

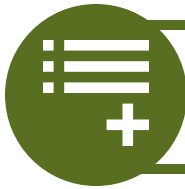
---

# Kentucky Cancer Consortium Cancer Survivorship Series

---

A series of data, information and resources about cancer survivorship in Kentucky.





February 2022

**An introduction of the Survivorship Series**



April 2022

**Cancer Survivorship Definitions and Kentucky Data**



June 2022

**Quality of Life Challenges**



August 2022

**Quality of Life Optimization**



October 2022

**Patient Navigation Perspectives**



December 2022

**KCC Partner Needs and Resources**

# What is the definition of a patient navigator for cancer survivorship?

A patient navigator works with the patient and the medical team to eliminate barriers to care, and improve timeliness of care from screening through survivorship. The navigator is a patient advocate and may be tasked with assisting with financial needs, educating patients on long-term side effects and communicating needs to the medical team. (from AONN, ASCO)

# Who is a patient navigator?

- A staff member of a hospital or health system
- Social worker, nurse, CNA, CMA, front desk scheduler
- May or may not be called a patient navigator
- Varies depending upon facility
- May be more than one person
- May be someone who has other job responsibilities





# What are some common roles for patient navigators for survivorship?



Develop relationships with patients and families.



Follow-up referrals to other practitioners and services.



Inform patients.



Encourage patient wellbeing and quality of life (future screenings, diet, nutrition).



Act as the liaison between patient and provider.



Offer multiple opportunities to ask questions and direct resources.



Provide a smooth transition between Oncologist and PCP.



Consider structural barriers to access care services and follow-up (transportation, sick days, finances, insurance, etc.).



Provide a survivorship care plan, or encourage patients to utilize them.



Set navigation parameters. Establish the time your services begin and end. Where do patients find services before and after you begin?

# Successes: Coordination of Care

A newly diagnosed pancreatic cancer patient was noted to have an aneurysm on workup imaging. After noting this, the navigator was able to arrange the surgeon to see the patient in the Medical Oncology office the same day, which facilitated an admission and quick surgical intervention. The patient was then discharged without complication and able to start on treatment for her early diagnosed pancreatic cancer without significant delay.

- Stephanie, Nurse Navigator, St. Elizabeth Healthcare, Edgewood, KY



# Successes: Accessing Resources

A Small Cell Lung Cancer patient on surveillance was not able to afford her depression medication, so she slowly weaned herself off without notifying anyone. One of her caregivers informed the navigator that she was having significant emotional struggles. The navigator reconnected with the patient and after some investigation, was able to find the medication through GoodRX for less than \$10.

- Stephanie, Nurse Navigator, St. Elizabeth Healthcare, Edgewood, KY





# We asked Kentucky patient navigators about their greatest challenges



Unidentified roles and responsibilities



Lack of dedicated staff time to meet all of the needs and provide follow up



Lack of communication and coordination with staff and clinicians



Cost and availability of hard-copy materials



May not be called a patient navigator



Lack of physician buy-in



Patient understanding that survivorship care begins at diagnosis and continues through the rest of their life

introduction

data

quality of life

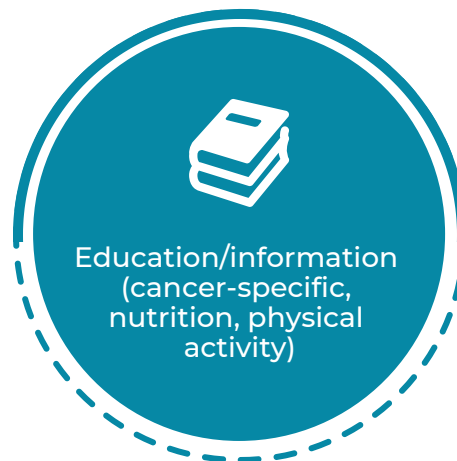
quality of life II

navigation

partners



# We asked Kentucky patient navigators about what resources were most often requested



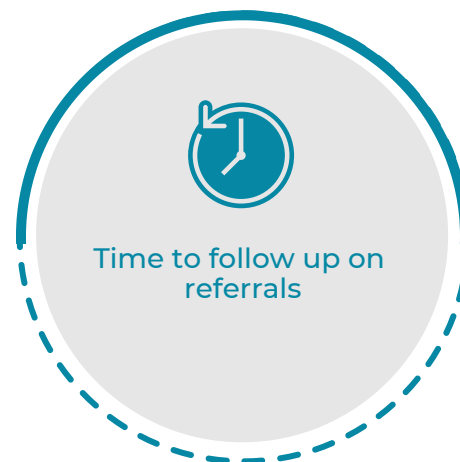




# We asked Kentucky patient navigators about their challenges meeting patient needs



The top three challenges we heard:



# What do you wish patients understood earlier in the cancer journey?

---

- Survivorship care is not over when treatment is complete
- Follow-up treatment and managing side effects is part of survivorship care
- It is okay to ask about financial resources
- Cancer is traumatic
- Relationships with spouse and others may change
- Counseling for survivors and their families is important and resources are available – many at no cost

# What is needed to improve?

- Planning for survivorship should be a priority throughout the entire journey
- A multi-disciplinary approach is needed with strong leadership
- Patient navigator roles and responsibilities need to be clearly defined
- Physician support for navigation and survivorship as essential parts of the cancer care continuum
- Increased use of navigation metrics to inform and support programs
- Empowered navigators who advocate for their program and patient needs

introduction

data

quality of life

quality of life

navigation

partners







# Getting connected

- **Kentucky Oncology Navigator Network**
- **Mission:** The mission of the Kentucky Oncology Navigator Network of AONN+ is to provide networking, collaboration, education and professional development opportunities to local nurse and patient oncology navigators in order to be advocates for patients and caregivers and improve the quality of life cross the cancer continuum.
- **Vision:** The vision of the Kentucky Oncology Navigator Network is to promote a network of innovative health care professionals by building relationships between primary care providers, oncologist, surgeons, nurses, social workers caregivers and patients that will reduce health disparities in the cancer patient population of Kentucky.
- **Get connected** [https://uky.az1.qualtrics.com/jfe/form/SV\\_9FZYDswpoPkI5FH](https://uky.az1.qualtrics.com/jfe/form/SV_9FZYDswpoPkI5FH)
- **Membership** – Membership is for anyone. You do not have to be connected to a specific facility or program and does not have to have the title of Patient navigator (can be a nurse, social worker, CNA, front desk officer worker coordinating appointments)

# How can partners use the Cancer Survivorship Series?

**We encourage you to use the information in the series to increase your understanding of patient navigation in cancer survivorship and share it with your staff, colleagues, and other partners interested in cancer survivorship.**

**If you have a resource that was not included in this series, please let us know.**

Contact Jennifer Knight at  
[Jennifer.Knight@uky.edu](mailto:Jennifer.Knight@uky.edu)



---

## Next Series Topic:

KCC Partner Needs and Resources

---