Establishing Effective Patient Navigation Programs in Oncology

Session 4: Patient Navigation Program Standards, Metrics, and Quality Improvement Efforts

Commission on Cancer's Standards and Metrics for Patient Navigation Programs

Nina Miller, MSSW, OSW-C American College of Surgeon's Commission on Cancer Chicago, Illinois

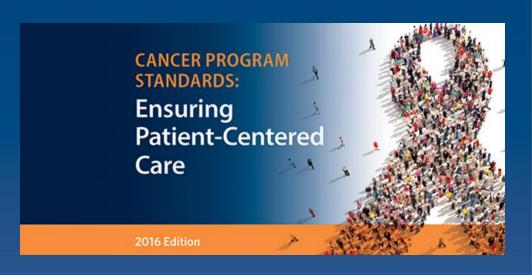


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S 3.1 A patient navigation process, driven by a triennial Community Needs Assessment, is established to address health care disparities and barriers to cancer care. Resources to address identified barriers may be provided either onsite or by referral.





- Increase awareness of the social determinants of health impacting persons in the program's catchment area
- Identify the at-risk for cancer population and turn the focus to one of health equity
- Identify resources to help patients overcome access barriers
- Identify resource gaps
- Encourage development of collaborative efforts with community partners to address gaps
- Facilitate a process for programs to reach out directly to providers, systems, and/or patients to determine barriers
- Provide the process framework for delivery of service to those most in need





Community Needs Assessment



Description of a community and its people

Identification of the needs of a community





Facilitates provision of service appropriate to addressing identified needs





Patient Photos Town **Focus Interviews** Hall **Provider** Groups Meetings **Audio** Surveys Information **Appropriate Appropriate** Stakeholder direct from **Culturally** literacy for vulnerable discussions appropriate the levels populations consumer

Adapted from a presentation by and used with permission from Yolanda Suarez-Balcazar, PhD; University of Illinois - Chicago





PATIENT BARRIERS

PROVIDER BARRIERS

HEALTH SYSTEM BARRIERS







Resources and Resource Development

ER10 Psychosocial Services
ER11 Rehabilitation Services
ER 12 Nutrition Services

2.3 Genetic Counseling and Risk Assessment2.4 Palliative Care Services





PRIMARY CARE

PREVENTION

SCREENING

DIAGNOSIS

TREATMENT

RECOVERY/
SURVIVORSHIP

END-OF-LIFE
CARE

PSYCHOSOCIAL & PALLIATIVE CARE

TARGETED NAVIGATION BASED ON NEED

DISTRESS SCREENING





Use the community needs assessment as a building block for program development, implementation, and evaluation

Develop strategies to address barriers/resource gaps to improve patient outcomes

Navigate patients





Required Documentation: Standard 3.1

Each calendar year, the program uploads:

- A copy of the results and findings of the triennial Community Needs Assessment
- Documentation of the monitoring, evaluation, and findings of the patient navigation process including the health disparity populations served and the barrier(s) that are addressed.



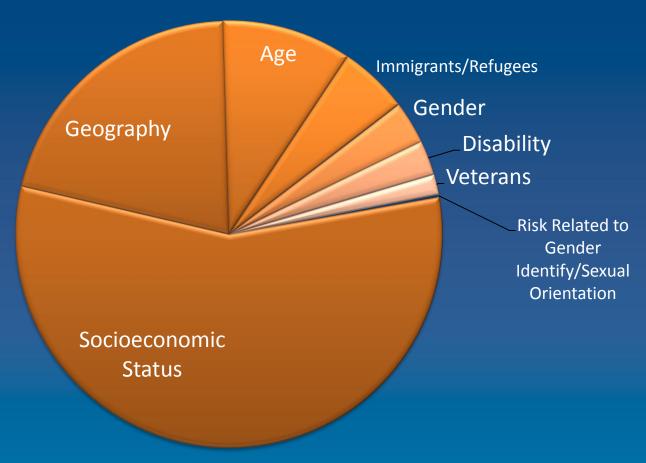
Rating Compliance – Metrics: Standard 3.1

- Conduct a Community Needs Assessment at least once during the three-year accreditation cycle to address health care disparities and barriers to cancer care.
- Establish a patient navigation process and identify resources to address barriers that are provided either on-site or by referral to community-based or national organizations.
- Each calendar year, barriers to care are identified and assessed, the navigation process is evaluated and documented, and the findings are reported to the cancer committee.
- Each calendar year, the patient navigation process is modified or enhanced to address the barrier or barriers identified by the Community Needs Assessment.





Health Disparities Population

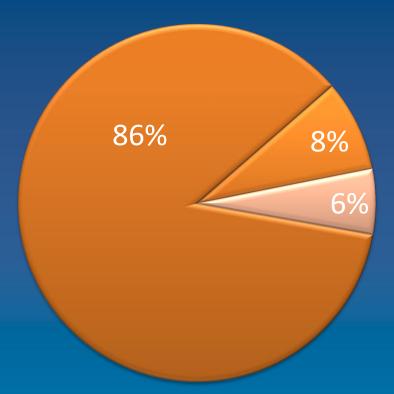






Barrier Categories

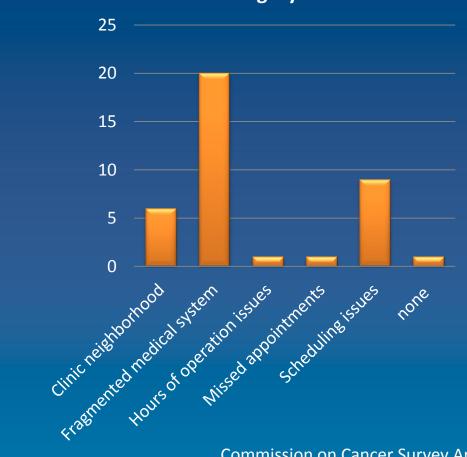
- Patient-Centered Barriers Health System Barriers
- Provider-Centered Barriers



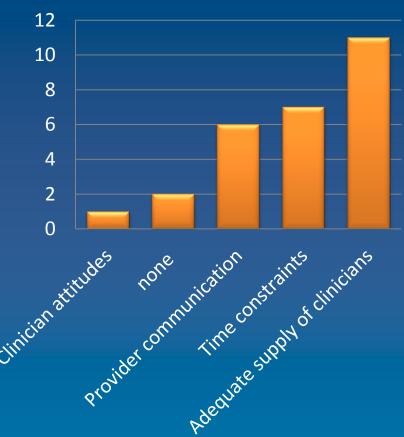




Health System Barriers Subcategory



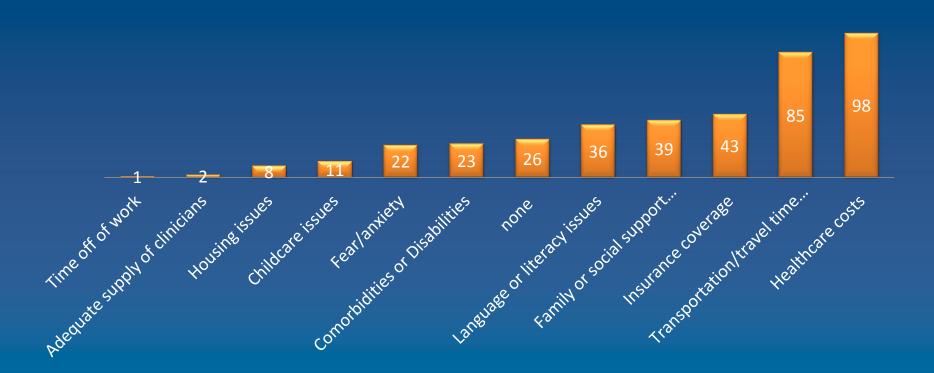
Provider-Centered Barriers Sub-category







Patient-Centered Barriers Sub-category







Future Considerations

- Develop technical assistance resources to assist programs with completing a cancer-related Community Needs Assessment
- Advocate for navigation service reimbursement/inclusion in bundled payment when evidence indicates service is needed
- Outline the licensing or certification requirements for staff navigating patients and define eligible navigation providers
- Define and track quality metrics and outcomes
- Require navigation service provision in some program categories





- The GW Cancer Center's Implementing the Commission on Cancer Standard 3.1 Patient Navigation Process: A Road Map for Comprehensive Cancer Control Professionals and Cancer Program Administrators
- National Accreditation Program for Breast Center's Standards

 Manual, April 1, 2018:
 - https://www.facs.org/quality-programs/napbc/standards
- Commission on Cancer's Cancer Program Standards: Ensuring Patient-Centered Care, 2016 Edition:
 - https://www.facs.org/quality-programs/cancer/coc/standards http://cancerbulletin.facs.org/forums/



