Original Article

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PRIVATE HEALTH PLAN OPERATOR: BREAST CARE NAVIGATION PROGRAM AND CARE LINE

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ABSTRACT

Objective: to develop a navigation program for patients in the breast care line, beneficiaries of a private health plan operator.
Method: a convergent care research study, related to the stages of the Guide for the Development and Implementation of Patient Navigation Programs, consisting of the phases: diagnosis; planning; implementation; and evaluation, using instruments specifically designed for each phase. It was conducted from January to September 2022 in Porto Alegre, Brazil.
Results: during the diagnosis, the patients' demographic profile was identified and the flow they followed through the health services was analyzed. Interviews were carried out with the professionals involved in patient care, and the main barriers that might be faced by patients were surveyed. In planning, the program structure was considered. During implementation, a navigation pilot was carried out with two nurses from different areas; and the nurse navigators' performance profile and a proposal of topics for team training were constructed. An evaluation was carried out using the Plan, Do, Study and Act tool at the end of each stage. A breast care line and navigation program were created for the patients.
Conclusion: two products were developed: Planned Care Line, with important prevention actions favoring screening and early diagnosis of the disease; and the Navigation Program for line assistance, in which attention is centered on the patients, with an evaluation of their needs, elimination of barriers that make it difficult for them to navigate the health system and guidance in each stage of the path.

DESCRIPTORS: Patient-centered care. Nursing. Nurses. Patient navigation. Oncology.

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OPERADORA DE PLANO DE SAÚDE PRIVADO: PROGRAMA DE NAVEGAÇÃO E LINHA DE CUIDADO DE ATENÇÃO À MAMA

RESUMO

Objetivo: Desenvolver um programa de navegação para pacientes da linha de cuidado de atenção à mama, beneficiárias de uma operadora de plano de saúde privado.
Método: Pesquisa convergente assistencial, relacionada às etapas do Guia de Desenvolvimento e Implantação de Programas de Navegação de Pacientes, composto pelas fases: diagnóstico, planejamento, implantação e avaliação, utilizando instrumentos elaborados para cada fase. Foi realizada em Porto Alegre, Brasil, de janeiro a setembro de 2022.
Resultados: No diagnóstico, identificou-se o perfil demográfico dos pacientes, análise do fluxo percorrido por eles nos serviços de saúde. Realizaram-se entrevistas com os profissionais envolvidos no atendimento ao paciente, e fez-se levantamento das principais barreiras que poderiam ser enfrentadas por ele. No planejamento, contemplou-se a estrutura do programa. Na implantação, realizou-se piloto de navegação com duas enfermeiras de áreas distintas; e construíram-se o perfil de atuação do enfermeiro navegador e uma proposta de temas para capacitação da equipe. Realizou-se avaliação com a ferramenta *Plan, Do, Study and Act* ao término de cada etapa. Construíram-se às pacientes, linha de cuidado de atenção à mama e o programa de navegação.
Conclusão: Desenvolveram-se dois produtos: Linha de Cuidado Planejada, com ações importantes de prevenção favorecendo o rastreamento e diagnóstico precoce da doença; e o Programa de Navegação para atendimento à linha, em que a atenção é centrada no paciente, com avaliação de suas necessidades, eliminação de barreiras que lhe dificultam trafegar no sistema de saúde e seu direcionamento em cada etapa da jornada.

DESCRITORES: Assistência centrada no paciente. Enfermagem. Enfermeiros. Navegação de pacientes. Oncologia.

OPERADORA DE PLANES DE SALUD PRIVADOS: PROGRAMA DE NAVEGACIÓN Y LÍNEA DE ASISTENCIA PARA EL CUIDADO DE LAS MAMAS

RESUMEN

Objetivo: desarrollar un programa de navegación para pacientes de la línea de asistencia para el cuidado de las mamas, en mujeres afiliadas a una operadora de planes de salud privados.
Método: investigación convergente y asistencial, relacionada a las etapas propuestas en la Guía para el Desarrollo e Implementación de Programas de Navegación de Pacientes, compuesto por las siguientes fases: diagnóstico, planificación, implementación y evaluación, utilizando instrumentos elaborados específicamente para cada fase. El estudio se realizó entre enero y septiembre de 2022 en Porto Alegre, Brasil.
Resultados: en el diagnóstico se identificó el perfil demográfico de las pacientes, al igual que se analizó el camino que recorrieron en los servicios de salud. Se realizaron entrevistas con los profesionales involucrados en atender a las pacientes, y se sondearon los principales obstáculos que podrían enfrentar las mujeres. En la planificación se contempló la estructura del programa. En la implementación se llevó a cabo una prueba piloto de navegación con dos enfermeras de distintas áreas, además de elaborarse el perfil de actuación de los enfermeros navegadores y una propuesta de temas para capacitar al equipo. Se realizó una evaluación con la herramienta *Plan, Do, Study and Act* al término de cada etapa. Se creó una línea de asistencia para el cuidado de las mamas y un programa de navegación para las pacientes.
Conclusión: se desarrollaron dos productos: Línea de Asistencia Planificada, con importantes acciones de prevención que favorecen el *screening* y diagnóstico temprano de la enfermedad; y el Programa de Navegación para cumplir con la línea de asistencia, en el que la atención se centra en la paciente, evaluando sus necesidades, eliminando obstáculos que le dificultan transitar por el sistema de salud y orientándola en cada etapa del trayecto.

DESCRIPTORES: Asistencia centrada en el paciente. Enfermería. Enfermeros. Navegación de pacientes. Oncología.

INTRODUCTION

Cancer represents the main Public Health problem worldwide[1]. In women, breast cancer is the most prevalent. For 2023,3,720 new cases are estimated in the state of Rio Grande do Sul; and, in its capital city (Porto Alegre), 670 women diagnosed[1].

In 1990, Dr. Harold Freeman created the first patient navigation program to improve Oncology assistance[2]. Navigation programs spread and began to meet the needs of different populations; they enable patients to receive care in a timely manner, ease the performance of necessary procedures and promote a close relationship between the patient and their navigator[3]. It is worth remembering that the navigation process can be carried out by different professionals; however, some studies have shown that, in Oncology, nurses are the most suitable professionals to coordinate the program, due to their qualifications and technical knowledge[3–4]. It is important that nurses assess each patient's need for navigation, in order to support the structuring of the navigation plan[5]. These professionals monitor the patient and their caregivers in a personalized way, planning care, eliminating barriers and enabling access to health throughout the cancer treatment journey[4].

In Brazil, in 2016, the National Supplementary Health Agency (*Agência Nacional de Saúde Suplementar*, ANS) launched the *OncoRede* Project, in order to implement a new care model for cancer patients, with the definition of strategies for reorganizing the comprehensive care network in Oncology, placing patients at the center of the assistance provided[4]. Patient navigation proved to be an excellent strategy for patient-centered care, through the appropriate use of health resources and guidance for patients at various stages of the path, including screening, diagnosis, treatment, palliative care and end-of-life[6]. Therefore, in September 2022, patient navigation began to be regulated through approval of Law No.14,450, which creates the National Patient Navigation Program for People with Malignant Breast Neoplasms[7].

In Rio Grande do Sul, in 2018, a research study allowed developing a navigation program for Oncology patients with head and neck cancer, based on the care, functioning and assistance profiles. Such program was based on the model proposed by The GW Cancer Institute at the George Washington University and was adapted to the patients' needs and to the operation of a High-Complexity Oncology Center (*Centro de Alta Complexidade em Oncologia*, CACON)[5]. Motivated by the results achieved and based on the expertise acquired, the research team began to direct its attention to a private health plan operator that has been developing "a new care model", through the implementation of care lines for patients, with a multiprofessional team welcoming and guiding patients with chronic diseases throughout their care path.

That said, the following research question was outlined: "Which navigation program model for patients benefiting from a health plan included in the care line might improve the cancer treatment path within the private health plan operator?" This article aims at describing the development of a breast care navigation and care line program for patients benefiting from a private health plan operator.

METHOD

This is a Convergent Care Research (CCR) study, comprising the conception, instrumentation, scrutiny, analysis and interpretation phases[8–9].

The CCR phases were related to the stages proposed in the Guide for the Development and Implementation of Patient Navigation Programs for High-Complexity Oncology Centers (CACONs), adapted from the model proposed by The GW Cancer Institute at the George Washington University, and following these four stages adapted to the operator's reality: diagnosis, planning, implementation and evaluation[5,10]. The phases of the CCR method are presented below (Figure 1), according to the research stages.

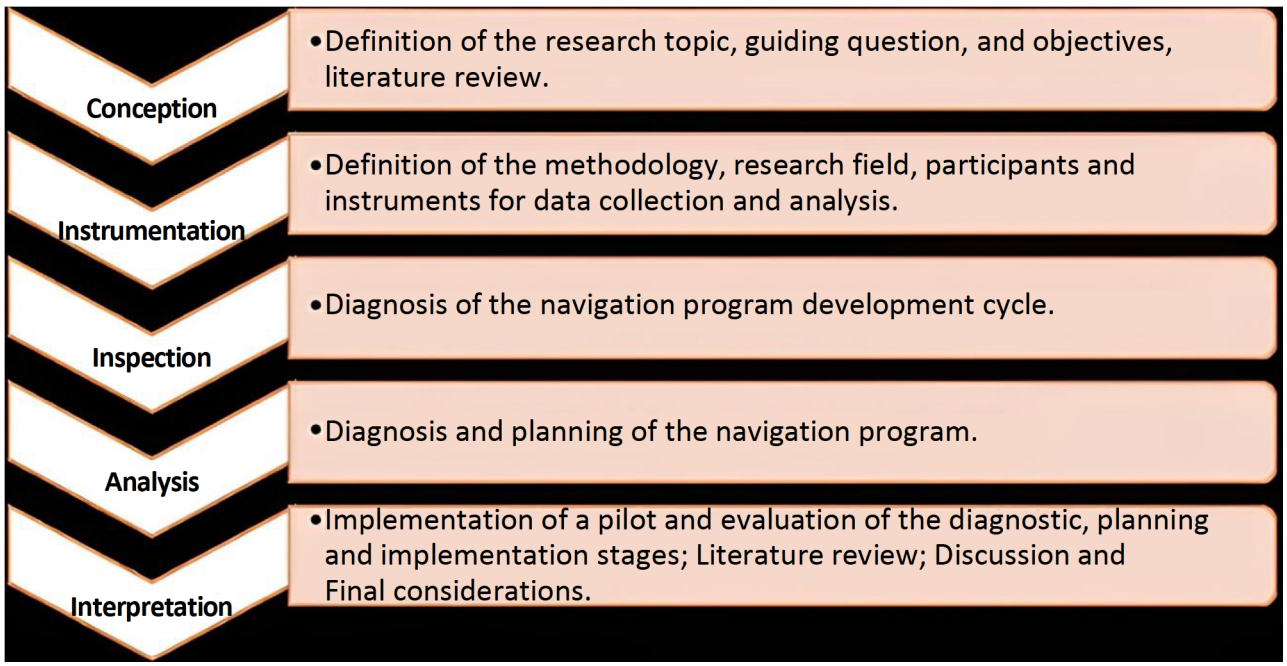

Figure 1 – Relationship between the CCR phases and research stages. Porto Alegre, RS, Brazil, 2022.

For beneficiaries of a health plan, it was sought to offer a new assistance process with the development of a navigation program that was (i) targeted at patients undergoing breast cancer screening, diagnosis, treatment and follow-up and (ii) appropriate to the reality of the private health plan operator. This program followed the model adapted in a CACON from Brazil, based on The GW Cancer Institute model.

The field of action was a private health plan operator that offers Oncology services to its beneficiaries through its own accredited health services. It provides different types of "plans", called "Products". To preserve the operator' identity, a fictitious name was given to the research product: "Plan A".

The study sample consisted of two groups: 1) professionals who work at the private health plan operator; and 2) patients benefiting from the operator's "Plan A". The first group included the participation of professionals from the audit (authorizations), customer service, population health, health program and Oncology Center areas. The second group consisted of patients benefiting from "Plan A", undergoing breast cancer screening, diagnosis, treatment and follow-up, with authorization for procedures listed in C50 from the International Classification of Diseases (ICD), in 2021.

The report from the operator's system was extracted in Microsoft Excel format, and the patient identification variable, "Person ID", did not present the name, that is, it preserved anonymity. A total of 159 "Plan A" users were identified, with authorization for procedures related to ICD C50 in 2021. Sample calculation considered 50% prevalence for the care profile, a 13% tolerated error and 95% confidence in the estimate, estimating the sample at 43 patients. Randomization was carried out using the "*Web Sorteador* App". A sequential number was assigned to each "Person ID", and the numbers were included in the Web system (from 1 to 159), randomizing 43 of them.

In the diagnosis stage, data collection was conducted by reading the operator's documents and through interviews with the professionals. In this stage, data was surveyed using instruments to analyze the following: the patients' demographic profile; the service profile for carrying out screening and diagnostic tests; the service profile for conducting treatment, authorization time for tests, procedures and treatment; observation and description of processes; and patient flow. The key points were defined with a description of the main possible barriers encountered, program objectives and expected results.

In the key points, an action plan was drawn with the objectives of the program to be developed. After data collection, the key questions for structuring the program were completed. In the planning stage, the Navigation Program Planning instrument was used, with structured questions, answered with the diagnosis results. The implementation stage was subdivided into four phases; and, for its evaluation, the adapted PDSA tool was used.

Data collection followed the Guide for the Development and Implementation of Patient Navigation Programs for High-Complexity Oncology Centers (CACONs), adapted to the operator's reality[5,10]. The cycle was applied in the development of the Breast Care Line Patient Navigation Program, for beneficiaries of the private health plan operator, following these stages: diagnosis, planning, implementation and evaluation.

The research respected all ethical and scientific determinations related to data use, in accordance with the terms set forth in Resolution No. 466/2012 of the National Health Commission belonging to the Ministry of Health. It was approved by the Research Ethics Committee of the university that conducted the research, with authorization by the private health plan operator's corporate education area and research area medical director.

RESULTS

The diagnostic stage corresponded to the CCR Inspection and Analysis stages, starting in January 2022. The execution flow is presented in Figure 2.

In this initial stage, after approval from the operator's managers, data collection was initiated by identifying the profile of the beneficiary patients, reading documents indexed in the operator's quality management system and conducting interviews with professionals involved in the patient care flow throughout the cancer treatment path. The necessary data to be collected were defined: demographic profile of the patients; service profile for carrying out screening and diagnostic tests; service profile for conducting the treatment; authorization time for tests, procedures and treatment; observation and description of processes; and patient flow. The key points were defined: possible

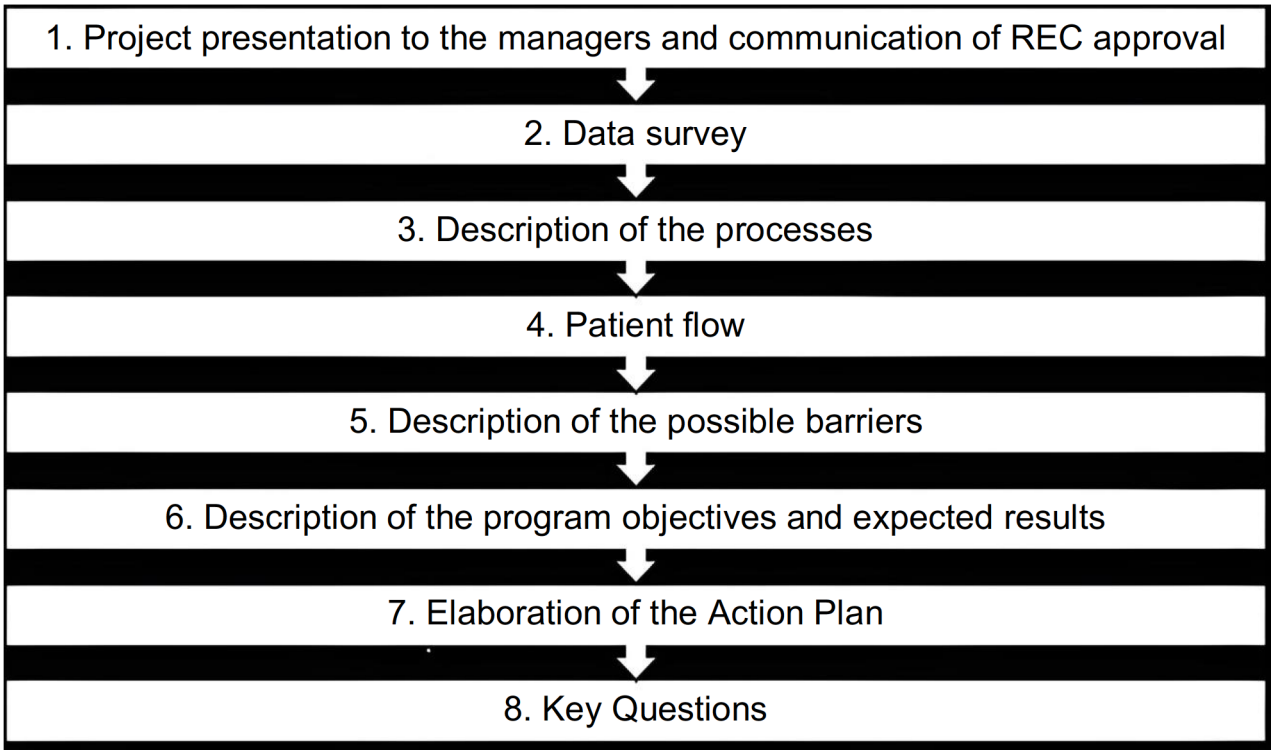

Figure 2 – Flow of the steps for executing the diagnostic stage. Porto Alegre, RS, Brazil, 2022.

barriers encountered, program objectives and expected results, 5W2H action plan and key questions (questions that support structuring of the program).

Initially, the demographic profile of all selected patients (n = 159) was identified, namely: 99% female; most aged between 46 and 59 years old (31%) and predominantly from Porto Alegre and the Metropolitan region (91%); and the majority were beneficiaries of a corporate plan (85%) with global coverage (79%). After randomization, it was verified that the 43 randomized patients participating in the research were female.

From February to March 2022, the analysis of the flow followed by the patients within the health services was initiated in the 2020-2021 period. The data was organized in an Excel table and recorded with percentage evaluation. Regarding the service profile for carrying out screening and diagnostic test, the vast majority of the patients underwent mammography (49%) and breast ultrasound (47%) in the operator's own service network. Of the sample analyzed, 11% did not obtain ultrasound and mammography records and 79% had a biopsy record from the health plan. This can be because the patients did not have coverage under the plan for this exam, or had it performed by another health plan or by the Unified Health System.

Regarding treatment, 86% of the patients undergo their chemotherapy treatment in the operator's own network and 2% in the accredited network. No chemotherapy treatment records were identified in 12% of the cases. In relation to neoadjuvant treatment, the data analyzed could not confirm that the patients underwent the treatment, as this information could only be confirmed by analyzing the medical records, which was not possible due to the fact that they were treated in the various health services that are part of the accredited network, but the records are kept by the service that provided the assistance.

In February 2022, the documents started to be read and analyzed in order to complete the "Description of the Assistance and Administrative Processes" instrument, referring to the processes described and indexed in the "Integrated Management" tool, used by the operator's quality management area. By reading the assistance and administrative processes described – referring to the processes that involve each patient's path from cancer screening to follow-up – and interviews carried out with the professionals, it was possible to identify the possible practicalities and barriers that patients may encounter during their path through the health system, during the breast cancer screening, diagnosis, treatment and follow-up phases. Subsequently, the interviews were analyzed and all the information that supported completion of the Patient Flow Instrument was compiled.

The operator meets the deadlines recommended by the ANS, however, the protocol for authorizations related to cancer follows the 48-hour target, due to the operator's understanding that time influences the patients' prognoses. With the identification of possible barriers encountered by the patients, three objectives and expected results were described: breast cancer early diagnosis (screening phase); ensuring that the first treatment day in a specialized center takes place within 30 days or less (having the diagnosis as soon as possible to initiate treatment in a timely manner); and providing the patient and family with elimination of the barriers that make it difficult for them to continue the treatment (performing actions so that patients can continue their treatment according to the therapeutic plan established until follow-up). To achieve the expected results, multiple actions were defined.

The program planning corresponded to the CCR Analysis stage, contemplating the actual structuring of the navigation program through structured questions, which were answered with the diagnosis results. This stage took place simultaneously with the navigation pilot, which began in the first interview carried out with the nurse navigator of the Oncology center, in April 2022.

Implementation is represented by the CCR Interpretation stage, subdivided into four phases, namely: 1) Definition of the professionals involved in the pilot; Definition of the pilot start; Definition

of the instruments used in the interview, navigation plan and navigation monitoring; 2) Pilot start; Structuring the instruments organized in Phase 1; 3) Creation of the profiles of the navigators that will work in the navigation program; and 4) Structuring the training program for the navigators. In this stage, the pilot was carried out with the objective of understanding execution of the processes, to evaluate whether the designed navigation process would adapt to the reality of the service. Two nurses who work in different areas at the operator were interviewed: one at the Oncology Center itself, during the diagnosis phase, seeking to understand the processes carried out since the patients' treatment initiation at the service, as well as the tools used. Subsequently, an interview was conducted with the health guidance nurse, in order to learn in practice the tools used and the patient care flow, included in the care lines.

At the end of the implementation stage, it was possible to describe the nurse navigators' profile based on an integrative literature review carried out by the researchers[11], adapted to the operator's profile, as shown in the Chart 1 below.

Chart 1 – Nurse navigators' performance profile. Porto Alegre, RS, Brazil, 2022.

Nurse Navigators' Performance Profile
Welcome the patient and assess the navigation needs, identifying possible barriers (financial, communication, structural, emotional and sociocultural), defining necessary interventions for care, linking them to the services, and reducing care fragmentation.
Develop and implement the navigation plan for the patient.
Perform care coordination to promote patient-centered care.
Provide health education to patients and family members, guiding the search for appropriate health services during diagnosis and treatment.
Provide support to patients in transitional care.
Monitor the patient in the active phase of treatment to anticipate and manage home risk, detecting and managing toxicities early in time to ensure treatment continuity.
Integrate patients and team professionals responsible for the treatment into the health system.
Encourage the patient to participate in the therapeutic plan and scheduling for specialized care.
Monitor the patient's presence at the chemotherapy and/or medical appointments and contact those who were absent to establish a relationship of trust, in order to resume the therapeutic plan.
Carry out discussions with the multiprofessional team for interaction and adaptation of the therapeutic plan.
Discuss care planning with the patient, involving them in goals that bring meaning to the patient's life and minimize health-related concerns.
Monitor the results and outcomes related to the navigation plan.

In the fourth phase of the implementation stage, the Training Plan for the professionals was prepared, with important themes for the employees that will work in the Breast Care Line Navigation Process. The training will be carried out in collaboration with the operator's business and human development areas.

Themes for training the navigators.

Epidemiology and pathophysiology of cancer
Laws applicable to Oncology
Breast cancer:
Concept
Risk factors for breast cancer
Anatomopathological, histological and molecular classification
Treatment staging and modalities
Adverse effects in the breast cancer treatment
Nursing care measures
Concept of “Navigation”
Concept of “Care Line”
Concept of Health Care Networks
OncoRede Project
Normative Resolution No.506, dated March 30th, 2022
Structure and functioning of the assistance and administrative processes of the care line.

During data collection, it was identified that the cancer patients are included in the care line for chronic diseases. However, for better effectiveness of the navigation program, which involves welcoming patients during the screening phase, it would be important to design a proposal for a specific care line for patients in breast care programs. The care line and navigation program began to be planned throughout data collection, that is, from the diagnosis stage, with the final version completed in the implementation stage. In this sense, a care line model for patients in breast care programs and the navigation program for patients in the line were described and delivered to the operator, in the standard document format and in accordance with the institutional quality management system, all contemplated in the planning and implementation stage. Figure 3 shows the care networks included in the line; and Figure 4 represents of the navigation start and end.

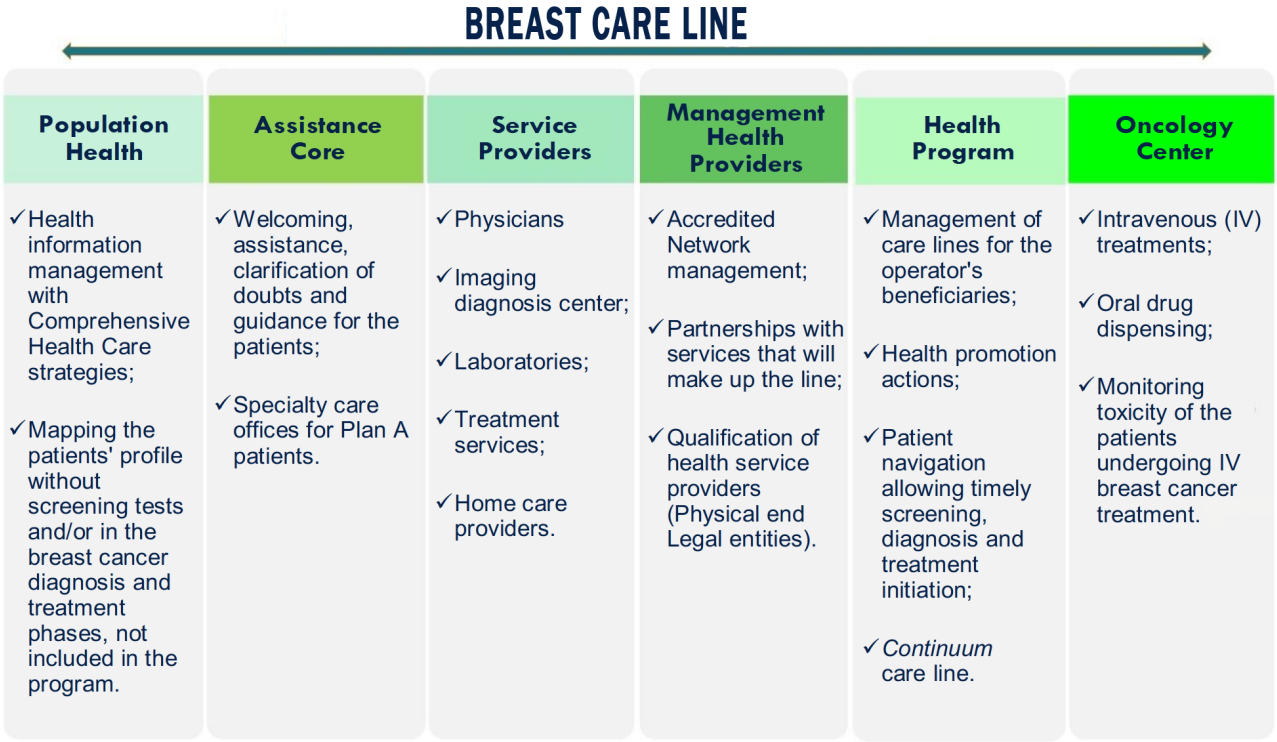

Figure 3 – Representation of the areas involved in the care line. Porto Alegre, RS, Brazil, 2022.

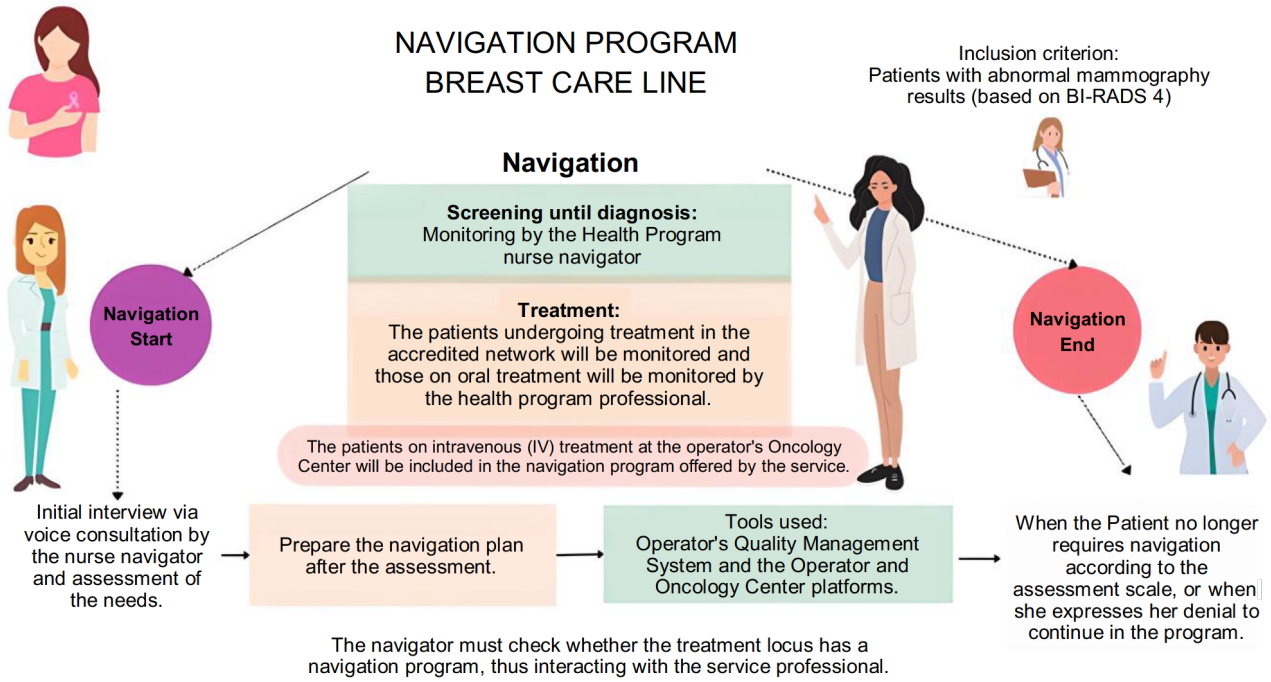

Figure 4 – Navigation program developed for the patients in the breast care line, beneficiaries of the operator. Porto Alegre, RS, Brazil, 2022.

The evaluation phase was carried out by analyzing each stage of the program development cycle, observing all research actions, with notes made by the author.

DISCUSSION

To plan a navigation program that met the needs of health plan beneficiaries, it was necessary to know the processes that involve these patients' cancer treatment path. The model for developing Pautasso Navigation Programs[10] was adapted to the operator's reality, and the diagnostic stage was initiated from screening, as early diagnosis is important, giving patients better prospects for their treatment.

In Brazil, breast cancer is diagnosed in advanced stages in more than 50% of the cases, and the prognosis depends on the tumor staging and characteristics[12,13]. It is important that the diagnosis is made in the early stages for the best prognosis; one of the strategies is Screening programs, which aim at identifying the disease before the symptoms appear[4,14–15]. In line with the literature, the care line was planned with an active search for patients through data extracted from population health, as the operator's beneficiaries sought their attending physicians for routine exams on their own, without controlling whether the patients underwent or fetched the tests performed.

In screening, the most effective and recommended method is mammography (MMG), according to the BI-RADS category, in which results above 4 are suggestive of malignancy[14,16–18]. For an accurate breast cancer diagnosis, an anatomopathological examination is necessary; the care team should have access to the diagnostic report and staging information, so that it can guarantee patient safety and the development of a therapeutic plan[4,14]. From this perspective, patients need monitoring from the mammography results stage, in which it is possible to detect a malignancy, as monitoring by a nurse navigator allows access to the necessary services until diagnosis.

For patient flow to occur, the interaction of the diagnostic services (diagnostic imaging and laboratories) with the care team is important, through the communication of critical results. Early

diagnosis strategies are based on three fronts: a well-informed population, qualified professionals and an efficient health system – but it is important to align care flows to guarantee access to diagnostic tests[19–20].

Breast cancer is a circumstance in women's health resulting from multiple factors and with several consequences. Therefore, on the one hand, surveillance, care and support by a multiprofessional team from the Health Care Network (*Rede de Atenção à Saúde*, RAS) are necessary; and, on the other hand, the patient's self-care ability is also important[21]. Cancer patients' path involves several stages, which can present several and different barriers. To eliminate them, it is important to select RAS services with a view to composing the care line, allowing fluidity and more effective communication.

The care line systematizes and describes the routine of the path to be taken by each patient, directs the actions that the multiprofessional team will develop in each health service and favors communication between teams, services and users with a focus on standardizing actions within the care *continuum*[22]. In order to reorganize supplementary health, the ANS established the Certification Program for Good Practices in Health Care for Operators of Private Health Care Plans, which provides for care reorganization, no longer focusing on the disease but with migration to a comprehensive health care model[23].

Navigation allows patients in the diagnosis, treatment or follow-up phases to cope with each stage. They can be monitored by a qualified professional who will guide them through the care line, eliminating possible barriers that might prevent them from achieving their goals in each stage of the care *continuum*. It is a primordial process that consists of guiding patients during their path, favoring individualized care centered on them, with the main objective of eliminating barriers that prevent diagnosis and initiating treatment in a timely manner[2,5].

Patient navigation can be carried out by any professional and even by lay people, but it is important that the service defines the professional navigator with the appropriate profile for the role performed in each stage of the cancer treatment path. In Brazil, there is still no regulation on nurse navigators' role, leaving it up to intuition to define the qualifications to perform it; however, it is indispensable that nurse navigators have the technical-scientific capacity to perform this role, managing navigation programs and exercising care coordination[5]. Therefore, a training plan was drawn with themes related to breast cancer, which will be organized by the operator's business and human development areas.

This navigation makes it possible to monitor patients from breast cancer screening, confirmation of diagnosis and treatment, with the objective of guiding them and accelerating diagnosis and treatment initiation, supporting their path through the health system[7]. In this way, the cancer patients' clinical results improve, reducing distress, anxiety, fear, stress and depression; there is an improvement in control and management of symptoms, as well as in physical conditioning; and a reduction in time between screening and treatment initiation[24]. Therefore, patient navigation is a fundamental process during the cancer treatment course in the care line, as it guides them on the right path, eliminating barriers; in addition to placing them at the center of the care provided, supporting and assisting them according to their difficulties, and empowering them with information, clarifying doubts and reducing concerns.

Nurses play an important role in navigation programs, coordinating care and acting as links between the health services that comprise the Care Network during the path along the care line, as they develop a close relationship with the patients and their caregivers, promoting a better experience throughout the care *continuum*[13]. However, for navigation to be effective, it is important to clarify nurse navigators' responsibilities within the programs. Advanced Practice Nurse (APNs) are professionals with high-level technical skills and knowledge, which allows providing clinical care safely to the patients; they should have an MSc degree as minimum qualification to perform the role, being considered the

recommended professionals to carry out patient navigation[25–26]. However, even if nurses lack specific specialization in Brazil, these professionals show affinity with some of Dr. Freeman's principles, providing patients with quality care, which reduces barriers[27].

The products developed in this study enable an innovative perspective at the care provided, with patients at the center of care, as they were built based on the main possible barriers to be encountered during the path along the care line.

CONCLUSION

A breast care navigation program and care line were developed, with a multidisciplinary approach to cancer patients and care coordination by professional nurses, which allows including patients in the program from the screening phase, monitoring them along the cancer treatment path. In this way, communication between the health services that make up the RAS is integrated and promoted in an individualized and welcoming way, with the aim of coordinating care and, thus, favoring the path followed in the care network.

The products created were the Planned Care Line, with important prevention actions favoring screening and early diagnosis of the disease; and the Navigation Program for line assistance, in which care is centered on the patients, assessing their needs and eliminating barriers that prevent them from advancing through the health system, directing them in each stage of the path.

The program has not yet been implemented because more time is required for this purpose and to analyze its effectiveness. The researcher recommends that a pilot of the line and the program be carried out in order to evaluate, in the practice, its effectiveness and make the necessary improvements.

The limitations of this study include lack of access to medical records, making it impossible to identify the disease stage and the indication for neoadjuvant treatment.

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NOTES

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APPROVAL OF ETHICS COMMITTEE IN RESEARCH

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CONFLICT OF INTEREST

There is no conflict of interest.

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