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WASHINGTON, DC

Valuing Patient Navigation for Sustainment

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National Cancer Policy Forum Workshop on Health Literacy and Communication Strategies in Oncology

July16, 2019

GW Cancer Center

Disclosures

- No disclosures

Question for Consideration

How do we create collaborative health care systems with informed patients sharing in decision making through sustainable patient navigation support?

We need candid conversations about who is doing the work and who is financially benefiting.

Objectives

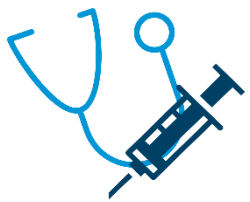
- Explain how “navigator fit” is critical for integration and sustainability
- Identify navigation actions that support patient health literacy and patient-provider communication
- Consider solutions to sustainable financing of patient navigation

90 million

Americans have trouble understanding and acting on health information

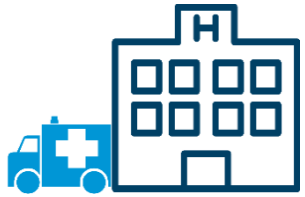
Nielsen-Bohlman, L. et al. (2004). Health Literacy: A Prescription to End Confusion. Committee on Health Literacy. The National Academies. Washington, DC.

LOW HEALTH LITERACY
is linked to…



Lower use of PREVENTIVE CARE

Less adherence to TREATMENT



More HOSPITAL STAYS

Poor health status and higher MORTALITY RATES

Berkman, N.D. et al. (2011). Low health literacy and health outcomes: An updated systematic review. Annals of Internal Medicine, 155(2), 97-107.

What does Patient Navigation have to do with Health Literacy?

Patient Navigators can:

- Assess health literacy
- Coordinate appointments
- Provide reminder calls
- Assess and address barriers
- Provide information on what to expect, team member roles
- Promote healthy behaviors and positive coping
- Connect patients to language and support services

Tarkan, L. (2008, September 15). E.R. patients often left confused after visits. New York Times.

Illustration by: Lola & Bek

Navigation support of Health Literacy & Patient-Provider Communication

Prevention

- Promote healthy behaviors within specific communities in a culturally-affirming way

Detection

- Educate re: cancer screening guidelines: age, intervals, risk
- Help patients access insurance & screening programs

Diagnosis

- Educate re: health care system protocols
- Ensure coverage of dx procedures
- Check patient understanding of next steps

Treatment

- Assess language & literacy; check for understanding
- Help prioritize pt questions
- Educate on team roles
- Support adherence to tx plan
- Support self-advocacy & shared decision-making
- Help with financial assistance

Survivorship

- Educate re: importance of longitudinal follow up care
- Provide reading-level, culturally appropriate evidence-based information on cancer survivorship
- Serve as liaison for patient & survivorship clinicians

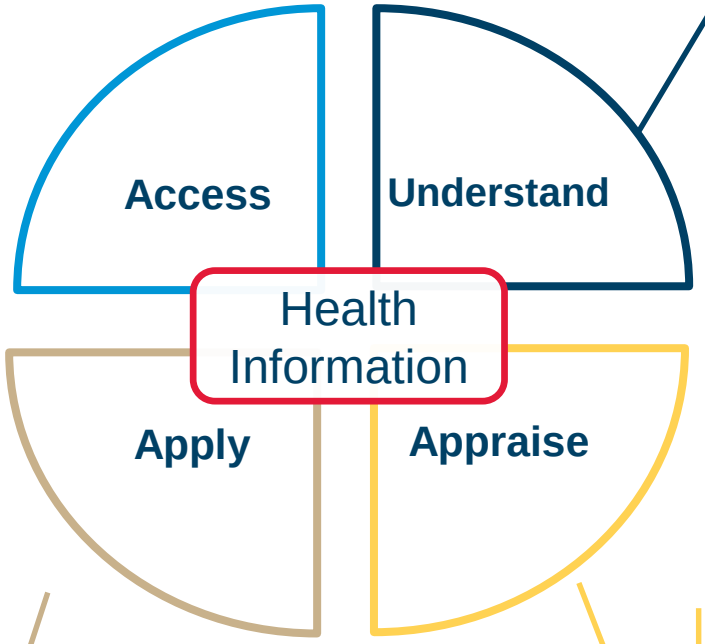
End-of-Life Care

- Educate re: difference between palliative care and hospice
- Support advance care directive completion

Pratt-Chapman, M.L., et al. (2015). Core competencies for oncology patient navigators. Journal of Oncology Navigation and Survivorship, 6(2), 16-21.

Patient Engagement with Health Information

Is a patient able to seek, find, and get health information?



Is a patient able to understand this information once they get it?

Is a patient able to use this information to make decisions about their health and care?

Is a patient able to process this information?

Best, A.L., et al. (2017). Increasing routine cancer screening among underserved populations through effective communication strategies: Application of a health literacy framework. J Cancer Education, 32(2), 213-7.

The “Right Fit”: Getting Clear on the Problem (for Patients)

The type of navigator and their scope of practice must be able to address common patient barriers within a specific organizational or commmunity context.

Willis A., et. al (2013). Development of a framework for patient navigation: delineating roles across navigator types. Journal of Oncology Navigation & Survivorship, 4(6), 20-26.

Communication Strategies

- Use plain language – no medical jargon
- Use specific examples: Increase your physical activity by five minutes three times a week
- Teach-back: What will you tell your wife about this appointment when she asks you what you learned?

Tools and techniques

Help patients:

- Understand health and health care options
- Contribute to decision-making

Ask Me 3®:

- **What is my main problem?**
- **What do I need to do?**
- **Why is it important for me to do this?**

For more information on Ask Me 3, please visit www.npsf.org/askme3

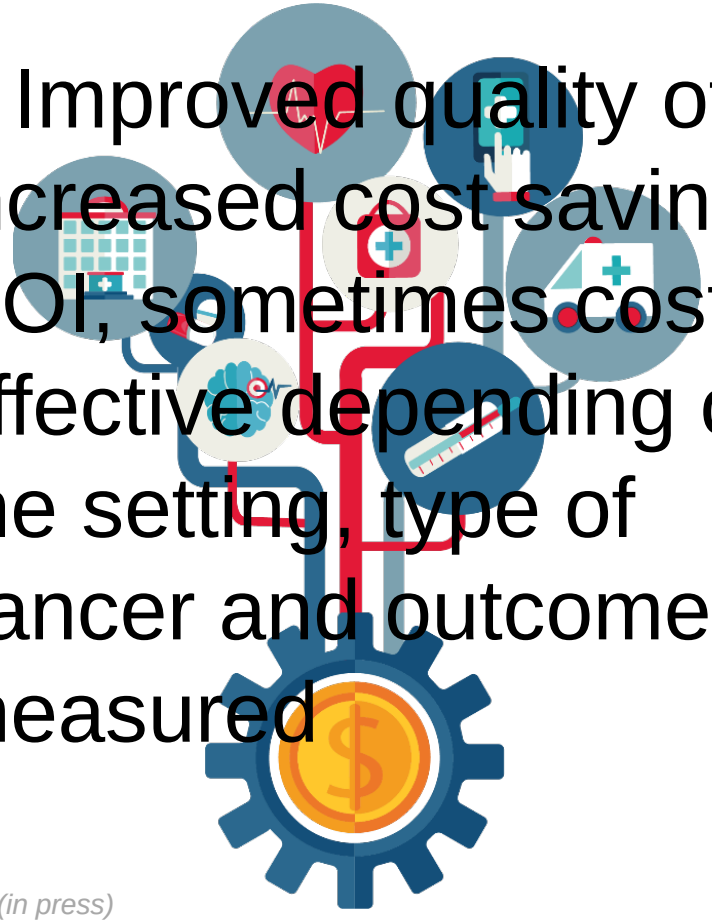
Schwartzberg, J.G., et al. (2007). Communication techniques for patients with low health literacy: A survey of physicians, nurses, and pharmacists. American Journal of Health Behavior, 31(Suppl 1), S96-104

PN Sustainability Solution #1: Document Value

Improved health literacy through patient navigation, social work, and 24/7 nurse triage

- ↑ Uptake of cancer screenings
- ↑ Timeliness of dx and tx
- ↑ Patient adherence, tx completion
- ↑ Patient satisfaction
- ↑ Patient volume
- ↑ Patient retention
- ↑ Clinical outcomes & care coordination
- ↓ No shows
- ↓ Acute care (ER, hospitalizations)

= Improved quality of life, increased cost savings or ROI, sometimes cost effective depending on the setting, type of cancer and outcomes measured

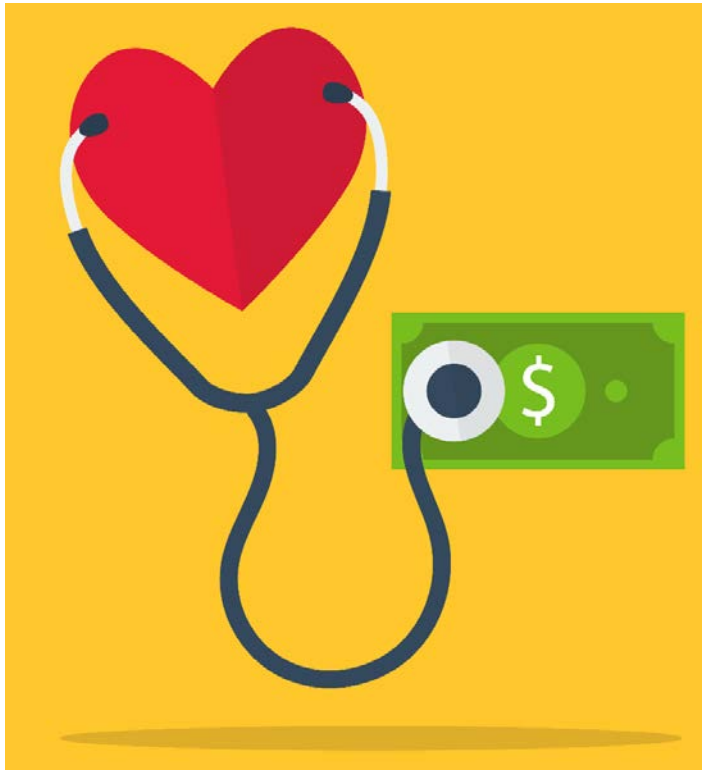


Kline, R., et al. Patient navigation in cancer: The business case to support clinical needs. Journal of Oncology Practice. (in press)

Examples: Value-Based Health Systems

University of Alabama Birmingham

Lay navigators **saved $781.29 per navigated patient** through reduced ED, ICU, and unplanned hospital admissions



Kline, R., et al.. Patient navigation in cancer: The business case to support clinical needs. Journal of Oncology Practice. (in press)

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Examples: FFS Health Systems

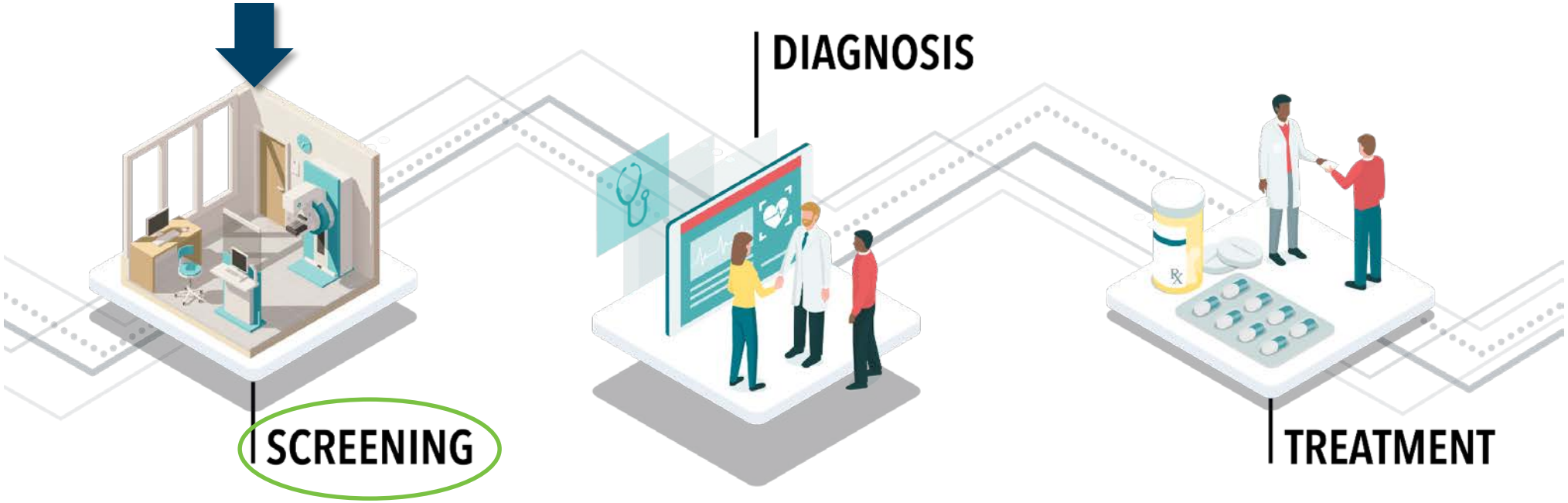
University of Pennsylvania Health System: Navigated patients 10% more likely to stay for and receive multiple modalities of treatment

- 27% higher use of infusion services
- 17% higher use of radiation services

Kline, R., et al.. Patient navigation in cancer: The business case to support clinical needs. Journal of Oncology Practice. (in press)

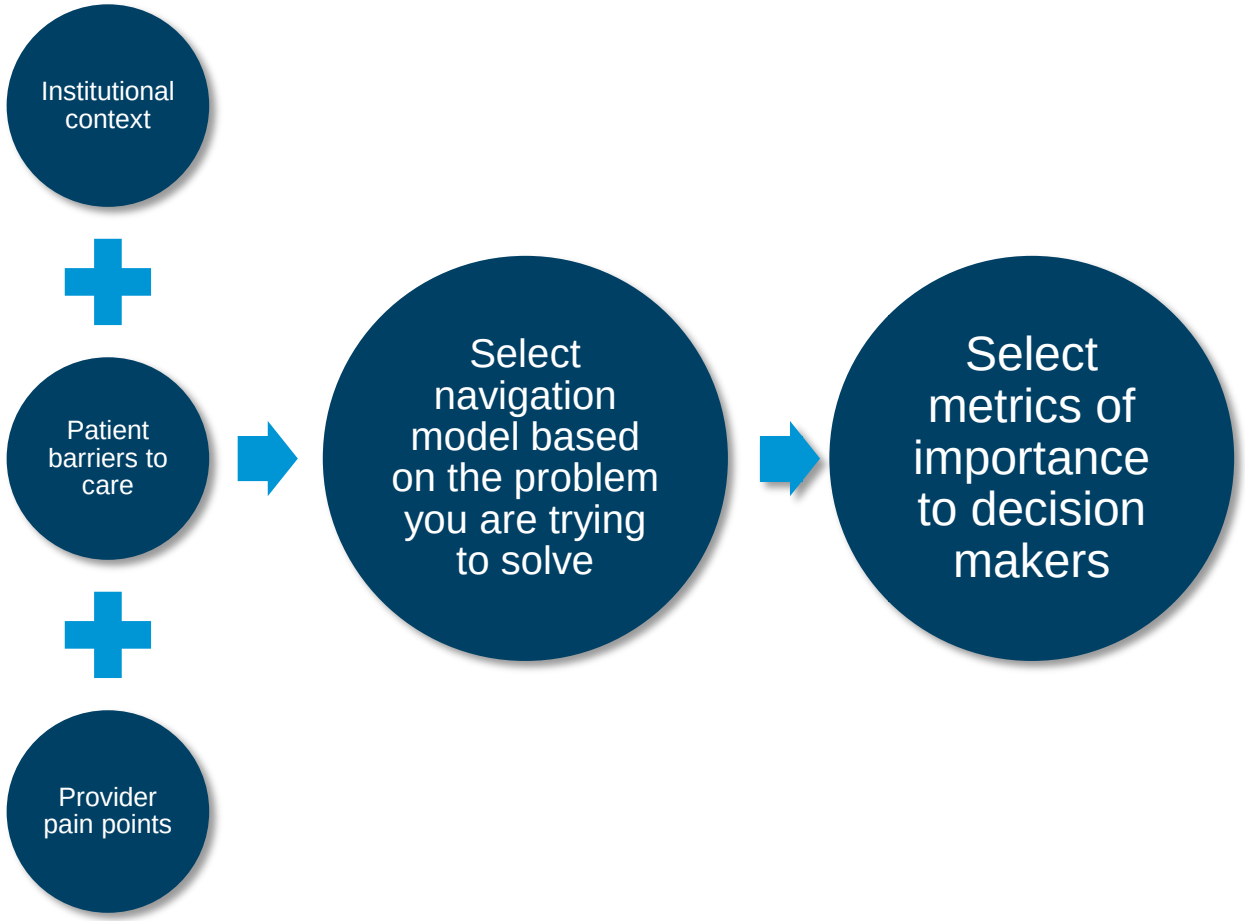
When should navigation be introduced?

Anonymous Health System: 35% fewer patients lost to other systems if navigated from point of suspicious finding



Kline, R., et al.. Patient navigation in cancer: The business case to support clinical needs. Journal of Oncology Practice. (in press)

How do you show your value?

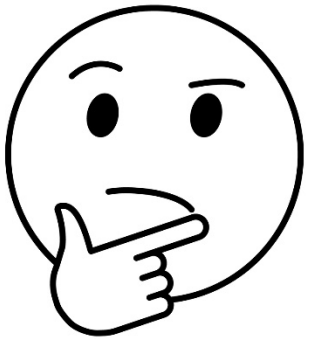


- Patient satisfaction
- Patient engagement
- Time to dx / tx
- Patient adherence
- Reduced acute encounters
- Greater efficiency
- Cost savings

PN Sustainability Solution #2: Up Front Payment

- The Oncology Care Model provides **$160 per patient per month** and requires patient navigation along with a treatment plan, access to a clinician 24/7, treatment aligned with national clinical guidelines, and ongoing quality improvement
- Use quality payment to support navigation and other critical patient support services

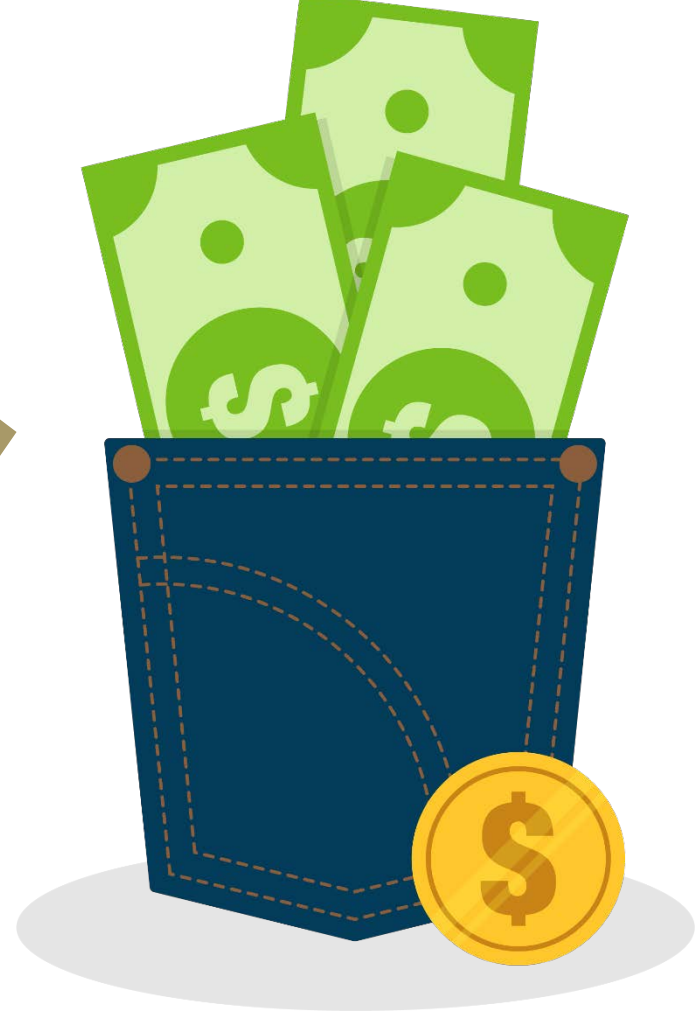
Is $160 the right amount?



PN Sustainability Solution #3: Team-Based Reimbursement

- The 2018 National Cancer Center Network (NCCN) Policy Summit working group recommended coding mechanisms to reimburse team-based care
- The Cancer Care Planning and Communications Act of 2018, HR 5160, 115th, Cong, 2017–2018, would create reimbursement for cancer care planning and coordination through Medicare
- The Patient Navigation Assistance Act would require Medicaid to reimburse cancer patient navigation

The “Wrong Pocket” Problem



Treatment centers get paid

Screening centers get paid and refer to treatment centers

FQHC navigates patients to screening

FQHC does not benefit

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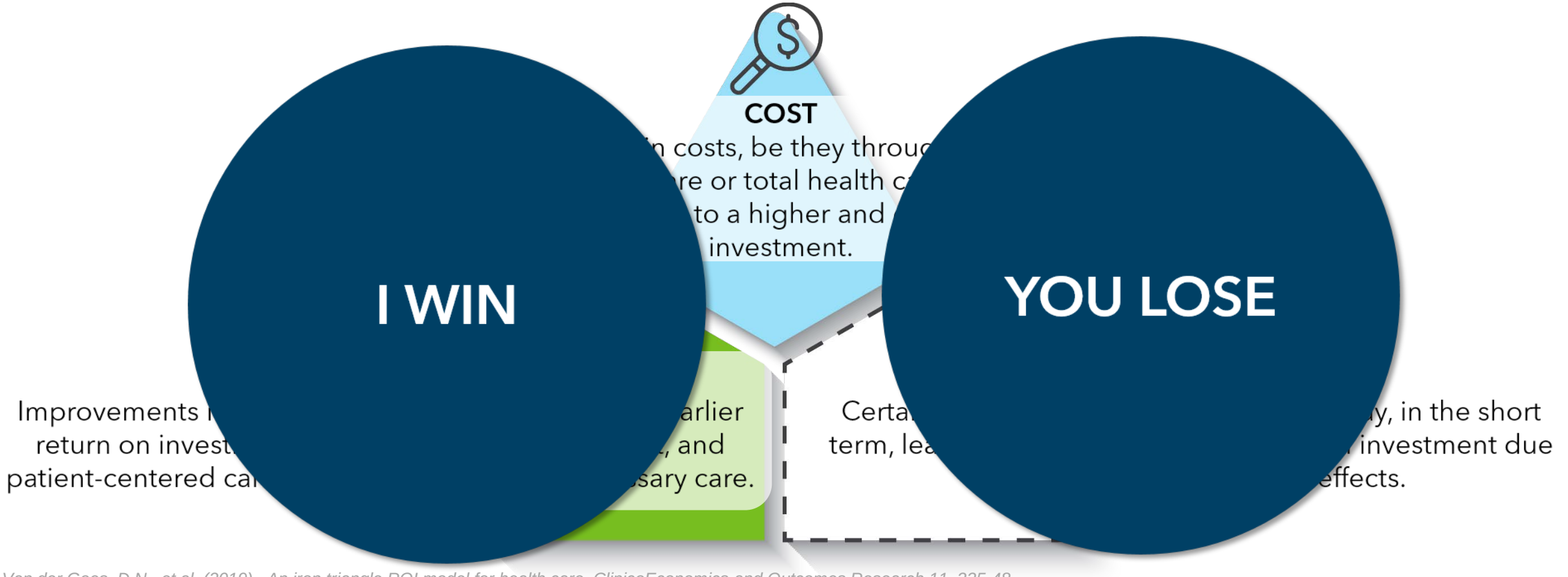
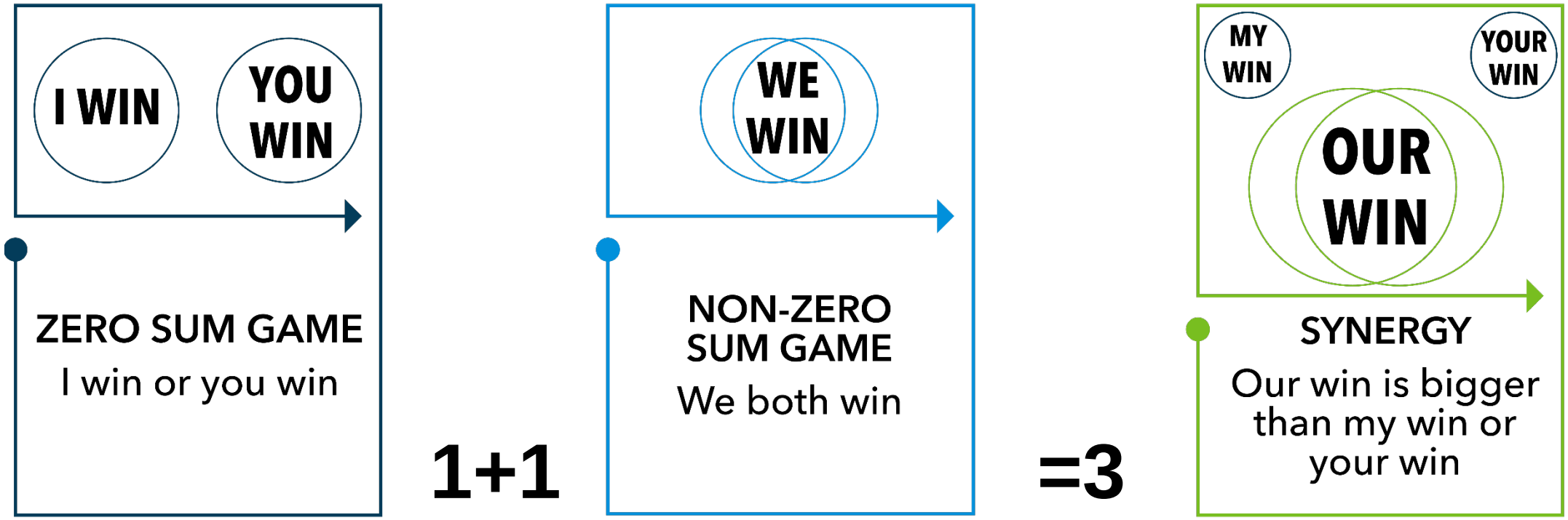
The ROI Problem: Zero Sum Math



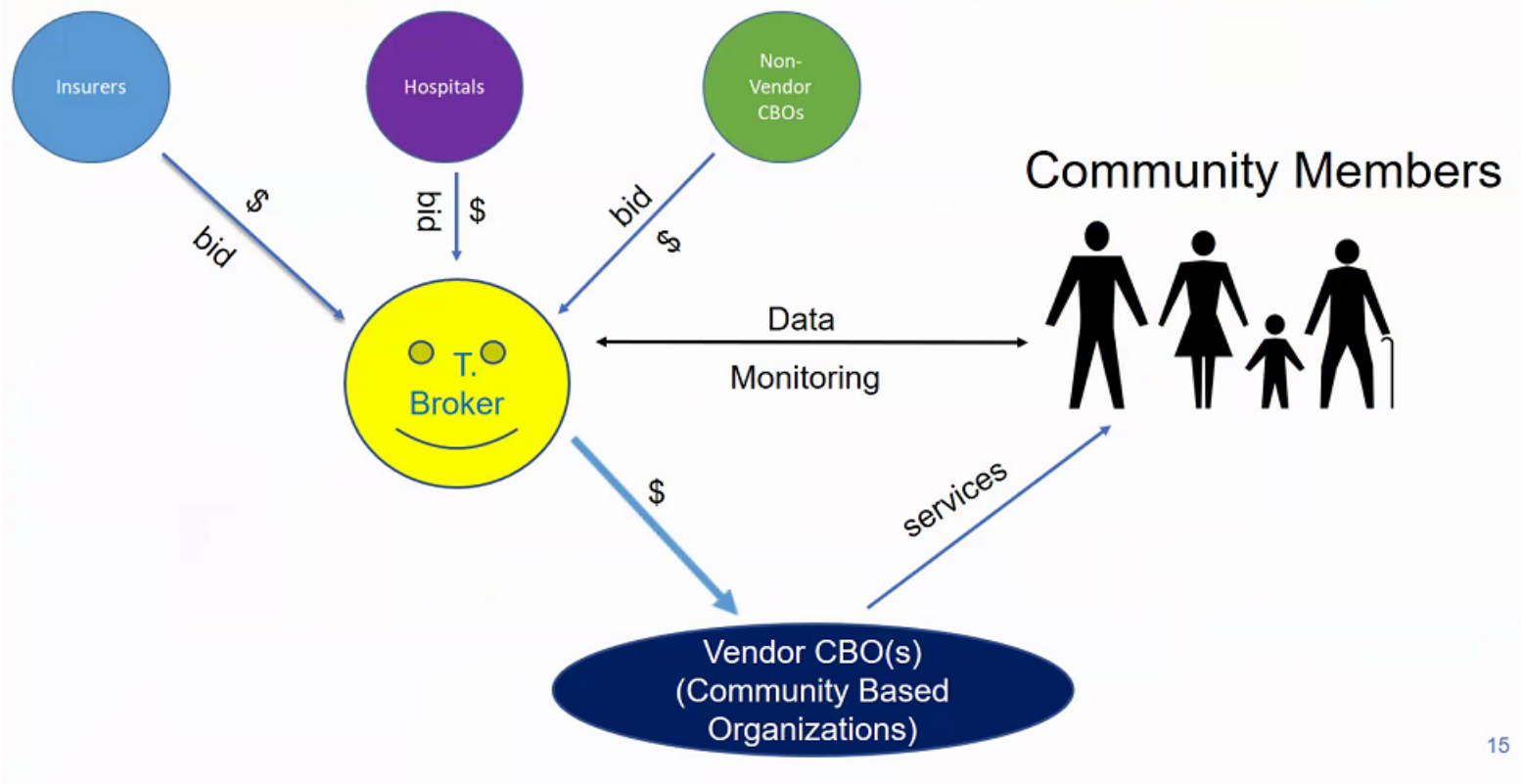
Van der Goes, D.N., et al. (2019). An iron triangle ROI model for health care. ClinicoEconomics and Outcomes Research,11, 335-48.

PN Sustainability Solution #4: Flexible Budgeting



Nichols, L.M., & Taylor, L.A. (2016) Social determinants as public goods: A new approach to financing key investments in healthy communities. Community Health, 2018;37(8):1223-30.

PN Sustainability Solution #4: Flexible Budgeting



Nichols, L.M. et al. (2019) Collaborative Approach to Public Good Investments: A Feasibility Study.[webinar]

Patient support = $10 Million for a City

Stakeholder	Value of Solution	Simple Cost Share	Tax or Side Payment	Net Price
Medicaid	$5,000,000	$2,000,000	$1,571,430	$3,571,430
Medicare	$3,500,000	$2,000,000	$500,000	$2,500,000
Private Payers	$2,500,000	$2,000,000	($214,285)	$1,785,715
Hospitals	$2,500,000	$2,000,000	($214,285)	$1,785,715
FQHCs	$500,000	$2,000,000	($1,642,860)	$357,140
TOTAL	$14,000,000	$10,000,000	$0	$10,000,000

>28% ROI for all stakeholders

Nichols, L.M. (2019) Eliciting Sustainable Local investments in Social Determinants of Health. MITRE Health Lab Innovation Grand Rounds. Baltimore, MD

Measuring navigation value

"[H]ow do we quantify what we're doing? How do we figure out the return on investment for navigation….[W]e looked at patients who were navigated versus patients who weren't navigated, in terms of their retention within the health system, the percentage of patients who went to and received chemotherapy, those who received radiation… [**T]his was actually the most profitable program we've ever had within the health system.**"

Lee J., & Pratt-Chapman, M.L. (2019). Patient Navigation Sustainability: A Qualitative Study (in progress)

Resources

TEAM Training: Supporting Culturally Sensitive Cancer Care

Learn more about enhancing patient-provider communication and providing culturally sensitive care!

The George Washington University (GW) Cancer Center offers a new online training, Together, Equitable, Accessible, Meaningful (TEAM). This no-cost training aims to improve the productivity of patient-provider interactions through individual and systems-level approaches, and it seeks to provide health care professionals with knowledge and strategies to support patient-provider communication and employ culturally sensitive practices.

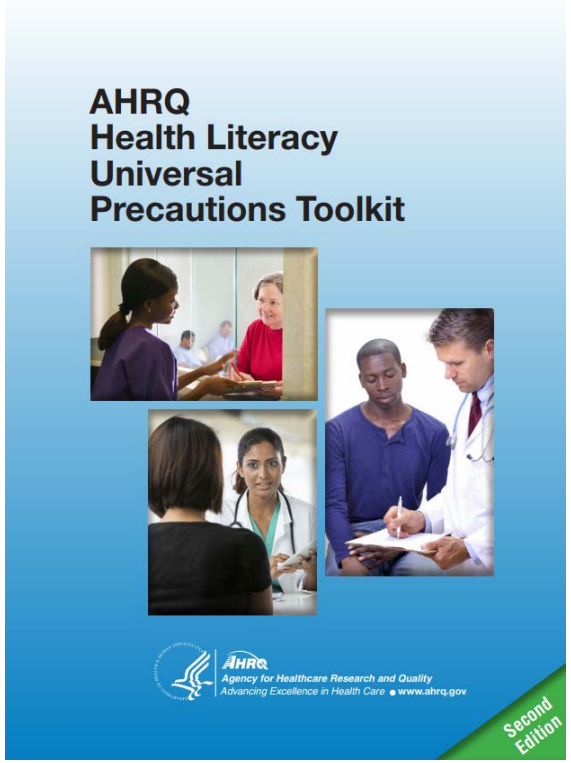
To enroll in this course, visit the Online Academy and use enrollment code **TEAMcare** (note: this is case sensitive).

Learning Objectives:

"This course makes me think about what actions an organization needs to take to be really patient-centered. We need to evaluate across our system practices to improve system wide and at that local level. The course reinforces how we should be looking at patient diversity and developing activities to improve practices."

-Participant

Resources



Agency for Healthcare Research and Quality's (AHRQ) **Health Literacy Universal Precautions Toolkit** includes additional tools to improve communication.

https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html

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Brega et al., 2015

Thank you!

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