

Making Room at the Table

As an oncology nurse practitioner with a busy breast cancer practice, I would spend more than my share of time coordinating patient care. You know the drill: referrals to specialists, insurance pre-authorizations for diagnostic tests, assisting patients in completing applications for indigent care or pharmaceutical benefit programs, and a host of other services to provide high-quality cancer care. The patients represented a wide spectrum of ethnocultural, social, financial, and educational backgrounds, yet all had the same basic goal: healthcare choices that would ensure the best possible outcome. Often, after spending hours on the phone each week, I wondered why my hospital system didn't designate or hire someone to help patients move through the trajectory of cancer care.

The original goal of patient navigation programs was to decrease or remove financial and social barriers to cancer screening and follow-up in underserved populations (Freeman, Muth, & Kerner, 1995). The patient navigator model included social workers and trained patient counselors rather than nurses or trained medical providers.

Interest in patient navigation is growing, but what constitutes patient navigation or to whom we should assign the title "patient navigator" is unclear. Dohan and Schrag (2005) defined a patient navigator as one who helps patients overcome barriers to care. Oncology nurse navigators (ONNs) are an evolving group of RNs with a specialization in oncology who perform the tasks of patient navigation. The Academy of Oncology Nurse Navigators and the National Coalition of Oncology Nurse Navigators are still in the early stages of organization, with goals to promote the role of nurse navigators, establish navigator-specific certification examinations, and share resources among members. Several ONN-related educational sessions and symposia were presented at the Oncology Nursing Society (ONS) Annual Congress in April 2009 and the Institutes of Learning in November 2009. A search of ONS conference abstracts from 2004–2009 yielded 11 abstracts related to the search term "navigator." The American Cancer Society and

the Commission on Cancer of the American College of Surgeons have identified care coordination and patient navigation as focus items for 2009. ONS and the Association of Oncology Social Work held a joint patient navigation think tank in June 2009 to address the specific needs of oncology nurses and social workers in support of the patient navigation role. It looks to me like everyone is trying to gather at the same table and, believe me, there are plenty of chairs and patients to go around.

Providing patient navigation services has generated a groundswell of activity as many hospital systems strive to provide efficient, streamlined care for all people with cancer, not just the medically underserved. Cancer treatment has become increasingly complex, and cancer centers are competing for patients by providing services known to increase patient satisfaction. Even well-educated, medically savvy patients occasionally find themselves at odds with their health insurance decision makers and run into roadblocks trying to make appointments for a second opinion or with multiple specialists in different practices. Often, patients must depend on their own resources, family, and friends to coordinate referrals and appointments during a time when they're already stressed by hearing the words, "You have cancer."

This issue of the *Oncology Nursing Forum (ONF)* contains three articles and a feature, Leadership and Professional Development, on various aspects of patient navigation. The increase in manuscript submissions on patient navigation to *ONF* and other nursing journals has been exponential. It's as if everyone is jumping on the navigator bandwagon, but the myriad approaches to the role that are appearing in professional journals seem to be reinventing the wheel. That can't be good.

Should the navigator be a nurse, an oncology certified nurse, a social worker, or a layperson? Who the patient navigator will be is important to the role and to patient outcomes. A lay navigator might be fine for women in the screening and diagnosis phases of breast cancer. Lay navigators need specific training and supervision because they lack medical and nursing

knowledge. When it comes to treatment and palliative care, navigators should be nurses, preferably advanced practice nurses (APNs), although the current shortage of oncology nurses and APNs may make that an unattainable short- or long-term goal. Patients undergoing cancer treatment face universal issues such as side effects that are most appropriately handled by oncology nurses, not social workers or lay navigators.

Another concern is the extent to which oncology nurse clinicians might abdicate their role as support providers if they think the navigator is handling all of the patient issues other than chemotherapy administration. Many oncology nurses report that "being there" for their patients and developing the special bond that is a hallmark of the oncology nurse-patient dyad are critical components of their role and reasons they stay in the field.

It's time to get a bigger table and more chairs. Invite patient navigators to take part in multidisciplinary care of people with cancer, from screening to the end of life. The definitions, titles, role delineation, and scope of practice for patient navigators will be worked out over time, just as those same issues have been resolved for oncology nurses. Rigorous nursing research is needed to evaluate nursing-sensitive outcomes of the navigator function to establish evidence-based practice. In the meantime, accept the offer of help. It's genuine.

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