



Breaking News...



just in are the results of the...

**National Evidence-Based Oncology Navigation Metrics:
Multisite Exploratory Study to Demonstrate Value and
Sustainability of Navigation Programs**


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Landmark Study:
National Evidence Based Navigation Metrics Outcomes




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 Objectives

  REPORT STUDY OUTCOMES Extrapolate the qualitative and quantitative study outcomes and how the findings translate to current navigation practice.	  EVALUATE NAVmetrics™ AND ANALYTICS Evaluate the ONC IQ® NAVmetrics™ business intelligence platform, metrics dashboards and discuss the data analytics.	  IDENTIFY BARRIERS AND CHALLENGES Analyze identified barriers and challenges with metrics implementation for navigation programs.	  ANALYZE PARTICIPANT PI PROCESSES Analyze identified performance improvement processes initiated at the eight study sites.	  OPPORTUNITIES FOR FURTHER RESEARCH Discuss opportunities for further navigation metrics research and exploration.
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Background

As evidence guides practice, it is essential for navigation programs to identify core metrics and standardize data collection to demonstrate program outcomes.

Evidence supports that there is a need for heterogeneity with navigation measurements.

Jojola C, Cheng H, Wong L, et al. Efficacy of patient navigation in cancer treatment: a systematic review. J Oncol Navig Survivorship. 2017;8:106-115.

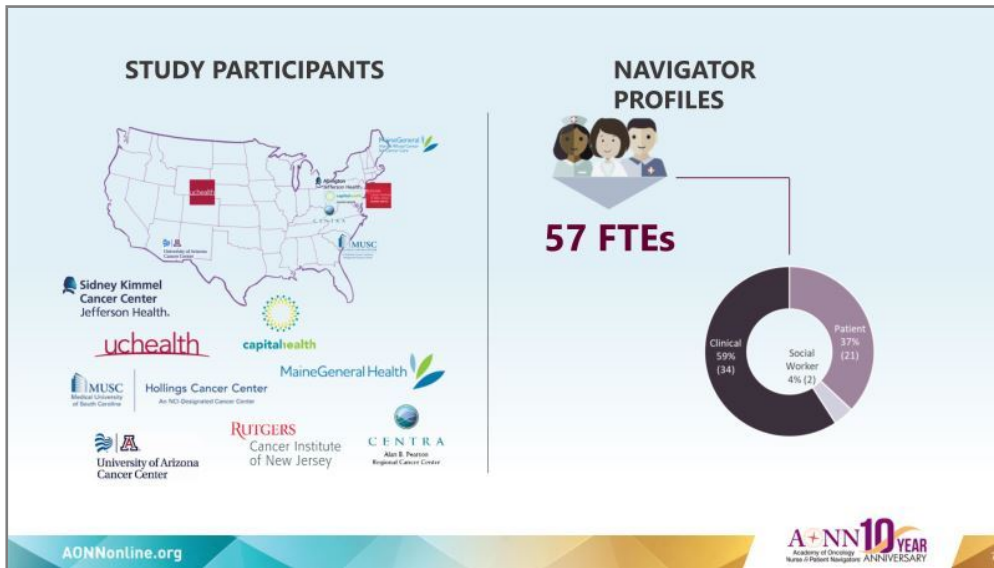
Study Methods

1. Using a mixed methods approach, the study team selected eight sites to collect the metrics over a six-month period.
2. Metrics data were uploaded into the ONC *iQ8* NAVmetrics™ cloud-based business intelligence platform to create participant-specific dashboards.
3. Prior to study launch, sites also submitted three years of historical data, as available.
4. The team also collected qualitative data on facilitators and barriers to metrics tracking by observing monthly calls between each site and the study team, pre/post key informant interviews, and documentation of quality improvement (QI) activities.

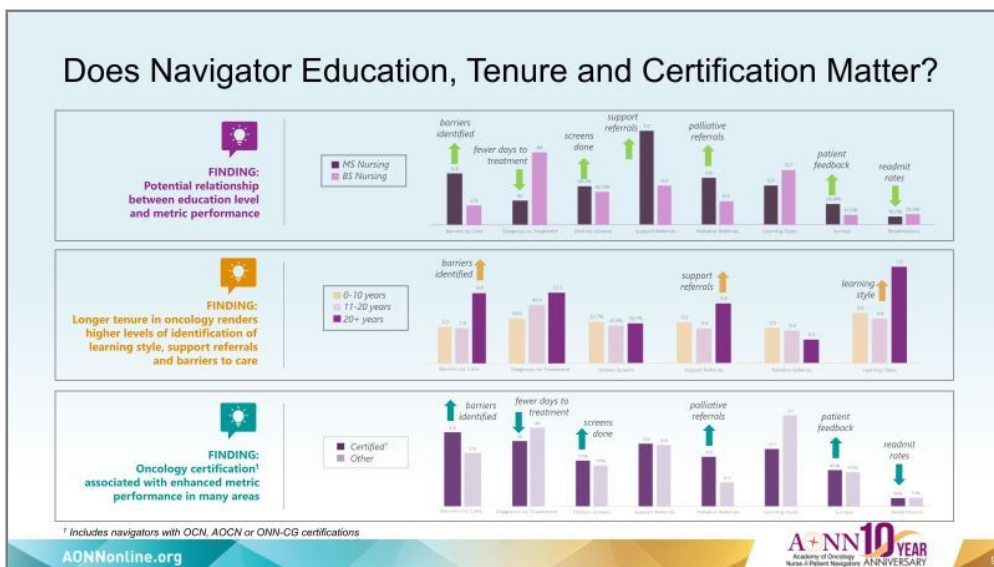
Why these 10 study metrics?

Domain	Metric	Domain	Metric
Care Coordination/Care Transition	Barriers to care, measuring the number and list of specific barriers to care identified by navigator per month	Psychosocial Support Services/Assessment	Social support referrals, measuring number of navigated patients referred to support network per month
Care Coordination/Care Transition	Diagnosis to initial treatment, measuring the number of business days from diagnosis (date pathology resulted) to initial treatment modality (date of 1st treatment)	Survivorship/End of Life	Palliative care referral, measuring number of navigated patients per month referred for palliative care
Operations Management/ Organizational Development/ Health Economics	Navigation caseload, measuring number of new cases, open cases, and closed cases navigated per month	Patient Advocacy/Patient Empowerment	Identify learning style preference, measuring the number of navigated patients per month whose preferred learning style was discussed during the intake process. The group agreed this should be included if we can identify a validated tool
Operations Management/ Organizational Development/ Health Economics	Measuring the number of navigated patients readmitted to the hospital at 30, 60, and 90 days	Professional Roles and Responsibilities	Navigation knowledge at time of orientation, measuring percentage of new hires who have completed institutionally developed navigator core competencies
Psychosocial Support Services/Assessment	Psychosocial distress screening, measuring the number of navigated patients per month who received psychosocial distress screening at a pivotal medical visit using the National Comprehensive Cancer Network distress screening tool	Research/Quality/Performance Improvement	Patient experience/patient satisfaction with care, measuring patient experience or patient satisfaction survey results per month. The group determined use of CHAPS (Community-wide Children's Health Assessment & Planning Survey) for measuring patient satisfaction

Study Demographics







Quantitative Study Outcomes

NAVmetrics™ Study Analytics Approach



Our Process



Data
Rigorous Data
Cleansing, Management
& Enrichment

- Comprehensive data mapping completed prior to study kick off
- Ongoing review of outlier data points with individual study sites
- Standard data input options to improve report consistency



Information
Applied Data Science &
Proprietary Algorithms

- Explore variable relationships that are correlated
- Incorporate professional services industry experience
- Apply proprietary crosswalks and ONC IQ benchmarks



Knowledge
Descriptive Models &
Guided Analytics

- Analysis by patient mix, program type, size and other variables to understand findings
- Utilize statistical methods to draw meaningful conclusions



Design
Powerful Data
Visualizations & User
Experience Design

- Create robust and dynamic visuals accessible via the NAVmetrics portal
- Leverage experience of analytics team to provide simple, yet powerful reporting



Application
Enterprise Application
Development &
Deployment

- Custom software build optimized for this study
- Iterative product releases throughout study to add key features and improve user experience

Navigation Data Collection and Reporting Methods

Each Facility Designed the Most Appropriate Method To Meet Their Organizational Needs

Study Findings

41% study data entered directly into NAVmetrics™ platform*

1 participant utilized a template then entered into NAVmetrics™

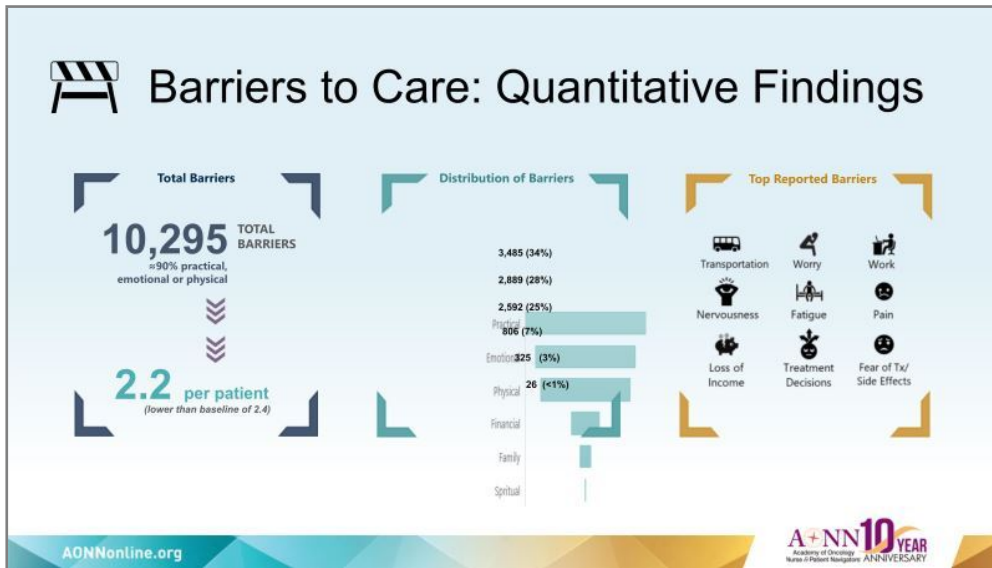
↑ higher number of barriers and referral data captured in NAVmetrics™

Metric	EMR	NAVmetrics™
Barriers	1.4	3.6
Caseload	120.0	56.0
Diagnosis / Tx	56.3	27.8
Learning Styles	0.8	0.6
Palliative Referrals	0.1	0.4
Support Referrals	0.4	0.6

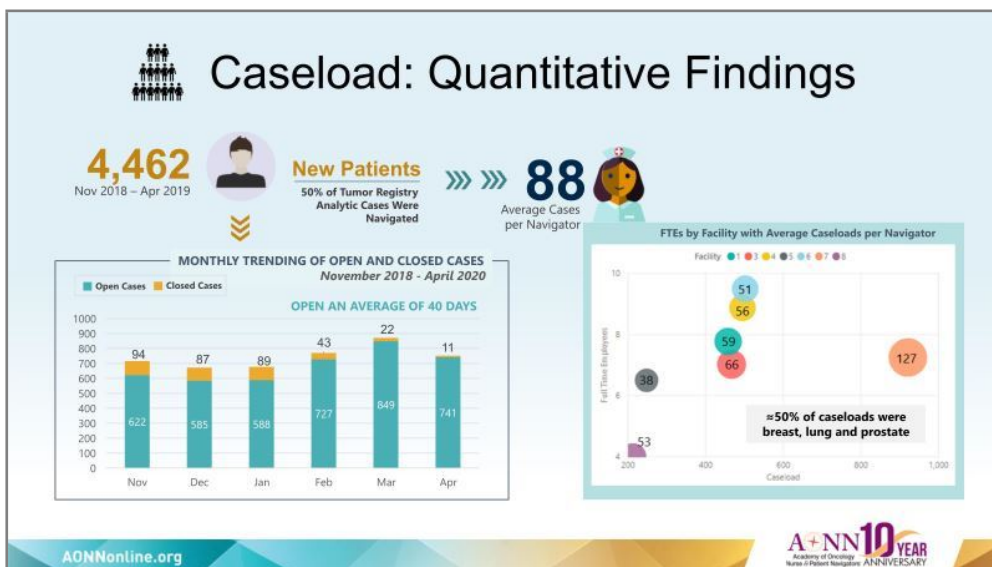
*Includes template & NAVmetrics

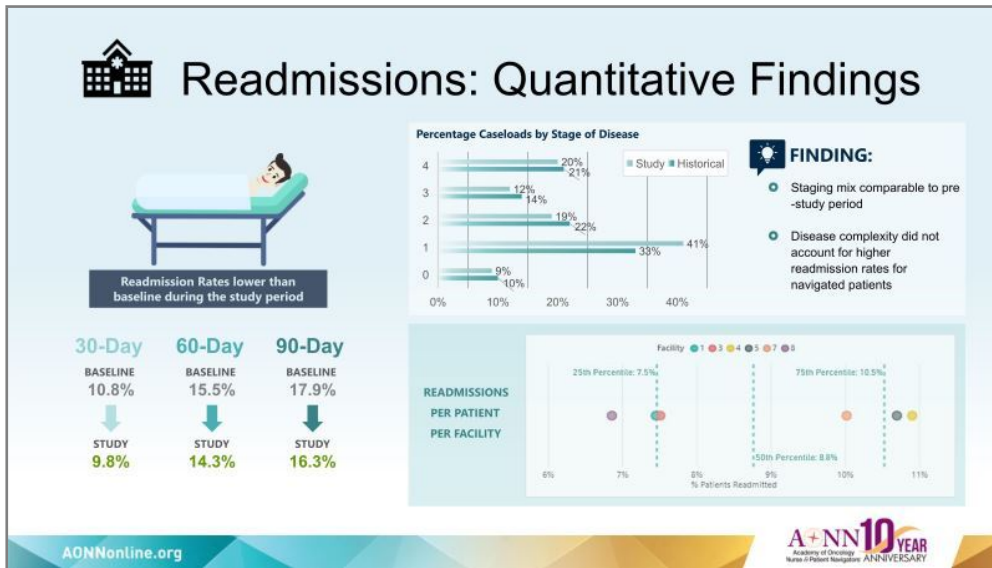
Reporting Methods by Participant

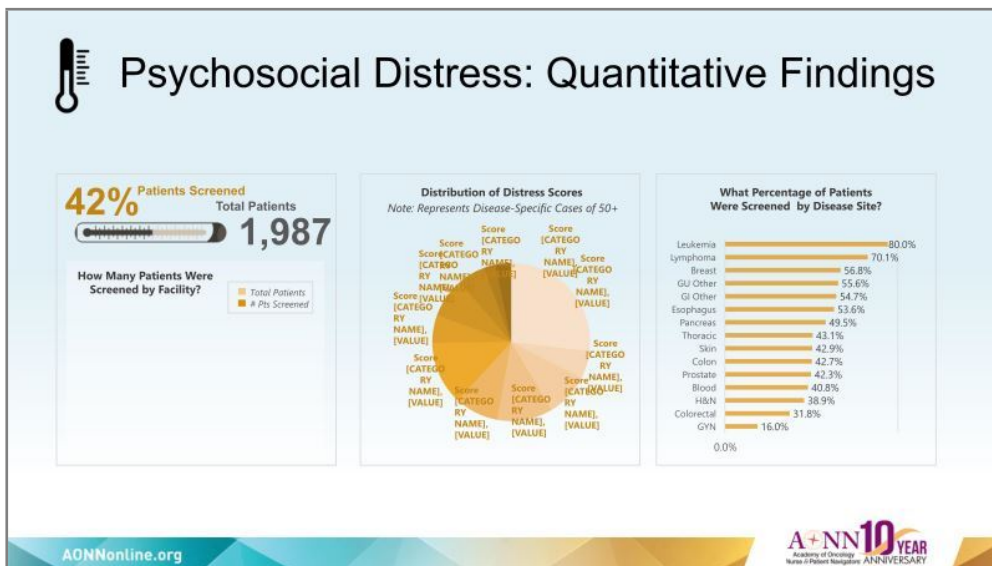
Facility	Barriers	Diagnosis/Treatment	Caseload	Support Referrals	Palliative Referrals	Learning Styles	Patient Survey
1	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™
2	EMR	EMR	EMR	EMR	EMR	EMR	Paper
3	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Paper
4	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™
5	EMR	Cloud-Based NAVmetrics™	Cloud-Based NAVmetrics™	EMR	EMR	EMR	Paper
6	EMR	EMR	EMR	EMR	EMR	EMR	Cloud-Based NAVmetrics™
7	EMR	EMR	EMR	EMR	EMR	EMR	Paper
8	Template	Template	Template	Template	Template	Template	Template

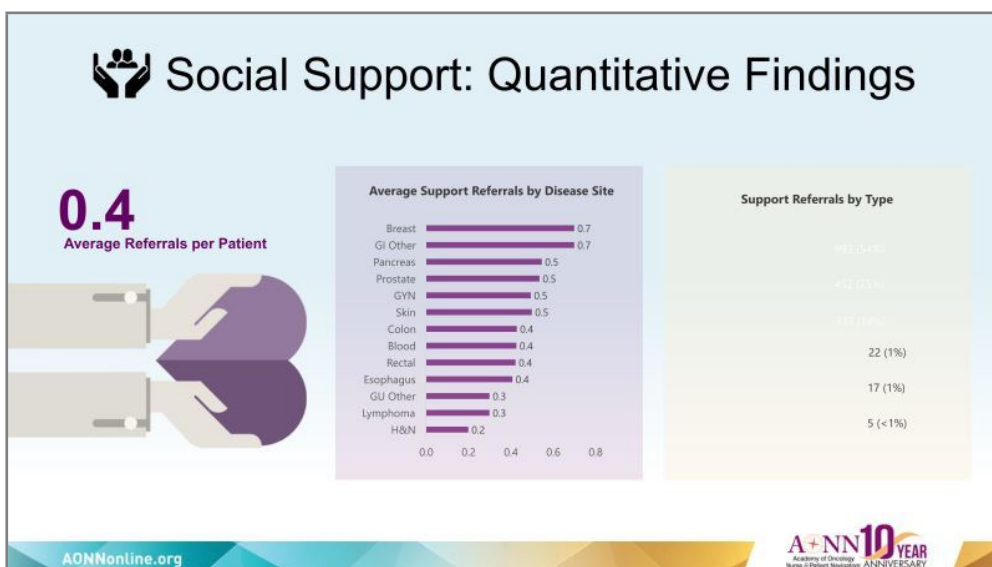












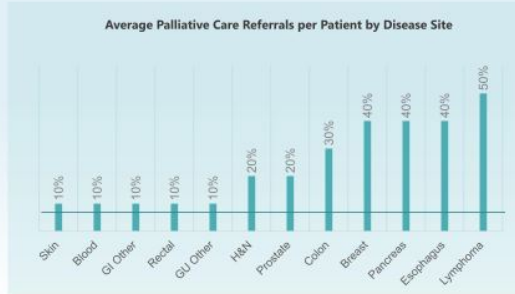


Palliative Care: Quantitative Findings

Palliative Care Referrals by Facility and Average Referrals per Patient

Facility	# Palliative Referrals	# Patients Navigated	Percentage Referred
1	326	481	68%
2	35	238	15%
3	200	468	43%
4	40	1,114	4%
5	36	697	5%
6	11	488	2%
7	0	921	0%
8	39	275	14%
Total	687	4,682	15%

Average Palliative Care Referrals per Patient by Disease Site



Learning Styles: Quantitative Findings

3,219

Styles Identified

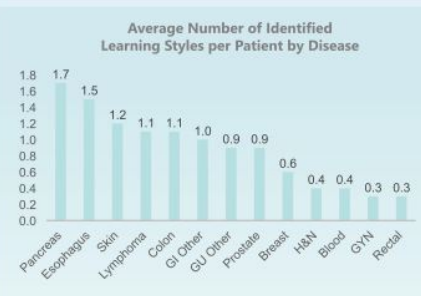
0.7

Styles Identified per Patient (baseline and study period)

Percentage Distribution of Learning Style



Average Number of Identified Learning Styles per Patient by Disease



Satisfaction: Quantitative Findings



209 or 6 PERCENT

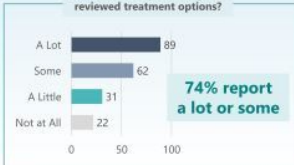
of Patients Surveyed

Q1

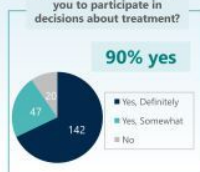
Q2

Q3

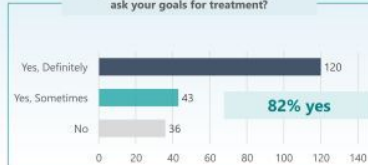
How often has your navigator reviewed treatment options?

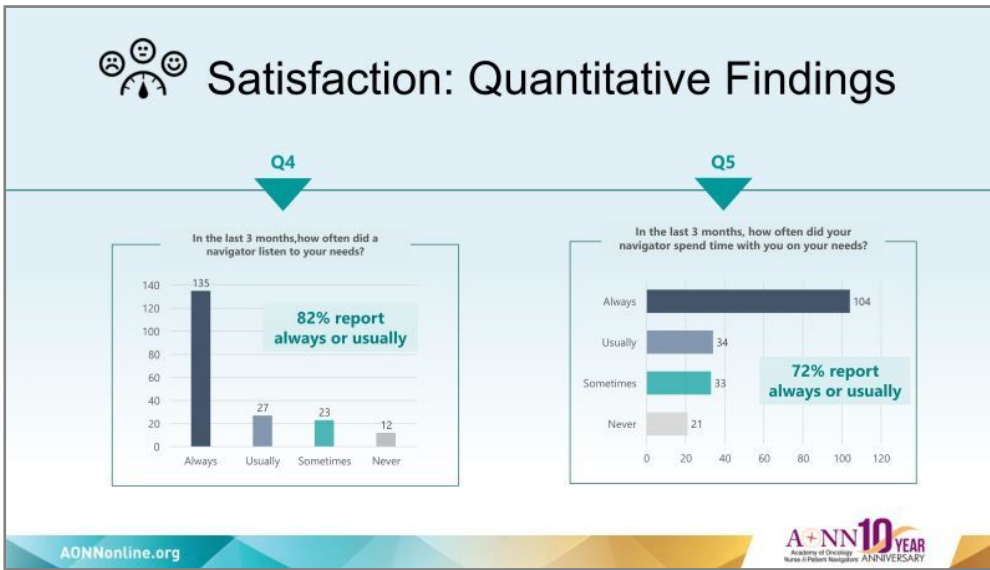


Did a navigator encourage you to participate in decisions about treatment?



Since diagnosis, did a navigator ask your goals for treatment?







Performance Improvement

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Why Initiate Performance Improvement Projects During the Study?

It's About the Patient
To enhance patient care and patient experience

Education is Key
To educate the navigation team about performance improvement (PI) projects and the Plan, Do, Study, Act (PDSA) model

From Good to Great
To enhance the present navigation program and processes

Know Better, Do Better
To initiate new navigation metrics with validated tools

Active Learning Breeds Success
To exhibit strength with outcomes on metrics to demonstrate success and sustainability

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Performance Improvement

PDSA Model and Tool

The **PDSA** cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Source: Institute of Healthcare Performance

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Performance Improvement –Template

PDSA Cycle Template

Directions: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of performance improvement projects.

Model for Improvement: These questions for Improvement

- What are we trying to accomplish (aim)?
State your aim.
- How will we know that change is an improvement (measure)?
Describe the measurable outcome(s) you want to see.
- What change can we make that will result in an improvement?
Define the processes currently in place; use process mapping or flow charting.

Identify opportunities for improvement that exist (look for causes of problems that have occurred – see Guidance for Performing Root Cause Analysis with Performance Improvement Projects; or identify potential problems before they occur – see Guidance for Performing Failure Mode Effects Analysis with Performance Improvement Projects) (see root cause analysis tool):

- Points where breakdowns occur
- "Walk-a-rounds" that have been developed
- Waste that occurs
- Duplicate or unnecessary steps

Decide what you will change in the process; determine your intervention based on your analysis

- Identify better ways to do things that address the root causes of the problem
- Learn what has worked at other organizations (copy)
- Review the best available evidence for what works (literature, studies, experts, guidelines)
- Remember that solution doesn't have to be perfect the first time

Source: Institute of Healthcare Performance

<p>Plan</p> <p>What change are you testing with the PDSA cycle? What do you predict will happen and why? Who will be involved in this PDSA? (e.g., care staff member or resident, care unit's) However, because it will be helpful to involve direct care staff</p> <p>Plan a small test of change. How long will the change take to implement? What resources will this need? What data need to be collected?</p>	<p>Use your action steps along with person(s) responsible and due date.</p>
<p>Do</p> <p>Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage.</p>	<p>Describe what happened when you ran the test.</p>
<p>Study</p> <p>Study and analyze the data. Determine if the change resulted in the expected outcome. Were there any implementation issues? Summarize what was learned. Look for unintended consequences, surprises, successes, failures.</p>	<p>Remember the measurable results and how they compare to the predictions.</p>
<p>Act</p> <p>Based on what was learned from the test, Adapt – modify the changes and repeat PDSA cycle. Abandon – consider expanding the changes in your organization to additional residents, staff, and units. Reinvent – change your approach and repeat PDSA cycle.</p>	<p>Describe what modifications to the plan will be made for the next cycle from what you learned.</p>

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Qualitative Findings

Overarching Facilitators

- Alignment with pre-existing workflows and processes
- Unified template to capture all metrics
- Discrete reporting fields
- Additional support
 - IT
 - Clerical/administrative
 - Study team

“ [The study] was so overwhelming that I think our navigators freaked out. [...] I sat down one day and [...] put together this template and once we did that, it was like a lightbulb moment. And it really wasn't that big of a deal. So the template in general saved us a ton of headache and kind of condensed everything that we needed to collect so that it was in one place in front of the navigator, so that when they saw their new patient, you know, it was right there. ”

Demonstrating the Value of Navigation

- Care coordination at each site is conducted by staff across multiple roles, not just limited to navigators
- Scope of navigation varies across sites
- Navigators are *more* motivated to collect data on metrics that demonstrate the value of their program
 - Metrics unanimously perceived as useful: barriers to care, psychosocial distress, social support referrals
- Navigators are *less* motivated to collect metrics they don't find relevant
 - Other metrics were valued differently depending upon their fit with the navigation model and objectives

Discussion

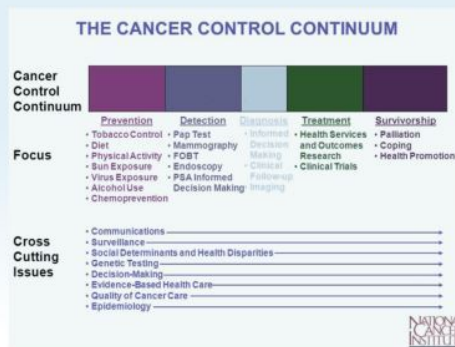
Core Navigation Metrics

Proposed core metrics that are likely universally applicable:



Early Navigator Involvement

Involving navigators earlier in the care continuum had a positive effect on barrier assessment, diagnosis to treatment and social support referrals



Importance of Buy-in

- Implementing metrics may involve many challenges
 - Time and labor associated with data capture and reporting
 - Administering new tools and initiating new workflows
 - Learning new systems
 - Challenge to marshal resources amidst competing priorities
- These challenges are easier to overcome with buy-in from varied stakeholders
 - Leadership buy-in may open doors for needed systems change and ensure access to needed resources, particularly in the face of competing demands
 - Navigators will be more willing to change workflows and overcome challenges if they understand the value of the data

Navigator Activities vs. Navigation Processes



- Sites varied in their interpretation of who should be involved in collecting metrics and what activities should be included
- Navigation includes a range of activities conducted by staff beyond those with a navigator title
- Need to determine the scope of who and what should be captured in metrics

Educational Opportunities



- Rationale for use of Validated Tools in capturing metrics
- PDSA Education Measure
- Distress screening – map role and scope
- Lack of uniformity with data capture
- Collaborating with IT team
- Defining active and inactive cases
- Navigator access – process map
- Alignment of navigation program and Cancer Committee goals and measurement

Limitations of the Study

- 6-month data capture
- Data capture variation by site
- Navigator vulnerability data capture for certain
- Did not use uniform data entry
- Did not have IT Team perspective of data capture
- Variation in level of participation on calls – team member feedback



Best Practices



- Process map
- Pre-study prep work
- Communication – why "X" metric is important to administrator verses navigator
- Standardized tools
- Onboarding checklist
- Integrate quality teams in process change

Next Steps



- ACS/AONN+ Metrics Implementation Tool Kit
- Publication with results, lessons learned
- AONN+ Acuity tool to further define caseload metric
- Phase 2 research study???

References

Jojola C, Cheng H, Wong L, et al. Efficacy of patient navigation in cancer treatment: a systematic review. *J Oncol Navig Survivorship*. 2017;8:106-115.

NCI (2005). Cancer Control Continuum. [Online]. Available: <http://cancercontrol.cancer.gov/od/continuum.html>

Strusowski T, Sein E, Johnston D, et al. Standardized evidence-based oncology navigation metrics for all models: a powerful tool in assessing the value and impact of navigation programs. *J Oncol Navig Survivorship*. 2017;8(5):220-237.