Creating Your Patient Pathway: Designing a Navigation Program that Fits

Patient Navigation Seminar
Tuesday, September 23, 2014
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I have the following relationships with commercial interests.
• I review educational materials for Pfizer as a consultant.
• The GW Cancer Institute recently received a grant from Amgen to support a summit to increase access to care in the DC region.

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
Learning Objectives

• Define your patient population and program goals
• Identify and leverage resources to meet target population needs
• Determine your program model and patient flow
Why Conduct a Needs Assessment?

- Needs assessment identifies barriers and challenges that patients face
- Use the information gathered to inform your program and services offered
- Connects needs, satisfaction and quality of life to aid in program planning
- Required by Commission on Cancer (CoC)
Needs Assessment Components

- Defining your Patient Population
- How Patients will Enter your System
- Assessing Institutional Capacity
- Identifying Internal and External Resources
- Gathering Key Stakeholder Data
Defining Your Patient Population

- Ethnicity
- Race
- Age
- Gender
- SES
- Insurance status
- Disease type
- Health barriers
Sources of Information

- Institution or State Cancer Registry
- State Cancer Plan
- American Cancer Society Facts and Figures
- Centers for Disease Control and Prevention’s U.S. Cancer Statistics
- National Cancer Institute’s SEER data
1. Screening

- How/where are patients screened? What happens when there is an abnormal finding? How are patients notified? How do they get to your institution?

2. Diagnosis

- What happens during the diagnosis meeting? How are treatment decisions made? What do patients do when and after treatment options are discussed?

3. Treatment

- What happens after treatment begins? Are psychosocial needs assessed and resources made available? How are medical, psychosocial and practical needs managed and by whom?

4. Post-treatment

- What happens when treatment ends? Is there communication with the primary care provider? How are medical, psychosocial, and practical needs managed and by whom?
Assessing Capacity

- Strengths
- Weaknesses
- Opportunities
- Threats
Strengths/Weaknesses

• Staff (nurse, social worker, dietitian, psychologist, etc.)
• Time
• Physical Location/Space
• Financial (funding streams)
• Internal support (program champion)
• Reputation
Sample Strengths/Weaknesses

Strengths:
• Committed oncologists
• Use of existing space
• Grant support for navigator’s time
• Grant support for educational classes

Weaknesses:
• Lack of time
• Need more support from senior leaders
• “Unfunded mandate” from administration
• No IT to support evaluation or needs assessment
Opportunities/Threats

• Local/National trends, policies, standards (CoC standards)
• Changes in population needs (emotional, physical and financial)
• Legal or billing issues (insurance)
• Economic, political or societal issues
Sample Opportunities/Threats

Opportunities

• CoC Standards
• ACA/Health Care Reform
• Many community-based organizations to refer out to

Threats

• Grants are limited/running out
• Limited funds for additional staff
• High unemployment rate in market may limit patient access and increase uninsured rate
Resource/Asset Mapping

- Process to identify resources to enhance programs
- Build capacity of organizations to better serve those affected by cancer
Why Map Resources?

Helps to align, coordinate and deliver services by:

– Identifying new resources
– Increasing access to resources
– Avoiding duplication of services
– Encouraging collaboration and partnerships
Internal Resources

Program Champion

Financial: Reimbursement, Grant, Department Budget

Administrative: Scheduler, Biller, Registrar, Quality Improvement

Clinical Staff: Nurse, Social Worker, Oncologist, Dietitian, Psychologist

Other Services: Patient Advocate, Support Group, Rehabilitation

Departmental: Marketing, IT, Finance

Physical/Space: Location, Clinic Space, Office Space

Financial: Reimbursement, Grant, Department Budget

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Other Services: Patient Advocate, Support Group, Rehabilitation

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Physical/Space: Location, Clinic Space, Office Space
External Resources

- **Individuals:** Citizens, Students, Seniors
- **Local Institutions:** YMCA, Health Clinics, Hospitals, Colleges
- **National Organizations:** ACS, LIVESTRONG, CDC
- **Physical Resources:** Schools, Parks, Libraries, Community Centers
- **Financial Services:** Grants, Philanthropy
- **State Disability, Unemployment Office**
- **State Office of Ombudsman**
- **State Medicaid, Medicare Office**

Center for the Advancement of Cancer Survivorship, Navigation and Policy
Identifying Stakeholder Needs

- Key part of the needs assessment
- Multiple stakeholders = multiple perspectives
- Focus groups, formal or informal interviews, surveys or data mining.
Identifying Patient Needs

• Assess your patient population for your navigation program
• What are the barriers and challenges that your patient population faces?
• What are the gaps in health care delivery?
Patient Navigation Questions

• Do you have any difficulty obtaining your medicines due to finances?
• Do you have transportation difficulty to medical appointments?
• Do you have difficulty with dependent care to schedule medical appointments?
• Do you feel there is language barrier between you and your provider?
Other Stakeholders

• Providers and staff
• Community organizations
Identify Desired Outcomes

Outcome: The change(s) that your program will bring about in your target population or social condition. *(not the program itself)*

Examples:

• Increased patient adherence with treatment & follow-up care
• Reduce no show rates
• Reduce days to treatment
Align Program Goals with Organizational Priorities

What does leadership value?

- Patient outcomes?
  - Demonstrate impact on screening adherence/survival/prognosis/QoL

- Patient retention?
  - Demonstrate patient satisfaction

- Staff retention?
  - Demonstrate staff satisfaction, opportunities for growth

- Cost savings?
  - Demonstrate indirect costs captured
Why is Goal-Setting Important?

• Goals explain what you intend to do to leadership, target population, and funders
• Goals **measure** your program’s progress to demonstrate effectiveness and efficiency
• Goals break down the long-term, big aims into manageable pieces so they are achievable
Questions to Consider in Program Development

Who are your champions?

Who needs to be “at the table” for program development?

Who is your patient population?

When will patients be eligible for services?

Which program type/model would be most appropriate?

What services will be provided?
Sample Navigation Program

Our program will provide the following services:

• Support groups
• Referrals to housing assistance and other assistance with practical concerns (food, employment)
• Language assistance for patients in which English is a second language
• Financial assistance
• Transportation assistance
• Scheduling assistance
• Psychosocial screening and assessment using the Distress Thermometer
Organization and Management

• Detailed program structure
• Include an organizational chart
• Bios of staff and descriptions of their roles
• Skill-level of navigator
Sample Navigation Work Flow

Breast cancer diagnosis

Navigator contacts patient after appointment is made; assesses transportation & financial needs

Navigator meets with patient at clinic on day of appointment; assesses social/family needs, provides education

Treatment
Navigator assists with obtaining referrals & making appointments: 2nd opinion, surgery, radiation, etc.

Navigator continues to assess barriers to completion of treatment via phone and in person at clinic visits; records in EMR

Survivorship
Navigator reviews surveillance plan; refers to survivorship clinic & community programs
Case Load (N=79)

- **Screening**
  - 0-150 patients (40%)
  - > 400 patients (29%)

- **Diagnosis**
  - 0-150 patients (62%)
  - 250-300 patients (12%)
  - > 400 patients (10%)

- **Treatment**
  - 0-100 patients (46%)
  - 101-150 patients (18%)

- **Post-Treatment**
  - 0-100 patients (37%)
  - 101-150 patients (29%)
Considering Program Costs

• Personnel costs
  – Tremendous variation across program
  – May include supervisory staff
  – Professional development and education

• Program costs
  – Print materials
  – Room rental
  – Refreshments

• Medical care costs

# Navigation Program Costs

## Table 3: Sample Patient Navigator Program Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget Line Items</th>
<th>Personnel</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health center&lt;sup&gt;26&lt;/sup&gt;</td>
<td>Personnel &amp; training</td>
<td>5 part-time navigators</td>
<td>$75,000 over 1 year</td>
</tr>
<tr>
<td>Academic hospital&lt;sup&gt;24&lt;/sup&gt;</td>
<td>Personnel &amp; training</td>
<td>.5 FTE navigator</td>
<td>$25,000 over 1 year</td>
</tr>
<tr>
<td>Three community hospitals&lt;sup&gt;22&lt;/sup&gt;</td>
<td>Personnel &amp; materials</td>
<td>1 lay navigator, 1 navigator, Patient navigator + nurse-LPN + bilingual outreach worker + project supervisor</td>
<td>$73,291 over 1 year (avg. of 3 hospitals)</td>
</tr>
<tr>
<td>Three public hospitals&lt;sup&gt;23&lt;/sup&gt;</td>
<td>Personnel &amp; pagers</td>
<td>2 FTE navigators + part-time administrative and nursing staff + % of a service chief</td>
<td>$116,000 over 1 year</td>
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<tr>
<td></td>
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<td>2 FTE navigators + part-time administrative and nursing staff + small % of a service chief</td>
<td>$104,000 over 1 year</td>
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<td></td>
<td>2 FTE navigators + 1 FTE program coordinator + 1 FTE program assistant + .5 FTE nurse + .5 FTE clerk + small % of 2 service chiefs and a medical director</td>
<td>$373,000 over 1 year</td>
</tr>
<tr>
<td>Four community health centers&lt;sup&gt;25&lt;/sup&gt;</td>
<td>Personnel, variable costs &amp; fixed costs</td>
<td>3 FTE lay navigators + 1 FTE social worker navigator + .25 FTE program director</td>
<td>$317,101 over 2 years</td>
</tr>
</tbody>
</table>

Abbreviation: FTE, full time equivalent.

Pratt-Chapman, Willis. 2013, Seminars in Oncology Nursing.
Funding Sources

• Reimbursement
• Internal funding (i.e., department increases the budget to include new line items)
• Grants/philanthropy
• Off-set costs from other revenue
• Existing resources (i.e., reallocating time from existing staff)
## Best Practices Survey: Navigation Funding

<table>
<thead>
<tr>
<th></th>
<th>58%</th>
<th>57%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational budget</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Existing resources</strong></td>
<td>18%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Reimbursement</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
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**Center for the Advancement of Cancer Survivorship, Navigation and Policy**
Evaluate: Keep it Simple

• Select measures that relate to your program goals

• Understand what is most important to your leadership

• Be selective with what you measure and how
  • small test of change with measure(s) and tools to see if it will work reliably as expected; then scale up

• Have a purpose in mind
GW Cancer Institute
Center for the Advancement of Cancer Survivorship, Navigation & Policy (caSNP)

• Survivorship & Navigation Resources
  – E-news & caSNP listserv
• Policy reports and white papers
• Education & Training
• State Navigation Toolkit
• Research

• Contact: casnp@gwu.edu
Published resources

• C-Change Patient Navigation Toolkit: http://www.cancerpatientnavigation.org/


Thanks!

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