

Improve Member Outcomes and Costs With Tailored Cancer Navigation

Hailey Pash, MSN, APN

Complex cancer care requires personalized guidance and delivery

The complexity of cancer care presents a challenge for health plans committed to high-quality care, cost efficiency, and positive patient outcomes. Additionally, patient satisfaction and quality metrics like [CAHPS](#) and [HOS](#) are increasingly tied to how payers are measured and reimbursed. Health plans providing members with a cancer navigator program not only increase the quality and value of services provided, but can deliver better member outcomes while controlling costs.

Health plans struggle with balancing value, care, and cost

Standardization and guidelines for cancer care exist to drive the best possible outcomes at the most efficient cost. Yet, despite payers' and providers' best efforts, the patient's capacity to engage in their care is often the determining factor for a treatment plan's success. And when patients are overwhelmed with new information or don't easily understand what's next, it can have lasting negative health effects for the member and increased costs for health plans.

The high cost of delayed cancer treatment

Prior to a cancer diagnosis, many patients have little firsthand experience with cancer. They are often fearful of what comes next once they hear the news. Additionally, a [quarter](#) of Americans report having delayed medical treatment for serious health conditions over cost concerns, cancer treatment being among the most expensive. This also correlates to a more than [20% increase](#) in expensive emergency room utilization over the last two decades. That fear, sometimes paralyzing, combined with a lack of personalized guidance, can significantly delay the start of treatment.

A recent study published in PLOS reports the [median time from diagnosis to initiation of cancer treatment](#) is 27 days, with mortality rates increasing by as much as 3.2% per week. Regardless of whether this delay is due to patient fear or financial concerns, avoiding delays in treatment is critical in addressing [cancer care outcomes and costs](#). By guiding patients at the onset of their diagnosis through oncology-specific navigation programs, health plans can achieve timely access to the most appropriate and comprehensive cancer care.

Payer visibility gaps inhibit early intervention

Health plans may not always have complete insight into a member's day-to-day struggles, such as treatment barriers or adverse effects caused by their medications or the cancer itself. Potentially preventable acute-care services accounted for almost [half of the cost](#) of cancer-related care with the [mean cost of a hospital stay reported at \\$11,700](#). And while members may be spared from paying the full cost of office visit, and emergency room or hospital stays—through copays, deductibles and maximum out-of-pockets—payers still have responsibility for the negotiated cost of these potentially avoidable admissions.

Certain common clinical conditions or symptoms can be managed with simple and early interventions, like IV fluids or anti-nausea treatments. Barriers to prompt care, like patient and family knowing what to look for, access to prompt clinical advice, or even transportation, can instead give patients no other option than to go to the emergency room, which itself often leads to a hospitalization. And this data can often take [months](#) to show up on the payers' radar as a claim request, and by that time any meaningful intervention is lost. By spending a small amount of time and effort early on, you'll avoid more trouble in the end. This is equally true for cancer care.

Dissatisfaction erodes trust

With a wealth of information at their fingertips, fear of choosing the wrong doctor or receiving inferior treatment or support, puts patients at risk of poor outcomes and dissatisfaction with their provider and health plan. A survey by PatientPop found that 71.3 percent of patient reviews of doctors came from just [5 percent of patients](#). If any of that small percentage gives negative feedback it can disproportionately skew the reputation of the providers, the health plan that referred them, and can unnecessarily add noise and nuisance in an already competitive marketplace.

Additionally with [less than a quarter](#) of U.S. consumers reporting confidence in the health system and expecting [better cost control and coordination of care](#), health plans need to stand out as an equally committed partner in achieving good health outcomes. To do so, they must provide an individualized experience with evidenced-based care and cost-effective services to keep cancer treatments on track. This is not an easy task to navigate alone.

Dissatisfied members can also play a critical role in reimbursement through CAHPS surveys. Feeling disconnected from their care team or health plan or if a member feels they didn't have timely access to needed care, thorough communication or customer service, they're most likely to rate the plan poorly which ultimately ties back to reimbursement.

Cancer navigation services: Building partnerships with plan members

Depending on size and geographic area, health plans have thousands of members receiving services and benefits at any given time. The American Society of Clinical oncology recommends [offering a cancer navigation program](#) to plan members to provide seamless, ongoing support from diagnosis through survivorship. A dedicated cancer nurse navigator can take control of orchestrating the various moving parts of a cancer treatment care plan, alleviating that burden from payer teams, physicians, and the patients themselves.

Coordinating care to provide prevention

One person cannot—and should not be expected to—do it all. Once diagnosed with cancer, the input of the entire care team is invaluable for patient outcomes. A cancer nurse navigator benefit can help keep patients on track and supported from all angles of their care.

By encouraging members to continue to use lower cost and more [efficient primary care services](#) in alignment with their cancer care, they can [improve mortality](#), save time and money for themselves and payers, and free up clinic space for oncology practices and other patients needing their timely services.

Cancer nurse navigators are also skilled in early assessment and intervention for many common side effects of cancer treatment like dehydration, nausea, and lack of appetite, and can often identify when additional services, like [palliative care](#), may be warranted. One study reported nearly [20% of unplanned visits](#) happened because the patient needed to talk with their provider. By identifying issues earlier such as symptom management, cancer nurse navigators can prevent costly trips to the emergency room or more [costly hospitalizations](#) with a simple telehealth check-in.

Save time and maximize resources

Having a team of cancer nurse navigators helps ensure patients are seen in a timely manner, care teams are effectively communicating and collaborating, and helping members and families understand the complex system of cancer care.

Cancer nurse navigators can help patients better understand their health plan benefits and make sure they are utilizing all appropriate services available. And for member needs typically not provided by the payer such as transportation, copay assistance, support groups, prosthetics, cancer nurse navigators can help connect members to financial and supportive resources, reduce out-of-pocket expenses, and increase overall satisfaction with their health plan and care team.

Increasing trust improves treatment compliance

Not everyone is lucky enough to have a nurse on speed dial, but regardless, nurses remain the [most trusted profession](#) due to their knowledge, compassion, and unwavering commitment to their patients. Cancer nurse navigators can improve member compliance with timely check-ins and reminders, ensuring they are maintaining contact with their primary care teams, and addressing the individual barriers to care. This can be something as simple, yet impactful, as arranging rides to their appointments, or helping secure a cell phone to stay connected with family in another state.

Knowing their health plan has provided a dedicated cancer care navigator to lean on and help connect them to the right health professionals ensures members feel prioritized, supported and valued.

Integrated, personalized guidance for better care and cost control

Cancer is complex and costly, and the demands on outpatient cancer care teams and health plans have never been more critical to positive patient outcomes. The current disjointed health systems leave multiple opportunities for breakdown of care for patients newly diagnosed with cancer. Cancer care navigation services can bridge the gap of all stakeholders to achieve positive patient outcomes through collaboration, cost containment, and compliance.

Health plans with a cancer-specific benefit that includes a dedicated cancer nurse navigator can streamline time-intensive tasks that not only helps to ensure comprehensive care, but also makes better use of limited resources. It reduces cost by avoiding delays in treatment, proactively provides a resource to address debilitating side-effects and symptoms of treatment, and serves to address patient barriers to receiving the best possible care.

When patients have better information and feel their care is personalized, it improves not only compliance, but also satisfaction in their health plan. While the value of having a care champion in the member's corner may be difficult to measure, the impact of having cancer care navigation services that are aligned with a payer's business is measurable, predictable, and significant.

To learn more about how Thyme Care's coordinated cancer navigation services can provide your members with personalized guidance that improves outcome and helps reduce costs.