Navigation and Cancer Rehabilitation

Messina Corder, RN, BSN, MBA
Manager, MWHC Regional Cancer Center

Regina Kenner, RN
Cancer Navigator, MWHC Regional Cancer Center

Cancer Action Coalition of Virginia
June 11, 2015
Disclosure

Nothing to disclose
Objectives

1. Define the Navigation process
2. Identify the CoC requirements
3. Identify at least 4 components of a successful Navigator program
4. Define impairment driven cancer rehabilitation
5. Identify the steps in developing a cancer rehabilitation program and strategies to overcome barriers
6. Identify at least 3 outcome measures to evaluate the effectiveness of cancer rehabilitation
Mary Washington Healthcare is a fully integrated, regional medical system in Virginia that provides inpatient and outpatient care through more than 40 facilities and services including Mary Washington Hospital, a 437-bed regional medical center and Stafford Hospital, a 100-bed community hospital.
Mary Washington Healthcare Mission Vision Values

• To improve the health of the people in the communities we serve.

• Excellent, Compassionate healthcare. Always

• Integrity. Compassion. Accountability. Respect. Excellence. (icare)
Navigating CANCER

Mary Washington Healthcare
Cancer Navigator Program
A Suspicious Finding

Anxiety
Uncertainty
Apprehension
Fear
The Diagnosis

Shock
Disbelief
Fear
Now what?
The Journey

Specialty Appointments
Scans and Testing
Surgery and Invasive Procedures
Pain and Discomfort
Chemotherapy and Radiation
Side Effects
Mary Washington Healthcare Regional Cancer Center

- **Commission on Cancer: Standard 3.2**
  - Community needs assessment (minimum 1x during the 3 year survey cycle) addresses barriers to care. Building blocks for program development

  - Definition of Navigation Process: Individualized assistance to help overcome barriers

  - Evaluated yearly to modify or enhance the navigation process. Documented.
The Navigator

Registered Nurse
Patient Advocate
Free Service
Provider or Self Referral
Diagnosis to Survivorship
Resources

• Patient Education
• Psycho-Social Counseling / Support Groups
• Spiritual Guidance
• Financial Aid
• Nutritional Support
• Genetic Counseling
• Integrative Therapies
• STAR Rehab and Side Effect Management
• Image Enhancement
• Clinical Trials
Team Approach

Physicians                              Nurses
Dieticians                               Counselors
Physical Therapist                Peers
Family                                    Community
STAR Cancer Rehabilitation
What is STAR Cancer Rehabilitation?

• Evidence-based, cancer specific rehabilitation to address physical & functional impairments
• Designed to decrease morbidity and mortality
• Certification obtained by studying and passing, evidence-based medicine modules
• Growing body of research encompassing exercise, nutrition, psychological strategies to prepare patients for the challenges ahead
STAR Cancer Rehab may be helpful…

**Before** – to build strength & endurance

**During** – to maintain physical well-being & functional independence, reduce pain and discomfort

**After**- to regain function, improve strength and decrease fatigue
What is the difference between impairment-driven cancer rehabilitation and general exercise that promotes strength and aerobic fitness?

Apples and oranges are both on the list of things that are good for cancer survivors but eating an apple is not the same as eating an orange. To the educated consumer, these are very different foods.
What is Impairment-Driven Cancer Rehabilitation?

Cancer and the treatment caused problems throughout my body. Exercise won’t treat all of the physical and functional impairments I have. **Rx: Physiatry, PT, OT, SLP consult**

I can’t go back to work until I can swallow better and gain some weight. I can’t even drive safely to get to work, because my head won’t turn to see oncoming traffic. I’m very discouraged. **Rx: Physiatry, PT, OT, SLP, RD, Mental Health consult**

I have chemobrain and can’t work. **Rx: Physiatry, Neuropsych, SLP, OT consult**
Impairments in Cancer Survivors

In a study of 163 women with metastatic breast cancer:

1. What percent had impairments?
2. How many total impairments were documented?
3. What percent of women received rehabilitation treatment as outpatients?

Answers:

92% of the women had impairments
530 impairments were documented
<2% of the impairments were treated


In a study of 529 older adults with cancer:

1. How many of these patients should have been sent for PT/OT for their functional deficits?
2. What percent received PT/OT?

Answers:

341 survivors (65%) had potentially modifiable functional deficits and needed PT/OT
9% received OT/PT


Cancer rehabilitation is medical care
What Types of Patients Need Rehab?

- Lung
- Prostate
- Breast
- Head and Neck
- Etc.

Criterion for need must be identified
Treating Impairments

Physician (Oncologist or PCP)

Physiatrist
PT, OT, SLP
(+ nurses, dieticians, mental health professionals & other clinicians)

Fitness Professional

Physician (Oncologist or PCP)

Impairments treated here

Fitness Professional

Both models work, but only if patients are screened and triaged appropriately. Patients with impairments should have these medically treated.
Published in 2013 in the journal **CA** that has a high impact factor & led to adding Impairment-driven Cancer Rehabilitation to ACS’s new Facts & Figures.
STAR Cancer Rehabilitation Development Timeline

Steering Committee April 2013

Staff Completes Education Modules

STAR Program Start up August 2013

Referrals:
2013: 47
2014: 163
Case Study/Academy of Nurse Navigator Abstract

• 75-year-old woman diagnosed with stage IA lung cancer with comorbidities of osteoarthritis and chronic knee and back pain
• Initial symptoms included dyspnea at rest and with exertion, limited functional mobility, and severe deconditioning
• Thoracic surgeon referred her to the STAR Program for prehabilitation in an effort to decrease surgical risk
Case Study

- MS presented with limited mobility and severe deconditioning
- Lung Cancer Diagnosed

- Prehabilitation
  - Completed 6 weeks of balance training, body and functional strengthening, and aerobic endurance
- Lung Surgery & Recovery

- MS underwent a lung resection with 3 day LOS

- Post Surgery Rehabilitation
  - Completed 4 weeks of Physical Therapy and transitioned to a local YMCA exercise program
Case Study cont.

- 13% improvement in distance walked test

- 38% improvement in sitting to standing test
Case Study cont.

- 53% decrease in functional impairments
- Dyspnea resolved

![Movement Assessment Log](image)

Baseline: 91%
Post prehabilitation: 42%
Prehabilitation Demonstrates Decreased Hospital Length of Stay in a Small Sample of Thoracic Oncology Patients

OBJECTIVE: To compare the average length of stay (LOS) in one surgeon’s group of thoracic oncology patients who received prehabilitation services (n=6) to the average length of stay (LOS) for this population in the cancer registrar’s database (n=339)

DISCUSSION: A retrospective review of LOS demonstrated that patients enrolled in the STAR prehabilitation lung cancer program had a decreased hospital LOS by 40%.
Average Length of Stay in Lung Cancer Patients Post-Surgery

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</tr>
<tr>
<td>2014</td>
<td>4</td>
<td>3</td>
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</tbody>
</table>

40% decrease in LOS
Multimodal Care

• Patients have increasing concerns about QOL, community reintegration, and physical and mental performance
• Several studies have identified that anxiety and depression can affect post-op outcomes
• Need to manage and minimize the emotional & psychosocial burden
• Optimize nutrition

Strategies to Overcome Barriers

• Train the interdisciplinary team
• Enlist physician champion to spearhead program for each specialty
• Obtain physician input and approval on protocols
• Program needs to be patient-centered
• One point person to maintain protocols and verify standardized use
• Monitor documentation to be sure that it’s appropriate and consistent
• Review data and report data
• Keep up to date on latest research
Summary

• Quality - ↑ patient outcomes
• Safety - ↑ functionality
• Service – timely care, positive patient experience
• Growth - ↑ access to services
• Finance - ↓ LOS
QUESTIONS?

Regina Kenner, RN
Cancer Navigator Program Coordinator
Mary Washington Healthcare Regional Cancer Center
540-741-1769
regina.kenner@mwhc.com

Messina Corder, RN
Manager
Mary Washington Healthcare Regional Cancer Center
540-741-7765
messina.corder@mwhc.com
References


