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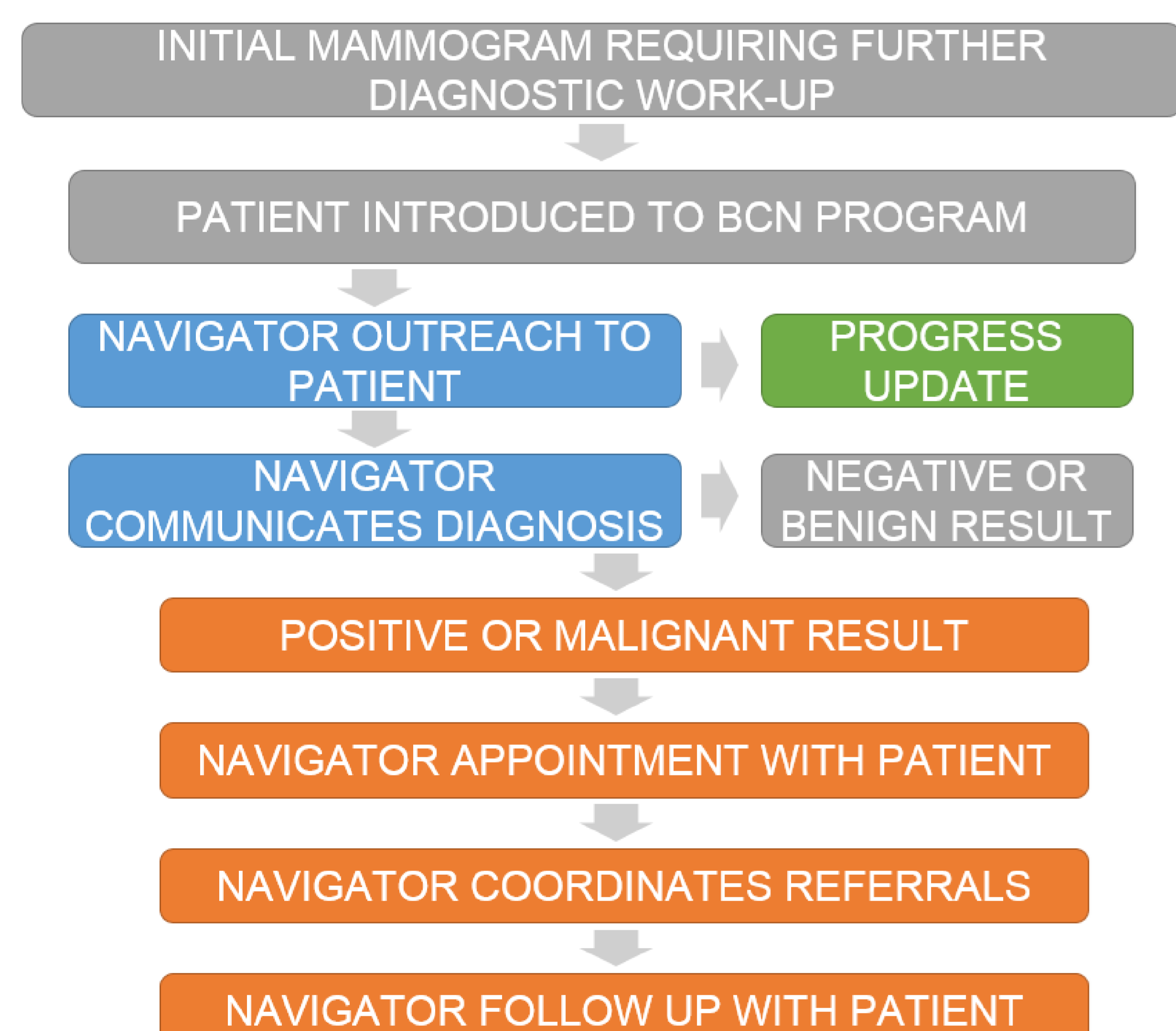
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## BACKGROUND

Breast cancer patient navigation has been shown to improve patient outcomes, often by overcoming barriers in access to care<sup>1,2</sup>. Less is known about how patient navigation for breast cancer may impact physician workflows and satisfaction

The Breast Cancer Navigation (BCN) program was designed using Lean principles. Nurse navigators served as the primary contact points for women after their breast biopsy to guide patients from biopsy to consult and surgery, if needed

## BCN PROGRAM WORKFLOW



## RESEARCH OBJECTIVE

To examine physician and patient experiences with the BCN program

## POPULATION STUDIED

Surveys were distributed from 2019-2020 to 255 women diagnosed with breast cancer and 128 primary care physicians and cancer specialists

65%

Physician Response Rate

N= 83 out of 128

37%

Patient Response Rate

N= 94 out of 255

## RESULTS

### PHYSICIAN SURVEY RESPONSES

Of the 83 adult primary care physicians, radiologists, oncologists, and surgeons respondents:

- 94% agreed that the BCN program “made their day easier”
- 94% agreed that it improved “flow”
- 92% agreed that it improved “care coordination”
- 93% agreed that it improved “patient experience”

BCN program improved...	Medical Specialties (mean, (SD))				
	PCPs (n=60)	Radiologists (n=10)	Oncologists (n=7)	Surgeons (n=6)	All Physicians (n=83)
Workload (n=63)	4.77 (0.74)	4.67 (0.52)	4.71 (0.49)	4.33 (1.21)	4.71 (0.75)
Clinic flow (n=83)	4.82 (0.65)	4.50 (0.53)	4.71 (0.49)	3.83 (1.47)	4.70 (0.74)
Communication with care teams (n=83)	4.72 (0.74)	4.40 (0.70)	4.71 (0.49)	4.33 (1.21)	4.65 (0.76)
Patient preparedness (n=13)	-	-	4.71 (0.49)	4.50 (0.84)	4.62 (0.65)
Patient experience (n=82)	4.78 (0.67)	4.30 (0.67)	4.86 (0.38)	4.00 (1.55)	4.67 (0.77)

Questions were asked with a 5-point Likert scale like the following: 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), and 5 (strongly agree). SD= standard deviation

### PATIENT SURVEY RESPONSES

Of the 94 patient respondents:

- 71 patients (76%) received breast cancer diagnosis in-person. They found receiving their results in-person
  - 87.1%: Helpful
  - 7.1%: Somewhat helpful
  - 5.7%: Not helpful
- 20 patients (21%) received breast cancer diagnosis by phone. They found receiving their results on the phone
  - 73.7%: Helpful
  - 26.3%: Somewhat helpful
  - 0%: Not helpful
- 91% reported receiving the right level of support during diagnosis communication
- 96% reported receiving resources on treatment options
- 92% reported being satisfied with the navigation program's overall experience
- 94% would recommend the BCN to others
- 97% reported that they valued working with the BCN
- 94% reported that they understood the BCN role.

### IMPLICATIONS FOR PRACTICE

- Benefits to primary care and cancer care physicians, which may improve their workflows and work experience
- Expanding navigation across sites and different cancer types
- Customization to fit local workflows and patient preferences for communication about the diagnosis

## DISCUSSION

Considering highest satisfaction among PCPs, BCN might alleviate some of the burden PCPs feel transitioning patients from primary care to the oncology setting

Among cancer specialists, medical oncologists showed the highest satisfaction compared to surgeons and radiologists. The BCN's benefit may be highest to medical oncologists who typically lead patient cancer care management

More patients found it helpful receiving biopsy results in-person than by phone. However, a few patients desired to hear results by phone because that would enable them to hear sooner

Because this study lacks a comparison group of patients and physicians who did not work with the BCN, it is hard to attribute the reported high satisfaction to the BCN program directly

## CONCLUSION

- Navigation may improve patient experience and access to care
- Surveyed physicians reported high satisfaction and that navigation reduces their workload, improves care coordination, and enhances the patient experience
- Expanding navigation across various cancer types and along the care continuum would improve the work-life of health care providers

## REFERENCES

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