

Cancer Care Patient Navigation: A Call to Action

A final report on ACCC's ground-breaking educational program

In 2009 the Association of Community Cancer Centers (ACCC) partnered with the Meniscus Educational Institute to develop an educational project that would:

1. Identify barriers to access to care that patient navigation can address
2. Increase successful implementation of patient navigation services
3. Refine staffing models
4. Establish effective metrics for measuring patient navigation services internally and for benchmarking patient navigation services against other community cancer centers.

Components of this multi-year educational program included:

- One-day training on patient navigation conducted at six pilot sites, including a patient navigation workbook with tools such as navigator job descriptions, assessment tools, patient satisfaction surveys, SOPs, intake forms, assessment forms, and more
- A CE-accredited Patient Navigation webinar
- Publication of *Cancer Care Patient Navigation: A Practical Guide for Community Cancer Centers*
- CME-approved sessions at ACCC meetings
- A "Cancer Care Patient Navigation Symposium" held in September 2009 and released as a CD that was mailed to ACCC members.

Training and Follow-up of Pilot Sites

In 2009 the six ACCC-member pilot sites were chosen from more than 100 applicants to receive one-day training on patient navigation led by faculty presenter Tricia Strusowski, RN, MS, director, Cancer Care Management, Helen F. Graham Cancer Center, Christiana Care Health System Newark, Del. Eligible applicants included both established patient navigation

programs looking to expand or enhance their services and patient navigation programs in the beginning stages of development. The six pilot sites that received onsite training were:

- Baptist Health Care, Pensacola, Fla.
- Cookeville Regional Medical Center, Cookeville, Tenn.
- Georgetown Hospital System, Georgetown, S.C.
- John B. Amos Cancer Center, Columbus, Ga.
- Roper St. Francis Cancer Center, Charleston, S.C.
- St. Francis Hospital and Health Centers, Beech Grove, Ind.

After the initial one-day training, Ms. Strusowski served as a mentor, offering guidance and support as the pilot sites implemented or enhanced their programs. Each pilot site was asked to report on outcomes data one year after the patient navigation training. These data would inform the final report on ACCC's educational program. In brief, here's what the pilot programs reported.

Outcomes Report

Each pilot site was asked to evaluate ACCC's educational program by answering the following five questions:

1. How were you able to apply the information provided at your program? If you were not able to apply any information, please discuss the challenges you faced.
2. What were the benefits of participating in this educational program? Please respond in one or two paragraphs.
3. What lessons were learned from this educational program? Please summarize in one or two paragraphs.
4. How did this educational program help you overcome barriers to establishing or strengthening patient navigation services?
5. What could have been improved in this educational program?

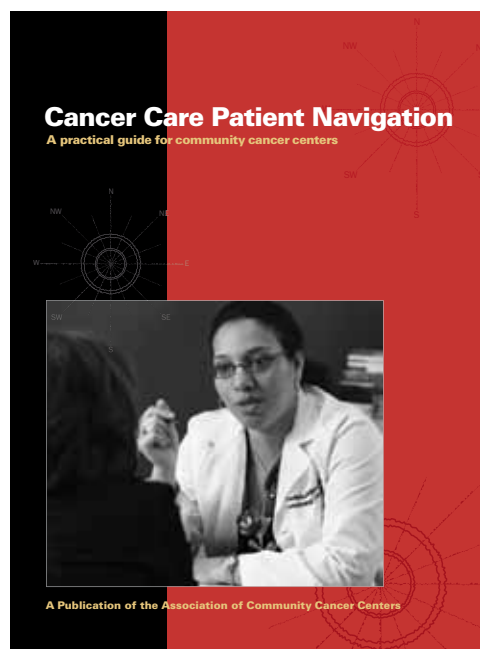
Applying Program Information

The pilot sites used the information to improve documentation, educate staff, expand and improve services, and delineate the roles and responsibilities of the patient navigator. Table 1 on page 57 outlines specific actions the pilot sites carried out in the 12 months post-training.

Educational Program Benefits

When surveyed, pilot sites reported that ACCC's educational program helped improve the cancer program in several areas, including helping pilot sites to understand how different programs use patient navigators. Another outcome was improved and/or enhanced teamwork of cancer program staff.

One pilot site detailed how ACCC's educational program had a significant impact on its multidisciplinary breast clinic by





(Above) Erin Young, RN, Breast Health Nurse Navigator at Cookeville Regional Medical Center, Cookeville, Tenn.



(Above right) Members of the multidisciplinary patient navigation team at John B. Amos Cancer Center, Columbus, Ga.



(Right) Patient navigators at St. Francis Hospital and Health Centers, Beech Grove, Ind.

coordinating the care approach of all disciplines consulting on breast cases within the clinic. Today, this pilot site uses its patient navigator to: 1) assess how to assist the patient and acclimatize the patient to the cancer center and its resources; 2) present a detailed disease outlook at a monthly breast conference; 3) work with the entire breast team to develop treatment and summary plans that the patient and navigator together work to fulfill; and 4) formulate survivorship care plans for patients at the end of their treatment phase.

A detailed analysis of the benefits can be found in Table 2 on page 57.

Lessons Learned

Pilot sites learned several important lessons, including how program visibility and productivity data are crucial to grow navigation services.

An equally important lesson: flexibility is key. Patient navigation programs evolve over time, and the scope of services is affected by outside factors, such as available resources and patient load. For more information, go to “Lessons Learned” on page 56.

Overcoming Barriers and Strengthening Services

Twelve months after the training, pilot sites said ACCC’s educational program helped to consolidate cancer program services by offering patients one point of contact. The program also helped hospital administration understand the value a patient navigator has for the cancer program service line. Other pilot sites reported that the educational program provided an impetus to evaluate their program.

This evaluation resulted in:

- A renewed commitment to expanding patient navigation services
- Recognition of a need for additional resources
- An onsite patient navigator consultant who helped further articulate concepts to hospital administration, physicians, and staff at one pilot site
- Additional navigator positions.

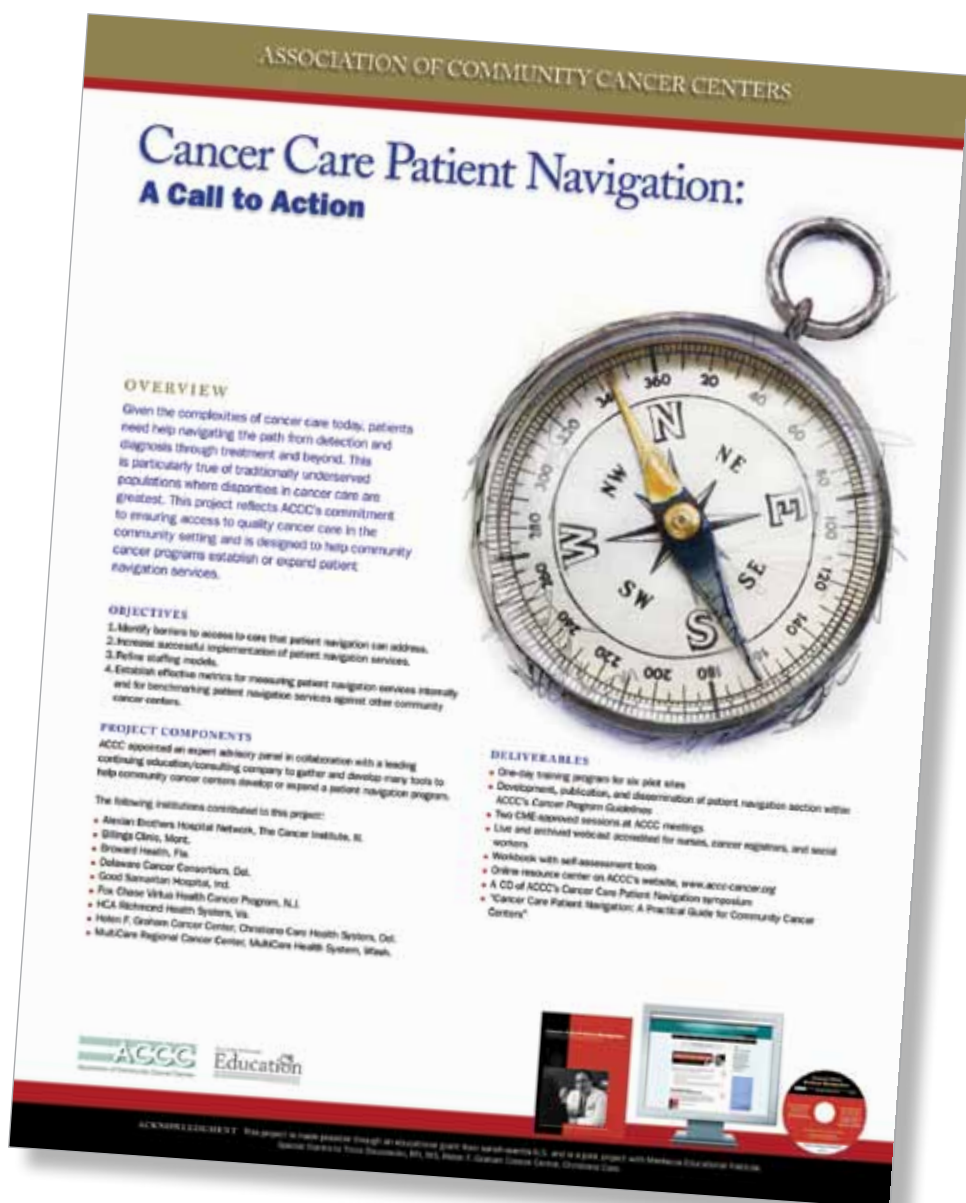
In terms of barriers, one pilot site reported that it needed to overcome the expectation that navigation must take place from diagnosis through to discharge. At this particular program, navigation services are not site specific. Instead navigators see patients with every type of cancer and who may be referred at any point in their treatment.

Suggestions for Improvement

Several pilot sites reported that no improvement to ACCC's navigation education program was necessary. In fact, most suggestions for improvement centered primarily about having more time than one day for training to allow for more personalized interaction with faculty. Other suggestions included:

- More time to discuss specific program constraints with faculty, such as tracking activities and triaging services
- For existing programs, balancing time spent in describing patient navigation exemplar with open discussion about program of site being visited
- Overview of program components could be submitted prior to onsite visit, with consultant preparing program-specific information
- For developing navigation programs, a programmatic direction flow for navigation services would be helpful
- Pilot sites could complete gap-and-fill assessment to centralize efforts for navigation services.

continued on page 57



Lessons Learned

- Program visibility and productivity data are crucial to growth of patient navigation services. Consider developing metrics for outcome measurement to pave way for program expansion.
- For navigation programs, data collection is often an area that can be improved. One pilot site is still working on a more fluid way of collecting much-needed data to share with hospital leadership.
- One pilot site found that attaching the navigator's consult to the MD's consult helped to identify the best approach for consulting with follow-up patients.
- The provision of quality patient

navigation services must match the available resources at the cancer program.

- Patient navigation programs evolve over time.
- One pilot site learned that its goals for patient navigator involvement were set considerably high—as patient load increased, the pilot site had to modify its expectations so the navigator could be used most effectively.
- If available, arrange for navigators to go for additional training and certification.
- No task is too big or too small for the patient navigator.
- Build on the “rekindled” spirit of teamwork and purpose through

monthly service line meetings, quarterly staff meetings, Cancer Committee meetings, and Cancer Advisory Board meetings. One pilot site now includes patient navigation reports in its meeting agendas.

- Patient navigators can strengthen networking activities with colleagues around the country.
- It is not always the patient one expects to benefit who does benefit from navigation services, so navigation programs should be open to all patients.
- Educate physicians and cancer program staff of navigator's role in patient care to give them a grasp of the navigator's roles and responsibilities.

Table 1. How was Information from ACCC's Educational Program Applied at the 6 Pilot Sites?

To Improve Documentation by:

- ✓ Revising patient and physician satisfaction surveys
- ✓ Presenting data from patient satisfaction surveys to Cancer Committees on a regular basis
- ✓ Entering patient satisfaction surveys into electronic format
- ✓ Improving data collection
- ✓ Using materials to help develop documentation and tracking forms
- ✓ Purchasing web-based navigator documentation systems to help with documentation and data collection.

To Educate Staff by:

- ✓ Using program materials to put together slide presentations to educate hospital managers and administration about patient navigator roles and responsibilities
- ✓ Using program materials to plan onsite programs to educate referring physicians and staff about the navigator program. Grants from a Susan G. Komen affiliate helped one pilot site fund this program.

To Expand and/or Improve Navigation Program by:

- ✓ Using an ACS Patient Resource Navigator to meet weekly with oncologists to identify patients for the program
- ✓ Expanding existing breast navigator program to include navigation of prostate cancer patients
- ✓ Laying out a road map of services involved in consolidating navigation efforts
- ✓ Bringing together all facets of breast care to grant patients a single point of contact for all cancer care.

To Delineate Navigator Roles and Responsibilities by:

- ✓ Outlining barriers that patients face through the continuum of cancer care and using this information to help mold role and responsibilities of navigator
- ✓ Using program materials to help develop navigator job description.

Table 2. Benefits of Participating in ACCC's Patient Navigation Program

Roles and Responsibilities

- ✓ Program offered information to “polish” navigator role and show how the navigator role can consolidate other cancer program services
- ✓ Program offered a vast array of information that was helpful in understanding how different programs use patient navigators
- ✓ Curriculum helped tremendously in developing policies and procedures for patient navigator programs.

Program Improvement

- ✓ Program allowed pilot sites to adapt their services to accommodate their own community, physician practices, and hospital system
- ✓ After participating in the program, a small navigation program with one navigator is now ready to expand to other cancer sites
- ✓ Navigation program at pilot sites resulted in

recognition from other physician practices in area

- ✓ Improved navigation services resulted in positive feedback from patients
- ✓ Implementation of nurse navigator role helped one pilot site lay a foundation for survivorship services.

Teamwork

- ✓ Program provided a renewed sense of team cohesiveness and commitment to providing service excellence to our patients
- ✓ All key players in the cancer center attended the program—we rarely have the opportunity to spend an entire day together
- ✓ Participants felt it was very productive to have an extended time dedicated to program development
- ✓ Program helped strengthen relationships between breast diagnostic center and treatment center for optimal patient hand-off.

For more information about this project and other patient navigation resources, log onto ACCC's website: www.accc-cancer.org and click on the “Education” header at the top of the page. From the drop-down list, select “Patient Navigation.”

This project was made possible through an educational grant from sanofi-aventis U.S. and was a joint project with the Meniscus Educational Institute.



The Association of Community Cancer Center's Dispensing Pharmacy:

An Option for Private Practices

ACCC surveys show that many practice members seek to better understand the issues associated with opening a dispensing pharmacy within a practice. As more oral anti-cancer drugs come into widespread use, will opening a dispensing pharmacy in an oncology practice enhance patient quality of care? What metrics can be used to determine whether or not to implement a dispensing pharmacy in a practice? ACCC seeks to answer this question and provide insight into the decision-making process and challenges involved in setting up a dispensing pharmacy with its educational program, *Dispensing Pharmacy: An Option for Private Practices*.

In the first part of its educational program, ACCC conducted interviews with practices that have opened dispensing pharmacies, as well as practices that have chosen *not* to open a dispensing pharmacy. Here are key findings from those interviews.

Practices That Dispense Medications— What They Said

- Most oncology practices used an outside consultant (such as ION or US Oncology) to conduct a formal evaluation to decide whether or not to establish an in-house dispensing pharmacy. Interviewees stated that they are constantly evaluating whether the decision made was the right choice.
- Oncology practices are not seeking a significant profit with an in-office dispensing pharmacy, but rather hope to generate revenue to cover uncompensated costs (financial planners,


nurse calls, patient education) as well as provide patient convenience. All interviewees were either breaking even or making a profit on their pharmacy. These profits ranged from small to significant depending on how long the pharmacy had been in operation.

- Interviewees did not believe that having an in-office dispensing pharmacy altered practice prescribing decisions.
- Oncology practices believed that having an in-office dispensing pharmacy has given them a competitive advantage over other practices in their areas.

For Practices that Do Not Dispense Medications— What They Said

- Most oncology practices used an outside consultant (such as ION or US Oncology) to conduct a formal evaluation to decide whether or not to establish an in-house dispensing pharmacy. Interviewees stated that they are constantly evaluating whether the decision

made was the right choice.

- Most oncology practices interviewed were not very familiar with the laws that surround in-office dispensing pharmacies.
- The decision to not open an in-office pharmacy was based on three key issues. First, oncology practices were concerned with staffing. Many state laws would require practices to hire additional staff. Even if no additional staff were needed, oncology practices were concerned that current staff would be unable to handle the additional workload involved in dispensing medications. Second, oncology practices were concerned about reimbursement. Specifically, interviewees were concerned that certain payers would not allow patients to use the office's pharmacy and instead require patients to use a payer stipulated "network" pharmacy. Finally, oncology practices expressed concerns about the lack of margins on oral anti-cancer medications.
- Interviewees believe that a lack of an in-office pharmacy has not resulted in any inhibition of access to medications for patients; however, some practices noted that this may be an issue in smaller markets.
- Oncology practices cited the following reasons they might change their decision to establish an in-office dispensing pharmacy: 1) finding a good model they could replicate, 2) receiving larger margins on orals in the future, and 3) identifying pharmaceutical companies willing to do the patient follow-up required for oral oncolytics to ensure patient compliance. 



Sponsorship support for this project provided by Millennium Pharmaceuticals, Inc.

ACCC Welcomes its Newest Members

Butler Health System

BHS Cancer Center
Butler, Pa.
Delegate Representative: Mary Lutz
Website: www.butlerhealthsystem.org

Columbia St. Mary's, Cancer Care

Milwaukee, Wisc.
Delegate Representative: Laura E. Potts
Website: www.columbia-stmarys.org

Feather River Hospital Cancer Center

Paradise, Calif.
Delegate Representative:
Margaret Murphy
Website: www.frhosp.org

Forsyth Medical Center

Derrick L. Davis Forsyth Regional
Cancer Center
Winston-Salem, N.C.
Delegate Representative: Sharon Murphy
Website: www.forsythmedicalcenter.org

Great River Hematology and Oncology

West Burlington, Iowa
Delegate Representative: Jo Greiner
Website: www.greatrivermedical.org/

JFK Comprehensive Cancer Center

Lake Worth, Fla.
Delegate Representative:
Diane Fitzgerald
Website: <http://jfkmc.com/our-services/cancer/>

Kennewick General Hospital

Kennewick, Wash.
Delegate Representative:
Nicole Hammond
Website: www.kennewickgeneral.com

Lake Region Hospital

Cancer Care and Research Center
Fergus Falls, Minn.
Delegate Representative: Echo Breen
Website: www.lrhbc.org

Orange Coast Memorial Cancer Institute

Fountain Valley, Calif.
Delegate Representative: Nancy Lean
Website: www.memorialcare.org

Oregon Health & Science University

Knight Cancer Institute
Portland, Ore.
Delegate Representative: Pat Costrove
Website: www.ohsu.edu/xd/health/services/cancer/index.cfm

Presbyterian Healthcare Services Cancer Center at Presbyterian

Albuquerque, N. Mex.
Delegate Representative: Dean Putt
Website: www.phs.org/phs/cancercenter

Shaw Regional Cancer Center

Edwards, Colo.
Delegate Representative: Brandon Mays
Website: www.shawcancercenter.com

Southside Regional Medical Center

Petersburg, Va.
Delegate Representative: Faye Flemming
Website: www.srmconline.com

Summit Physician Services

Summit Cancer and Hematology Services
Chambersburg, Pa.
Delegate Representative:
Barbara A. Constable
Website: www.summithealth.org

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