

## **Navigation Re-Imagined:** *Creating an Integrative Oncology Navigation Practice*

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### Disclosure

- Carole O'Toole, Laura Pole and Matthew Mumber report that they have no relevant financial relationships with any commercial companies pertinent to this educational program.
- This educational activity does not include any unannounced information about off-label use of a product.

### Objectives

- Define integrative cancer care navigation.
- Describe the Smith Center model for integrative cancer care navigation.
- Describe 5 evidence-based CAM therapies/ methods and their value and appropriate use in the continuum of integrative cancer care navigation.
- Create a vision for developing an integrative cancer care navigation practice.

### Today's Agenda

- Introductions
- Introduction to Integrative Cancer Care Navigation
- Introduction to Evidence-Based Complementary and Supportive Methods, Techniques and Practices: Case Study; Mind-Body Skills
- Break

### Today's Agenda

- Introduction to Evidence-Based Complementary and Supportive Methods, Techniques and Practices: Nourishment and Supplements; Psychosocial Support; Movement; Spiritual Care; Revisit Case Study
- Practical Matters
- Envisioning Integration Into Your Practice
- Closing

### Introducing Your Faculty

- Carole O'Toole
- Matthew Mumber
- Laura Pole

## Understanding the Landscape

### Curing and Healing

- Uses an intervention to get rid of the disease
- Is what the doctor does
- Comes from within
- Occurs on the physical, mental, emotional, psychological, and spiritual realm
- Is a return to wholeness
- Is always possible



## Understanding the Landscape: Integrative Oncology

### What is Integrative Oncology?

- What is it NOT?
  - **Complementary** – use of modalities **with** conventional medicine
  - **Alternative** – use of modalities **instead of** conventional medicine
  - **Conventional** – medicine practiced by MD's, DO's and their allied health professionals

National Center for Complementary and Alternative Medicine (NCCAM)

### The CAM Domains



The diagram illustrates the following practices:

- Biologically Based Systems:** Diets, Herbs
- Mind/Behavior & Biomedical:** Massage, Chiropractic
- Energy Therapies:** Reiki, Magnets, Qi gong
- Alternative Medical Systems:** Homeopathy, Naturopathy
- Other Practices:** Yoga, Prayer, Meditation, Mind-Body Medicine

### What is Integrative Oncology?

- **Integrative Oncology** is an evolving evidence-based specialty that uses complementary therapies in concert with medical treatment to enhance its efficacy, improve symptom control, alleviate patient distress and reduce suffering.
- **According to the Society for Integrative Oncology:** Integrative Medicine is a seamless use of interventions that benefit cancer patients.

### What is Integrative Oncology?

Address Mind, Body and Spirit  
in  
Patient, Family member, Provider (CAM and  
conventional), Community members, Society  
members  
In the particular context of his/her/ their experience of  
Self, Culture and the Natural World

*(All participants, all levels of being and experience)*

### Include Providers?

The primary delivery system of medicine revolves  
around physicians / providers

Large numbers of physicians/ providers experience  
burnout

Physicians/ providers are not taught self care

Physicians/providers who care for self are more  
effective in counseling patients to care for self

### Why Integrative Oncology?

- Incidence of Cancer is increasing – about 1 in 2 men and women will be diagnosed with some form of cancer
- Treatments are costly – 263.8 billion in 2010 (ACS)
- 30-50% of all cancers can be prevented with lifestyle and nutritional interventions alone (ACS) (primary prevention)
- Higher cancer control rates with more cancer survivors requiring long term follow up, disease recurrence prevention (tertiary prevention) and emphasis on long term quality of life
- patients often don't tell MD of CAM use – potential interactions

### Why Integrative Oncology?

- Emphasizes
  - patient participation in maximizing health
  - shared decision making– relationship centered approach
  - Therapeutic Power of doctor patient relationship itself
  - An individual's innate healing capacity
  - Quality of life

### Why Integrative Oncology?

- Patients need guidance
  - 83% of patients across a broad spectrum of cancer types use some form of CAM
  - Highest use: vitamins and herbs, movement and physical therapies
  - Patient expectations vary widely: improve Quality of life, help with symptoms, prolong life, cure their disease, boost immune system
  - Main reasons patients used CAM : increase Hope, lack of toxicity of CAM (natural), increase personal feeling of control

--Richardson et al, JCO 2000; 18: 2505-14.

### What Does Integrative Oncology Include?

- |                          |                   |
|--------------------------|-------------------|
| • Antineoplastic therapy | • Preventive Care |
| • Supportive Care        | – Primary         |
| – Translational          | – Secondary       |
| – Transformational       | – Tertiary        |

Across cancer care continuum from risk reduction, through screening, diagnosis, treatment, survivorship which can include recurrence and end of life care.

## Integrative Cancer Care Navigation

**“No person with cancer should be forced to spend more time fighting their way through the health care system than fighting their disease.”**

- Dr. Harold Freeman



“Each of the 4 times I have received a cancer-related diagnosis, I felt like I had been drop-kicked into a foreign country: I didn't know the language, I didn't understand the culture, I didn't have a map and I desperately wanted to find my way home.”

- Jessie Gruman, President and Founder, Center for Advancing Health



**Navigators show up with a map, a compass, a guiding hand and a compassionate heart.**

- ### Value of Patient Navigation
- Improves early detection & treatment compliance rates
  - Improves use of/access to appropriate care and resources
  - Improves patient/family quality of life
  - Positive impact on cancer experience



## Integrative Patient Navigators

- Facilitate timely access to any medical treatment and supportive resources selected by the patient, including integrative cancer care resources
- Honor the individual's cultural heritage, religious beliefs and individuals circumstances
- Increase patient's knowledge of available resources, tools and skills to better cope with their illness and reduce stress
- Introduce patients to the healing power of evidence-based complementary therapies and their role in treatment and survivorship

## Integrative Patient Navigators

- Support the patient and caregivers emotionally and spiritually
- Improve the quality of the cancer experience
- Empower individuals to become more engaged in their health care and their healing process
- Be available to the patient throughout the course of the cancer experience, from screening through diagnosis, treatment, recovery, survivorship, including recurrence and/or end-of-life.

## Role of Integrative Navigators Across the Continuum of Care

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Stage	Patient Needs	Role of Navigator	Integrative Strategies
Screening/ Diagnostic Testing	<ul style="list-style-type: none"> <li>Information on screening resources, insurance, diagnostic tests</li> <li>Educational about cancer prevention as well as screening and diagnostic testing procedures/techniques</li> <li>Screening opportunities/eligibility</li> <li>Assistance with accessing medical services/transportation</li> </ul>	<ul style="list-style-type: none"> <li>Teach</li> <li>Advocate</li> <li>Emotional support</li> <li>Introduce concept of integrative</li> </ul>	<ul style="list-style-type: none"> <li>Stress reduction techniques (breathwork, imagery, progressive muscle relaxation, etc.)</li> </ul>
Diagnosis	<ul style="list-style-type: none"> <li>"Find out" tests, "complicated" (complexity of program)</li> <li>"Symptoms"</li> <li>Effective ways to reduce anxiety</li> </ul>	<ul style="list-style-type: none"> <li>"Be the Calmer": Offer safe/calm space</li> <li>Establish relationship (provide support/education) when there where they are culturally/linguistic/illness concerns/needs/identify their leading needs/needs</li> <li>Answer questions/provide information on diagnosis and treatment</li> <li>Assist in getting their questions/feedback/express questions/feelings expressed</li> <li>Coach patient in patient communication, extend support</li> <li>Offer compassionate companionship and emotional support</li> <li>Offer coping skills to reduce anxiety</li> <li>Offer support to caregivers</li> </ul>	<ul style="list-style-type: none"> <li>Introduce integrative cancer care/health care coverage</li> <li>Coping skills (stress reduction techniques)</li> <li>Prayer (as appropriate)</li> </ul>

Role of Integrative Cancer Case Navigators Across the Continuum of Care

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Stage	Patient Needs	Role of Navigator	Integrative Strategies
Treatment	<ul style="list-style-type: none"> <li>Develop treatment plan with physician</li> <li>Research options, address concerns</li> <li>Prepare for procedure</li> <li>Care with patients, address side effects of cancer treatment, discuss emotional support needs, cope with medical system</li> <li>Reduce anxiety</li> </ul>	<ul style="list-style-type: none"> <li>Coach</li> <li>Teach</li> <li>Reassure</li> <li>Advocate</li> </ul>	<ul style="list-style-type: none"> <li>Developing patient needs/links to using CAM</li> <li>Developing integrative cancer care plan, personalized to treatment/their side effects/needs/concerns</li> <li>Assist in accessing/finding appropriate CAM resources</li> <li>Advocate/communicate with medical team</li> <li>Caregiver support</li> </ul>
Survivorship	<ul style="list-style-type: none"> <li>Cope with stress and side effects of treatment (depression, fatigue, weight changes, emotional/financial, social changes)</li> <li>Reduce anxiety/uncertainty</li> <li>Support caregiver system</li> <li>Health literacy</li> <li>Provide emotional and spiritual support/education</li> <li>Adjust to life with cancer/after cancer is over, in clinic, "survive"</li> <li>Address questions/feel around recurrence</li> <li>Deal with recurrence (see treatment needed)</li> <li>Develop survivorship treatment plan</li> <li>Address fears</li> <li>Address emotional issues</li> <li>Plan and system management</li> <li>Care with physical changes</li> <li>Prepare future</li> <li>Prepare and advise for doing process and end of life care</li> <li>Caregiver support</li> <li>End of life care</li> </ul>	<ul style="list-style-type: none"> <li>Compassionate guide during time of transition</li> <li>Assist with development of survivorship treatment plan</li> <li>Adjust integrative cancer care plan to address current needs (physical, emotional, spiritual)</li> <li>Caregiver education plan</li> <li>Other emotional/spiritual support</li> <li>Offer support to caregivers, address for patient</li> <li>Advocate for patient's additional resources</li> <li>Help integrate patient identity with insurance (genetics, chronic, illness to consider)</li> <li>Develop survivorship treatment plan</li> <li>Address fears</li> <li>Address emotional issues</li> <li>Plan and system management</li> <li>Care with physical changes</li> <li>Prepare future</li> <li>Prepare and advise for doing process and end of life care</li> <li>Other care concerns</li> <li>Other system resources for being longer</li> </ul>	<ul style="list-style-type: none"> <li>Create tools for treatment from treatment</li> <li>Be true patient's need body skills</li> <li>Caregiver support (not treatment oriented) in wellness plan</li> <li>With insurance, specific chronic in non-combination treatment</li> <li>"Survive" (not "survive") (not same as "survive" and adjust personal plan)</li> <li>Collaborate health plan</li> <li>Create tools for treatment from treatment</li> <li>Be true patient's need body skills</li> <li>Caregiver support (not treatment oriented) in wellness plan</li> <li>With insurance, specific chronic in non-combination treatment</li> <li>"Survive" (not "survive") (not same as "survive" and adjust personal plan)</li> <li>Collaborate health plan</li> </ul>
End of Life	<ul style="list-style-type: none"> <li>Address emotional issues</li> <li>Plan and system management</li> <li>Care with physical changes</li> <li>Prepare future</li> <li>Prepare and advise for doing process and end of life care</li> <li>Caregiver support</li> <li>End of life care</li> </ul>	<ul style="list-style-type: none"> <li>"Living witness and companion"</li> <li>Assist with identification of wishes for end of life care</li> <li>Provide emotional and spiritual support to patient, family</li> <li>Offer care concerns</li> <li>Other system resources for being longer</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate cultural/religious beliefs/faith in death and dying conversations with</li> <li>Music</li> <li>Prayer</li> <li>Develop support tools</li> <li>Prayer</li> </ul>

<sup>1</sup> Goal is to support them in successfully completing treatment and/or obtaining appropriate palliative care, oncologic, supportive, nursing through treatment  
<sup>2</sup> Goal is to provide emotional and educational education  
<sup>3</sup> "Survive" = nutritional support, emotional support, energy/feedback, social, stress reduction techniques, emotional support, spiritual support, caregiver/caregiver education

## Forces Shaping Navigation

- Cancer workforce shortage
- ACOS standards
- Climate of survivorship

## The Call for Integrative Navigation

- Growing number of survivors
- Identity as consumers
- Cultural awareness of health and cancer
- Medical/Tech advances
- Accessibility of Resources
- Increased use of CAM



“As navigation evolves, all individuals working in navigator roles will need to be well-versed in helping patients to identify and access integrative therapy resources throughout their cancer experience.”

- Cantrill and Haylock, Seminars in Oncology Nursing 29(2); May 2013




**Patient Navigation Training in Integrative Cancer Care**



**Unique Features of Training**

- Focus on Holistic Care
- Exposure to Integrative Modalities
- Didactic & Experiential
- Intensive On-Site Training with Ongoing On-line Instruction



**What Our Navigators Are Saying**

- Training positively impacted their work
- More effective in their practice
- Now include complementary modalities



**Navigator Training Follow-Up Survey**

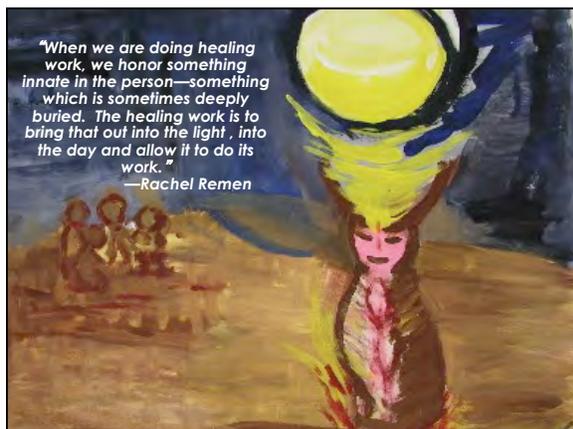
- 82% applied what they learned at Smith Center to their practice
- 87% observed patients benefitting from what they had learned at Smith Center
- 94% reported training influenced self-care



**Benefits of Integrative Navigation**

- Improvements in symptoms/ concerns
- Stress reduction
- Improved patient satisfaction
- Increased knowledge
- More confidence
- Better able to make informed choices
- Increased use of supportive therapies
- Improved self-care
- Better outcomes overall





## Introduction to Evidence-Based Complementary and Supportive Methods, Techniques and Practices

**Integrative Therapies: The Vital Quintet**

- Physical Exercise: Yoga, Qigong, Walking, Etc.
- Stress Reduction
- Diet and Nutrition: Plant Based, Whole Foods
- Psychosocial: Community, Therapy, Group
- Spiritual: Prayer, Meditation, Faith, Community

### Case presentation

- 46 year old mother of 2 grade school aged boys diagnosed with stage IV triple negative breast cancer metastatic to a single bone site.
  - Conventional Interventions
    - Screening mammogram, ultrasound biopsy, MRI breasts. PET CT scan. Bone biopsy. MRI brain.
    - IV chemotherapy for close to 6 months. Bilateral mastectomy. Radiation to bone met. Continued IV Zometa therapy.
    - Continued monitoring of blood work and physical examinations in long term follow up.
    - Took high dose antioxidants and herbs during chemo and RT and did not tell MD. Missed multiple appointments due to social, family concerns. Did not complete all therapy . Continued Standard American Diet.
    - When fatigue set in, slept more often. Developed arm lymphedema. Lost to follow up. Went to faith healer who prescribed home made herbal supplements.



### THREE-LEGGED STOOL OF HEALTH

**EXERCISE**

Aerobic: 20-30 minutes, 3-5 times weekly (enough to make you sweat)

Flexibility – 10 minutes per day

Resistance exercises (lifting weights) 3X weekly

Examples: Yoga or Tai Chi

Riding a stationary bicycle

Low-impact aerobics

Cancer Watch It Program

Swimming, walking

**DIET**

5-7 servings of vegetables and fruits daily

Avoid tobacco and alcohol

Selected nutritional supplements

Get plenty of fluids (water, green tea)

Avoid processed, sugary foods

Avoid red meat

Maintain a healthy weight

Healthy Smoothie daily

Whole food, plant based diet

**REDUCE STRESS**

10 minutes per day to practice relaxation

Focus on Breathing / Yoga

Massage, progressive muscle relaxation

Get restful sleep

Do what you enjoy!

Attend a retreat!

Spend time in silence, in nature

Join a support group

Keep a journal

\*Connect with something larger than yourself

\*Become a volunteer

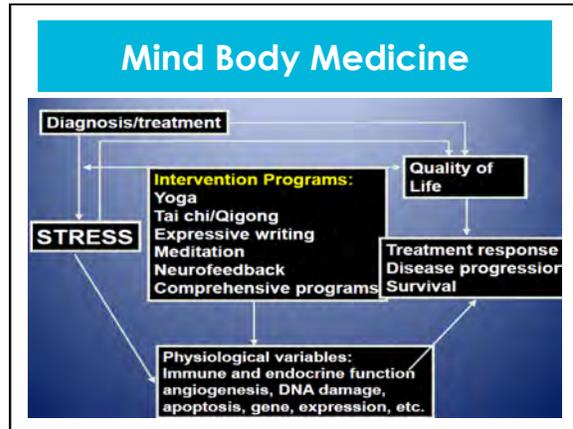
\*Prayer/Meditation

\*Practice Hope

\*Join a faith community

\*Be open to not knowing

# I. Mind-Body Medicine



## Mind Body Stress Management

### Psycho-oncology intervention studies in cancer patients

Intervention	Cancer	n	Design	Outcomes	Results	Reference
Hypnosis, mood preference	Various	6 RCTs	Meta-analysis	Chemotherapy w/	Large effect size	Richardson, 2007
Progressive muscle relaxation, imagery	Breast	82	RCT	Anxiety Antibody w/ Prog. Disease w/o	+ - +	Yeo, 2000
Progressive muscle relaxation	Breast	71	RCT	Wt. stability Wt. frequency Wt. stability mood	+0.26 -0.57 + -0.65	Molassiotis, 2002
Relaxation, imagery	Breast	80	RCT	Mature T cells Activated T cells LAR cells	+ + +	Erens, 2009
Hypnosis, pre- surgery	Breast	206	RCT	Psychol. size Pain Nausea Dist.	+ - - +	Mudgeberry, 2007
Psychological intervention	Breast	2207	RCT	Recurrence Cancer mortality All-cause mortality	-0.76 -0.05 -0.06	Anderson, 2008

Various outcomes, in almost all cases, subjects following the experimental intervention did significantly better compared to controls.

### APPENDIX 4: EXAMPLES OF HOW TO GRADE RECOMMENDATIONS

**Table 1. Grading Recommendations**

Grade	Recommendations	Benefits vs Risk and Burdens	Strength of Supporting Evidence	Implications
1A	Strong recommendation, high-quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	RCTs without important limitations or overwhelming evidence from observational studies	Strong recommendation; can apply to most patients in most circumstances without reservation
1B	Strong recommendation, moderate-quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	RCTs with important limitations (inconsistent results, methodological flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	Strong recommendation may change when higher-quality evidence is available
1C	Strong recommendation, low- or very low-quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Observational studies or case series	Strong recommendation; best action may differ depending on circumstances or patients' or societal values
2A	Weak recommendation, high-quality evidence	Benefits closely balanced with risks and burden	RCTs without important limitations or overwhelming evidence from observational studies	Weak recommendation; best action may differ depending on circumstances or patients' or societal values
2B	Weak recommendation, moderate-quality evidence	Benefits closely balanced with risks and burden	RCTs with important limitations (inconsistent results, methodological flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	Weak recommendation; other alternatives may be equally reasonable
2C	Weak recommendation, low- or very low-quality evidence	Uncertainty in estimates of benefits, risks, and burdens; may be closely balanced	Observational studies or case series	Very weak recommendations; other alternatives may be equally reasonable

RCTs = randomized controlled trials.

# Mind-Body Therapy Experiential

# Mind-Body Skills—Facilitation Practice