

Poster 24: Implementation of a Cancer Care Navigation Program in Gynecologic Oncology patients within Safety-net Hospitals

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Topic: Quality & Healthcare Systems

Objectives

To determine the impact of a Cancer Care Navigation Program (CCNP) on access to care from initiation to completion of treatment in gynecologic (gyn) cancer patients across three large safety-net hospitals.

Methods

This is a retrospective cohort study of prospectively maintained system-wide database across three network hospitals. Patients were included with new diagnosis of gyn malignancy (cervical, uterine, ovarian, and vulvar) between 11/1/2022 and 12/31/2023. Each patient established with a Cancer Care Navigator (CCN) in their preferred language. CCNs are trained Medical Case Workers with formalized training from Department of Health Services and George Washington Cancer Navigation Training. Referral for CCN is placed at the time of new diagnosis. Goals of successful navigation include supporting patient at time of diagnosis, through care continuum, ensuring adherence to clinical recommendations, providing resources to psychosocial barriers to care, insurance acquisition, transportation, home health, patient education and advocacy. Objective metrics for success include time from diagnosis to first clinic visit, time from diagnosis to initiation of treatment and time from diagnosis to case closure.

Results

Across three institutions, 244 patients had new diagnosis of gyn malignancy, received a CCN and were included in the analysis. Overall, 65% of patients were seen within a 14-day window from time of diagnosis to first clinic visit. Cervical cancer patients were seen the quickest, and uterine cancer patients had longer delay attributed primarily to need for further testing. The average time from diagnosis to treatment for all gyn cancers was 39.5 days; uterine cancer patients had the longest delay in treatment initiation. Clinical outcomes were achieved if patient completed primary treatment. Of total patient population, 41.9% achieved the clinical outcome in an average of 230.5 days. Shortest time to treatment completion was noted for uterine cancer. Of the 39 patients who did not complete treatment, the majority were cervical cancer. Reasons for premature case closure included transfer to outside hospital, patient choice, and transition to hospice/deceased.

Conclusions

Implementation of a CCN Program in a safety-net hospital network for gyn cancer patients facilitates prompt access to care, initiation and completion of recommended treatment. Additional studies are needed to determine areas of improvement in regard to clinical outcomes and patient satisfaction.

Abstract Table or Graph

	Cervical	Uterine	Ovarian	Vulvar	Total
New Diagnosis (n)	82	114	42	6	244
Diagnosis to Evaluation (average days)	8.7	15.9	10.6	9.2	11.1
> 14 days from Diagnosis to Clinic (days)	19	54	11	2	21.5
Diagnosis to Treatment (average days)	51	33.8	36.5	36.6	39.5
> 60 days from Diagnosis to Treatment (days)	14	19	6	2	10.3
Achieved Outcome (n)	34	51	13	3	101
Achieved Outcome (average days)	232.5	173.4	247.2	269	230.5
Premature Case Closure (n)	15	10	12	2	39

Table 1. Primary outcome metrics for patients established with CCN. Achieved Outcome indicates case closure for completion of primary treatment recommendation. Premature case closure includes patients who transferred care to outside facility, transition to hospice/decreased or declined to participate.