

## CJON WRITING MENTORSHIP PROGRAM ARTICLE

# Modeling a Better Way: Navigating the Healthcare System for Patients With Lung Cancer

Amy J. Seek, RN, MS, CRNP, OCN<sup>®</sup>, and William P. Hogle, RN, MSN, OCN<sup>®</sup>

The coordination of services for patients with suspected or newly diagnosed lung cancer produces improved patient outcomes, particularly in their quality of life. Evidence-based practice demonstrates improved outcomes from the multimodality therapies offered today, especially for patients with lung cancer; however, navigating through the healthcare system is especially challenging for patients. In developing the Multidisciplinary Lung Cancer Clinic at Frederick Memorial Hospital, navigation challenges in the healthcare system have been addressed. Patients are receptive and pleased with the approach, in which a nurse practitioner coordinates services and provides guidance and support for patients. The program offers benefits to patients with lung cancer in the community hospital setting. A similar program can be implemented in community cancer centers for patients with other diagnoses to improve outcomes and satisfaction with the healthcare system.

**P**atients with lung cancer require multimodality treatment. A multidisciplinary approach to diagnosis and treatment optimizes outcomes for patients diagnosed with cancer (Gopal, 2005). Lung cancer is a significant public health concern because it is the second most-diagnosed cancer and the number-one cause of death among men and women in the United States, accounting for more deaths each year than breast, prostate, and colon cancers combined. The American Cancer Society (2006) and Jemal et al. (2006) estimated that 174,470 new cases of lung cancer would be diagnosed in the United States in 2006. Although strides have been made in early detection and diagnosis for other neoplasms, efficient means of screening for lung cancer do not exist presently. Most cases are diagnosed at an advanced or locally advanced stage, and about 60% of people diagnosed with lung cancer die within one year of diagnosis (American College of Surgeons, 2003). In recent years, long-term survival in patients with lung cancer has improved slightly, with five-year survival rates reaching 15% in all patients regardless of stage at diagnosis. Since the mid-1990s, multimodality treatments have offered improved patient outcomes for various types of cancer, particularly non-small cell lung cancer (NSCLC) (Eberhardt et al., 1998; Schild et al., 2003).

Navigating today's healthcare system is challenging and time consuming and may impact quality of life. In 2003, Frederick Memorial Hospital, a 248-bed community hospital in Maryland, took part in the National Patient Impact Initiative that examined the effects of multiple medical visits on quality of life. The study demonstrated that patients are negatively affected by numerous medical visits related to the diagnosis of any form of

### At a Glance

- ◆ Coordination of services for patients with lung cancer optimizes outcomes.
- ◆ Nurse navigators deliver a high level of service that promotes increased patient satisfaction.
- ◆ Nurse navigators are becoming a trend in cancer care.

cancer (Tauer, Zhu, & Fortner, 2004). A multidisciplinary clinic allows patients the convenience of seeing multiple physicians from various specialties during a single visit to the hospital and offers efficient and expedited services through the evaluation and treatment phases of patients' overall care. The success of a multidisciplinary lung cancer program is dependent not only on patient outcomes but also on successful and efficient navigation of the healthcare system. Successful navigation is demonstrated by simplified and expedited treatment and can positively impact

Amy J. Seek, RN, MS, CRNP, OCN<sup>®</sup>, is a patient navigator at the Frederick Memorial Hospital in Maryland; and William P. Hogle, RN, MSN, OCN<sup>®</sup>, is a clinical manager in the Passavant Cancer Center at the University of Pittsburgh in Pennsylvania. The authors were participants in the 2005 *CJON* Writing Mentorship Program, which was underwritten through an unrestricted educational grant by Amgen Inc. No significant financial relationship to disclose. (Submitted November 2005. Accepted for publication April 7, 2006.)

Digital Object Identifier: 10.1188/07.CJON.81-85