

Breast Cancer Navigation

Using physician and patient surveys to explore nurse navigator program experiences

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BACKGROUND: Patient navigators can improve patient experiences of care and outcomes, but little is known about how navigation programs may affect physician workflows and experience.

OBJECTIVES: This study aimed to understand patient and physician experiences with a breast cancer navigation (BCN) program using Lean design principles.

METHODS: Surveys were developed and distributed from 2019 to 2020 to 255 patients diagnosed with breast cancer and 128 physicians in primary care and cancer-related specialties. Descriptive analyses were conducted.

FINDINGS: Eighty-three physicians and 94 patients completed the survey. A large majority of physicians reported that the BCN program "made their day easier" and improved flow, care coordination, and patient experience. A large majority of patients reported receiving the right level of support during diagnosis communication and high satisfaction in other domains measured.

KEYWORDS

nurse navigation; cross-sectional surveys; physician satisfaction; patient satisfaction

DIGITAL OBJECT IDENTIFIER

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EVIDENCE SUGGESTS THAT PATIENT NAVIGATORS CAN IMPROVE patient access to cancer care and experience of care. To receive cancer care, individuals must often seek care from various specialists, such as medical oncologists, radiologists, and surgeons, and navigate different healthcare systems and environments, including hospitals, clinics, and infusion centers. Given this complexity, cancer care has been critiqued for being fragmented and not patient-centered (Levit et al., 2013). Patient navigation was first adopted in the 1990s to reduce barriers and disparities in cancer care (Burhansstipanov et al., 2018). Research demonstrates that navigation helps make cancer care more patient-centered and accessible and may reduce costs (Riley & Riley, 2016; Rocque et al., 2017).

Breast cancer is the most frequently diagnosed invasive cancer, with an estimated 276,480 patients diagnosed and 42,170 dying in 2020 in the United States (Surveillance, Epidemiology, and End Results Program, 2021). Despite various definitions and implementations of navigation, patient navigation in breast cancer is now widespread. Most research analyses of navigation's impact have focused on outcomes such as screening rates, time to diagnosis, timeliness of cancer care, and financial benefits (Bernardo et al., 2019; Riley & Riley, 2016). Community-based breast cancer navigation (BCN) has been found to improve patient outcomes, often by overcoming barriers in access to care and timeliness of care for uninsured or underrepresented populations (Baik et al., 2016; Henderson et al., 2020). Some analyses have found that navigated patients also have lower anxiety or distress (Harding, 2015) and increased satisfaction (Yackzan et al., 2019). However, other research has found no differences in satisfaction between navigated and non-navigated patients (Post et al., 2015; Wells et al., 2016).

There is some evidence suggesting that nurse navigation improves patient retention inside healthcare systems (Cantril, Moore, & Yan, 2019; Kline et al., 2019), particularly with advanced practice nurses in the navigator role. Few studies have looked at physician satisfaction with a nurse navigator program (Campbell et al., 2010; Gordils-Perez et al., 2017; Hunnibell et al., 2012), and no other studies surveyed an entire team of physicians involved in cancer management. Because cancer management