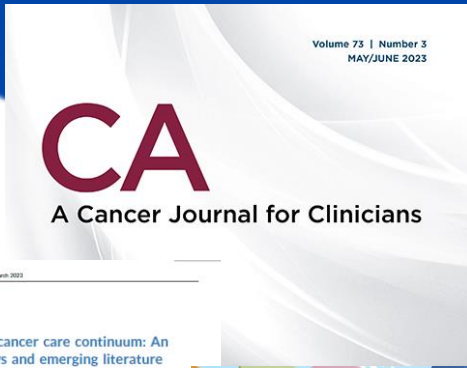
- **Flinders University:**

- McGrath Foundation – Commissioned research
- Novartis and Multinational Association for Supportive Care in Cancer (MASCC)– Commissioned Research (the GINO Project)

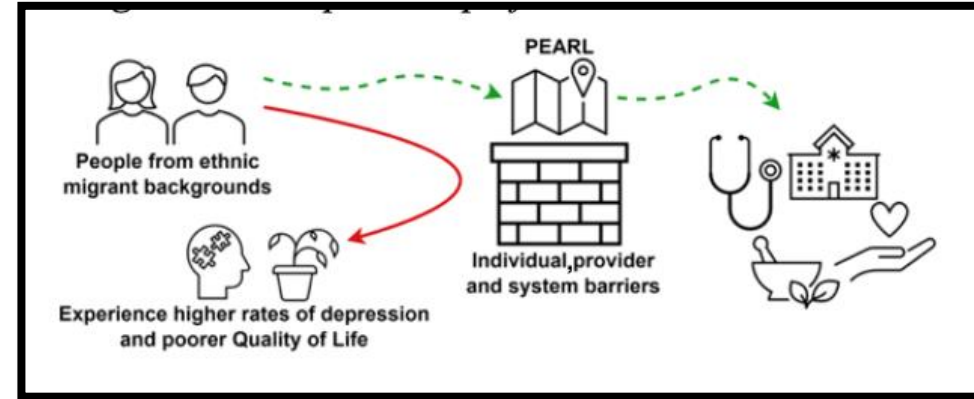
FLINDERS CARING FUTURES INSTITUTE



The GINO Project



THE PEARL TRIAL



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REVIEW ARTICLE

Patient navigation across the cancer care continuum: An overview of systematic reviews and emerging literature

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Abstract

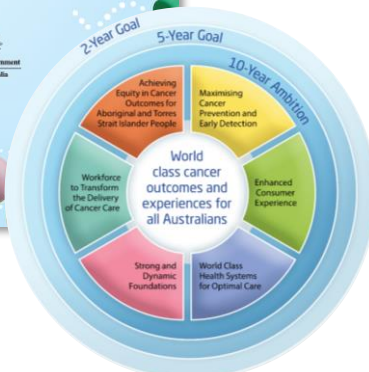
Patient navigation is a strategy for overcoming barriers to reduce disparities and to improve access and outcomes. The aim of this umbrella review was to identify, critically appraise, synthesise, and present the best available evidence to inform policy and planning regarding patient navigation across the cancer continuum. Systematic reviews examining navigation in cancer care were identified in the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, Embase, Cumulative Index of Nursing and Allied Health (CINAHL), Epistemonikos, and Prospective Register of Systematic Reviews (PROSPERO) databases and in the grey literature from January 1, 2012, to April 19, 2022. Data were screened, extracted

Research Registration ID: 1204082020103

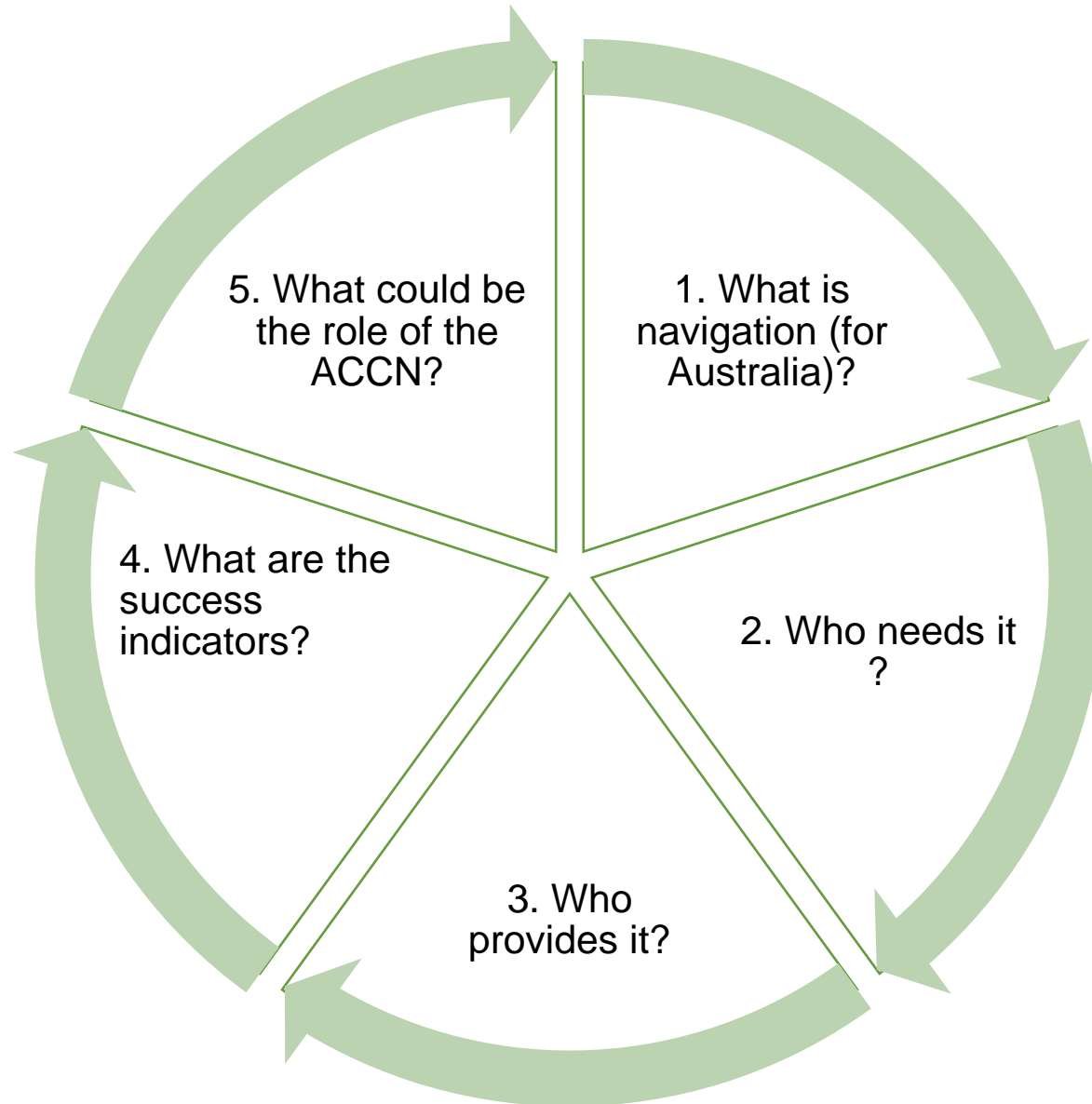
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CA Cancer J Clin. 2023;1-25.



SOME KEY QUESTIONS FROM ME



IT'S A
SNAKE!

NO, IT'S A WALL

WHAT?
IT'S A
ROPE

WHAT IS NAVIGATION?



WHAT IS NAVIGATION?

Patient navigation is...

- “an individualised, barrier-focused intervention that aims to facilitate timely access to health care services, diagnosis and treatment.
- It identifies and overcomes barriers to accessing care, and addresses disparities that lead to poorer cancer outcomes.
- Navigation occurs anywhere along the cancer care continuum and is delivered in a variety of modalities and settings.”



IT IS AN EVIDENCE-BASED INTERVENTION

Chan et al 2023

OUTCOME	RATING	COMMENTARY
EARLY DETECTION		
Cancer Screening Rates		Strong evidence that patient navigation improves rates of cancer screening.
DIAGNOSIS		
Diagnostic resolution		Strong evidence that patient navigation reduces the time to diagnosis.
TREATMENT		
Treatment Initiation		Some evidence that navigation reduces the time from diagnosis to initiation of primary treatment
Treatment Completion		Evidence on the impact of patient navigation on treatment completion is inconclusive.
Hospital Readmission		Strong evidence that patient navigation reduces hospital readmissions.
Enrolment & Adherence to Clinical Trials		Limited evidence that patient navigation improves clinical trial enrolment and adherence.
SURVIVORSHIP		
Adherence to Surveillance		Strong evidence that patient navigation increases adherence to surveillance appointments.
Decision-making and Treatment Knowledge		Strong evidence that navigation improves the decision-making and treatment knowledge of cancer survivors.
Return to work		Evidence on the impact of patient navigation on return to work is inconclusive.
Communication		Limited evidence that patient navigation improves communication.
Fatigue		Limited evidence that patient navigation reduces cancer-related fatigue.
Patient Satisfaction		Strong evidence that patient navigation improves patient satisfaction with care.
Quality of Life		Strong evidence that patient navigation improves cancer survivor QOL.
Emotional Distress		Evidence on the impact of patient navigation on emotional distress is inconclusive.

Legend  = Evidence of strong effectiveness  = Evidence of some effectiveness
 = Evidence not conclusive  = Limited evidence

Figure 3: Age-standardised mortality rate, all cancers combined, Indigenous Australians and non-Indigenous Australians, 1998 to 2015

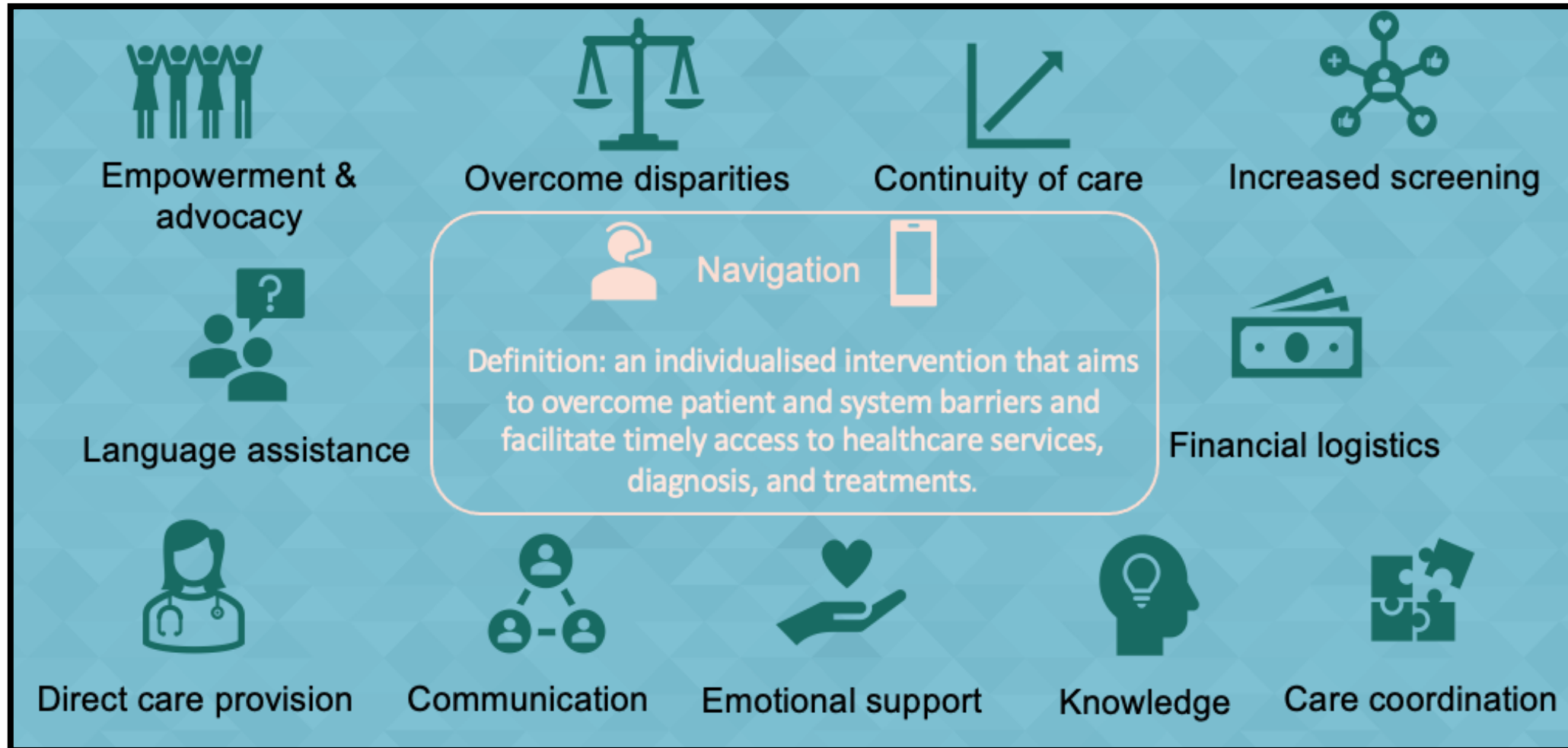


1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

Year

Australia. Cat. No. CAN

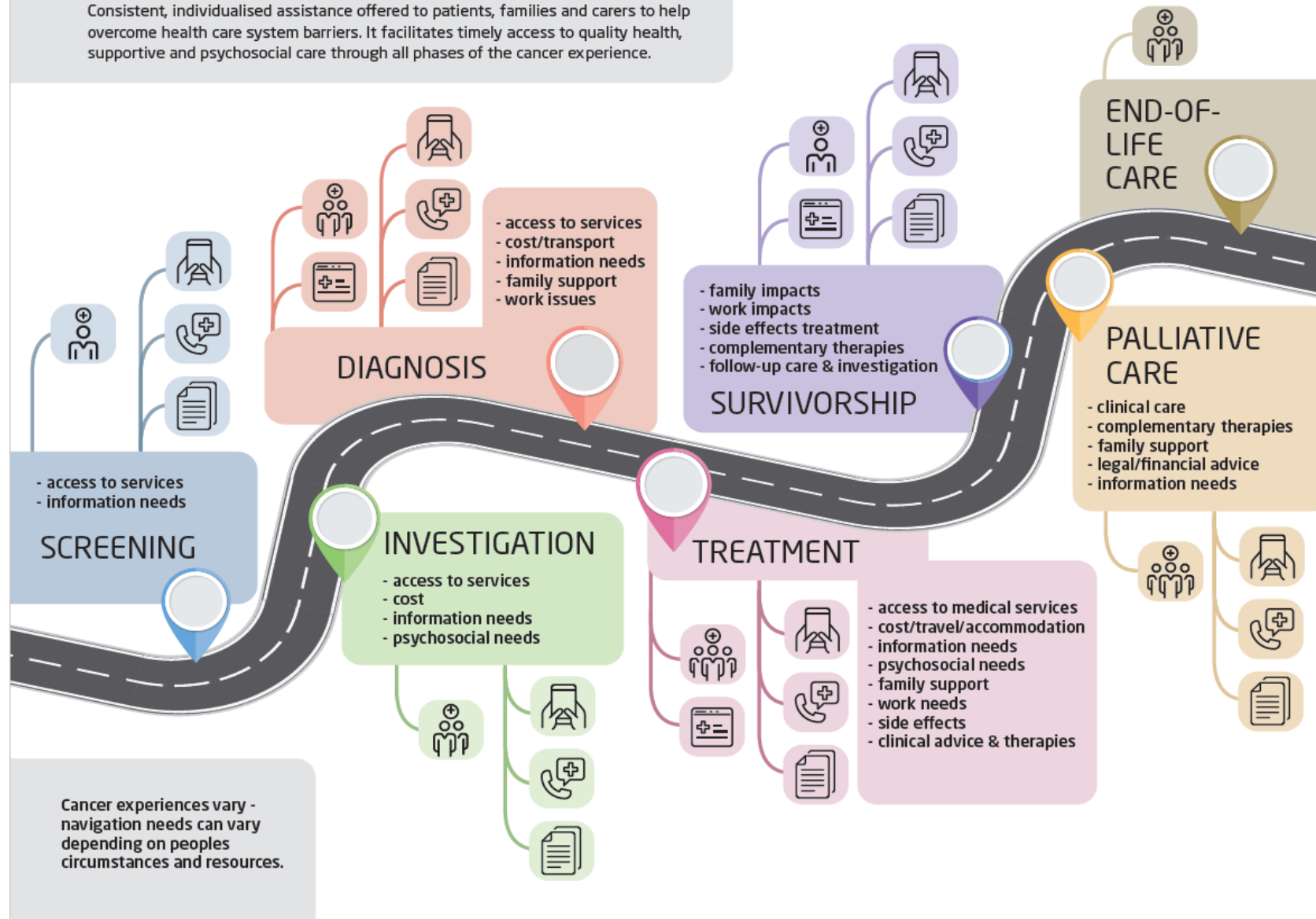
WHAT ARE THE ACTIVE INGREDIENTS OF PATIENT NAVIGATION?



WHEN IS NAVIGATION REQUIRED?

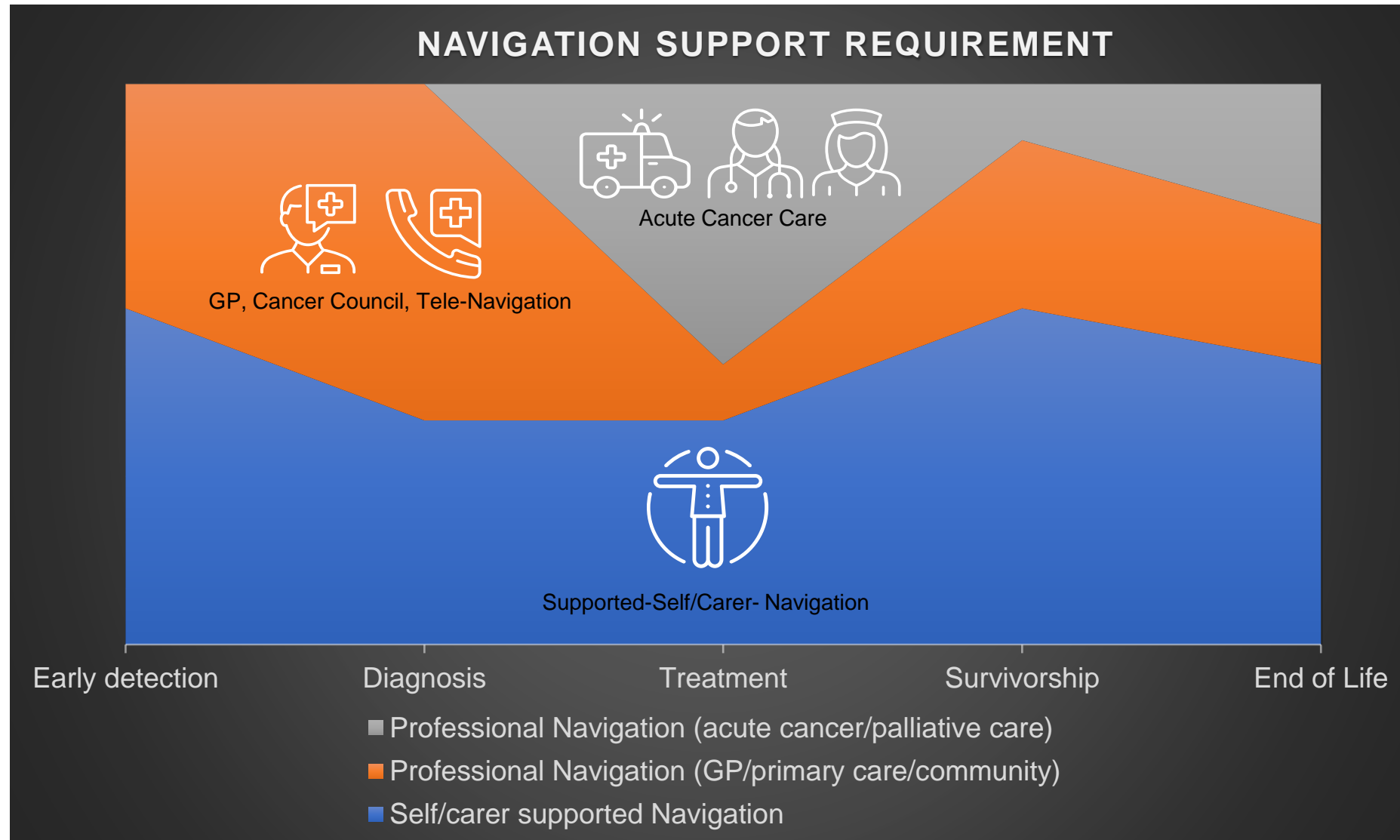
INTEGRATED NAVIGATION

Consistent, individualised assistance offered to patients, families and carers to help overcome health care system barriers. It facilitates timely access to quality health, supportive and psychosocial care through all phases of the cancer experience.



Cancer experiences vary - navigation needs can vary depending on peoples circumstances and resources.

WHAT MIGHT TEAM NAVIGATION LOOK LIKE?



TARGET POPULATIONS

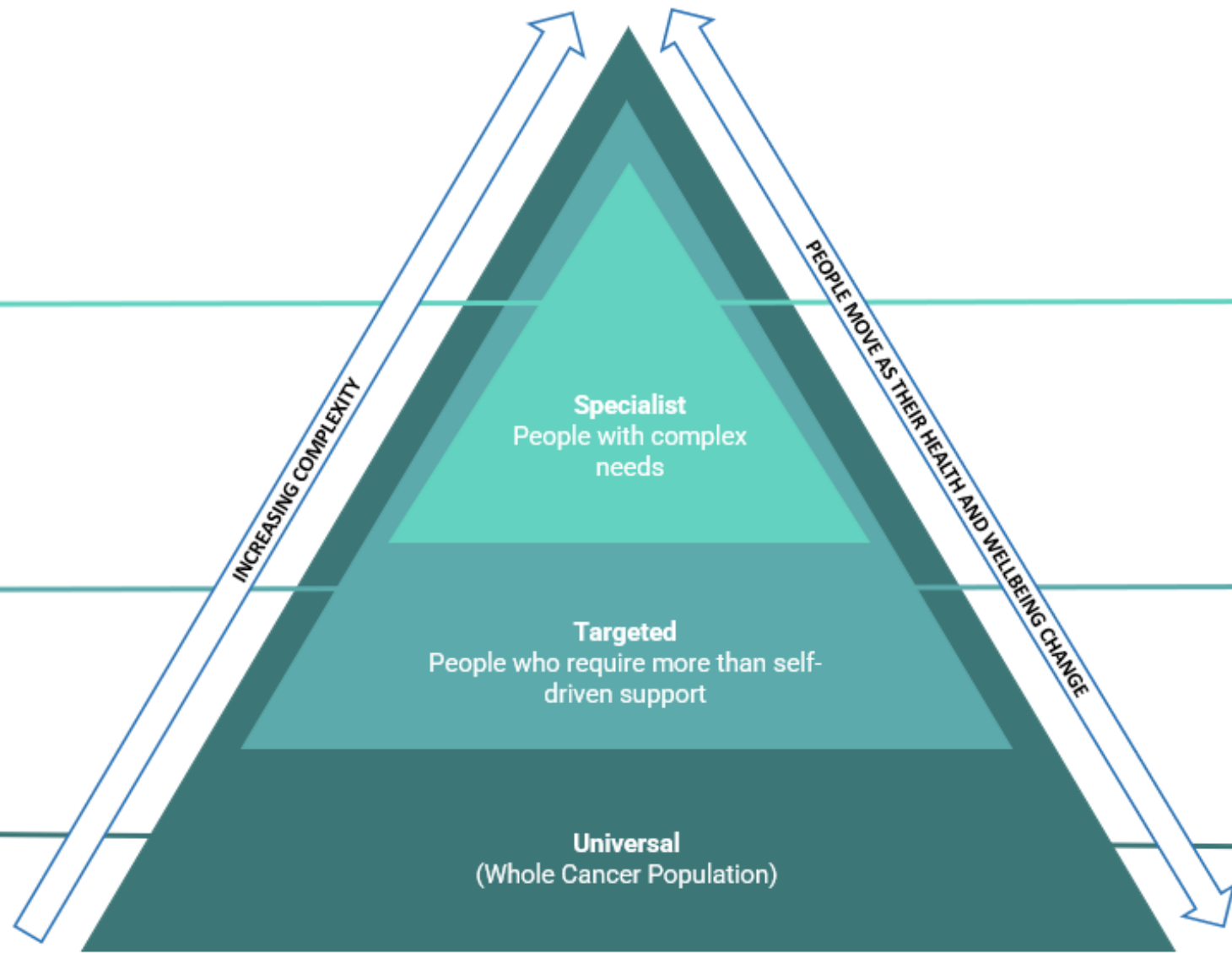
NAVIGATION INTERVENTION

OUTCOMES

Professional Navigation
(e.g., *clinical*: specialist/ advanced care nurses, social workers, GP, clinical navigator)
(e.g., *non-clinical*: community organisations, cancer council)
+ Peer Support navigation

Peer support navigation
(e.g., cancer site consumer advocacy groups, Cancer Council, Canteen)
Example services: Emotional & spiritual support, logistical support, empowerment, advocacy, caregiver support, facilitating linkages to services
+ Supported self-management navigation

Supported Self-management navigation
(e.g., digital applications, booklets, information repositories, modules, training, courses, survivorship care plans)
Example services: Information and knowledge provision, language support/assistance, emotional support

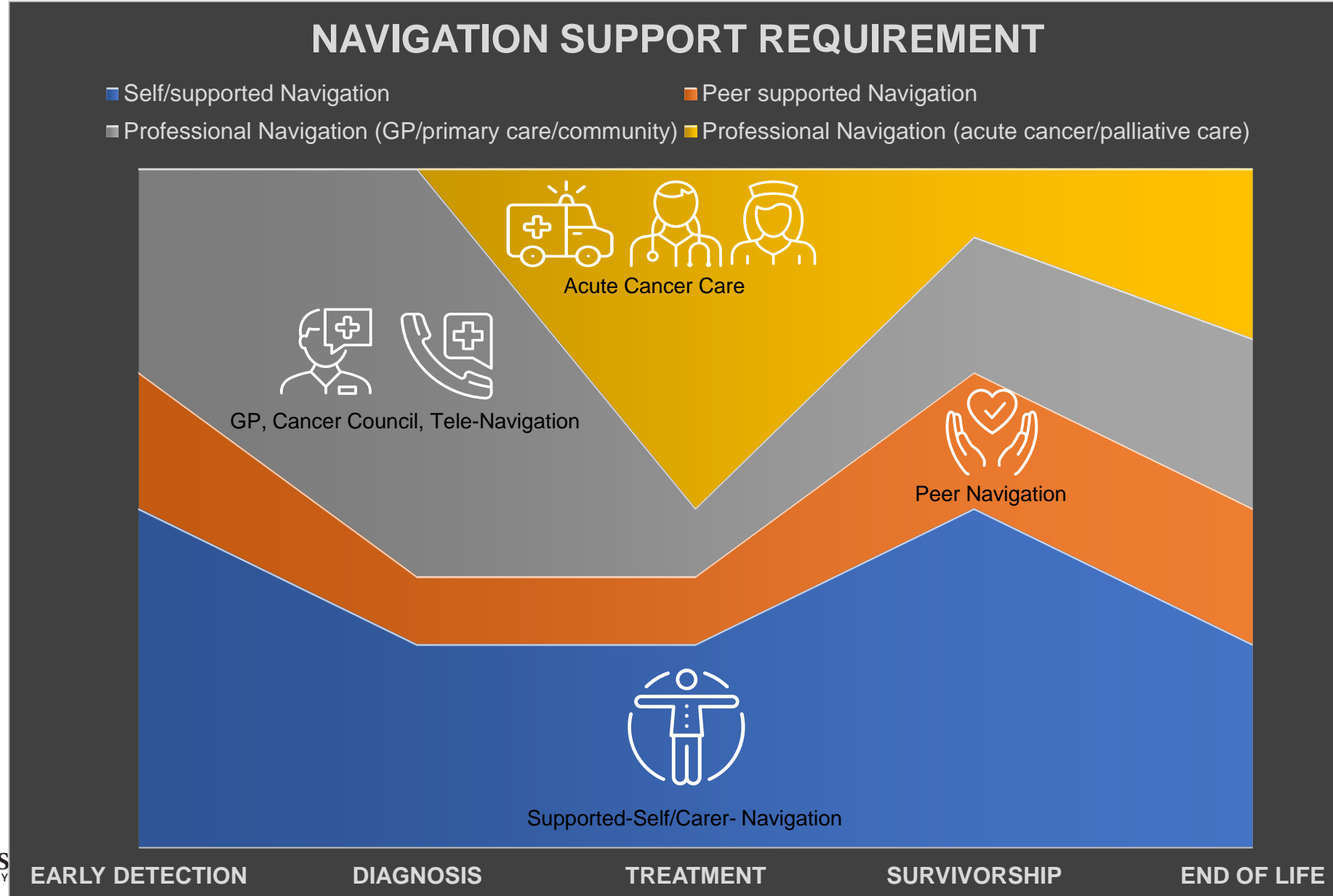


1. Patient Empowerment
2. Care Access
3. Outcomes and Experiences

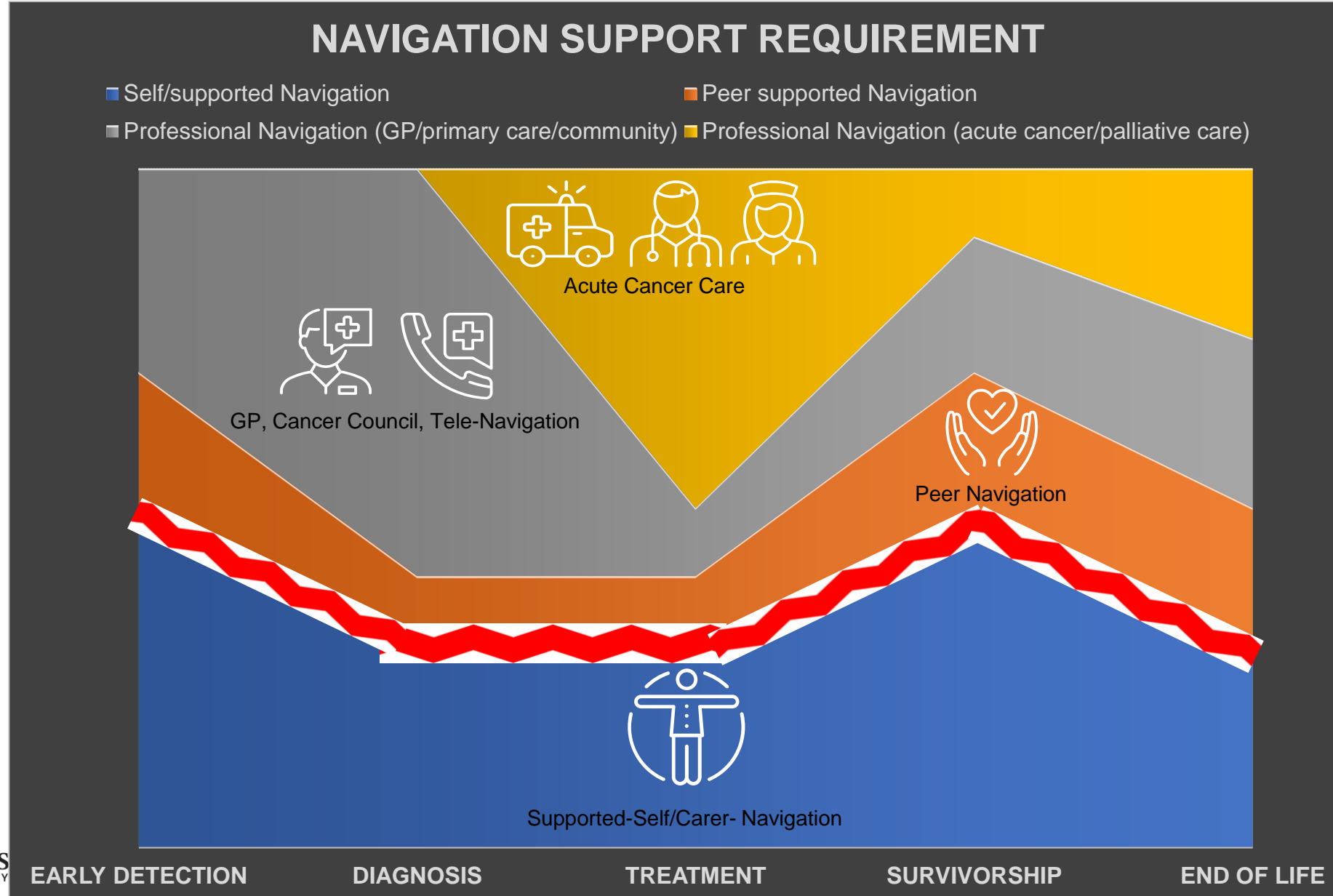
FOR ALL

DRAFT FLINDERS MODEL FOR CANCER NAVIGATION

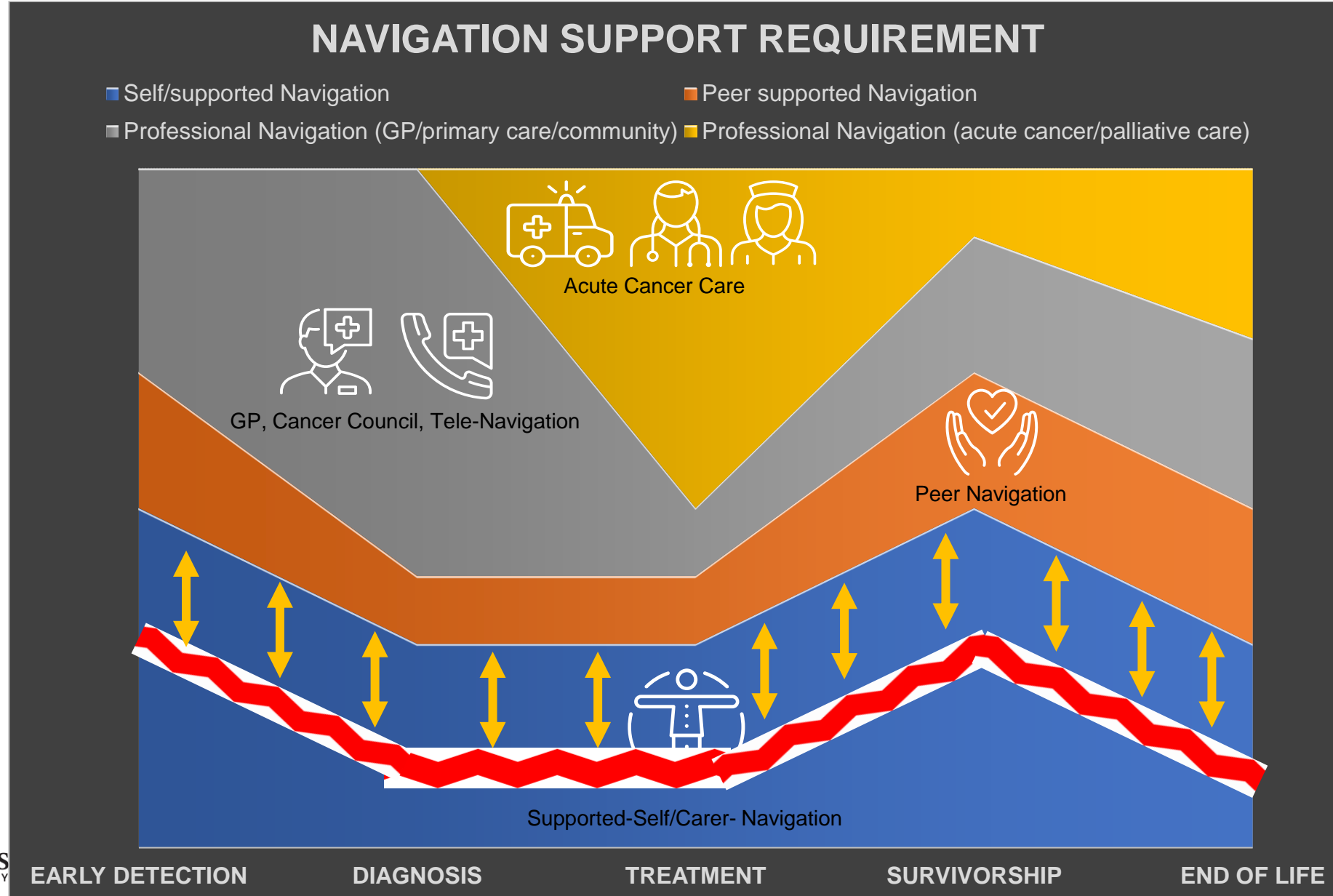
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TARGET POPULATIONS

NAVIGATION INTERVENTION

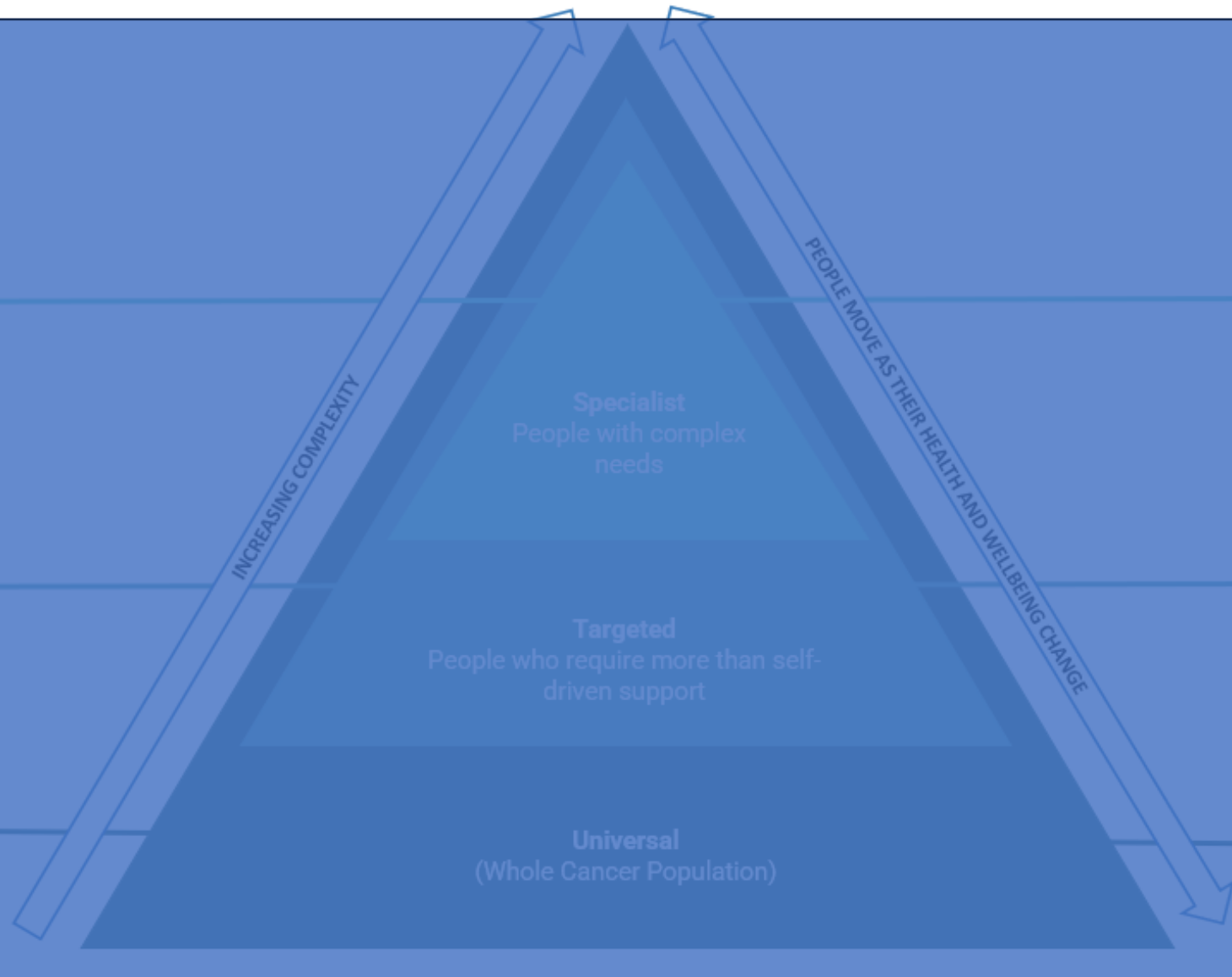
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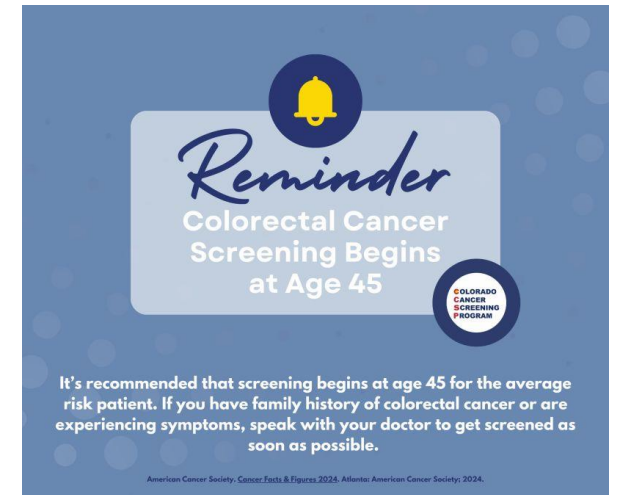
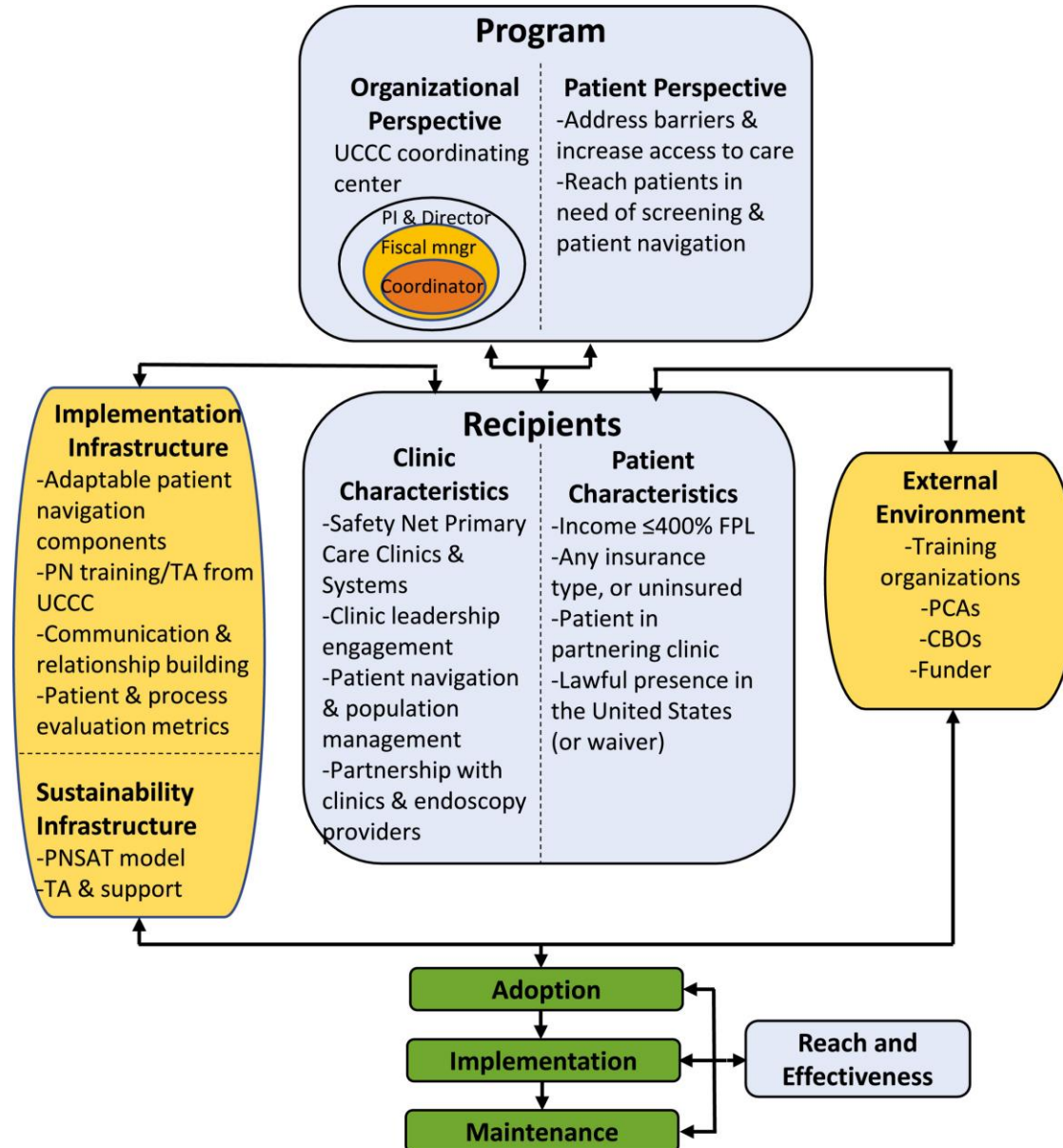


OUTCOMES

1. Patient Empowerment
2. Care Access
3. Outcomes and Experiences

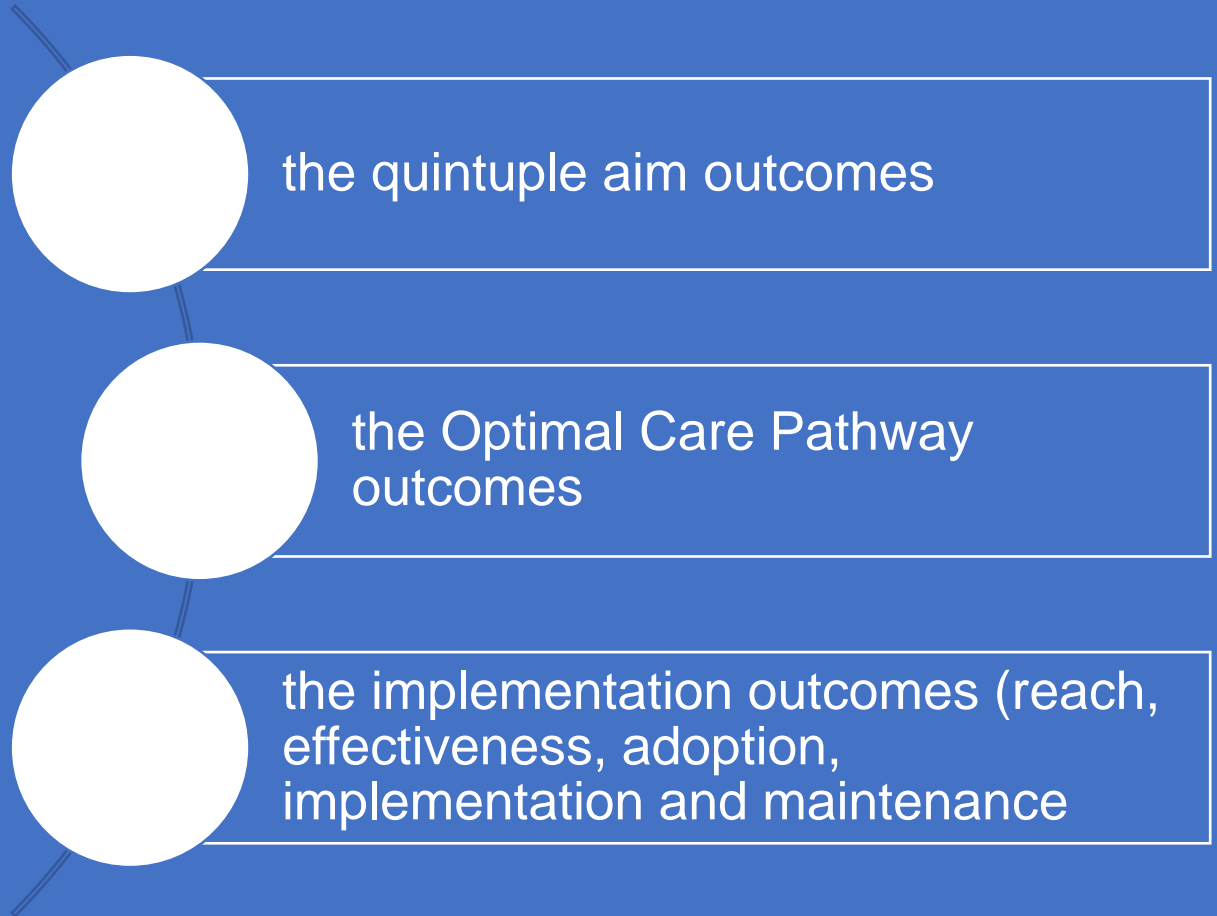
FOR ALL

WE MUST CONSIDER IMPLEMENTATION CAREFULLY...

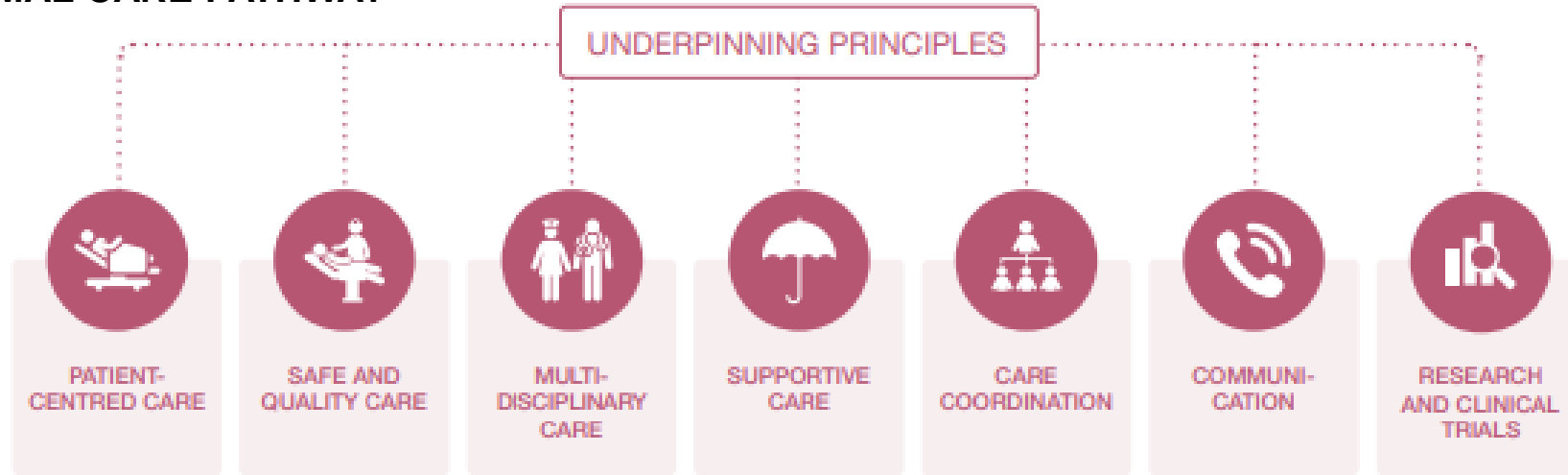


WHAT ARE THE SUCCESS INDICATORS?

1. A national patient experience survey
2. A data strategy



THE OPTIMAL CARE PATHWAY

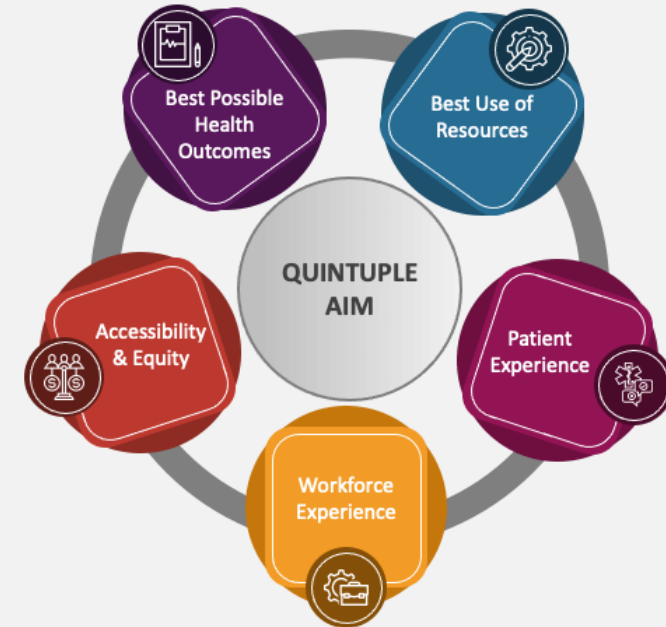


RE-AIM FRAMEWORK

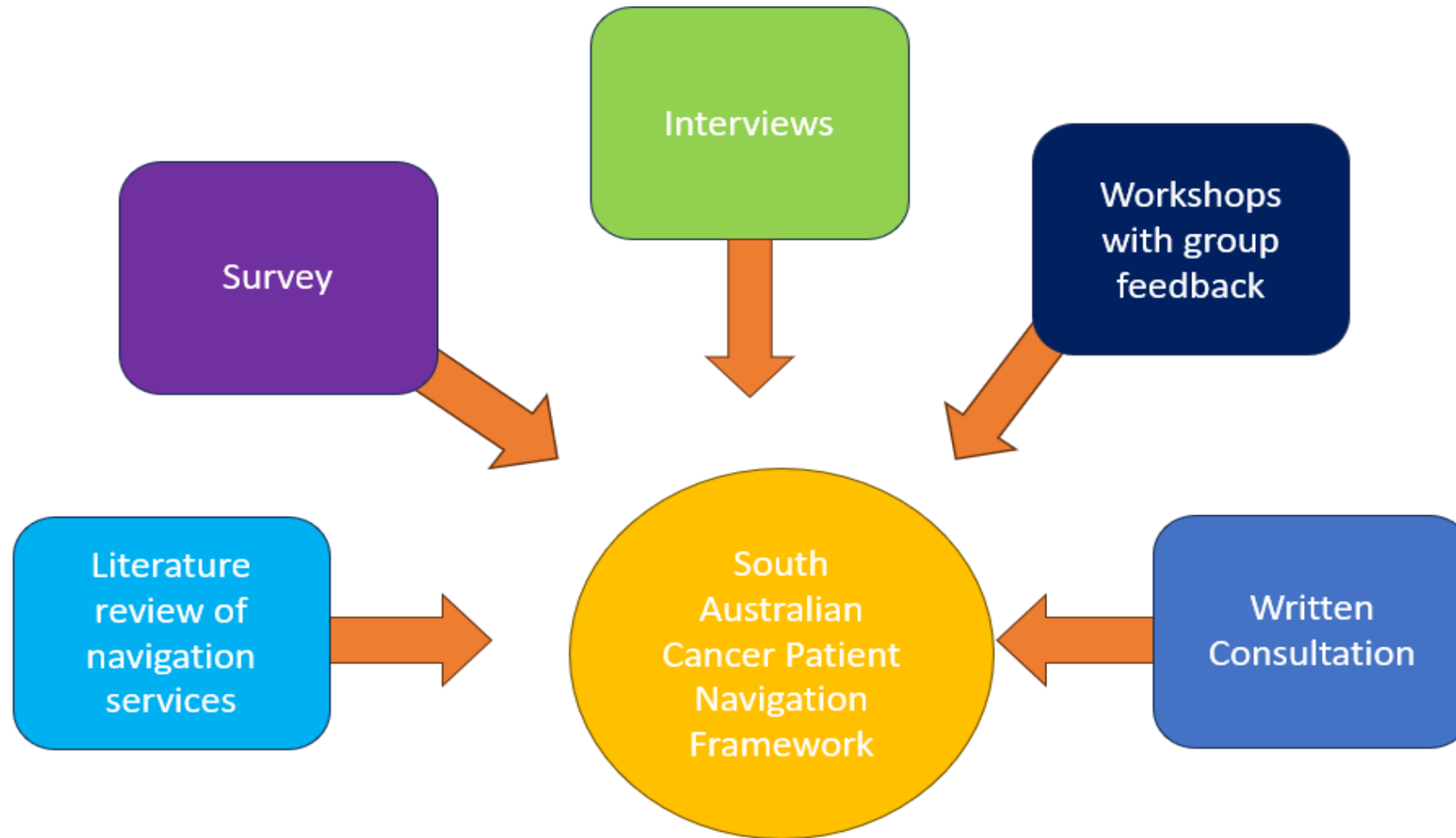
Elements of the RE-AIM Framework



QUINTUPLE AIM



SA NAVIGATION FRAMEWORK/ IMPLEMENTATION PLAN...



GLOBAL **I**NIITIATIVE TO ADVANCE CANCER **N**AVIGATION FOR BETTER **O**UTCOMES (GINO)



Stage I

Stage I

- ✓ Establishment of the **MASCC International Position Statement and Practice Framework for Patient Navigation in Cancer.**

Stage II

Stage II

- ✓ **Development of a Core Set of Quality and Efficiency Indicators for Patient Navigation Benchmarking**, and a report on the feasibility, acceptability and comparability of using the newly established core indicators in practice.

Stage III

Stage III

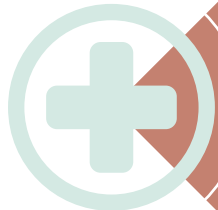
- ✓ **Setting up of a Global Community of Practice**, an online sharing platform, and a MASCC guide for local implementation considerations in navigation.

WE NEED ONGOING RESEARCH! THE PEARL STUDY

Medical Research
Future Fund



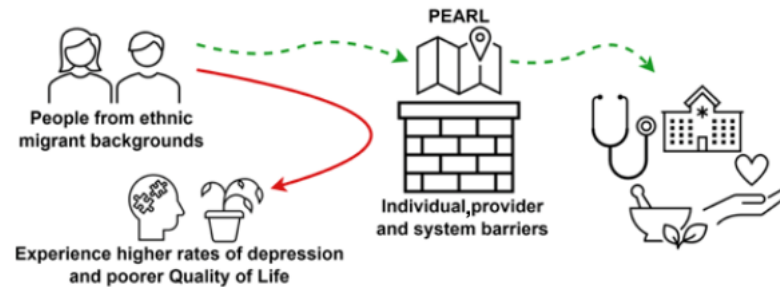
Reduce barriers to care after the active treatment period



Ensure that people with cancer receive the care that they require, when, where and how they need it, regardless of cultural/linguistic background



Improve quality of life of people affected by cancer (people with cancer and their carers/families)



State	Community site	PHN	% (n) born in China/Vietnam	State average % born in China/Vietnam
QLD	World Wellness Group	Brisbane South PHN	• 3% (30K) born in China	1% China
	Inala Health	Brisbane South PHN	• 1.3% (16K) born in Vietnam; suburbs of Inala/Darra 19.4%/13.8% born in Vietnam	0.4% Vietnam
SA	Tong De	Adelaide PHN	• 3% (30K) born in China; Adelaide City 13.1% born in China	1.5% China
NSW	CanRevive	Went West (Western Sydney) PHN	• 5% (56K) born in China; suburb of Carlingford 17.8% born in China	3.1% China
	SWSLHD Multicultural Services	South Western Sydney PHN	• 6% (61K) born in Vietnam	1.1% Vietnam

LE

Australian Comprehensive Cancer Network



No na

Lack

No cl

No consistent data collection

Lack of alignment with OCP

No implementation leadership

Sporadic investment

No Research/Data driven Improvement



GSmith



Creating better lives through research

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