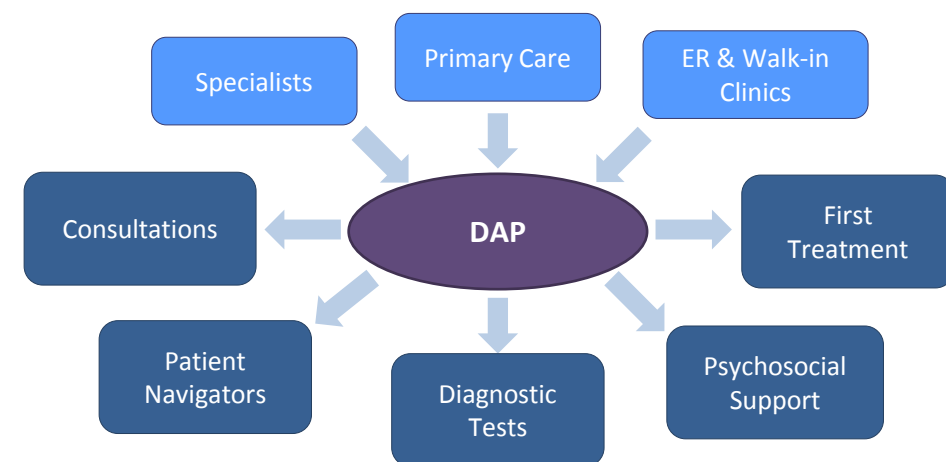


Background

- Diagnostic Assessment Programs (DAPs) are hospital-based programs designed to improve the experience of patients with suspected cancer by coordinating their care and supporting them from testing to a definitive diagnosis.

DAP PROGRAM MODEL



- The Patient Navigator plays a critical role in the DAPs, assessing patients upon referral and providing support for their physical and psychosocial symptoms.

Objectives

- To determine if DAP patients' subjective ratings of their experience while undergoing diagnostic assessment for lung cancer is affected by a) volume of patients in the program or b) time it takes to receive a diagnosis or rule out of cancer.
- To determine if the relationship between patient experience and DAP volume or diagnostic wait time differs for patients who did or did not report knowing their navigator.

Methodology

DAP Patient Experience:

- Derived from an anonymous, 16 item, retrospective survey distributed by regional DAPs and returned directly to Cancer Care Ontario by mail.
- Items reflect the patients experience during the diagnostic process in terms of information, communication, and emotional support.
- A composite patient experience rating was calculated for each patient by scoring their response to each question on a 4 point scale and adjusting for the number of questions answered.
- An average score was computed for each region from the weighted mean of patient ratings.
- On the questionnaire patients indicated whether or not they knew their navigator; this was used as a stratifying variable.

Diagnostic Wait Time:

- The time from referral to DAP to the date of the pathology or imaging report confirming patient diagnosis

Analysis:

- Correlation between regional patient experience score and:
 - total patient volume in the corresponding DAP
 - the 75th percentile of diagnostic wait time by region
- For one year of data (July 2012-June 2013)

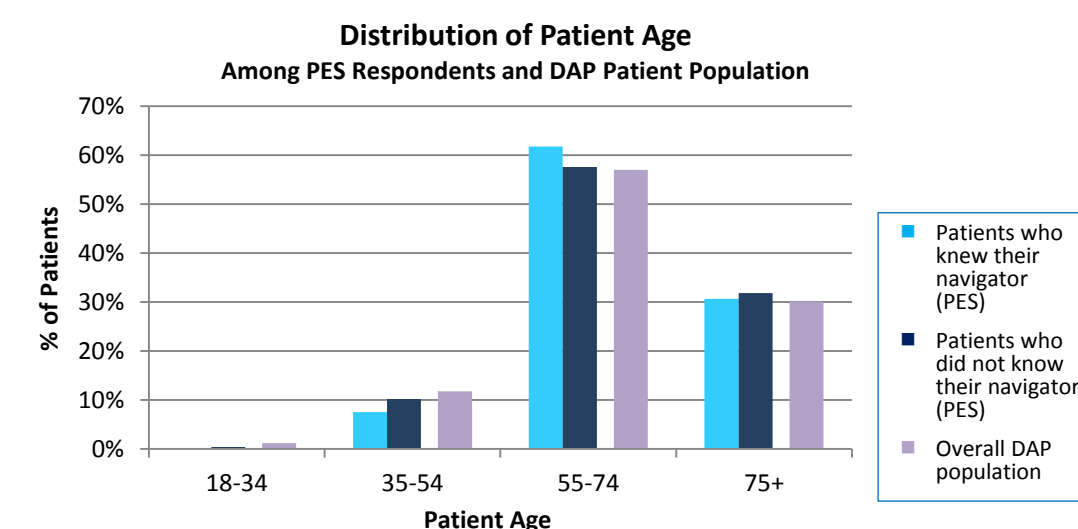
Results

- Patient Experience Survey (PES) Response Rate** = 21% (1325 PES Responses/6327 Patients), regional variation: 5 - 44%.
- Respondents Who Knew Their Navigator** = 76% (1005 answered "Yes" to the question "Did you know who the navigator was?"/1325 PES respondents), regional variation: 58 - 91%.

DEMOGRAPHICS

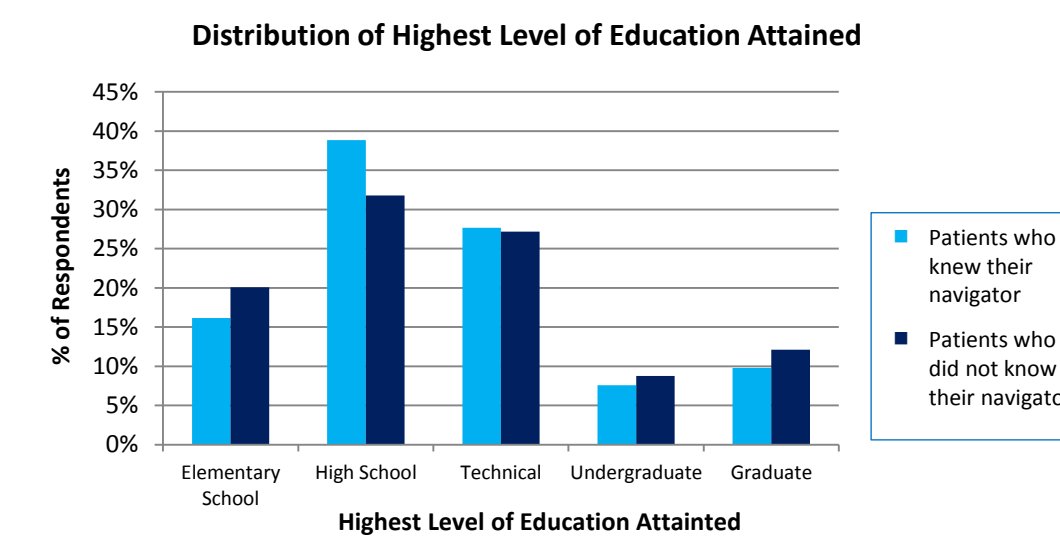
Age Distribution:

- There were no significant differences between PES respondents and the overall DAP population or between **patients who knew their navigator** and patients who did not.



Education Distribution:

- There were no significant differences between **patients who knew their navigator** and patients who did not.



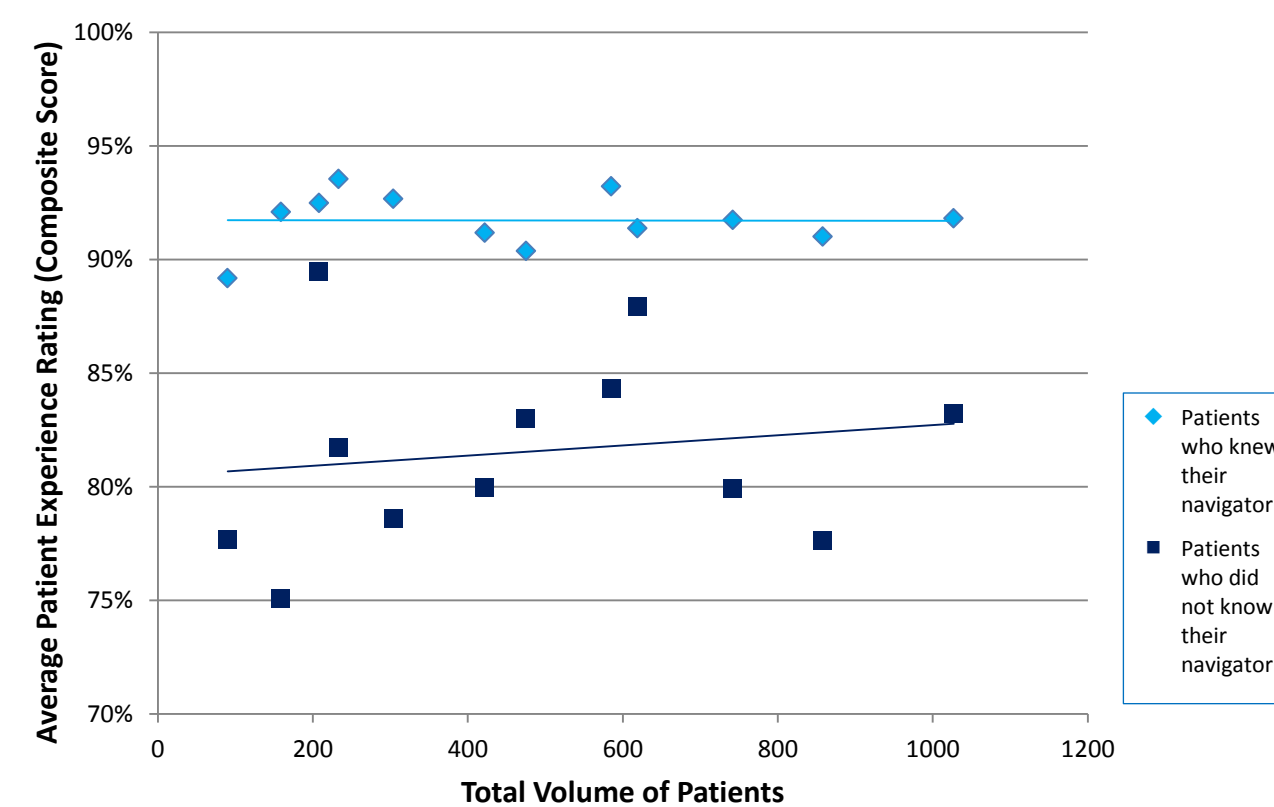
KNOWING YOUR NAVIGATOR

- Patients who **knew their navigator** rated their experience significantly better than those who did not ($t=8.520, p<0.001$)

Patient Volumes:

- There was no relationship between patient experience and DAP patient volumes for patients who **knew their navigator** ($r=-0.005, p>0.05$) or patients who did not ($r=0.156, p>0.05$).

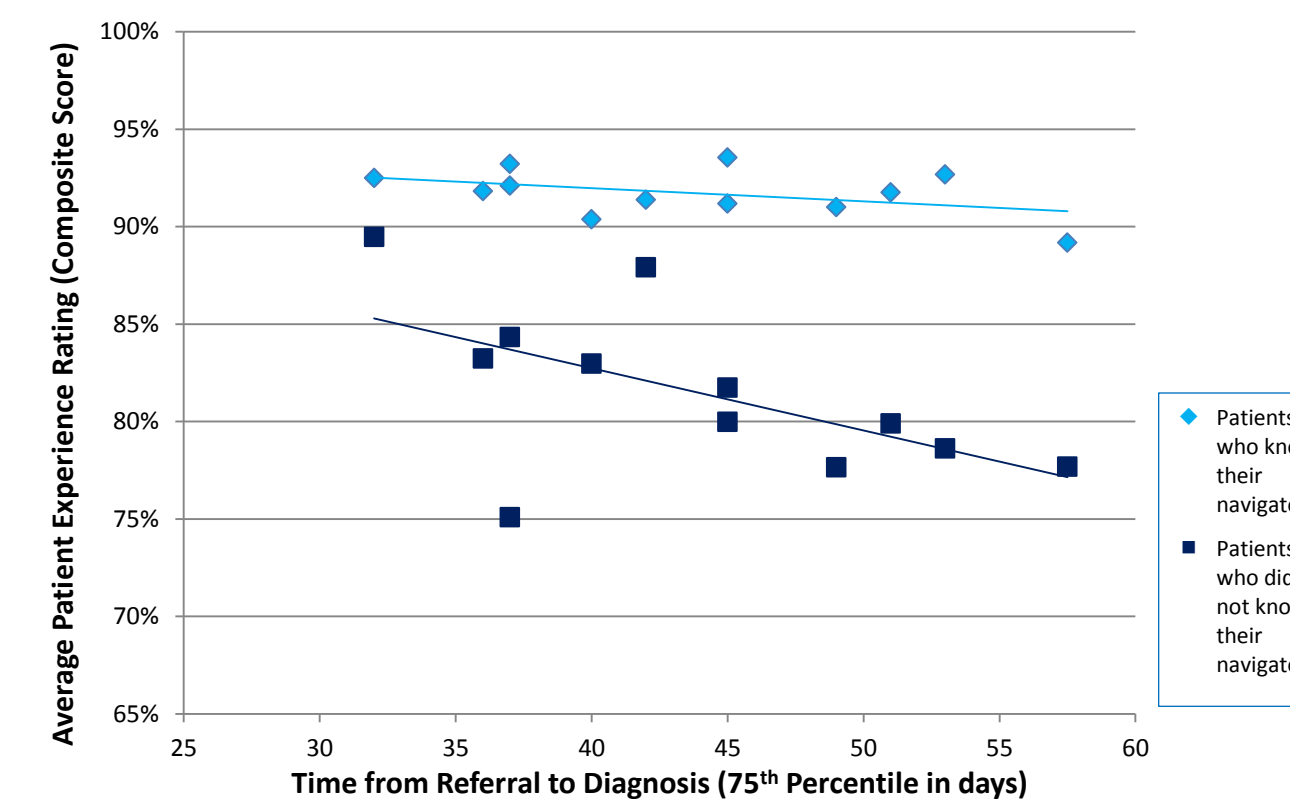
Relationship between Patient Experience and Patient Volume Across Regions



Diagnostic Wait Time:

- For patients who **knew their navigator**, patient experience did not correlate with wait time ($r=-0.430, p>0.05$).
- For patients who **did not know their navigator**, longer wait times were associated with poorer patient experience ($r=-0.560, p<0.05$).

Relationship between Patient Experience and Diagnostic Wait Time Across Regions



Discussion

- The respondents to the DAP Patient Experience Survey are a representative sample of the DAP population.
- Total DAP volumes did not affect patients' experience.
- DAP patients who knew their navigator reported better patient experience than those who did not.
- DAP patients who did not know their navigator reported poorer experience with longer wait times.
- DAP patients who knew their navigator reported consistently good patient experience, regardless of wait.

"...that I had someone to answer questions and to give me a sense of what to expect, was immeasurable."

DAP patient comment from PES

Conclusion

The role of the navigator appears to mitigate any negative impact of longer wait times on DAP patient experience.

Future Directions

- Further study is required to understand the aspects of navigation that positively affect DAP patient experience.
- Risk stratification of patient needs for navigation and psychosocial support would allow customization of services to optimize DAP patient experience. This process might, for instance, identify which patients are most in need of nurse navigation vs. clerical assistance.
- Although no relationship between DAP volumes and patient experience was observed, it remains to be studied whether such a relationship does exist but is masked by other factors.