Efficacy of the Breast Care Navigator Role in Reducing Distress in Newly-diagnosed Breast Cancer Patients: A Pilot Study

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AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER PROGRAM STANDARDS 2016

STANDARD 3.1 Patient Navigation Process
A patient navigation process, driven by a triennial Community Needs Assessment, is established to address health care disparities and barriers to cancer care. Resources to address identified barriers may be provided either on-site or by referral.

STANDARD 3.2 Psychosocial Distress Screening
Each calendar year, the cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care.

BACKGROUND
- Rural northeastern ACS-certified community cancer program
- Oncology Care Coordinator/Breast Care Navigator (BCN) position created to address Standard 3.1 and the essentials of care for breast cancer patients
- Approximately 100 patients are diagnosed with breast cancer at CVPH each year
- Surgical consults scheduled within 5-7 days
- No further education is offered before the consult
- Patients report seeking information from multiple sources during this time
- Sources may not be valid, reliable, or appropriate to their diagnosis and situation
- Misinformation can increase distress
- BCN meets with patients after surgical consult
- Collaborated with a researcher from the local university for this study

PURPOSE
- To evaluate the effects of early BCN intervention on distress level reduction in newly diagnosed breast cancer patients
- To gather the empirical evidence necessary to drive new policy regarding earlier intervention of the BCN

POPULATION AND METHODS
Population (n=19)
- Convenience sample of (self-identified) white females between the ages of 38-82, residing in the local tri-county area (Clinton, Essex, and Franklin)
- All diagnosed with Breast Cancer at the institution of study
- Ten married, five partnered in long-term relationships
- Individual demographics are representative of study area

Methods
- Pre-intervention/post-intervention descriptive quantitative study with anecdotal commentary

INTERVENTION
Intervention
- A single meeting with the BCN after surgical consult
- Included education about upcoming surgery and recovery, available resources, planning, and emotional support
- Patients completed the Distress Thermometer pre- and post-intervention
- Patients provided anecdotal comments regarding their experience
- Referrals for additional support were made per institutional policy, whether patients were enrolled in the study or not

RESULTS
Quantitative findings:
- Statistically significant scores between pre-intervention distress (7.2/10) and post-intervention distress (2.9/10)
- (M=7.44, SD=2.68) vs (M=2.94 SD=1.86) t=8.27 p=0.00
- Cohen’s d=1.79 – Effect size very large

Anecdotal Comments:
- Pre-intervention: themes of feeling “stressed” and “alone”
- Post-intervention: themes of feeling “less anxious” “relief” and “empowered”

CONCLUSIONS
- Findings relate that the BCN intervention reduces distress in this population.
- Despite a small sample (n=19), results were statistically significant.
- Most importantly, the effect size was very large (Cohen’s d=1.79).
- Demonstrates the impact of early distress screening on identification of patient needs and care coordination
- Strengths: the study is well-designed and findings are driving evidence-based practice change
- The BCN is now in contact with the patient within hours after they receive the diagnosis.
- Surgical consult appointments are offered when the diagnosis is delivered, most within one working day
- Limitations: Small sample size; sessions were not recorded, only written anecdotal notes were used

Unanticipated findings
- Patients are increasingly staying to receive care, rather than seeking treatment elsewhere
- Prior to the practice change, in the first quarter of 2017, approximately 60% of biopsy-positive patients sought treatment elsewhere
- The retention rate increased to 97% over the final three quarters of 2017
- The financial impact of the practice change and retention rate is significant
- Although treatment pathways vary, conservative Medicare reimbursement rates for the initial cost of cancer care for breast cancer patients, per patient is $20,929 (American Cancer Society, 2009)
- The increased retention rate for 2017 could potentially increase revenue by over $500,000

RECOMMENDATIONS
- Introduce the BCN visit prior to the surgical consult so that stress is reduced early
- Examine differences in stress levels by age, gender, socioeconomic status and ethnicity
- Change practice protocols to reflect early intervention as best practice
- Consider developing a patient satisfaction survey regarding BCN services
- Compare results of these participants with those who were recruited after the practice change
- Expand navigation services and distress screening to other site-specific cancers (lung, colorectal, etc)