

Organizational and Financial Support of Rural Cancer Care Navigation Models

Background

Persons living in rural Appalachia are considered underserved in terms of healthcare coverage and access. Many adults are at or below the poverty line and some forego needed health care for a variety of reasons - especially in hard-to-reach areas. There are many geographically isolated communities in rural Appalachia. This isolation poses challenges to accessibility and availability for cancer care and a general lack of familiarity of cancer care services and locations. There are multiple, successful examples of the use of supportive helpers to assist geographically or culturally isolated persons with cancer.

Formal and informal patient navigation models are used with patients, families, physicians and the health care systems to ensure cancer patients' needs are appropriately and effectively addressed. Patient cancer care navigation models help to address patient knowledge gaps and translation issues, reduce barriers to adherence to cancer care, attend to psychological needs of those in treatment and survivors, and find assistance to reduce financial stressors.

Patient navigation models have been implemented widely in the United States at every stage of cancer care from screening through survival. The National Cancer Institute and the American Cancer Society have separately invested in demonstrations for training navigators, testing and identifying promising navigation approaches and disseminating best navigation models. Many hospital systems report on cancer navigation services on their websites. Reports have emphasized patient satisfaction with navigation among widely diverse populations including patients with different types of cancer, the elderly, minority groups, rural communities and those with limited economic resources. The role that patient navigator models play in coordinated cancer care models is especially emphasized.

Although results of reported demonstrations would seem to fit the characteristics of the Appalachia population well, funding for the patient navigation model is reported as peripheral, unsustainable, and fragmented in rural areas of Appalachia. The prevalence of navigation services among health systems in Appalachia's multi-state region and availability of services in counties with a high burden of cancer is unknown. Awareness of patient satisfaction with navigation programs within a region that is culturally identified with personal/ family privacy and independence is unclear. A third area of interest is the diversity of organizational auspices and financing characteristics of successful programs.

Questions

1. What is the prevalence of cancer patient navigator programs serving rural Appalachia? What populations, types of cancers, and steps in the cancer continuum of care do they address?
2. How does the operation of navigator programs vary? What are the roles and qualifications of navigators? How do patients enter the program?
3. How are the programs financed and through what types of organizations? Are patients charged for services? How are services reimbursed (e.g., third party payments available, grant sources, organizational sponsorships, etc.)?
4. Have cancer navigator programs serving the Appalachian regions of states been evaluated? If so, what measures of success have been identified? What difficulties are identified by Appalachian patients/communities and health providers/systems that navigator services are intended to address?
5. Is cancer patient navigation addressed in the state's cancer plan?

Action Point

Describe navigator programs from three different perspectives: patient navigators, direct care providers who interact with navigator services, and organizations that manage cancer navigation programs. Descriptions should be collected from the Appalachian regions of at least three different states.