OncologyNurseAdvisor **navigation** SUMMIT

Using Metrics and Data to Enhance the Navigation Workflow Diane L. Baldwin, RN, OCN, CBCN

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

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Caseload Mix Compared to Interventions Low Acuity Medium Acuity High Acuity 29% 41% 43% 46% 50% 58% 69% 59% 57% 54% 50% 42% 2% 0% 0% 0% 0% 0% CASELOAD PHONE REFERRAL CLINICAL VISITS STAT MIX CALLS INTERVENTIONS 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



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OncologyNurseAdvisor **navigation** SUMMIT

Using Metrics and Data to Enhance the Navigation Workflow Kris Blackley, RN, MSN, OCN

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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, communitybased, 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

	LCI Ond	ology Navigato	r Plan			
Navigator Reason for Contact	Referral Source	Nav	vigator Time Spent	End of Navigator Support Date		
Initial assessment Follow-sp.vist Patient Education - Individual Demotherizipy Demotherizipy Demotherizipy Demotherizipy Survivorship Program Transpiratel Blood and Marrow] Otherc		reatment CC	= 15 minutes<br 30 Minutes 45 Minutes 60 minutes 90 minutes +	Improve Improve End of Navigator Support Reason Improve Impr		
Primary Disease Site Select the primary disease you not metastatic site. If more th you are navigating both, use of each Primary by a comma.	a are navigating only; han one primary and DHER and separate		Patient Na	Initial guidance / education / coordination as needed Typically no follow-up needed		
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Resource Management—FTE Request

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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

EST CM Calenda

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

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Intusion		12:01a ROHNTVL, HE	12a GNTTVL, FLBRO	8:20a LCUM.RCA, DA	8:45a ONGGS, RNRE	8:30a CTCNMHTBA, I			
-		6a HOTPVLXDA, UVP	12a UCEAV, POXLD	8:30a LCUVLRCA, DA	9a MBTBAMML, DAO	8:30a XBTTVL, XDLS			
		6:10a PHCXFRCA, PE	8:30a MDLAVL, ZDQI	8:45a CDIR, FDPRS F	9a TDLIBA, XVTBRD	8:40a ICRR, TETD G [
Surgery		7:45a LCUBARCA, ZI	8:30a ROCPP, XDLS	8:45a LDMCC, HVTV	9:15a EHBPV ZL., LC	Sa HOLXCA, PHCXDF			
		8:30e IVTTVL, ZCDA4	8:45a HVDOVA, QDR	Sa DLLCECCO, RST	9:30a MOCOVACE, X	9a XCOICYOBDI, DTE			
Imaging		Self-CADR 2L, GTU:	98 UULIVS, UVUULL 0a MOLAVI - ZDORM	9:158 IVITVL, ZGDW	9:308 AUNPRVICE, 9:40a PLNTT_CTD PL	St AUCKH, DAUCYUT			
Other		Sa RECAV, ZNTRV XI	9:15a RBM/PPB_FH	9:40a FBLRTBA ZCH	9:45a OHVA ONDAT	Sa MDTULDEPH LVA			
		9:15a HDGTVL, ZVLC	9:30a OVYBAV, IDLV	9:45a EDRHBAMPCA	10a LBAMRPDGG, Z	9:15a EHBPV ZL., LCI			
Radiation		9:30a RPCAV, ZNTEV	9:45a RBMVPPB, FH	10a FBLRTBA, ZCHA	10:15a MCXVW, IDLO	9:15a GLBVLRCA, LN			
Carcelled		9:30a DLLCECCO, RS	9:45a XCLDTVR, TN	10a OVBMVL, ZVDA#	10:30a GDNGB XCLC	9:15a LCRRXDAA, QE			
		9:30a OLDEGCLO, PH	9:50a LVSACTOR, ZI	10a TCAM, RHVLLS T	10:30a ONGGS, RNR	9:20a RPNLQIVA, TDI			
Collaborating Care		9:45a IDLTRRCA, FDI	10a VYDAR, ZVDAVR	10:15a RPNLQIVA, TI	10:30a QHVA, ONDA	9:45a CPCQID, UDLU			
Wanager		9:458 MLDTVR, ZDAB	108 VEIVL, PVLLB L	10:30a MCXVW, EEC	10:458 PENTL CID	108 CELT, MYCLMV 1			
Assigned Care Manager		10a FORHBAMPCA	10:15a HDTPVI XDA	10:30a ERTTROXR E	11a GRRHVI IDPHV	10:15a GLEVI RCA LL			
		10:15a UDLEBQI, XDI	11:30a MLDAOD, RD	10:40a IDLTRRCA, FL	11a XCNPRVTCR, TO	10:15a TSAA, TDAAB			
		11a XQDLYVL, TCNV	11:30a QDAPBA, BRI	10:40a UVLWDQI, TD	11a USLDX, QDPHM	10:15a VYDAR, OBD/			
		11a LVSACTOR, ADA	11:30a ELBMHP, ZOX	11a IHOLADR, BLBAD	11:20a QDLLNPHVLP	10:20a XCLMDA, UDL			
		11:20a ACLECCO, ML	11:45a RFVLCR, VXE	11a QDAPS, UVLADO	11:30a UNGG, RNRD	10:30a HNPQHBAMR			
		11:30a BRHXDVT, UL	12p ICRR, TBTD G [I	11a RPLVVTXDA, TD	11:45a HCS, TBAOD	10:30a QCGGDLC, LV			
		120 RUHNIVL, HUAH	12p IVAP, KNRUA L	11:158 UNLUBA, PH	11:458 PHCAFRUA, I	102408 RUGPP, DAAN			
		12:20n HOTT_XBOHT	1:30e XCI RV YBOIR	11:30x HDI ADR BU	11:45a XDPHRR_OD	11a TSAA TTAABILI			
		12:45p TBAVUDQL O	1:30p IVAP, RNRDA I	11:30a QDAPS, UVLA	12p HDGTVL, ZVLCT	11a ACLXDADBD, OV			
		1p RVAMNEPO, RNR	1:45p ODYBR, ZNOB	11:30a TDAV, EBTTB	12p ONYV, XDLBTS	11:15a HNUUDLO, TC			
		1p FVPPS, VXXD Z [I	2p RQCPP, ODEA DA	12p RNWDARIS, HV1	12p ROHNTVL, HDAI	12p UDPVR, QHLBRF			
		1p IVTTVL, ZCDAA M	2:35p TCEVLS, RNR	12p TBAVUDQI, QDP	12:30p IVAP, RNRDA	12p XDAVS, YBLMBA			
		1:45p COCAACL, XDL		12:20p ULDAACQI, F	12:30p CIDAPS, UVL	1p ZCHARCA, MTCLE			
		20 UTUIBDA, LBPD Z	3	1:300 EDPRCA, MDS	12:300 ONIV, XOLBI	10 PHCAFRCA, PBGC			
		2:10p 7CSVR PVEVRD L		2:45p HNPOHRAMR	12:400 LDMCC, HVIT	1:200 KNBAA_CCAAF			
		2:150 RPLWTXDA T		30 EVPW, OHOL RPS	1p LVQPCL RNRDA	1:30p DXULCRV_UDI			
		2-10- LDUDID UDU		1-20- ICOD TOTO O	1-1En ERALOW INAL	26 NEOLINE OH LICE			



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



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