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

What Does It Mean for Your Facility
Welcome

I would like to thank OncoNav for the opportunity to present this webinar to discuss the meaning of the new Commission on Cancer Continuum of Care Services Patient Navigation Process Standard 3.1.

Welcome to Matt Amato and Gail Levenelm from OncoNav

Welcome to all of you joining us virtually!
Why Are We Here Today

Standard 3.1
Patient Navigation Process

This standard becomes effective in 2015. If you have a patient navigation program in place, or are considering a navigation program, and you are a CoC accredited cancer program, you will be held accountable for meeting this standard.
Goals for today

Our goals include an interactive discussion about

• the need for a dedicated patient navigation software application

• how it will be instrumental in driving success in meeting the CoC Standard 3.1

• how a documentation platform will provide administrative data and reports for measuring the ROI on your patient navigation program
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 a better understanding of the process of patient navigation across various settings

• how patient navigation drives
  • better patient outcomes
  • improvements in patient and provider satisfaction
  • a positive return on your investment into your patient navigation program.
Patient Navigation- what is it?

C-Change’s definition of patient navigation

“individualized assistance offered to patients, families and caregivers to help overcome healthcare system barriers and facilitate timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience” (C-Change, 2005).

“Founded in 1998, C-Change is the only organization that assembles key cancer leaders from the three sectors — private, public, and not-for-profit — and from across the cancer continuum — prevention, early detection, treatment and quality of life. Our mission is to eliminate cancer as a major public health problem at the earliest possible time by leveraging the expertise and resources of our unique multi-sector membership.”
If you are a Commission on Cancer accredited cancer program, patient navigation is no longer an option.

The CoC 2012 Standards include Standard 3.1 Patient Navigation Process

A patient navigation process, driven by a community needs assessment, is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on-site or by referral to community-based or national organizations. The navigation process is evaluated, documented, and reported to the cancer committee annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment.
Patient Navigation Process

Prior to establishing the navigation process the cancer committee conducts a community needs assessment at least once during the three year survey cycle to identify:

- the needs of the population served,
- potential to improve cancer health disparities
- gaps in resources.

CoC 2012 Standards Manual
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.”

CoC 2012 Standards Manual
What Is A Needs Assessment?

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 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.
Community Needs Assessment

- 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.”
  “Evaluate the effectiveness of access and referral processes”
FYI

The CoC does not mandate how patient navigation is accomplished

They do 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
**Health Disparities Identified**

Common barriers to care include:

- 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
** Description of the Navigation Process**

- Develop a policy that describes the navigation process within your institution.
  
  Is there navigation available “in-house” or is it referred out to community resources

- Develop a procedure that defines how the navigation process works

  How is navigation accessed? Who makes the referral? How easily is it accessed?
** Population(s) served and barriers identified by the community needs assessment

- Reports and/or a document that describes findings
  - Demographics
    - Race
    - Age
    - Insured/uninsured
    - Multicultural ethnicity

- Barriers
  - Steps taken to address barriers

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

- What is the process in place for collecting data, measuring data and evaluating outcomes
  - Patient stage at diagnosis
  - Timeliness of care
  - Compliance
  - Outmigration rate

- Patient and physician satisfaction care and with system
  - Prior to and after implementation of patient navigation
** Areas for QI, enhancement, and future directions

- As determined by the Cancer Committee
  Successful identification of sentinel lymph node
What are the goals of the community needs assessment?

- Assess the barriers to care that exist within the community that you serve

  Identify the services that are currently available

  What services are not available?

  Determine what services are most used. Least used

  Assess how easy, or difficult, these services are to access.

  Who drives this process?

  Is it internal or externally facilitated?
Conducting the Community Needs Assessment

What are your current/future resources for conducting the community needs assessment

- Patient navigator
- Cancer registry
- Community outreach coordinator
- Oncology social worker
- Cancer program manager or administrator
- Focus groups
What does your population look like?

Demographics
Socioeconomics
  Employment
  Insured
Psychosocial needs
  Urban
  Elderly
  Rural
Community Needs Assessment Process
How do you get there from here

You will need to decide how the information will be gathered, evaluated and reported.

How will the information be used to drive improvement in providing patient care that treats the whole person, the family and serves the community?
Community Needs Assessment Process

When the barriers to care have been identified and the population has been assessed the program will need to do its own internal survey to assess its own barriers to providing the care its community needs throughout the cancer treatment continuum.
Community Needs Assessment Process

- What resources are available? What is missing?
- How does the infrastructure support patient care?
- What barriers exist to providing care?
- Where are the gaps in service?
- What other limitations exist within the system?
Patient Navigation Process
Patient Navigation Process

- What does the navigation program want to achieve

- What are the program goals that have been identified by the leadership

- Who are the stakeholders

- What resources and support are available to the internal stakeholders
Patient Navigation Process

When you have been able to gather all of this data, both internally and externally, you will have a more complete picture of your program strengths, weaknesses, opportunities and threats.
Patient Navigation Process

From this information you can also develop a gap analysis that shows you what is missing. This is often the most effective way to identify where to start when looking for resources to address the barriers to care.
What Every Administrator Wants to Know
What Every Administrator Wants to Know

- What is the return on investment of a patient navigation program?

- How is the cost justified?

- Why should I invest in this expense?
The Advisory Board Oncology Roundtable Report

In its report “Patient Navigation: State of the Art or Science?” (Oct. 15, 2008) The Oncology Roundtable stated “Despite the flurry of interest and large financial investment in implementing patient navigation programs nationally, there remains only limited evidence of its efficacy.”
And yet, in that same year, the Oncology Roundtable also published a report

Elevating the Patient Experience: Building Successful Patient Navigation, Multidisciplinary Care, and Survivorship Programs

This report stated that:

Given these gaps in care, it should be of no surprise that patients are demanding a change, as shown by data from the 2007 Oncology Roundtable Patient Experience Survey, which sought to understand services and amenities most valued by cancer patients. Patient navigation, defined as “dedicated staff to help patients navigate and understand the care process,” ranked as the third most-valued service, behind only multidisciplinary care and symptom management.
What Every Administrator Wants to Know

The fact is that there is still a gap in the data that allows us to definitively quantify the return on investment (ROI) of a patient navigation program.

But the good news is that there is consensus as to how each hospital or facility can begin to measure its ROI.
Where does the revenue exist?

- Increased downstream revenue
  - Keeping all services under one roof - “one stop shop”
- Decreased length of stay
- Reduced readmission rate
- Reduced outmigration
- Improved patient satisfaction
- Improved physician satisfaction
- Improved patient outcomes
The Question Is........

Why do you need a software program?
The Answer Is……..
A CoC accredited cancer program needs reports

- CoC survey
- NAPBC survey
- Job justification
- Understand patient acuity and associated needs
- When is it time to expand the navigation program—hire more navigators
- Measure program success and growth
- Assess opportunities for improvement
Metrics

- Number of patients navigated
- Outmigration before and after implementation of a navigation program
- Patient and physician satisfaction scores
- Timeliness of care - diagnostics, treatment, follow-up
- Hospital admissions and length of stay
- ED visits
A Quick Look at OncoNav

Single Login Application
# A Quick Look at OncoNav

## Patient Navigation Record

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**Patient Information For: Smitherson, John**

### Clinical Information
- **Date Of First Encounter:** 02/12/2013
- **Primary Navigator:** Matthew Amato

### Personal Information
- **Last Name:** Smitherson
- **First Name:** John
- **Middle Name:** Wifred
- **Maiden Name:**
- **Sex:** Male
- **Date of Birth:** 05/05/1947
- **Age:** 65

### Contact Information
- **Current Address:**
  - **Address 1:** 100 Smiko Lane
  - **City:** Manasquan
  - **Postal Code:** 08736
  - **County:** 025NJ Monmouth
- **Home Phone:** 732-655-4489
- **Work Phone:** 457-979-7546

### Notes
- MMN - 02/07/2013
- Patient called at 2:00 PM to confirm appointment for tomorrow.
- MMN - 01/11/2013
- Second Note on 1/11.
- MMN - 01/11/2013

### Other Information
- **Marital Status:** Married
- **Race:** Black
- **Ethnicity:** Non-Spanish, Non-Hispanic
- **Religion:** Other Christian
- **Church Membership:** St. Martin
- **SSN:** 456-45-4565
- **Insurance:** Horizon
- **Primary Language:** English
- **Secondary Language:** Spanish

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**ONCONAV from NextPath**
A Quick Look at OncoNav
Navigator Calendar
A Quick Look at OncoNav
Tracking Barriers and Evaluation Results
A Quick Look at OncoNav
Easily Generate Reports
Questions and Comments!
Resources

ACoS Commission on Cancer http://www.facs.org/coc

The Advisory Board Oncology Roundtable- www.advisory.com

C-Change- www.c-changetogether.org

Tina Evans, RN, BS, CBCN www.collaborativecareconsulting.com 888-744-2213
Thank you to OncoNav

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

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

Have a good day!