OncologyNurseAdvisor navigation SUMMIT

Using Metrics and Data to Enhance the Navigation Workflow

Diane L. Baldwin, RN, OCN, CBCN

BROUGHT TO YOU BY:

OncologyNurseAdvisor | ONS Oncology Nursing Society

Objectives

- List best practices for using an acuity tool and metrics within a navigation program to improve nursing performance and quality of care for patients
- Define strategies used to measure nursing care required by individual patients, as well as processes and procedures for actively tracking the use and success of those strategies

Growing Need for Oncology Nurse Navigators

- The Silver Tsunami – 72.1 million people 65+ by 2030
- Predicted that there will be 26.1 million cancer survivors by 2040
- Increased complexity of cancer care
- Increasing number of new drugs (IV, SQ, IM, oral)
- New payment models—value and quality-based

Managing Growing Caseloads

More Patients +

Higher Complexity +

Value Based + High Quality

= ?

The MCI Oncology Navigation Acuity Tool

- 0-4 acuity scale tool
- Assessed by nurse navigator when being placed on caseload
- 12 clinical, personal, and social factors
- Reassessed as needed when significant change in one or more factors is noted
- Goal is to optimize resource utilization

First 11 Factors to Be Assessed

1. Staging and diagnosis
2. Family support
3. PHQ score
4. Performance score (ECOG)
5. Comorbidities
6. Non-compliance with treatment
7. Receiving multiple treatment modalities concurrently
8. Hospitalizations
9. Colostomy/ileostomy/trach/feeding tube
10. Multi-agent vs single agent chemo vs oral chemo agents
11. New patient vs active treatment vs survivorship vs end of life

Acuity Level	Guidelines and Considerations	Clinical Care Coordination Focus
0	- In survivorship and stable - Physician visits every 6-12 months - Active treatment has ended (other than AI or Tamoxifen) - Cancer in situ	- Meet with patient initially - Treatment/survivorship plan developed/updated and reviewed with patient - Provide initial education/clinical coordination/referrals and support - Provide patient with contact information for care coordinator - Follow-up provided as requested by patient
1	- Stage 1 - Single agent chemotherapy - Starting surveillance/observation - Aromatase Inhibitor or Tamoxifen initially prescribed in past 6 months - Performance ECOG = 0-1 - PHQ 2 negative	- Meet with patient initially - Treatment plan developed/updated and reviewed with patient - Provide initial and ongoing education/clinical coordination/referrals and support - Provide patient with contact information for care coordinator - Monitor closely (at least every clinic visit) during the first 2 months and then as needed
2	- New cancer diagnosis - Stage 2 - Multi agent chemotherapy - Oral Chemotherapy - Performance ECOG = 1-2 - PHQ 9 score < 10	- Meet with patient initially - Treatment plan developed/updated and reviewed with patient - Provide initial and ongoing education/clinical coordination/referrals and support - Provide patient with contact information for care coordinator - Monitor closely (at least every clinic visit) during first 4 months and then as needed

Acuity Level	Guidelines and Considerations	Clinical Care Coordination Focus
3	- Hospitalized in past 60 days - Receiving multiple treatment modalities concurrently (chemo, radiation, surgery) - Serious comorbidities - Head/neck/GI cancer diagnosis - Colostomy/ileostomy - Non-compliant with treatment - Performance ECOG = 2-3 - PHQ 9 score 10-20 - Stage 3 disease - Little or no family support	- Meet with patient initially - Treatment plan developed/updated and reviewed with patient - Provide initial and ongoing education/clinical coordination/referrals and support - Provide patient with contact information for care coordinator - Monitor closely (at least every clinic visit) during first 6 months and then as needed - Maintain phone contact with patient as needed in-between visits - Provide care coordination during transitions of care (hospital, home health, etc…)
4	- Stage 4 disease - Feeding tube - Tracheostomy - Frequent hospitalizations - Unstable and/or end-stage disease - Performance ECOG = 3-4 - PHQ9 score > 20	- Meet with patient initially - Treatment plan developed/updated and reviewed with patient - Provide initial and ongoing education/clinical coordination/referrals and support - Provide patient with contact information for care coordinator - Monitor closely (at least every clinic visit) during first 9 to 12 months and then as needed - Maintain phone contact with patient as needed in-between visits - Provide care coordination during transitions of care (hospital, home health, hospice) - Provide end-of-life support to patient/family/caregivers as needed

The Twelfth Factor

- Our patients are more than a compilation of predefined factors that lead to a score
- The Twelfth Factor is the individualized assessment of the nurse navigator
- Example - Patient may have early-stage breast cancer with all factors assessed as 0-1, but the patient has a PHQ score of 23 and appears depressed

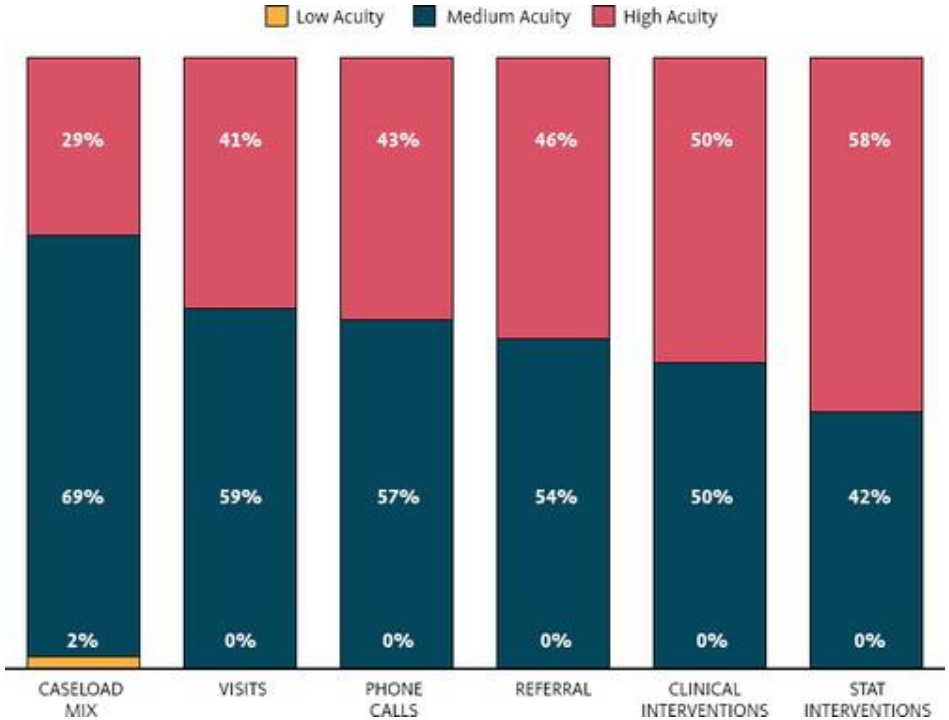
Determine the Acuity Level

- 48-year-old Martha Brown - Stage 1 Breast Cancer had lumpectomy 2 months ago. Has just started Tamoxifen. PHQ 2 was negative. ECOG = 0. Has hypertension but not other comorbidities.

- 75-year-old Nate Olson - Stage 3 Colon Cancer had partial colectomy with colostomy. Currently receiving FOLFOX. Diabetic. Often misses treatments due to transportation issues. Lives alone and has no family in the area.

Does the Acuity Tool Identify Level of Resource Utilization?

Caseload Mix Compared to Interventions



Acuity + Standardized Metrics…

- AONN+ developed 35 evidenced-based metrics that help measure program success and sustainability
- The Acuity Tool can be used in conjunction with standardized metrics to validate navigation services and optimize resource utilization
- The combination of acuity and metrics can be used in supporting how navigation impacts ROI and patient measured outcomes

References

- Baldwin D, Jones M. Developing an acuity tool to optimize nurse navigation caseloads. *Oncol Issues.* 2018;33(2):17-25.

- Bluethmann SM, Mariotto AB, Rowland JH. Anticipating the “silver tsunami”: prevalence trajectories and comorbidity burden among older cancer survivors in the United States. *Cancer Epidemiol Biomark Prev*. 2016;25(7):1029-1036.

- Johnston D, Sein E, Strusowski T. Academy of Oncology Nurse & Patient Navigators announces standardized navigation metrics. AONN website. https://aonnonline.org/education/articles/10-aonn-announces-standardized-navigation-metrics. Published March 10, 2017. Accessed December 20, 2017.

OncologyNurseAdvisor navigation SUMMIT

Using Metrics and Data to Enhance the Navigation Workflow

Kris Blackley, RN, MSN, OCN

BROUGHT TO YOU BY:

OncologyNurseAdvisor | ONS Oncology Nursing Society

Objectives

- Discuss the benefits of standardizing workflow
- Review the benefits of IS tools to help capture metrics
- Review the benefits of IS tools for patient management
- Discuss the benefits of capturing metrics

Levine Cancer Institute

Atrium Health Facility

- Academic, multi-site, community-based, cancer center
- 7 facilities within the CoC Network
- 12,000 new cancer patients annually
- 30 navigators across CoC Network

Wild West

- **No standardized processes—**different roles and tasks in every clinic and at every facility
- **No standard documentation—**Navigators not documenting in EMR, some excel spreadsheets with different fields
- **No way to track patients or collect information**

Goals for Program Development

- Navigation program providing same quality at all facilities
- Facilitate communication across multiple facilities
- Assess quality and effectiveness of navigation
- Assess program from a management perspective
- Conduct original research on navigation

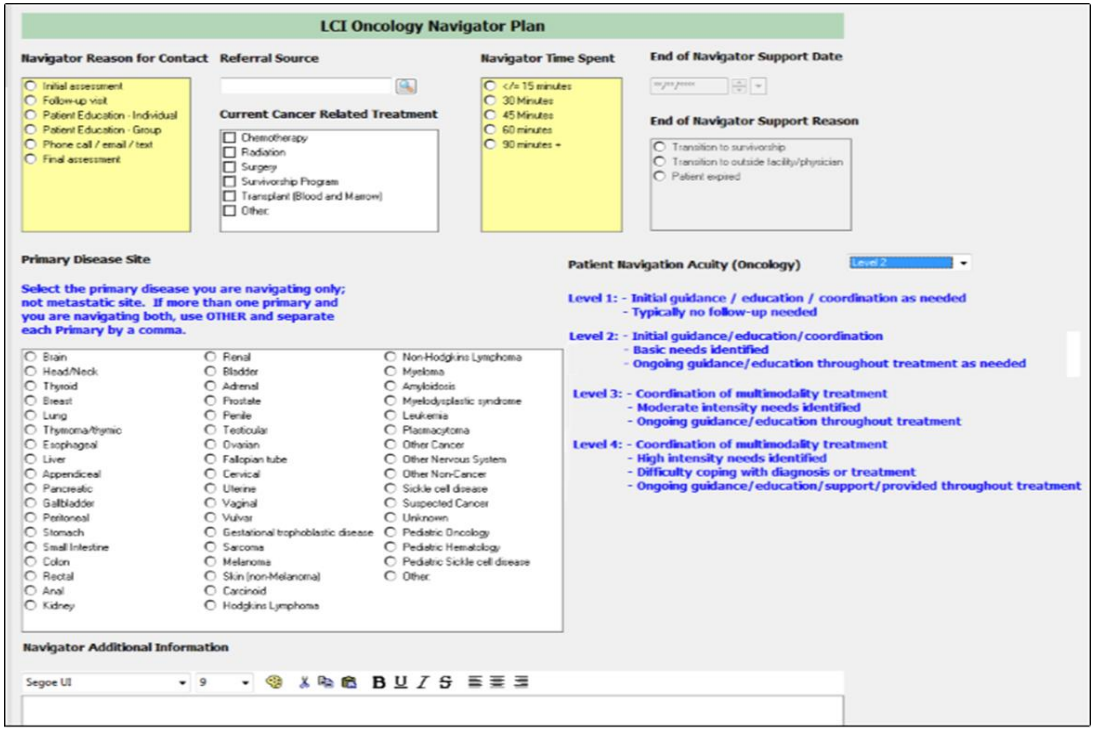
You Can't Manage What You Don't Measure

Action Plan

- Develop IS systems to:
  - Support standardized navigation practice and data collection across multiple facilities
  - Help navigators manage large patient cohorts more effectively
  - Capture metrics for management of rapidly growing multicenter navigation program

IS Tool Within EMR

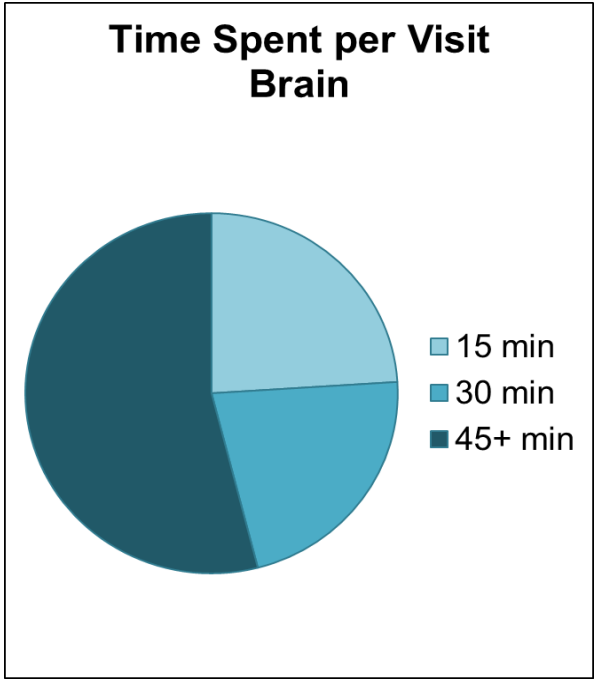
- Track volume
- Visit type
- Acuity
- Disease
- Navigator
- Barriers
- Referrals
- Time



Resource Management—FTE Request

71%

of Brain Patients are Grades 3 and 4

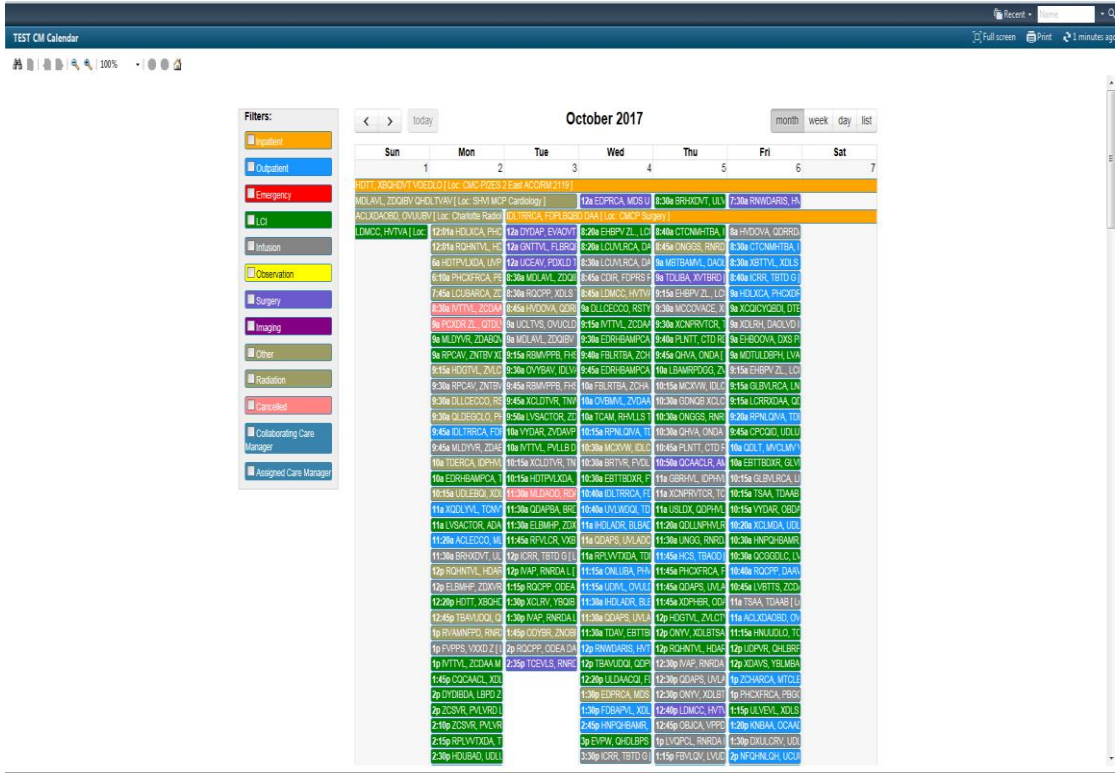


Navigators are BUSY!!

- Average patient load is between 200-250
- Patients are moving between several facilities
- “You don’t know what you don’t know!”
- Hospitalist system not always most efficient

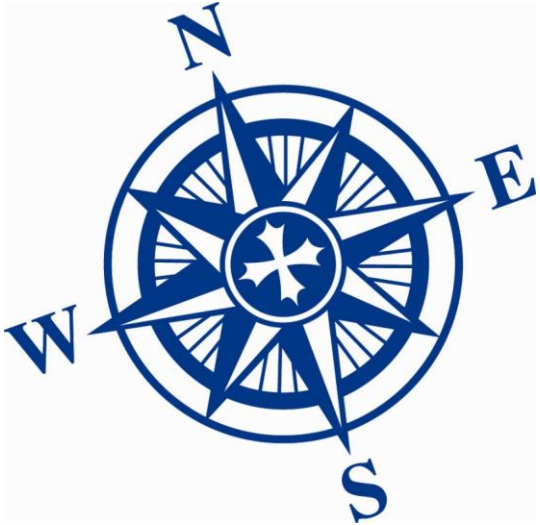
IS Tool for Patient Management

- Manage patients
- View appts
- Alert for ED
- Alert for admits
- Organization



Navigator and Patient Impact

- Better patient service
- Proactive with hospital admits
- Merging of multiple systems
- More accurate information
- Allows for better time management



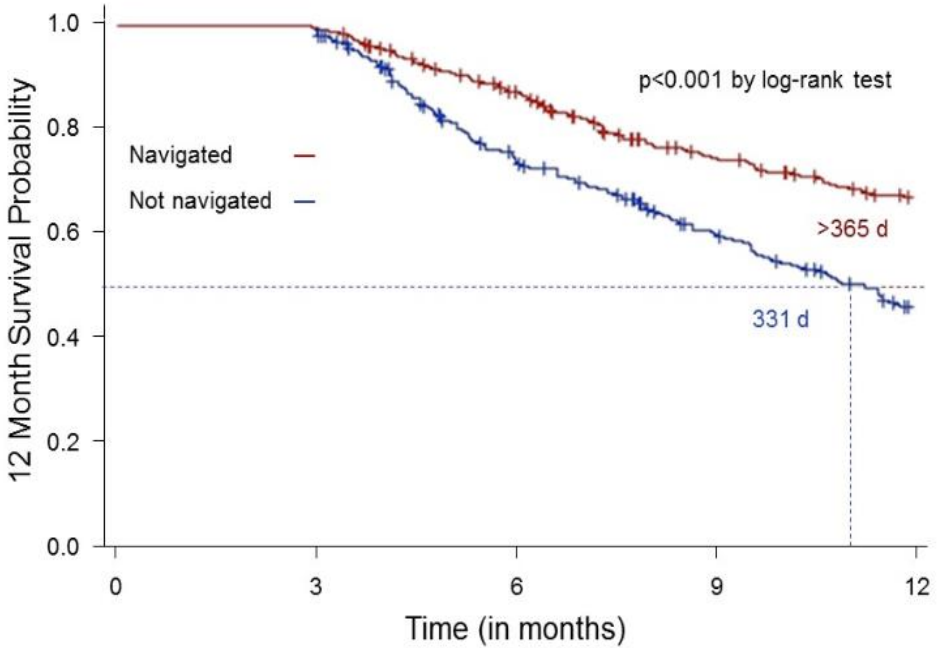
Patients

- 22-year-old, Female, Spanish speaking only, sarcoma patient, admitted to critical care unit
- 60-year-old, Male, newly diagnosed MM, admitted for acute kidney injury
- 52-year-old, Male, homeless man, completed treatment for bladder cancer, DVT

Research Outcomes

Survival Benefit for Navigated vs. Non-Navigated Patients Presented at ASCO

- Improved overall survival at 12 months
- Survival benefit observed **overall** and across **all subgroups** measured
- Strongest benefit among:
  - Black
  - Medicaid
  - Pancreatic
  - Lung



Reduced 30 day Readmissions for Navigated Patients vs. Non-navigated Patients—Presented at ASPO

- Approximately 1 in 7 hospitalized patients is readmitted within 30 days of hospital discharge (rates vary due to several factors)
- The cost of readmissions to the healthcare system nationally is substantial – roughly $30 billion/year for Medicare alone
- **Non-navigated patients were 52% more likely to have a 30 day all cause readmission than Navigated patient**

References

- Tsai TC, Joynt KE, Orav EJ, et al. Variation in surgical readmission rates and quality of hospital care. *N Engl J Med*. 2013;369(12):1134-1142.
- Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. *N Engl J Med.* 2009;360(14):1418-1428.
- Kowalkowski MA, Raghavan D, Blackley K, et al. Patient navigation associated with decreased 30-day all-cause readmission. *Cancer Epidemiol Biomark Prev*. 2016;25(3):558.
- Kowalkowski MA, Raghavan D, Blackley K, et al. 12 month survival for oncology patients with versus without patient navigation. *J Clin Oncol*. 2016;34(15 suppl):6510.

Collaborators and Special Thanks to:

Marc Kowalkowski, PhD
Carol Farhangfar, PhD, MBA
Derek Raghavan, MD, PhD
Victoria Morris
Andrea Bouronich
John Green, MD