The Dietitian as Head & Neck Navigator

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Outline

* Background on Navigation
* Head & Neck Cancer
* How to get started
* Metrics
* Case Studies
Objectives

1. Discuss origination of patient navigation
2. Define patient navigation
3. List steps to developing head and neck navigation program
4. Discuss metrics involved with navigation

Patient Navigation

- Founded and pioneered by Dr. Harold P. Freeman in 1990
- 1st navigation program in Harlem
- Harold P. Freeman Patient Navigation Institute (HPFPNI) established in 2007
* Navigators may have a wide range of qualifications
  * Lay navigator ➔ nurses, social workers
  * Any level of education
  * Must have qualities:
    * Compassion
    * Intelligence
    * Great communication skills
    * Cultural sensitivity

* Principles:
  1. Inform people about the need for certain recommended examinations and provide timely access to such examinations
  2. Eliminate any barriers to timely care across the entire health care continuum
  3. A critical function of navigation is to eliminate any and all barriers to timely diagnoses and treatment in patients who have abnormal or suspicious findings

* Goals:
  1. Promote standards for patient navigation programs through an emphasis on the Harold P. Freeman Patient Navigation Model.
  2. To help others learn best practices by ensuring that programs adhere to the peer-reviewed, recognized definition and measures for patient navigation set forth by the Patient Navigation Research Program (PNRP).
Patient Navigation Across the Health Care Continuum

Patient Navigation

Initial Target in Harlem Model

- Abnormal Results
  - Diagnosis
  - Treatment
- Rehabilitation
  - Resolution
- Prevention
- Diagnosis/Incidence
- Treatment
- Survival and Mortality
- Early Detection
- Post Treatment/Quality of Life Supportive Care

Barriers
- Financial
- Communication
- Medical system
- Psychological
- Other

HPFPNI

http://www.hpfreemanpni.org/our-model/

http://www.hpfreemanpni.org/
Emphasizes Dr. Freeman’s navigation model which is “gold standard”

2 day program with modules, patient interaction, case studies

Cancer is main focus but is applicable to other chronic diseases

National Cancer Institute (NCI) established Center to Reduce Cancer Health Disparities (CRCHD) in 2001

CRCHD conducted multisite Patient Navigation Research Program (PNRP)

PNRP focused on breast, cervical, prostate and colorectal cancers

Focused on populations experiencing cancer health disparities
<table>
<thead>
<tr>
<th>Project Title</th>
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<tbody>
<tr>
<td>Chicago Cancer Navigation Project</td>
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<tr>
<td>DC City-wide Patient Navigation Research Program</td>
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<tr>
<td>Improving Patient Outcomes Through System Navigation (Denver, CO)</td>
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<tr>
<td>Moffitt Cancer Center Patient Navigator Program</td>
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<tr>
<td>Northwest Tribal Cancer Navigator Program</td>
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<td>Ohio Patient Navigator Research Program (OPNRP)</td>
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<tr>
<td>Patient Navigation in the Safety Net: CONNECTeDD (Boston, MA)</td>
</tr>
<tr>
<td>RCT of Primary Care-based Patient Navigation-Activation (Rochester, NY)</td>
</tr>
<tr>
<td>UTHSCSA Patient Navigation Research Program</td>
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</table>

![PNRP Map](https://www.cancer.gov/about-nccn/organization/ctehd/disparities-research/pn/pn/brochure.pdf)
Research Questions:
* Does navigation decrease time from abnormal cancer screening to finding definitive diagnosis?
* Does navigation decrease time from cancer diagnosis to initiation of treatment and completion of treatment?
* Does navigation increase patients’ satisfaction with health care system and cancer-related care?
* Is navigation cost-effective?

Findings:
* Increased resolution rates of abnormal screenings
* Decreased time to diagnostic resolution
* Increased rates of treatment initiation
* Increased QoL
* Increased patient satisfaction
AONN+

* Navigation Process = Helping patients overcome health care system barriers and providing them with timely access to quality medical and psychosocial care from before cancer diagnosis through all phases of their cancer experience

https://www.aonnonline.org/

AONN+

* Certifications
  * Oncology Nurse Navigator- Certified Generalist (ONN-CG)
  * Oncology Patient Navigator – Certified Generalist (OPN-CG)
  * Oncology Nurse Navigator – Certified Generalist Thoracic [ONN-CG(T)]
* What is a patient navigator?
  * Non-clinical
  * Paid professional
AONN+

- Metric Domains
  - Coordination of Care/Care Transitions
  - Research, Quality and Performance Improvement
  - Operations Management, Organizational Development, Health Economics
  - Community Outreach, Prevention
  - Professional Roles and Responsibilities
  - Psychosocial Support, Assessment
  - Patient Empowerment, Advocacy
  - Survivorship and End of Life

H&N Cancer

- Oral Cavity
- Pharynx
- Larynx
- Paranasal sinuses, nasal cavity
- Salivary glands

Estimated New Cases 2018 | 51,540
---|---
% of all cancer cases | 3.0%

Estimated Deaths in 2018 | 10,030
---|---
% of all cancer deaths | 1.6%

Percent surviving 5 years | 64.8%

H&N Cancer

Risk Factors
- Smoking
- Alcohol
- Occupational Exposure
- Epstein-Barr Virus
- Human Papillomavirus (HPV) – 70%

Histology
- Squamous Cell Carcinoma (SCC)

**H&N Cancer**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>HPV+</th>
<th>HPV-</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance Abuse?</strong></td>
<td>Nonsmoker</td>
<td>Tobacco &amp; Alcohol</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Younger</td>
<td>Older</td>
</tr>
<tr>
<td><strong>Education / SES</strong></td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td><strong>Tumor Site</strong></td>
<td>Tonsil, Base of Tongue</td>
<td>All Sites</td>
</tr>
<tr>
<td><strong>Prognosis</strong></td>
<td>Good</td>
<td>Poor</td>
</tr>
</tbody>
</table>

**Symptoms of treatment**

- Dysgeusia
- Dysphagia
- Odynophagia
- Anorexia
- Weight Loss
- Fatigue
- Mucositis
- Thickened saliva
- Xerostomia
- N/V
**Medical Nutrition Therapy**

- Weekly visits during treatment
- **Goals:**
  - Weight maintenance
  - During treatment
  - After treatment
  - While transitioning from enteral to oral intake
  - No treatment breaks

**Barriers**

- Dental
  - No insurance
  - Years since last dental visit
- Demographics
  - Smoker/drinker
  - Lower education
  - Lower socioeconomic status
- Lack of health insurance
- Lack of financial stability
**Why?**

- Why a dietitian?
- Relationships
- Clinical expertise
- Coordination of care

**How - Planning Meetings**

**Planning Team**
- Radiation Oncologist
- Medical Oncologist
- Surgical Oncologist
- ENT
- Speech Therapist
- OCN
- RDN/Navigator
- Cancer Center Director
How - Policy/Protocol

Policy:
The Head and Neck Team (HNT) will be consulted in cases of head and neck surgery. The HNT will also be responsible for identifying the need for surgical procedures that may require postoperative follow-up and intervention. The HNT will also be responsible for coordinating and supervising the care of patients with head and neck cancer.

Protocol:
1. After the patient has been discharged, the HNT will be consulted to determine if further follow-up is necessary.
2. The HNT will then provide the patient with a postoperative care plan that includes follow-up appointments at specific intervals.
3. The patient will be scheduled for follow-up appointments at the indicated intervals.
4. At each follow-up appointment, the patient will be evaluated for any signs of recurrence or complications.
5. If any complications are identified, the patient will be referred to the appropriate specialist for further evaluation.

Procedure:
1. The patient will be scheduled for a follow-up appointment at the indicated intervals.
2. The patient will be evaluated for any signs of recurrence or complications.
3. If any complications are identified, the patient will be referred to the appropriate specialist for further evaluation.

Conclusion:
The HNT will be responsible for coordinating and supervising the care of patients with head and neck cancer. The HNT will also be responsible for identifying the need for surgical procedures that may require postoperative follow-up and intervention. The HNT will provide the patient with a postoperative care plan that includes follow-up appointments at specific intervals. The patient will be scheduled for follow-up appointments at the indicated intervals. At each follow-up appointment, the patient will be evaluated for any signs of recurrence or complications. If any complications are identified, the patient will be referred to the appropriate specialist for further evaluation.
How - Pathway
How - Organize

1. Time from biopsy to treatment start date (#8 AONN+)
   - **Goal = 4 weeks**

2. Surgery to adjuvant treatment start date
   - **Goal = 6 weeks (depending on healing)**

- Gastrostomy tubes – when placed, how, where

- Hospital Admissions & Readmissions (#14 AONN+)
- ED visits (#21 AONN+)
- Survivorship Care Plans (#34 AONN+)
**Biopsy to Treatment Start**

![Chart showing time from biopsy to treatment start](image)

**Gastrostomy Tubes**

<table>
<thead>
<tr>
<th>Status of feeding tubes</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removed</td>
<td>17</td>
</tr>
<tr>
<td>Intact</td>
<td>24</td>
</tr>
<tr>
<td>Deceased</td>
<td>14</td>
</tr>
<tr>
<td>In treatment</td>
<td>2</td>
</tr>
<tr>
<td>Post-treatment</td>
<td>8</td>
</tr>
<tr>
<td>Unknown, lost to follow up</td>
<td>1</td>
</tr>
</tbody>
</table>

- **Total Number of Navigated HNC Patients**: 159
- **Total Number of G tubes Placed**: 42
- **Pre-treatment**: 24
  - Placed at another facility: 7
  - Prior to treatment - dysphagia, weight loss: 15
  - Prior to treatment - elective: 2
- **Mid-treatment**: 10
  - Hospital Admission: 4
  - Outpatient: 6
- **Post-treatment**: 8
- **Status of feeding tubes**
  - Removed: 17
  - Intact: 24
  - Deceased: 14
  - In treatment: 2
  - Post-treatment: 8
  - Unknown, lost to follow up: 1
Hospital Admissions/ED visits

- 68 total hospital admissions
  - Examples: mucositis, pain, nausea, PNA, ARF, dehydration

- 16 total ED visits
  - Examples: pain, N/V, dehydration, constipation

Treatment Summary / Care Plans

- General Information
- Care Team
- Cancer Diagnosis Information
- Treatment Summary
- Schedule of Clinic Visits
- Cancer Surveillance or Other Recommended Related Tests
- Late/Long Term Effects
- Lifestyle Behaviors
- Resources
Support Group

- Started January 2017
- Meet monthly
- Average attendance = 7
- Guest speakers
  - Radiation Oncologist
  - Speech Therapist
  - Dentist
  - Exercise Physiologist
  - Physical Therapist- Lymphedema

Testimonials

- Patients
  - “We had no idea what to do about treatments, doctors, education and nutrition. The navigator was there and available everyday.”
  - “Great deal of information and support at the support group”
  - “It’s like having your own administrative assistant”
  - “It is great to be navigated through an unknown process”
Testimonials

* MDs
  * “Our experience demonstrates the unique value that a dietitian/navigator can bring to optimizing the care of patients with head and neck cancers”
  * “Our patients now undergo routine pretreatment MBSS to establish baseline function and are called on a regular schedule after treatment to ensure recovery is going well. A standard protocol for feeding tube placement by IR has been implemented for patient who require nutrition support which has resulted in decreased time to placement”

Steps to Building a Program

1. Prepare policy/protocol, pathway
2. Hold meeting with key players to discuss pathway, metrics
3. How will you collect data & where will it be stored?
4. Pick a start date
### Navigator Duties

<table>
<thead>
<tr>
<th>Pre-Treatment</th>
<th>Mid-Treatment</th>
<th>Post-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coordinate referral appointments</td>
<td>• MNT</td>
<td>• PCP</td>
</tr>
<tr>
<td>• PET scan</td>
<td>• Refer to care team members PRN</td>
<td>• Treatment Summary</td>
</tr>
<tr>
<td>• Speech Therapy</td>
<td>• Encouragement, support</td>
<td>• PET scan</td>
</tr>
<tr>
<td>• Arrange dental</td>
<td></td>
<td>• Speech Therapy</td>
</tr>
<tr>
<td>• Nutrition Assessment</td>
<td></td>
<td>• Dental Follow-up</td>
</tr>
<tr>
<td>• Refer to care team members PRN</td>
<td></td>
<td>• CancerFITT referral</td>
</tr>
<tr>
<td>• Encouragement, support</td>
<td></td>
<td>• MNT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer to care team members PRN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encouragement, support</td>
</tr>
</tbody>
</table>

### Case Study #1

**Patient VJ**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 15, 2017</td>
<td>FNA, no evidence of malignancy</td>
</tr>
<tr>
<td>May 2, 2018</td>
<td>No lesions on ENT exam, repeat FNA</td>
</tr>
<tr>
<td>May 22</td>
<td>Surgical resection &amp; biopsy</td>
</tr>
<tr>
<td>May 24</td>
<td>ENT follow-up, patient learns of diagnosis</td>
</tr>
<tr>
<td>May 25</td>
<td>Navigator calls patient</td>
</tr>
<tr>
<td>May 31</td>
<td>PET scan</td>
</tr>
<tr>
<td>June 6</td>
<td>Radiation oncology consult</td>
</tr>
<tr>
<td>June 7</td>
<td>Medical oncology consult</td>
</tr>
<tr>
<td>June 19</td>
<td>Treatment start date</td>
</tr>
</tbody>
</table>
Case Study #1

* Metrics
  * Time from diagnosis to treatment start = 28 days
  * No G tube
  * No ED visits or hospital admissions

EASY!!

Case Study #2

<table>
<thead>
<tr>
<th>Patient RC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>May 29, 2018</td>
<td>Presents to ED</td>
</tr>
<tr>
<td>May 30</td>
<td>Biopsy, SCC</td>
</tr>
<tr>
<td>June 4</td>
<td>Radiation Consult/Navigator/Nutrition</td>
</tr>
<tr>
<td>June 11</td>
<td>Medical Oncology Consult</td>
</tr>
<tr>
<td>June 12</td>
<td>MBSS</td>
</tr>
<tr>
<td>June 14</td>
<td>Plan for Port / PEG</td>
</tr>
<tr>
<td>June 22</td>
<td>PICC</td>
</tr>
<tr>
<td>July 3</td>
<td>Treatment start date</td>
</tr>
<tr>
<td>July 23</td>
<td>Poor nutrition</td>
</tr>
<tr>
<td>August 1</td>
<td>G tube insertion</td>
</tr>
</tbody>
</table>
Case Study #2

- Metrics
  - Time from diagnosis to treatment start = 34 days
  - No ED visits or hospital admissions
  - Outpatient procedure
    - G tube & port placement = missed 1 radiation treatment

Final Tips

- Prep ahead of time
- Document
  - Prep metrics documentation in advance
  - % of time spent with H&N patients
  - Great stories, catches as a result of navigation
- Be persistent
References

5. Academy of Nutrition and Dietetics. Evidence-Based Practice: Oncology Toolkit. Chicago, IL: Academy of Nutrition and Dietetics; 2010.

Q & A

Thank you!
Email: eeskline@gmail.com