State Affiliate News

Georgia Society of Clinical Oncology Forms a Patient Navigator Affiliate

Nationwide, resources for oncology patients are stretched. One solution is to support the role of patient navigators, who can provide individualized assistance to patients, families, and caregivers. Navigators help individuals overcome health care system barriers and facilitate timely access to quality medical and psychosocial care, from prediagnosis through all phases of the cancer experience. To better serve the Georgia oncology community, The Georgia Society of Clinical Oncology (GASCO) is spearheading the task of forming a patient navigator society as an affiliate of its organization. A \$10,000 state affiliate grant from ASCO allowed the organization to begin the task to determine the level of cancer navigator resources available as well as establish a direction for a state patient navigator program.

GASCO supports the Georgia Statewide Cancer Control Plan with goals that include improving the quality and effectiveness of cancer screening and follow-up services. One strategy to achieve this goal is to expand the cancer patient navigator program and then to develop systems to enhance support for high-risk patients' follow-up after abnormal screens. "Defining the credentials, training, and appropriate roles of a cancer patient navigator is an evolving process based on whether a navigator is hospital- or community-based, urban or rural, focused on a single cancer type or multiple, salaried or volunteer," explains Dr Matt Mumber, radiation oncologist and GASCO president. "It is important to link the persons in our state performing the navigator tasks and study what approaches are transferable regardless of setting and which are not. Bringing together all of these diverse entry points to oncology patient navigation will allow participants to learn from the collective experience and to creatively define how to expand and sustain navigation services."

GASCO initially became involved in developing the patient navigator society when some members participated in a pilot program. To study the potential, The Georgia Cancer Coalition cosponsored GASCO's State Affiliate Grant application to maximize resources. ASCO grant funds have been used to pool databases of navigators, including nurses, social workers, community advocates, and survivor groups, and to develop a survey to determine the location, credentials, functions, and funding sources for persons providing navigation services. The survey results revealed a 98% positive response to forming such an association. In addition to the survey results, more than 100 oncology professionals and committed lay persons attended an educational and organizational meeting on July 26. The ASCO grant also helped fund this program, which included presentations by the founder of patient navigation, Dr Harold Freeman;

the director of patient navigation for the Lance Armstrong Foundation, Caroline Huffman; and Dr Sheryl Gabram-Mendola and Dr Kimberly Jacob Arriola, the principal investigators for an AVON Foundation grant funding a patient navigation pilot program in the Grady Health System. "We believe this level of enthusiasm will also help in our search for funds to sustain the program during its formative stages," says Dr Mumber.

Dr Mumber recommends that other societies consider a similar affiliate program. "In the hotly debated areas of health care delivery and financing reform, patient navigation intervention is one relatively inexpensive solution to reducing costs and improving the patient experience," he says. There are studies measuring the value of patient navigation intervention in improving early detection. Data also suggest that care coordination leads to earlier discharges and lowered readmission and emergency room rates. However, in the community or at the practice level, there is no direct payer reimbursement in this state for patient navigation, he notes. Although evidence exists that these services are effective both clinically and economically, the concept needs more availability to patients and vocal champions in the medical and payer communities. The value of patient navigation also requires additional evidence-based research, he continues.

In institutional programs, the navigator service costs are often covered by facility reimbursement from third-party payers or by grants. Defining qualifications, roles, and how to incorporate these services into the community is more difficult economically, as payers expect declining professional fee reimbursement to cover all such ancillary services, he says. "ASCO has published its concerns that there will be an inadequate supply of oncology physicians to fill the growing future need, making creative collaborative staffing models vital," he adds. "Facilitating and encouraging such arrangements should be addressed in any future payment reform programs on a state or national level.

"Patient navigation is an excellent, cost-effective method to help enhance the meaning of our work as oncology professionals by creating a more educated and resourceful patient. At the same time, enhancing the quality of our care with a concerted team approach will better ensure that patients adhere to complex treatment regimens more consistently," he explains. "In that vein, the resources to provide patient navigation seem like an excellent investment for practicing oncologists."

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