Role of the Screening Navigator: A Reflective Perspective

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National Lung Roundtable
Washington, D.C.
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My Navigation Journey...

Yes, this is me!

Newsweek, November 13, 2005

How to Deal With Moscow

Women Smokers: The Risk Factor

The latest studies suggest that females face the same dangers from tobacco as men—and more

Health

Age

Two-tops taking a cigarette break in Amsterdam

A

Women smokers are more likely to develop lung cancer than men smokers, research shows. This is because

The latest studies suggest that women face the same dangers from tobacco as men—and more.

Two-tops taking a cigarette break in Amsterdam
WellStar Health System – Atlanta, Georgia

- 11 hospitals
- 5 thoracic lung clinics with dedicated MDC team
  - Thoracic surgeon
  - Pulmonologist
  - Medical oncologist
  - Radiation oncologist
  - Nurse navigator
  - Support services
- 750 lung cancer cases treated annually
- Lung cancer screening research study launched in 2008; transitioned to community screening program 2011

- True one-stop, comprehensive approach to screening through dedicated program
  - Orders
  - Scheduling & precertification
  - Dedicated phone line for intake
  - All exams routed to results coordinators for review & disposition
  - Results & follow-up recommendation communicated to patient and ordering clinician via program using a systematic process
  - Dedicated pulmonologist and/or TS from MDC team promptly reviews all LungRADS 4 and/or clinically concerning findings
  - Screening & outcome data tracked since program inception
  - All follow-up exams are ordered and scheduled through program
Leveraging the Navigator Role: Impact on Screening Adherence

- **Participant Volume**
  - 6,269 Individual patients
  - 15,719 Total screenings

- **Average Monthly Volumes**
  - 2017 = 183
    - Baseline (79) Repeat (104)
  - 2018 = 262
    - Baseline (118) Repeat (144)
  - 2019 = 334
    - Baseline (126) Repeat (208)

- **Estimated 2019 Screening Volume**
  - 4,074

- **Overall 11-year Screening Adherence Rate** 68%

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<tr>
<td>Total</td>
<td>2401</td>
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<td>313 (13%)</td>
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Role of the Screening Navigator

- Unique emerging role
- Different from traditional nurse navigator
- Does not have to be a nurse
- The glue that aligns all parties
- Organizes appts, results review & delivery, follow-up
- Creates accountability
- Improves communication & compliance
- Subject matter expert

When empowered and supported, Navigators can impact advocacy
- USPSTF
- MEDCAC
- National Framework of Excellence in Continuum of Care and Screening
- GLRT– Navigation & Access Workgroup
  - Mapping project (Liora Sahar)
  - Navigator Toolkit
  - MAG Resolution (Policy Workgroup)
    - Quality Triad of Safe Lung Screening
Georgia Lung Roundtable MAG Resolution

SUBJECT: Support of Quality LDCT Lung Cancer Screening in Georgia & the Elimination of Payer Stewardship

SUBMITTED BY: Cobb County Medical Society (CCMS)

REFERRED TO: Reference Committee

1) Whereas, Lung cancer is the leading cause of cancer death for both men and women in the United States and in Georgia; and
2) Whereas, In Georgia, lung cancer represents 29% of all cancer deaths in Georgia, killing almost 2,000 Georgians per year; and
3) Whereas, 69% of these patients presented in an advanced late stage; and
4) Whereas, In 2020, the National Cancer Institute (NCI) concluded through the National Lung Screening Trial (NLST) that lung cancer screening with low-dose computed tomography (LDCT) reduces lung cancer mortality by high risk adults by 20%; and
5) Whereas, since 2015, the U.S. Preventive Services Task Force (USPSTF) has recommended lung cancer screening with a flaring and therefore, it is a covered benefit under the Affordable Care Act (ACA); and
6) Whereas, since 2015, due to the provisions of the ACA, both commercial insurers and Medicare, with the exception of grandfathered health plans, have provided LDCT lung cancer screening without charging its patients; and
7) Whereas, In addition to the USPSTF, national organizations have issued guidelines for LDCT lung cancer screening, including the National Comprehensive Cancer Network (NCCN) and the American Cancer Society (ACS); and
8) Whereas, despite this covered benefit, recommendation, and issued guidelines, lung cancer screening rates remain extremely low, with only 3.9% of the eligible population receiving LDCT lung cancer screening in 2016; and
9) Whereas, In 2016, in the United States, there were approximately 6.8 million individuals eligible for LDCT lung cancer screening, but only 262,750 individuals received screening; and
10) Whereas, LDCT lung cancer screening could avert at least 12,000 lung cancer deaths per year in the United States; and

1) RESOLVED, that MAG and its specialty organizations including Cobb County Medical Society, support that all centers offering LDCT lung cancer screening programs utilize the Quality Triad of Safe Lung Screening: 1) navigation with prompt communication, 2) qualify for the ACR Lung Cancer Screening designation or recognition by another CMS-approved Accrediting Organization, and 3) provide a virtual and or on-site multi-disciplinary team to manage findings.
Collectively, are we adequately *leveraging* or *encumbering* opportunity?

• **Is your navigator supported and highly functioning?**
  • Communicate results to inform and educate patients to help minimize anxiety & alleviate fear
  • Increase screening referrals by building physician relationships
  • Increase adherence rates through advance order process

• **Are your workflow processes scalable and sustainable for high volume screening?**
  • How do our processes need to evolve to meet the need?

• **Does your organization have one standard lung screening process or does it perform screening in silos?**
  • Lack of standardization of processes
  • Creates multiple standards of care across a single healthcare system
  • Risk of legal implications

• **Are we creating barriers to efficient screening?**
  • Are we lost in the weeds with Shared Decision Making?
  • Population Health based approach
Challenges to Address as we Move Ahead

• Empower the navigator to create, grow, build, educate – to have autonomy to be a change maker

• Address and tackle adherence
  • Implement processes that allow orders placed in advance

• System standard screening pathway

• Population health approach to screening
Steve Jobs
1955-2011

“The ones who are crazy enough to think that they can change the world, are the ones who do.”
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