Patient Navigation, the Commission on Cancer Standards and Your Cancer Program

Community Needs Assessment Report

For Information on OncoNav Nurse Navigation Software please visit: www.onco-nav.com
Welcome

I would like to thank OncoNav for the opportunity to present this webinar to discuss the Patient Navigation Process Standard 3.1 Community Needs Assessment report.

Welcome to Matt Amato and Gail Levenelm from OncoNav

Welcome to all of you joining us virtually!
Goals for today

Our goals include an interactive discussion about

• What is a Community Needs Assessment as it relates to your cancer program

• How to create a road map to navigate through this process

• How a documentation platform will facilitate creating the initial and future CNA (Community Needs Assessment) reports
Why Are We Here Today

Standard 3.1
Patient Navigation Process
Community Needs Assessment Report

This standard becomes effective in 2015 but most programs will need to begin drafting the report now. This means that you will want to decide the who, what, why, when and how to get this process started and what your final product will look like.
We welcome your comments and will take questions or comments at the end of the presentation.

Your experience as patient navigators, managers and administrators will

• Contribute to building a valuable network to share ideas and information
• Facilitate a better understanding of the complexities of delivering care to a diverse population
• Drive consensus forward in understanding the nature of a patient navigation process and its contribution to improving cancer patient outcomes

“A rising tide raises all ships.”
A **needs assessment** is a systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants". The discrepancy between the current condition and wanted condition must be measured to appropriately identify the need. The need can be a desire to improve current performance or to correct a deficiency.[1]

Wants Determine Needs

What is wanted

Good health

What is needed

Information to help determine how to get there
What Is A Needs Assessment As It Relates To Your Cancer Program and CoC Standard 3.1

A needs assessment is a systematic process that gathers information to identify the community that is being served and the barriers to care that exist within that community.

It allows the cancer program to identify priorities for the target population that pose barriers to care and to implement programs, services and/or partnerships that assist the community to overcome these barriers and result in improved outcomes.
Standard 3.1 Review
Patient Navigation Process
Community Needs Assessment

The community needs assessment “can serve as the building block for program development, implementation and evaluation. The cancer committee may delegate responsibility for the community needs assessment and program implementation to a specified individual, subcommittee, or department. The community needs assessment results are documented in the cancer committee minutes.”
How To Get There From Here

Plan  Drive  Arrive
Map It Out
Are You Aware of This…. 

The IRS has mandated that non-profit hospitals must conduct a Community Health Needs Assessment every 3 years in order to maintain their tax exempt status and avoid a penalty tax of up to $50,000.

The CHNA must include an in-depth analysis of its communities needs and an implementation strategy outlining a proposal to address those needs in the coming years.

The CoC does not mandate how the community needs assessment must be conducted.

They do not mandate how those community needs must be met.
The CoC does mandate the following components be included in the community needs assessment report.

“The evaluation and report includes, but is not limited to, the following:

** Health disparities identified

** Description of the navigation process

** Population(s) served and barriers identified by the community needs assessment

** Documentation of activities and metrics (outcomes/outputs)

** Areas for QI, enhancement, and future directions”

CoC 2012 Standards Manual
Getting Started
Lets Look At A Process

• Present the information about Standard 3.1 and the Community Needs Assessment to the Cancer Committee
  • Include an overview of the standard and what is needed for compliance
  • Request that a sub-committee be formed or appointed to address the work that needs to be completed
  • Appoint a leader and look for a champion to support the process
  • Identify the members needed to do the work
    • This should include Navigation, Social Work, Community Outreach, Performance Improvement, Administration
    • Other departments can be invited to participate as needed
The Process

• The newly formed committee should develop a timeline in which the work will be completed and presented to the Cancer Committee.

• An outline should be created that addresses the compliance components for the standard.

• A format for the report should be determined

• Resources for collecting the data should be identified

• Responsibility for gathering the data should be assigned to the appropriate members of the committee.

• Support should be given to the members to find the time to do this added work
The Report Format

• Organizing the report can help to further define the scope of the project and the data that is needed

• Introduction
  • Description of the facility
  • Mission, vision and core values statement
  • Strategic plan as it relates to the cancer program
  • Goals and Objectives of the report
  • How the report was developed
• Overview of the population being served
  • Demographics
  • Age
  • Ethnicity
  • Socioeconomics
The Report Format

- Health of the population
  - Age
  - Smokers
  - HIV/AIDS
  - HPV
  - Incidences of cancer by diagnosis/age/gender
  - Obesity
  - Heart disease
  - Diabetes
  - Other chronic conditions
The Report Format

• Service area by zip code

• Description of how the population may cross the lines of providers such as health clinics, other hospitals etc

• Community Outreach Programs
  • Health fairs
  • Screening outreach
  • Education fairs at local employers
The Report Format

• Description of other providers within the community and geographic area
  • Safety net clinics
  • Primary care providers
  • Hospitals
  • Walk-in clinics
  • Labs and diagnostic imaging facilities
  • Rehab and sub-acute care facilities
  • Hospice care
  • Mental health providers
  • Medical home
  • Home health care providers
  • Oncology providers
    • Private practice physicians such as medical oncologists, surgeons, radiation oncologist, surgical oncologists
The Report Format

Description of community resources and partnerships

- Civic organizations
- American Cancer Society
- Susan G Komen affiliate
- Churches
- Schools
- Employers
- Colleges/universities
The Report Format

Description of your cancer program

• How it is organized
  • Private practice or employed physician staff
  • Clinics
  • Navigation
  • Social work
  • Support service
  • Leadership
  • Other

• Cancer diagnosis data
  • By site, age, gender, stage etc (from annual report)
Where Do You Find This Information

Inside your facility:
- Community Health Needs Assessment Report
- Community Outreach Department
- Marketing
- Cancer registry
- Finance
- Regulatory Affairs
- Cancer program annual report
Where Do You Find This Information

Outside sources

• Local/state health department data
• Centers for Disease Control and Prevention
• US Census Bureau Data
• American Cancer Society
• National Cancer Institute
Health Disparities

The issue at the center of the discussion
“Health Disparities Identified”

• Barriers to care
  • What are the program’s goals in identifying the barriers to care
  • How will overcoming these barriers result in improvement in the health of the community
  • How will the information be gathered
Defining Health Disparities

The term health disparities refers to population-specific differences in the presence of disease, health outcomes, quality of health care and access to health care services that exist across racial and ethnic groups. Disparities represent a lack of efficiency within the health care system and therefore account for unnecessary costs.

Many factors contribute to racial, ethnic, and socioeconomic health disparities, including inadequate access to care, poor quality of care, community features (such as poverty and violence) and personal behaviors. These factors are often associated with underserved racial and ethnic minority groups, individuals who have experienced economic obstacles, those with disabilities and individuals living within medically underserved communities. Consequently, individuals living in both urban and rural areas may experience health disparities.
Cancer Disparities Research Partnership Program

Racial and ethnic disparities in health care and mortality have been well documented, but remain poorly understood. In particular, cancer treatment trials, prevention trials and surveillance programs suffer from a disproportionately low rate of accrual and a high rate of dropouts of ethnic minorities. Throughout the United States, a significant number of medically underserved low-income and/or minority populations, whether urban or rural, continue to be disenfranchised from the health care institutions that provide cancer care and research within their communities.

www.cancer.gov
Economic Cost of Disparity

According to a 2009 study by the Joint Center for Political and Economic studies, eliminating health disparities for minorities would have reduced direct medical care expenditures by $229.4 billion between 2003 and 2006.
Let’s Dig Deeper.....
Beyond the Obvious

Common barriers to care:

• Lack of or inadequate health insurance
• Transportation needs
• Child or elder care needs
• Language barriers
• Fear of disease, treatment, or distrust in the healthcare system
There’s More To It Than Meets The Eye
Emotional Barriers

• Distress as a barrier to care
  • Lack of organized mental health care
    Fear of disclosing emotional or mental health concerns
  • Lack of psychosocial support
    Outpatient oncology social work services not available
 • Lack of access to community support services
 • Lack of organized approach to distress screening
Socioeconomic Barriers

• Lack of insurance or inadequate insurance
• Unemployed or underemployed
• Large co-pays or deductibles
• Loss of insurance along the treatment continuum
• Inability to work through treatment
• Unable to afford prescriptions medications
Cultural or Religious Barriers

- Distrust in healthcare system

- Cultural differences in ethnicity
  - Asian beliefs in pre-destiny
    - Stoicism
  - Muslim/Middle Eastern
    - Modesty

- Language
Prostate Cancer in Latino Men

• Low socioeconomic status
  • Difficulty understanding county or state insurance
    • Denied claims
    • High out of pocket expenses
    • Loss of coverage
    • Fragmentation of care

• Distrust in the system
• Health illiteracy
• Language barriers

“Financial, cultural and communication barriers play a major role in prostate cancer care.”

How Do You Identify Barriers To Care

- Patient and provider surveys
- Focus groups - more than one/diverse population
- Community organizations such as the American Cancer Society or Komen affiliate, civic organizations
- Your Own Monitoring Community Outreach standard assessment (Standard 1.8)
- “Ensure that the provided prevention and early detection screening programs reflect the cancer experience at the program and community-defined needs.”
Surveys and Focus Groups

- **Patient Surveys**
  - Your own patients
    - Inpatient and outpatient

- **Community outreach**
  - Large employers
  - Churches
  - Civic organizations

Be sure that you have a cross-section of culturally diverse ethnic and religious participants.

Be prepared to describe the socio-economics of the populations you have surveyed.
Multicultural Populations

Target Populations
Segments of the U.S. population experiencing the negative consequences of health disparities
African Americans
Asians
Pacific Islanders
Hispanics
Latinos
American Indians
Alaskan Natives
Persons of low socioeconomic status

Cancer Disparities Research Partnership Program (NIH/NCI) www.cancer.gov
Providers Are Important to Survey

- Physicians

- Office staff- especially the office manager

- In-house staff such as department managers who may be challenged with providing care to the uninsured or patients with strong religious beliefs that require certain considerations
Community Organizations

- Local civic organizations will have insight into community concerns
- Schools
- Churches
- Social clubs
Data Mining
National Organizations

American Cancer Society
National Cancer Institute
Centers for Disease Control and Prevention
Susan G Komen for the Cure
Leukemia and Lymphoma Society
Lung Cancer Alliance
Livestrong
Cancer Support Community
American Cancer Society
www.cancer.org

• Annual Cancer Facts and Figures

• Annual Cancer Prevention and Early Detection Facts and Figures Report
National Cancer Institute
www.cancer.gov

• Cancer Statistics
  • Understanding Cancer Statistics
  • Find Cancer Statistics
  • Statistical Tools and Data for Researchers
Centers for Disease Control and Prevention
www.cdc.gov

• United States Cancer Statistics

• National Program of Cancer Registries (aka NPCR)
  • Access state registry data
OncoNav: Designed to Make Reporting Easy!

- Ad-Hoc Reporting makes it easy to turn any field for any population breakdown into a presentation ready frequency chart or cross tabulation table!

- Integration with Registry Data and EMR turn OncoNav into a powerhouse data source for creation of the community needs assessment!
OncoNav: Designed to Make Reporting Easy!

• Conduct Survey’s using Word Merge capabilities for sending standardized documents.

• Easily target the survey using mailing / contact information for any patients in the system.
Pre-Built Reports Designed to Support Your Accreditation Needs

- Population Analysis
- Barrier & Intervention Summary and Detail Reports
- Evaluation / Survey Results Reporting
- Business Rules and QA built into the reports!

Let's take a closer look …
Questions, Comments, and Discussion!
Thank you to OncoNav

We hope you found this information useful and will feel more confident in addressing the CoC Patient Navigation Process standard Community Needs Assessment report.

Thank you to everyone for taking the time to be here today.

Have a good day!