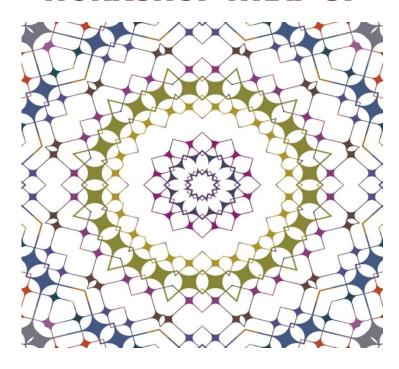
ESTABLISHING EFFECTIVE PATIENT NAVIGATION PROGRAMS IN ONCOLOGY

WORKSHOP WRAP UP



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Does anyone think that we should not have navigators for cancer patients?

- Are they bad for patients??
- Are they bad for patient retention??
- Are they bad for the economics of a healthcare facility??

.....so why has it been so hard to make navigators a robust and consistent part of cancer care??

Who should be navigated?

Targeted navigation? (Dr Freeman)

Everyone?

Is there an ideal model for cancer navigation?

- There are many models
- There are many healthcare scenarios with different needs
- Can we focus on outcomes to determine success rather than forcing programs into "cookie cutter" models?
- Lack of role definition and standardization and training and education
- But cannot put navigators in place without a navigator program

Why is the financial model for navigation so obtuse?

Increased patient retention

- Decreased resource utilization (ED visits, admissions, re-admissions)
- Workload re-distribution the right people doing the right tasks

Sustainability??

Nurse Navigator Led Patient Outcome Measures

- Provider and patient satisfaction scores have been maintained between 98% to 100% since implementation of the nurse navigator role
- Breast biopsy turnaround time has decreased from 18 days to 5 days
- Comprehensive lymphedema program developed with greater than 80% reduction in overall volumetric measurements and revenue generating of \$2,500 per average 14 visit treatment program
- ED visits: 31.1% vs 58.3%
- Admissions: 26.7% vs 33.3%
- Readmissions at 30 days: 15.0% vs 31.0%

Outcomes.....Outcomes.....Outcomes

Patient satisfaction

Patient engagement with care

Lower complications rates

Lower cost

Improved survival outcomes

How do we move the needle? How do we prevent having this same workshop in 5 years?

- What are the levers to change programs nation-wide?
- Commission on Cancer
- CMS
- Private payors
- Others???