Fox Chase Cancer Center Partners Nurse Navigation Programs and Evaluation Methods

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The mission of the Fox Chase Cancer Center Partners is to reduce the burden of human cancer by working with community hospitals to enhance the quality of cancer care locally.
Objectives

• Identify how the nurse navigator contributes to oncology clinical service line
• Discuss methods used to evaluate success of navigator role in cancer program
• Provide template to establish downstream financial revenue generated from navigator role
Breast Care Coordinator/Navigator

- The Breast Care Coordinator in collaboration with the multidisciplinary cancer team (physicians, support staff, administration, marketing and outreach) develops, maintains and coordinates the breast care program which includes a multidisciplinary breast evaluation service, breast health and cancer education and promotion of the program to physicians, patients, consumers, payors, co-workers, community and outside organizations.

The Advisory Board, Oncology Roundtable 2003
Fox Chase Cancer Center Partners Breast Care Coordinators/Navigators

Goals and Objectives

• Educational and networking opportunities for navigators
• Develop standards of practice
• Provide mentoring opportunities
• Improve the care of patients by monitoring and measuring outcomes
• Disseminate information on program development with members, community agencies and administrators
• Develop grants to offset costs of program development
Fox Chase Cancer Center Partners
Breast Care Coordinators/Navigators

• Accomplishments:
  – 2003: 6 members and 2009: 20 members
  – Quarterly meetings for role development, education and mentoring opportunities
  – 2006 Breast Conference with focus on breast program development and nurse navigator role
  – Development of an orientation manual for nurse navigators
  – Quality Improvement Metrics Protocol- now open at 10 sites
  – Founding members of ONS Breast Care Special interest group
  – Members participated in ONS project team for breast certification
  – Members now speaking at national conferences and authoring articles on navigation.
Rationale of Nurse Coordinator/Navigator Role in Multidisciplinary Disease-Management Program

- Builds disease team
- Interdisciplinary team utilizes guidelines (NCCN)
- Improves processes and outcomes
- Streamlines program
- Increases patient referrals and research
- Increases patient satisfaction
Building Disease-Management Teams

- Disease-Management Team
  - Prospective Treatment Planning Conference
  - Virtual Navigation
  - Multidisciplinary Clinic
Coordinator/Navigator Role in Disease Management

- Clinical
  - Educating patient and nursing staff
  - Supportive-care triaging
  - Coordinating continuum of care
  - Navigating complex cases
Coordinator/Navigator Role in Disease Management

- Quality Improvement
  - Program performance monitoring
  - Patient satisfaction
- Research
  - Integration of clinical trials
- Marketing
  - Community outreach
  - Physician outreach
The Role of the Nurse Coordinator/Navigator in Quality Outcomes and Measurements

• Development in collaboration with multidisciplinary team

• Quality Indicators
  – Encompass the continuum of care
    • Screening, diagnosis, treatment, research, supportive care, follow-up/survivorship
  – Timing of care
  – Patient satisfaction
The Role of the Nurse Coordinator/Navigator in Quality Outcomes and Measurements

• Outcome measures are carved out of nurse navigator responsibilities
  – Clinical
    • Timing, Access and Throughput measures
    • Patient Education
    • Supportive Care Triaging
  – Administrative
    • Program performance monitoring
    • Patient satisfaction
    • Accruals to clinical trials
    • Outreach activities to both physician referral base and the community
    • Disease specific volume increases and patients that stay in system
• Navigator report to cancer program
• Dashboard on tracking volume and key functions
Dashboards for Quality Improvement

- Time to diagnostic mammogram
- Time to needle biopsy
- Time to surgical biopsy
- Time to surgery
- Mammography call-back rate
- Breast MRI utilization
- Ultrasound utilization
- Pathology turnaround time: biopsy
- Pathology turnaround time: surgery
- ER/PR measurement
- Sentinel-node biopsy utilization
- Shared decision-making: breast surgery

Fox Chase Cancer Center Partner’s
IRB # FER-HO-001
Advisory Board, Oncology Roundtable 2006
And National Consortium of Breast Centers 2005
Evaluation/Metrics Resources

- Advisory Board/Oncology Round Table: (www.advisory.com)
- American College of Surgeons (ACoS) (www.facs.org)
- American Society of Clinical Oncology (ASCO) (www.asco.org)
- Association of Community Cancer Centers (ACCC) (http://accc-cancer.org)
- National Comprehensive Cancer Network (NCCN) (www.nccn.org)
- National Quality Forum (NQF) (www.qualityforum.org)
- National Consortium of Breast Centers, Inc. (NCBC) (www.breastcare.org)
- Oncology Nursing Society (ONS) (www.ons.org)
Example Breast Program Goals for 2009

• Quality Improvement Initiatives
• Clinical outcomes
  – Breast Metrics being captured by institution (use of dashboard for reporting)
  – Equipment /Technology upgrades
• Process and access measures
  – Increase number of physician referrals to program
• Community Outreach Activities
  – Community Education and screening programs with potential for referrals to institution for diagnostics and treatment
• Breast Cancer Support Group Activities
• Professional Education
  – Education programs for physician groups and nursing regarding Breast Cancer and institution specific program
• Grant Funding
  – Seek grant funding to support development of patient education materials and survivorship program
• Dashboard Metrics Report enclosed in report (institution specific)
Return On Investment

Downstream Revenue

- Screening Mammogram
- Diagnostic Mammogram
- Minimally Invasive Biopsy
- Surgical Biopsy
- Breast Cancer Surgery
- Reconstructive Surgery
- Breast Cancer Treatment
- Breast Cancer Surveillance
- Recurrence
“Nice-to-Have” Versus “Need-to-Have”

Mean Service Importance Scores

n=750

- Multidisciplinary Care: 19.7
- Symptom Management: 19.0
- Navigation: 14.2
- Community Offices: 10.0
- Information Management: 9.8
- Survivorship Services: 5.2
- Religious Services: 4.3
- Financial Guidance: 3.6
- Complementary Medicine: 3.3
- Family Support: 2.9
- Patient Education: 2.4
- Parking: 2.3
- Social and Mental Health Services: 1.8
- Onsite Shops: 1.6

Advisory Board Oncology Roundtable 2007
Breast Program Evaluation

PATIENT FOCUSED CARE

- Measured by increased tumor-registry volume and market share
- Downstream revenue generated
- Grant support generated
- Addition of state-of-the-art technology
- Increase in research that best fits patient population
- Patient, family and physician satisfaction
Summary

- Define goals of nurse navigator role and program
- Start S-L-O-W
- Keep it simple
- Determine baseline measures and target outcomes
- Utilize National Quality Measurements
- Network with other Oncology Nurses and Nurse Navigators
- Communicate – Communicate- Communicate
Fox Chase Cancer Center Partners Breast Care Coordinators/Navigators
"People will forget what you did. People will forget what you said, but people will never forget how you made them feel."

Author: unknown
Questions
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Disease Specific Navigation: Evaluation of the Nurse Navigator Utilizing a Virtual Model in a Community Based Cancer Center

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Objectives

• Describe the nurse navigator role in the virtual model residing in a community cancer center.
• Discuss lack of formal education for navigation and broad scope of the navigator role
• Discuss methods used to evaluate the success of the Nurse Navigator in this cancer program
• Identify strategies to sustain and evaluate the success of the Multidisciplinary Navigation Program in a community cancer center.
• Review ACCC Outcomes Measures Tool for Patient Navigation
• Patient Navigation and Case Management following an Abnormal Mammogram: - A Randomized Clinical Trial
  – 204 Women
  – 90% followed through to diagnostic resolution when navigation was used as the intervention
  – 66% in the non-navigated arm

• Patient navigation is highly effective in improving diagnostic resolution post abnormal mammography

Ell,K, Vourlekis,V, Lee,P,Xie,B
Preventive Medicine 44,(2007)26-33 or online at www.sciencedirect.com
Hunterdon Regional Cancer Center

- Outpatient facility of Hunterdon Medical Center: 176 bed community hospital located in Central NJ
- Awarded Magnet Status from the ANCC in 2008
- NJ Cancer Registry Award for Excellence
- Hunterdon Regional Cancer Center:
  - Opened in 1993 Free Standing Out Patient Facility
  - 3 medical oncologists/2 physician assistants
    - 9 chemotherapy chairs/2 beds
  - 1 full time radiation oncologist
    - External Beam Radiation Therapy/3D Conformal
    - IMRT
    - Brachytherapy-Prostate Seed Implants
- Accredited by the American College of Surgeons Commission on Cancer.
Virtual Model of Care is our Navigation Template

Program/Navigation begun in 2000

Dedicated Nurse Coordinator-initiated Role of Clinical Nurse Navigator

Office in the Hunterdon Regional Cancer Center

Reports to Cancer Center Director

Initiated Role with Responsibility for Navigation of Benign and Malignant Breast Disease from suspicious finding to resolution
Care Coordination established to be the Bridge between Patient, Provider and System

Directors Credo to Physicians, Specialists, and Customers:
“Make one call to the Navigator and they will manage your patient, keep you informed, and individualize care”

“Bridge across the New River”
New River Gorge Bridge
-Fayetteville, WVA 8/1/04
Clinical Care Coordinators at Hunterdon Regional Cancer Center are patient navigators who help guide patients seamlessly through the challenges of coordinating appointments and consultations, and can facilitate second opinions at our partner facility, Fox Chase Cancer Center.

The Clinical Care Coordinator will:

- Provide education and support to assist you and your family to make informed decisions
  - Coordinate all aspects of your care by assisting with the timely scheduling of your appointments
  - Connect you to resources within the community
  - Maintain open avenues of communication between all physicians involved in your care

Hunterdon Regional Cancer Center is the only cancer center in the area that offers clinical care coordinators who are able to navigate any patient who is faced with a potential cancer diagnosis.”

- www.hunterdonhealthcare.org
Financial-Downstream Revenue in imaging, laboratory, pathology that you can directly relate to the RN Breast Care Navigator retaining this patient.

We looked at each service a diagnosed patient utilized in the continuum of care.

FOUR retained patients who receive oncology treatment can pay the annual FTE for one navigator.

Based upon the success of the Breast Care Coordinator, the Navigation Program has evolved to include 2 Clinical Care Coordinators.

Sustained volume & Patient retention were key factors in navigation expansion.
Is Sustainability of a Navigation Program a Measure of Evaluation?
• Dedicated Breast Care Clinical Coordinator & Cancer Center Clinical Care Coordinator.
• Full time positions – 4 days/10 hours
• Coordinators Cross Trained to provide uninterrupted access to a navigator
• Information shared electronically for seamless care between navigators
• Facilitate multidisciplinary communication - Care Coordinator communicates across all spectrums.
• We can be contacted via phone or via email from our website. You are not required to have a cancer diagnosis to speak with a Care Coordinator.
One Call to the Coordinator Can Initiate:

- Schedules timely appointments & prepares patient schedules timely appointments & prepares patient schedules.
-安排第二意见，保持连续性护理。
- Performance Improvement Identifies Barriers To Care
- Emotionally Support & Immediate navigation one call away
- Radiologist Refers Patient at imaging calls physician & navigator
- Patient remains the Center of Care
- Education across the Spectrum for Team Family & Patient
- Navigator May Open Door to Future Clinical Trial Conversation
- Navigator Can facilitate Access to Available Financial Resources & Grants
- Any Physician or Specialty Can Request Navigation For Breast Disease or Cancer Navigation Opportunities for identification Of New Services
- Navigator Refers to Surgical Services Medical Imaging Laboratory Supportive services Increasing Patient Volume, Retention and Satisfaction

Greatest Role of Navigator Patient Focused Advocate

Navigators posted on Internet Patients Can Call Or Email No time constraints

Opportunity to Identify Individuals at High Risk (FRAP) Assessment at Every Intake

Navigator is the Bridge and Communication Link Between Services and Specialists
“Patient Navigation: State of the Art or is It Science?”

• Navigation first implemented in 1990, and emerging today to reduce cancer disparities.
• Lack of consensus on how patient navigation is defined, what navigators do, and what their qualifications should be.
• Navigation has a narrow definition of a broad scope of practice in which we each describe some segment of navigation with no formal training.
• Efficacy and cost-effectiveness—little is known long term as of yet.
• Jury is still out on long term outcomes post navigation, reduction in late stage diagnosis, or delays in initiating cancer treatment.
• In 2008, Navigation *is effective* in increasing participation in cancer screening follow up and adherence to care.
So How do we individualize the evaluation of the Nurse Navigator?

Does the Evaluation Navigation Model of the Program remain separate from the Evaluation of the Nurse Navigator?
“Association of Community Cancer Centers Outcomes Measures Tool”

- Reference to begin evaluation
- Focus on Patient Satisfaction
- Patient Encounters
- Programmatic Components and Performance Improvement

- *Cancer Care Patient Navigation*, a practical guide for community cancer centers, 2009
- [www.accc-cancer.org](http://www.accc-cancer.org)
• Clinical care – coordination and triage of complex cases our first priority. Navigators advocate for patient

• Navigators are the first contact- our program requests feedback via patient satisfaction surveys on all arenas of care & each discipline in our Cancer Center.

• Navigation is assessed by our Director via feedback and surveys from Primary Care Physicians, Specialists, Referring Physicians, Medical Imaging, Pathology, and nursing staff regarding the navigation program and the nurse navigator.
• Relationship building is key focus to communicate our services and success, and a core component of our program identifying strategies to improve care.

• Breast metrics are monitored and quality indicators accrued by Nurse navigators for review by Director.

• Patient retention – all contacts are logged in Excel & outmigration tracked with focus of new services & opportunities as well as patient retention.
• Outreach Activities of the Navigator are reported

• Nurse Interns responsible for introducing oncology services to students

• Coordination of the multidisciplinary team and disease conference: seeks excellence in care by sharing expertise of all members while utilizing NCCN Guidelines

• Cancer Clinical Service Line

• Establish Program goals
• Community Outreach-Advance Practice Nurse

• Family Risk and Assessment Program
  All contacts are screened for referral to FRAP and reported quarterly. We offer Risk Assessment for appropriate cancers via our Advance Practice Nurse and Certified Genetic Counselor.

• Cancer Care Committee-Navigators report metrics regarding surgical referrals, newly diagnosed, follow up post diagnosis, patient retention and outmigration, as well as breast metrics.
“While mammography has a relatively poor economic profile on a standalone basis, a profitability-by-patient analysis was conducted to determine mammography’s value as a feeder business to profitable downstream procedures. With 130 newly diagnosed breast cancer cases translating into 1.5 million in contribution profit, the health system was able to justify the additional screening centers.”

-“Future of Oncology”
2004 The Advisory Board
Strategic Forecast and Investment Blueprint pg 93
Navigation is Financially Successful

- 2007
  - 14 patients identified as patients who would not have come to HRCC without navigation
  - Total revenue realized $241,414 or $17,244 per patient.
Conclusion

• Disease specific individualized medicine is a patient expectation and navigation is the pathway

• Return on investment both financial and in goodwill-navigation is not reimbursable at this time.

• Promotes program excellence and quality through coordination of care

• Evaluation of the Nurse Navigator must be specific to your program.