

Improved Community Cancer Care through Patient Navigation



IN THIS ISSUE

Cancer in Nova Scotia

New Model of Follow-up Care

Chronic Disease Prevention

Setting the Stage for Communication

News and Notes

Physicians with more time to focus on the clinical needs of their patients. Patients who understand their disease and treatment options before they visit their oncologist. All members of the health care team collaborating and communicating. Community supports such as Homecare being used effectively and efficiently. These are just some of the benefits of Cancer Patient Navigation.

Results of an extensive evaluation of Cancer Patient Navigation in the three early adopter districts and one comparison district have indicated that Patient Navigation is highly valued by health providers and patients alike.

Judith Breau, a cancer patient from West Arichat, said being diagnosed with cancer was the lowest point of her life. "My family doctor referred me to my navigator, Charlene Porter, who has supported me since the beginning. She helped me access reliable, up-to-date information. She also helped me connect with someone who has had a similar cancer experience and that was really helpful. I'm spreading the word about navigation to everyone I know."

Navigation has shown to be instrumental in improving community cancer care. The report recommends that navigation be implemented in all health districts across the province as a vehicle to improve access to cancer care and to ensure quality in community cancer care delivery.

"It has certainly eased the amount of time I have to spend with a patient on non-clinical issues," said one family physician. This doesn't mean that a patient has less time with the physician, rather, as one specialist commented to the evaluators, "What has changed is the nature of involvement...the involvement [now] is more focused on treatment-related issues, relapse-specific issues or disease-specific issues."

This is because the Cancer Patient Navigator is meeting with patients, in most instances immediately

upon confirmation of diagnosis, to educate them about their cancer, to inform them about what to expect as they undergo treatment and to help families cope with the myriad of new issues and questions they face as they try to support someone in their family who has been diagnosed with cancer.

Patient Navigation was implemented with three goals: to assist health professionals in providing optimal cancer care; to ensure cancer patients and their families have the information, knowledge and support they need, and to enhance district capacity to care for and support people with cancer.

The evaluation assessed the degree to which navigation is meeting each of these goals. The evaluators have reported that by using objective measures and a thorough evaluation process, Patient Navigation is meeting the program goals as well as the expectations of patients, family members, physicians and health professionals who have participated in the program.

Margaret Brigley, Vice President, Corporate Research Associates, who conducted the evaluation said that, "Rarely, when we work to evaluate health care programs, do we have such an overwhelmingly positive impression of a program from all stakeholders. Using quantitative and qualitative research methodology, we measured many aspects of this program. With each and every aspect, the evidence regarding the value of Patient Navigation was strong. All respondents were highly satisfied with the program."

"Patient Navigation is consistently resulting in improved efficiencies for health professionals and better access to



Improved Community Cancer Care through Patient Navigation (cont'd)

(l-r): Darolyn Walker,
Joanne Cumming,
Sandra Cook,
Charlene Porter.



community cancer services by informed patients,” said Theresa Marie Underhill, Chief Operating Officer, *Cancer Care Nova Scotia*. “The challenge now will be to bring Cancer Patient Navigation to all areas of the province. We are excited that South Shore Health and Annapolis Valley Health introduced navigation in September 2003, based on the strength of its early success in the three early adopter sites. We will be working with the remaining districts and the Department of Health to ensure that all Nova Scotians have access to Patient Navigation.”

Evaluation data was collected through 16 focus groups, 57 one-on-one interviews and 162 patient surveys in the early adopter sites of Pictou County, Guysborough Antigonish Strait and South West health authorities. The evaluation also included a review of 808 records in the patient navigation database.

Cancer in Nova Scotia

The following letter to the editor was recently submitted to newspapers across Nova Scotia for publication.

Recently, the Cancer Advocacy Coalition of Canada (CACC) released a report entitled, “Cancer Care in Canada, Report Card 2003.” The report measured the dollars spent per capita in each province against their respective cancer death rates. The report concluded that cancer death rates were lower in provinces where there was a greater investment in cancer care and higher in provinces, like Nova Scotia, where per capita spending is lower.

There is no disputing the fact that Nova Scotia has a high rate of cancer deaths. More people die of cancer in Nova Scotia because more people are diagnosed with cancer. Incidence rates or the number of new cases detected, corresponds directly to death rates. Obviously, the more cases that occur, the more deaths that will follow – even though survival rates are almost equal across Canada.

Why are more Nova Scotians diagnosed with cancer? The full answer is unknown. In some instances, more people are being diagnosed with cancer because we have the ability to find it earlier through screening and early detection tools including, mammograms for breast cancer; Pap tests for cancer of the cervix; and PSA tests for prostate cancer. Other reasons for higher cancer rates here certainly include lifestyle choices such as tobacco use, diet and exercise.

Research tells us that as much as 50 per cent of cancers can be prevented through healthy lifestyle choices: adopting a healthy diet, being more physically

active and most important of all – not smoking. Our smoking rates have decreased by five per cent over the last couple of years. In fact, they have come down more quickly than other provinces. However, with 25 per cent of Nova Scotians (15+) still smoking, our rates are still higher than most provinces. Eventually, we will see the benefits from those who have quit, but not for another 15 years.

We need to continue to do all we can to decrease cancer incidence in Nova Scotia. More importantly, the 28,000 Nova Scotians who are living with cancer today and the 5,000 who will be diagnosed in this year, need to know that Nova Scotia’s survival rates are comparable in every respect to those in other provinces. They can feel confident that they will receive excellent treatment and care from highly qualified cancer specialists. Our health professionals, our diagnostic tools and our drugs are comparable to those available in the rest of Canada. Our survival rates are proof of this. More and more Nova Scotians are living with cancer. They are celebrating life with family and friends each and every day.

The CACC Report is interesting and provocative. Its analysis of the state of cancer care in Canada, while incomplete, reminds us of the need to continue to work hard to control cancer and manage it effectively in Nova Scotia.

Andrew Padmos,
Commissioner, *Cancer Care Nova Scotia*



Test Driving a New Model of Follow-up Care

The nurse-led follow-up clinic for lung cancer patients and their families opened in November 2003 at the Victoria General site, Capital Health, as phase three of the Care Delivery Model project. Recognizing that cancer profoundly affects not only patients but also their family members, the new model of post treatment care is grounded in a family systems orientation to care, with the family as a unit as the focus of care.

The clinic is designed to support the patient and family's physical, emotional, social, spiritual, and financial adjustment to the post-treatment phase of their cancer journey. Karen Woodworth, the clinic nurse, works closely with patients and families to detect and manage treatment complications, disease progression and recurrence, while providing information, support and access to hospital and community-based services.

In contrast to the current medical model for follow-up care, which largely focuses on disease surveillance by a specialist, this newer model is based on a holistic approach, which facilitates greater collaboration among health professionals. Patients and families receive more education about symptoms they should watch for and may have more involvement with their family doctor. In addition to increased patient and family access to a broader range of services and supports, the nurse-led follow-up clinic enables cancer specialists to concentrate on clinical issues.

"Our decision to use the knowledge, skills and experience of a Registered Nurse rather than an Advanced Practice nurse is important, as it enabled our team to

design and implement the clinic using existing resources, as well as create an opportunity for nurses to work to the full extent of their licensure," said Leslie McLean, Project Coordinator, Care Delivery Model Project. "If successful, this model of follow-up, unique in Canada, could be transferred to any type of chronic disease."

Lung cancer patients who have completed their primary care, are clinically stable and are not participating in any other clinical trial are eligible for clinic follow-up. These patients and their families can access the service as often as needed – by visiting the clinic, paging or phoning the clinic nurse – instead of attending regularly scheduled appointments. In an effort to reduce unnecessary travel time and cost to patients and families, care is conducted over the telephone as much as possible.

"There have been 17 physician referrals since the clinic opened and patients are responding very positively," said Karen Woodworth. "Even after finishing treatment, nearly everyone has concerns, be it loss of independence, financial issues or disease symptoms. By understanding how cancer has impacted the patient and his/her family, I'm able to connect them with supports that hopefully will address their needs."

The Care Delivery Model Project team will seek external funding to conduct a formal evaluation, which will begin in Fall 2004. Patients will either receive the current model of follow-up by a specialist or be randomly referred to the nurse-led follow-up clinic. Research results are expected to be available in late 2005.

R E S E A R C H



Chronic Disease Prevention

Cancer, diabetes, heart disease and respiratory illness are chronic diseases that are influenced by common risk factors including physical inactivity, unhealthy eating, stress and tobacco use, as well as determinants of health such as social support networks; income and social status; culture; employment and working conditions; among others. These diseases claim the lives of approximately 5,800 Nova Scotians every year. They account for nearly 75 per cent of all deaths in the province and are the major causes of premature death and hospitalization.

For these reasons, *Cancer Care Nova Scotia* joined ranks with the Office of Health Promotion, health charities, Department of Education, Nova Scotia Nutrition Council, College of Family Physicians and a host of other groups to develop a Chronic Disease Prevention Strategy. The strategy, finalized in October 2003, builds on efforts already underway throughout the province. The goal is to integrate activities across the province to achieve synergies through coordinated effort.

The full strategy is available on the Health Promotion Clearinghouse website at www.hpclearinghouse.ca



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This is a newsletter for and about the people and issues affected by Nova Scotia's cancer care system. It is produced by *Cancer Care Nova Scotia*.

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If you want to be added to our mailing list, or if you want to regularly receive additional copies of this newsletter for your office or waiting room, please contact us at the above address with the number of newsletters you need.

The deadline for articles and story ideas for Volume V, Issue Two is April 10, 2004.

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Setting the Stage for Communication

Delivering difficult news is not easy for anyone. It is challenging for doctors who share the news. And it is equally challenging for health professionals who want to do their best to support patients. It is probably one of the more difficult tasks health providers face, but there are communication skills that can make this task easier. Health professionals recognize this and in needs assessments indicated a need for education on communication skills.

Cancer Care Nova Scotia listened and, in collaboration with the Pictou County Health Authority Communication Advisory Group, Irondale Ensemble Project, Dalhousie University's Continuing Medical Education and Faculty of Medicine Communication Skills Program, is developing a series of inter-professional workshops on communication. Other topics in the series include: dealing with patient and family anger; resolving conflict within the health professional team; and general communication skills.


The series has been developed to ensure an innovative learning experience. In each workshop, a short play, with actors taking the roles of health

professionals and/or patients, is presented to show a problem in an unsolved form. The first time through, the play proceeds in the traditional way with the actors on stage and the audience [participants] observing. Then the audience is invited to take an active role and improve the scene. Learning approaches also include group discussion and evidence-based literature review.


"We're confident that the integration of innovative learning with an inter-professional approach will prove to be an effective formula for knowledge transfer and behavior change," said Anne Murray, Coordinator, Education and Patient Navigation, *Cancer Care Nova Scotia*. "Participants [to-date] have been highly engaged in the learning and feedback regarding the nature and content of the workshops has been extremely positive."

The two-hour workshops are currently being piloted in Pictou County and Colchester East Hants health authorities. Pilots will be complete by spring 2004 and based on participant evaluations, the workshops will be fine-tuned. Train the trainer programs, to enable workshop delivery across the province, will follow.


News and Notes

 Sunday, June 6, 2004 is National Cancer Survivors Day and *Cancer Care Nova Scotia* will again host a heartwarming celebration of life. This family event recognizes and unites all those touched by cancer, both personally and professionally.


Volunteers are needed to support this event. Please call us at 1-866-599-2267 if you are interested in helping out. Watch for event details in the May issue of this newsletter.

 Cancer Answers is a monthly column dedicated to answering commonly asked questions about cancer prevention and treatment. The first Cancer Answers column was published in January 2004 in many newspapers across Nova Scotia.

Cancer Answers is the result of a partnership between *Cancer Care Nova Scotia* and the newspapers that publish the column. If you have questions related to cancer prevention and/or treatment, please email them to us at info@ccns.nshealth.ca.

 A list of cancer-related events, including conferences, awareness weeks and professional development opportunities is compiled on *Cancer Care Nova Scotia's* Web site at www.cancercare.ns.ca under the News and Events section.

We need your help to ensure it is complete. Email the details of cancer-related events to us at info@ccns.nshealth.ca and we'll post them on our site.

 The cost of prescription medication is a major concern for many cancer patients. If you have trouble figuring out prescription coverage, the information on a new website (www.drugcoverage.ca) may be helpful. The site provides a guide to reimbursement for prescription medications, by province, in Canada.