Advanced Concepts in Navigation

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Learning Outcomes

- Examine essential elements for continual growth and sustainability of navigation programs
- Describe how oncology nurse navigators can contribute to the success of new oncology care and reimbursement models
- Identify and share best practices for hiring, training, and maintaining competence of patient navigators

Presenters

- Michele Galioto, RN, MSN
  - Assistant Chief Clinical Officer
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- Nikolas Buescher
  - Executive Director of Cancer Services
  - Penn Medicine, Lancaster
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Connecting Quality Measures to Your Work

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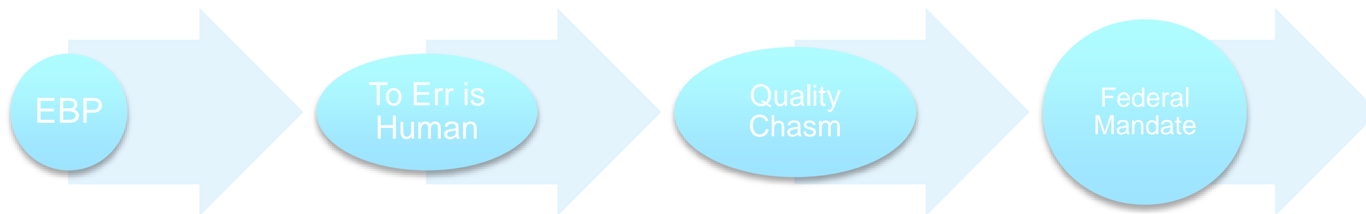
Terminology to Ground Us

- QPP: Quality Payment Program
  - MIPS: Merit-based Incentive Payment System
  - APM: Alternative Payment Model
  - OCM: Oncology Care Model
- Eligible Clinician (think QPP)
- Eligible Professional (think state)
- eCQM: electronic Clinical Quality Measure
- CQL: Clinical Quality Language (remember NANDA, Nic & Noc?)
- Code System, Value Set
- Measure Testing: Feasibility, reliability, validity
- Meaningful Measures: highest priorities for measurement & improvement

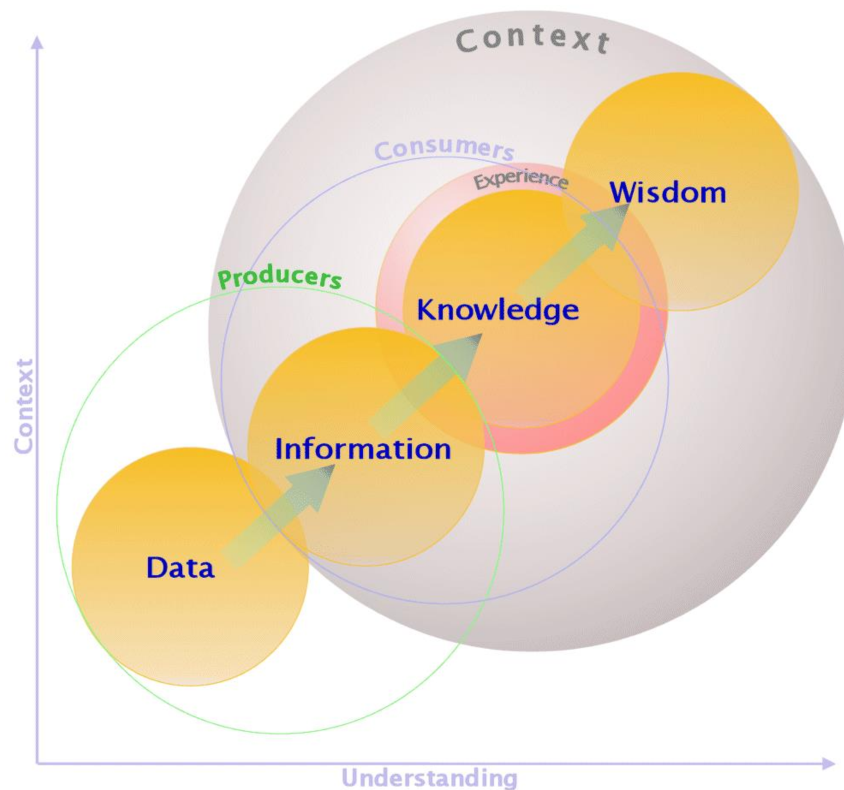
A Few More…

- Process measure
- Outcome measure
- PROM: Patient-reported outcome measure
- PRO-PM: Patient-reported outcome performance measure

How Did We Get Here?



What the Future Should Be



Medicare Access CHIP Reauthorization Act of 2015

- *Bi-partisan legislation* establishing a new payment structure for care provided to Medicare beneficiaries
- 2 structures
  - Merit-based Incentive Payment System (MIPS)
  - Alternative Payment Models (APM)
    - Oncology Care Model (OCM)
- What we'll likely see
  - QPP options
  - Double-sided risk

Consider:
Quality is Our Currency

Quality measures are one line item in your budget

If Quality = Your Currency, What Measures Do You Report?

- LOTS of measures: How do you choose?
  - What are **your** (and your **patient population**) **priority** needs?
  - CMS Measure Inventory: https://cmit.cms.gov
  - QCDRs & their measures: https://qpp.cms.gov/mips/quality-measures
- It's not good enough to just report the data!
  - Improvement counts – for the patients, for the clinician, and for the QPP
    - Leverage tools to support improvement efforts
    - Increase payment incentives through improvement activities

A Word About Qualified Clinical Data Registries (QCDR)

- Report on all 3 MIPS categories in one place (quality, advancing care information, improvement activities)
- More quality measures available for use, specific to your specialty
  - Greater flexibility to choose measures that are most meaningful to your practice and patient population
- Regular feedback through preview reports
  - You control when data is reported to CMS
- Some (ONS included) offer real-time data – address the gaps before they get away from you!

Leveraging Measures to Support ONN Role

- Your role is…
- Your priorities, your patient priorities
- Leverage reports on measure performance
  - Individual performance
  - Overall performance
  - Improvement progress

Penn Medicine
Lancaster General Health
Ann B. Barshinger Cancer Institute

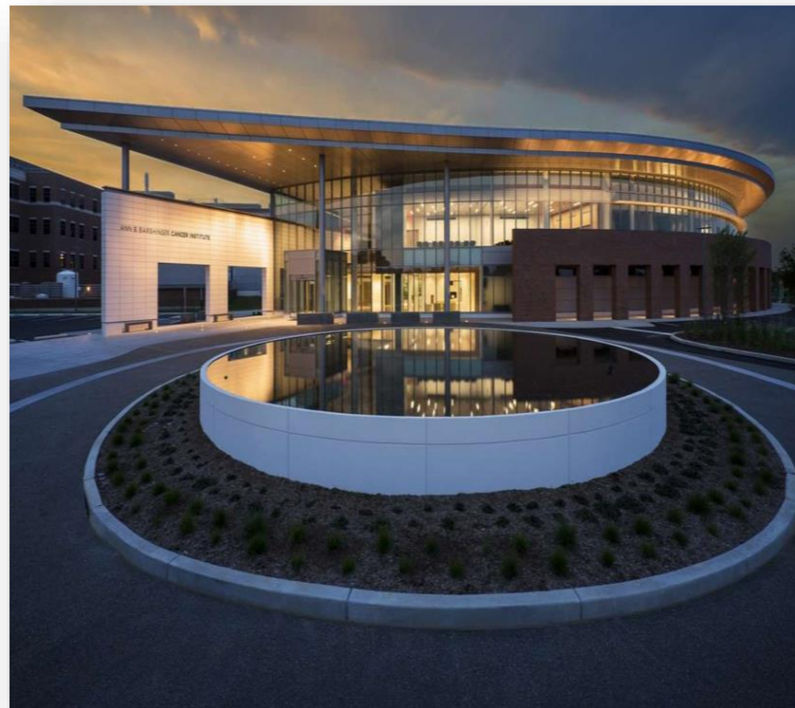
Next Generation Navigation Under Alternative Payment Models

Nikolas Buescher
Executive Director of Cancer Services
Penn Medicine, Lancaster

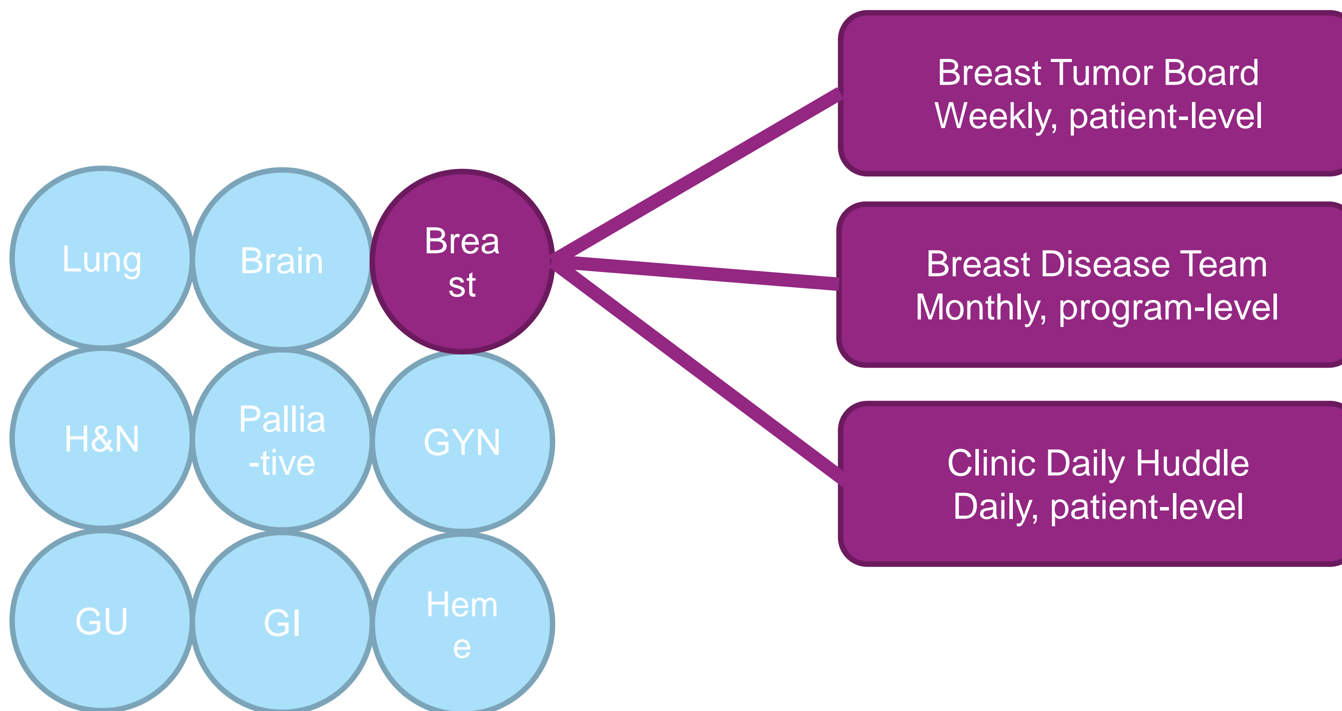
June 14, 2018

Ann B. Barshinger Health Cancer Institute Scale and Scope

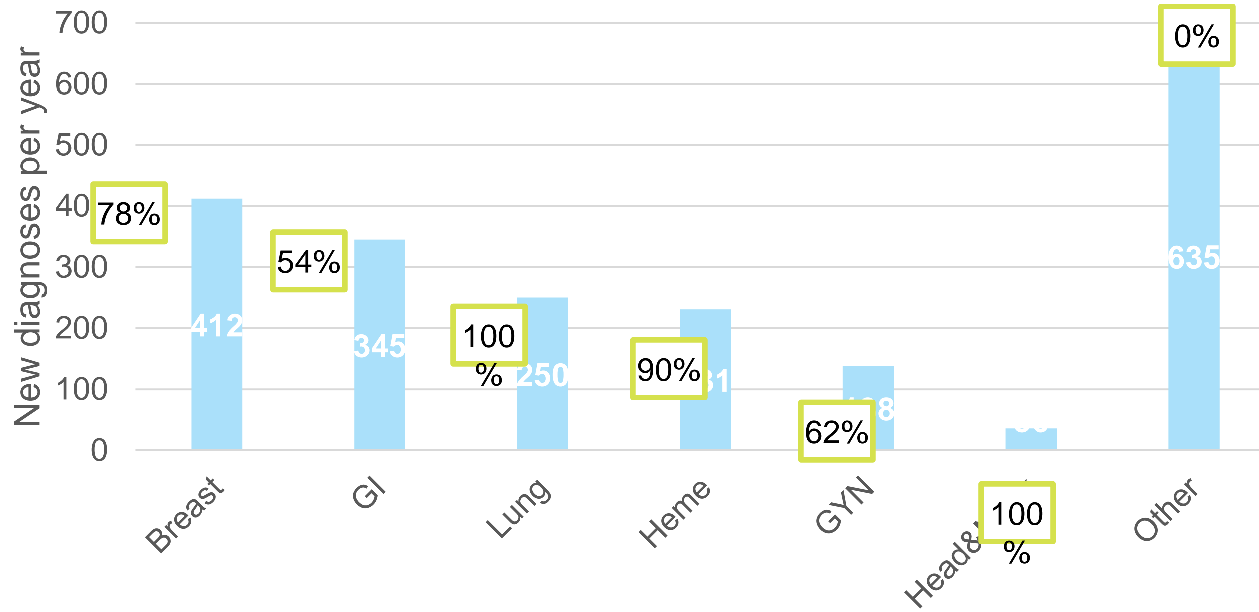
- All outpatient cancer care is together under one roof
  - 100,000 square feet
  - 400 encounters per day
  - 20 new patients per day
- Infusion Therapy
  - 35 treatment chairs, 6 draw stations
- Radiation Therapy
  - 6 vaults: 2 Linacs, CyberKnife, Gamma Knife, Tomotherapy, HDR/orthovoltage
- Clinic
  - 5 clinics with total of 45 exam rooms, plus 10 consult rooms for education and support services



Integration of Navigators in Cancer Program



Patients With Nurse Navigators by Tumor Site Before OCM



Clinical Support Services Staffing

Med onc: 9.0
Gyn onc: 1.5
Rad onc: 4.0
Surg onc: 4.0

Role	Before OCM	Current
Nurse navigator	4.5	7
Dietitian	2	2
Social work	2	4
Financial counselor	1	3
Chaplain	2	2
Secretary	1	2

Impact of OCM on Navigation

CMS Oncology Care Model

- **First major alternative payment model in cancer**
  - Program goal is to find practices that can achieve the triple aim
  - Shared savings on risk-adjusted bundled episodes of care
  - Shared savings are at risk for quality and patient experience scores
  - Patient must be receiving outpatient chemotherapy
  - New billable coordination of care fees for OCM patients ($160 PMPM)
  - 6 mandatory practice care transformation requirements
  - Some commercial payers participating with companion plans for their beneficiaries

Requirements for OCM Practices

1. Certified Electronic Medical Record
2. Provide 24/7 access to clinician with real-time access to the EMR
3. Use data for continuous quality improvement
4. Treatments are consistent with nationally recognized clinical guidelines
5. **Document a care plan that contains the 13 components in the Institute of Medicine Care Management Plan**
6. **Provide core functions of patient navigation**

Institute of Medicine Cancer Care Management Plan

- Patient information (name, DOB, med list, allergies)
- Diagnosis (specific tissue info, biomarkers, stage)
- Prognosis
- Treatment goals (curative, life-prolonging, sx control, palliative)
- Initial treatment plan (duration, drugs, doses, schedule, radiation, surgery)
- Expected response to treatment
- Treatment benefits and harms (toxicities, short and late term effects)
- Quality of life and patient's likely experience
- Which clinicians have responsibility for which parts of care plan
- Advance care planning
- Plan to address psychosocial needs
- Survivorship plan (summary of tx, surveillance, f/u activities, risk reduction, health promotion)
- Estimated total and out of pocket costs

OCM Navigation Functions

Functions
Coordinate appointments with providers for timely diagnostic and treatment services
Maintain **communication** with patients, survivors, families, and providers to monitor patient experience
Ensure appropriate **medical records** are available at appointments
Arrange **language** translation services
Facilitate **follow-up** services
Provide access to **clinical trials**
Build **partnerships** with local agencies and groups

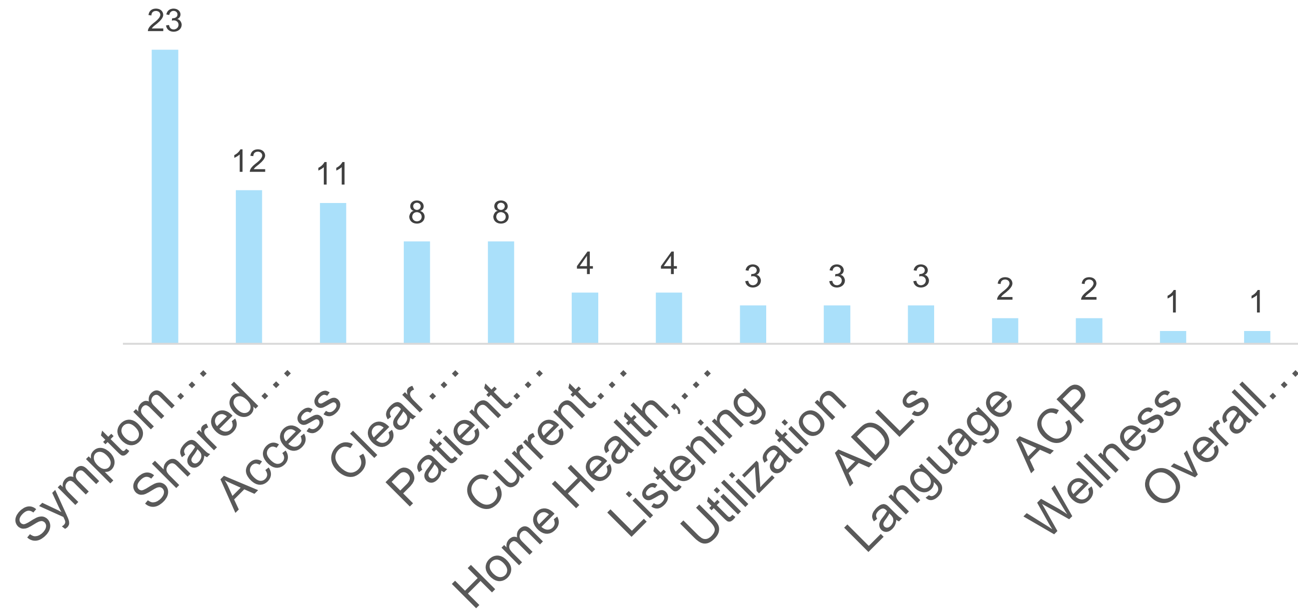
OCM Quality Measures

Domain	Measure
Care coordination	Hospital admits during episode
	ED visits during episode without hospital admit
	Death with hospice LOS >3days
	Chemo intent documented
	Advance care plan
	Reports sent to referring physician
Outcomes	Plan of care for Pain
	Depression screening
	Patient experience
Clinical Care	5 PQRS/NQF measures
Risk Adjustment	Cancer type, TNM stage, molecular and histologic markers, relapse status, progression status

Site	Measure
Breast	Combination chemo is considered or administered within 4 months of diagnosis for women <70 with AJCC T1c or Stage II or III hormone negative
	Trastuzumab administered to patients with AJCC Stage I–III HER2+ who received adjuvant chemo
	Hormonal therapy for stage IC-IIIC ER/PR+
Colon	Adjuvant chemo is considered or administered within 4 months of surgery to patients < 80yrs with AJCC III
Prostate	Adjuvant hormonal therapy for high-risk patients

No chart audit sampling permitted, >97% of patients must be reported.

Oncology CAHPS Survey Question Analysis



Challenges

OCM Addresses Historical Navigation Challenges

- Paying for new navigators
  - New OCM Care Coordination fee
- Physician engagement
  - Requirements and incentives for OCM physicians

Challenges That Take on New Importance Under OCM

- Are we providing help that will have a lasting, measurable benefit to the patient?
- Are we prioritizing the help that we can provide?
- Are we prioritizing the patients we will see?
- Are we providing support to everyone that needs it?
- Do clinical support staff have timely information to make these decisions?
- How do we get data out of the EMR?
- Are there guidelines for doing this the right way?

Clinic Staffing Ratio Per Oncologist:

0.3 Advanced Practice Provider
1.0 Nurse Navigator
1.0 Clinic RN
1.0 CMA
2.3 Scheduling/checkout

But we still can’t get it all done!!!

Meeting OCM Requirements

Meeting the Navigation Requirements

Function	Responsible individual
Coordinate appointments with providers for timely diagnostic and treatment services	Navigator, scheduler
Maintain **communication** with patients, survivors, families, and providers	Navigator
Ensure appropriate **medical records** are available at appointments	Medical records clerk
Arrange **language** translation services	Scheduler
Facilitate **follow-up** services	Scheduler
Provide access to **clinical trials**	Clinical trials nurse
Build **partnerships** with local agencies and groups	Navigator, social work

You can
do anything,
but not
everything.

Identifying Who to Navigate

Reactive

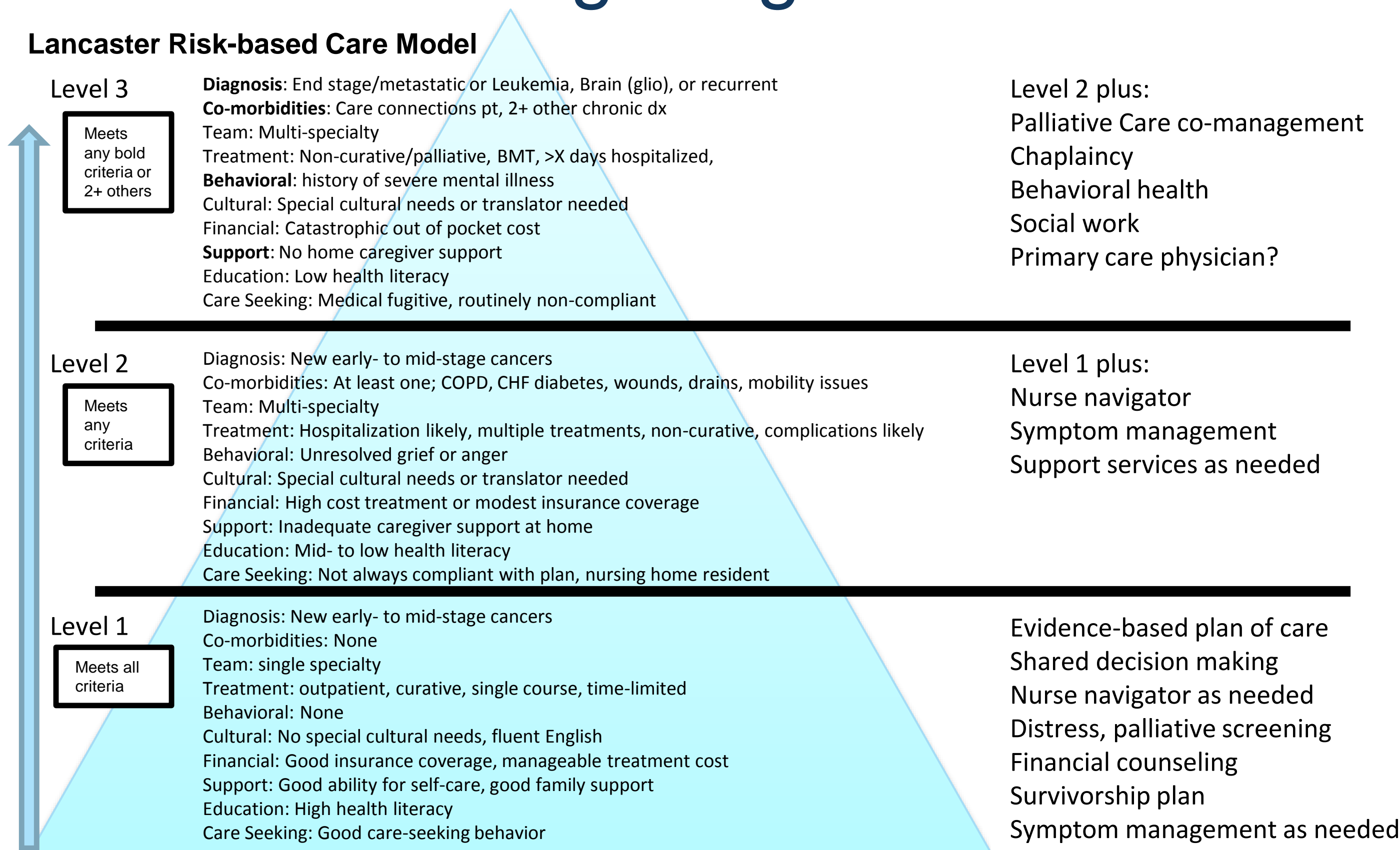
Wait for referral
Wait for patient to self-identify problem

Proactive

Routinely screen for key issues
Key milestones or events automatically trigger referral

OncologyNurseAdvisor navigation SUMMIT

Better Manage High-risk Patients



What Does Next Generation Patient Navigation Look Like?

- Prioritization of tasks and patients based on volume, acuity
- Proactive identification of patients requiring services
- Predictive risk modeling
- Access to information on problems facing individual patients and the care continuum
- Ability to better integrate with individual departments as needed
- Clear standards defined for
  - patient progression through the care continuum
  - how to address common barriers for patients
  - how to minimize adverse outcomes
  - how to effectively educate patients
  - key expectations to manage
  - when/how to screen for issues

How Can We Reduce the Need for Navigation?

Patient barriers
Provider barriers
Health System barriers

Accessed from https://pixnio.com

Accessed from https://www.flickr.com/photos/brento/6803387610

Eliminating Provider and System Barriers

Key Opportunities to Achieve the Triple Aim

- **Patient Engagement**
  - Using **Shared Decision Making** to engage patients in treatment decisions
  - Using **Advance Care Planning** to make end of life decisions ahead of time
- **Care Coordination**
  - Standardized **symptom management** to reduce ED visits
  - Standardized **arrival assessments** to identify patients at risk
  - Daily **team huddles** to prioritize work and highlight gaps
- **End of Life Care**
  - Improving use of hospice and palliative care
  - Reducing unhelpful treatment at end of life
- **Utilization**
  - Developing and using clinical pathways to manage high cost/high risk decisions
  - Moving care to the lowest appropriate care setting
  - Using an oncology drug formulary to limit use of costly drugs with low efficacy

Patient Engagement // IOM Care Plan Template

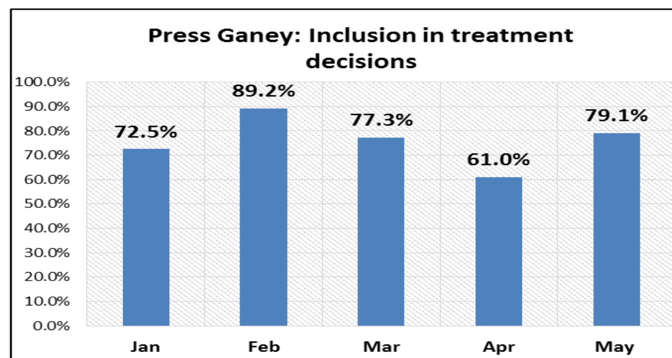
Problem

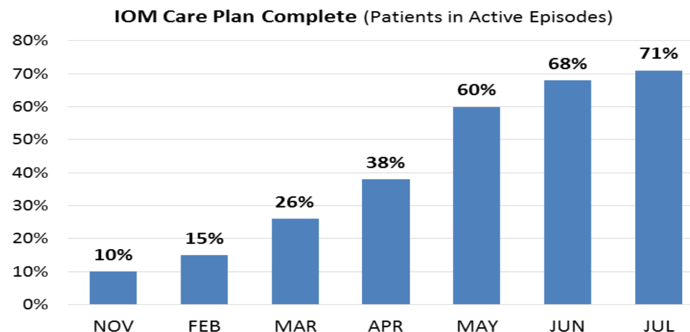
- Patients may not be aware of their choices
- Patients may have an incorrect understanding of their diagnosis and prognosis
- IOM care plans not being completed 100%
- No single EHR location for IOM plan elements
- Difficult to measure if IOM care plans completed
- Care plan documents not routinely provided to patients
- Care plans were not in patient-friendly language

Solution

IOM Care Plan Template

- Train staff on Shared Decision
- Some items auto-populated from chart
- Template available for review in all care settings.
- Care plan provided to all providers on care team via follow-up letters
- Patient friendly, easy to understand terms
- Given to patients at time of creation or at treatment education and consent appointment





Future Enhancements:

- Develop best practice for providing to patients
- Automatically embed IOM care plan into After Visit Summary
- Improved language in consent forms

IOM Care Plan Template

Auto Populated

Auto Populated

Auto Populated

Diagnosis Stage	Renal cell carcinoma, right [C64.1] Prostate CA: AJCC edition 7, cStage IIB (T2aN0M0), PSA 8.72 (12/6/12), Gleason 4+4 (6/12 bxs positive all from left 1-18-13) prostate ACA. AUA=3 Prostate size 50.4 cc Staging form: PROSTATE AJCC V7 Clinical: T2a, N0, M0 - Signed by [redacted] on 12/1/2016 Stage IV (T4N1M1) renal cell carcinoma with sarcomatoid features. Treatment plan = Palliative. Staging form: KIDNEY AJCC V7 Clinical stage from 5/23/2016: Stage IV (T4, N1, M1) - Signed by [redacted] on 6/5/2016
Prognosis	Your cancer cannot be cured with treatments we have available today, however it may be controlled for months or years.
Treatment goals/expected response to treatment:	Your cancer cannot be cured, so the goal of treatment is to control your cancer. Treatment to control your cancer can improve bothersome symptoms and may help you live longer. The potential benefit from therapy should be carefully weighed against the side effects.
Quality of life on treatment/patients likely experience	You are likely to feel well on this therapy and will be able to do most of the activities you usually do, no matter how active you were before treatment.
Current Treatment Plan	Anticancer therapy: opdivo How it is given: Intravenous (IV) Number of cycles: as long as working A Cycle equals: 1 day(s) per week every 2 week(s) Surgery: possible cytoreductive nephrectomy Radiation: no Other options discussed:
Who to call with a problem while on therapy:	Call us first with any symptoms that occur while on therapy Pod 3 Orange: 544-9531 or after office hours call Main ABBCI: 544-9400; For scheduling issues call 544-9496 Call your regular physician for refills on medications you were already on before therapy. Continue follow up for other medical problems with your regular physicians.
We recommend a referral with these support services:	For more information, speak with a member of your cancer care team. nursing team
Advanced Care Planning tools in place:	Yes

End of Life Care
Advanced Care Planning (ACP)

Problem

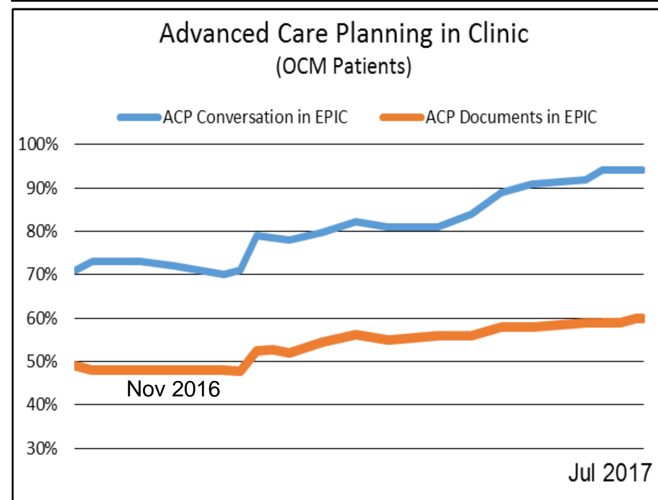
- Too many patients dying in the hospital
- Too many patients receiving chemo at end of life
- No single location in chart for ACP information
- ACP conversations not necessarily translating into patients returning ACP documents

Solution

- Adopted Respecting Choices program
- Educated providers and staff on ACP program
- Created clinic workflow to identify patients needing ACP
- Trained ACP facilitators – each clinic area has designed facilitators
- Epic enhancements including ACP referrals, standard location in chart, and flag in pt header
- Provide pts a SASE for return of ACP documents
- ACP indicator built into Rooming Tool

Rooming Tool

Advanced Care Planning		
Has Advance Directives scanned in Epic?	Yes	No
Had ACP Discussion within 60 days as documented in EPIC?	Yes	No
Is patient willing to meet with ACP facilator?	Yes	No



Future Enhancements:

- Explore process for Out of Hospital DNR
- Update ACP referral

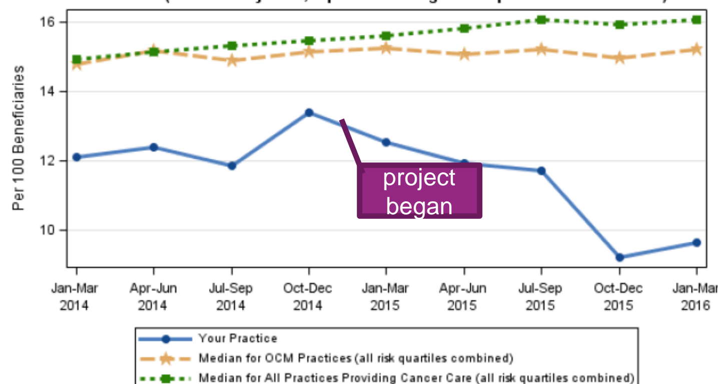
Care Coordination // Symptom Management

Problem

- Patients who go to ED or are admitted for oncology symptom issues resulting in higher cost of care.
- Many side effects and symptoms can be managed at home or in the outpatient setting.

Solution

- Standardized nursing chemotherapy education process including key nursing stakeholders
- Standardized patient education resources utilizing Oncolink
- Nursing education documentation template and smart phrases built in Epic
- Integrate palliative care into clinic

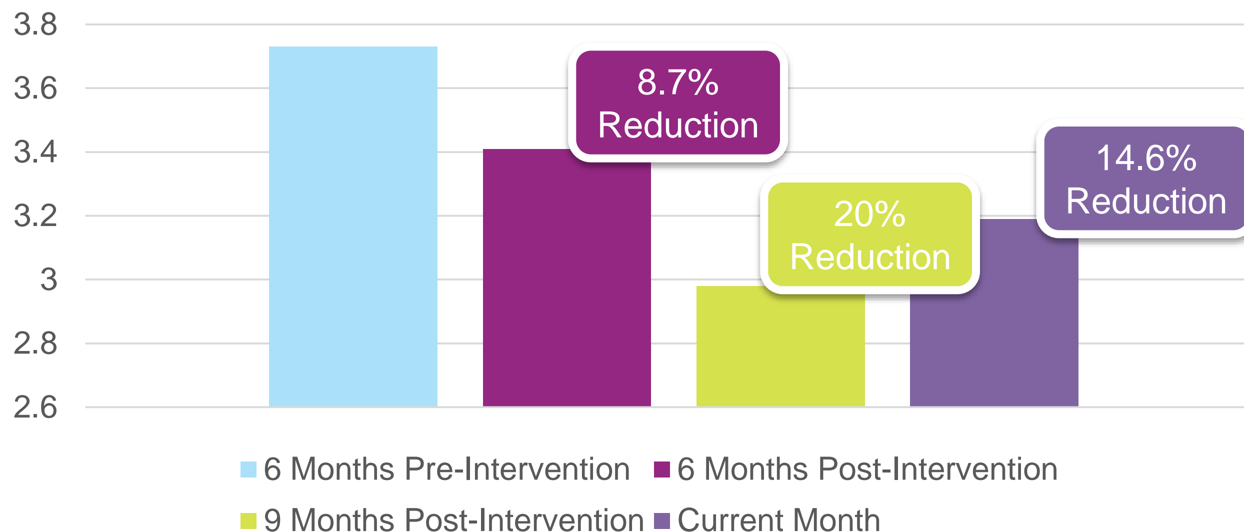


CMS spending per patient per month (risk adjusted, 4 quarter average) OCT-DEC 2016				
Service	**Current Result**	**Change Since Last Quarter**	**Change Since Baseline**	**LGH vs Peers**
ED visits w/o i/p admit	$15	Better	Better	Better +36%

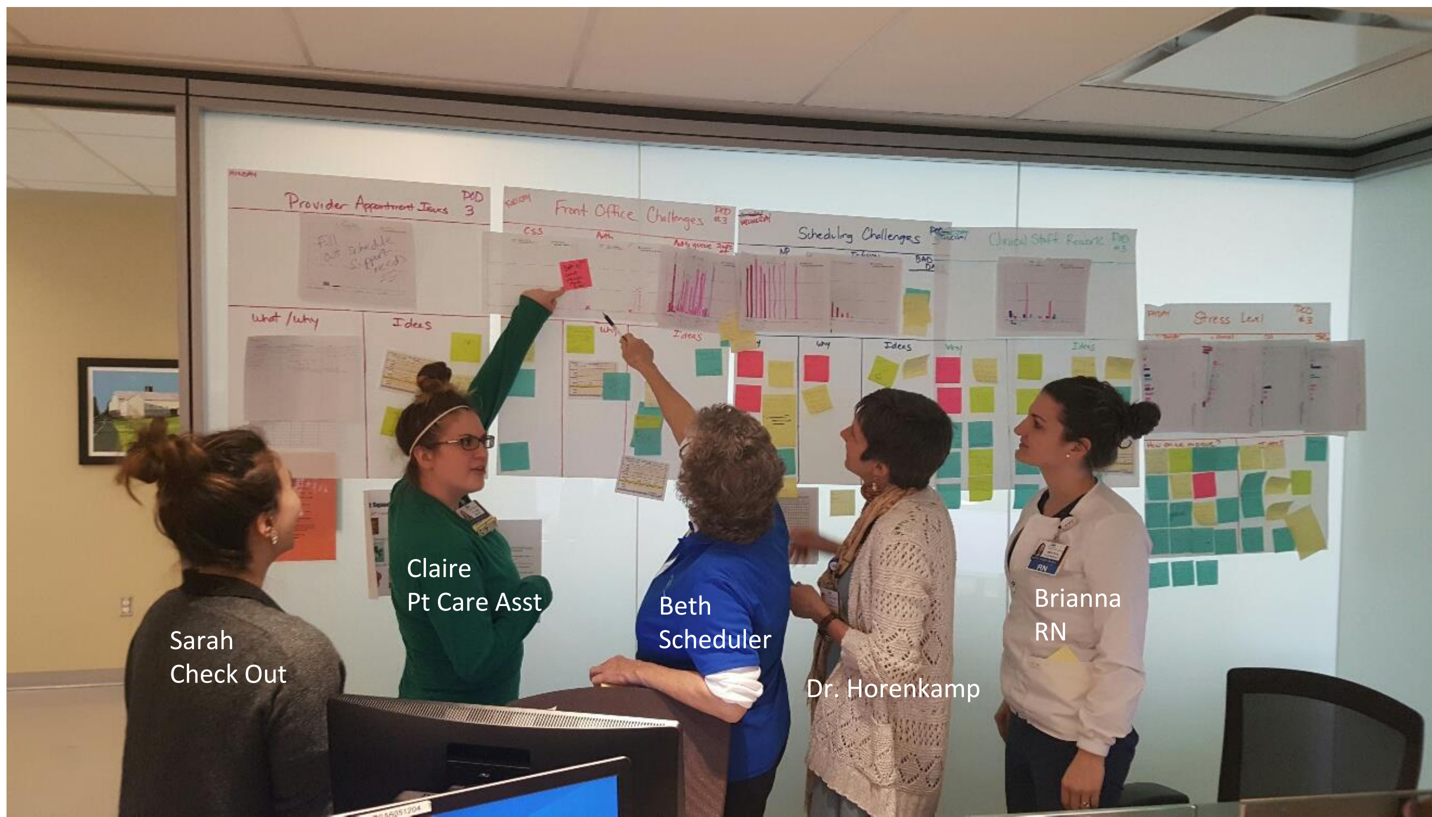
Future Enhancements:

- Redesign oral chemotherapy education process and workflow
- Integrate palliative care into all disease pathways

Clinical Outcomes



Daily Huddle



OCM Requirements - Dr. Abbey Bartlet care team

MRN	Patient	Diagnosis	Episode Start	Next Appointment	Complete Stage in Epic	IOM Care Plan Complete	Depression Screening in past 4 months	ACP Conversation	ACP Documents Received
					Provider	Provider	Care team		
0123456	Fitzwallace, Percy	Colon	September	2/13/2017	YES	10/27/2016	11/28/2016	YES	NO
1234567	Cregg, CJ	Endometrial	September	2/14/2017	NO	11/29/2016	NO	YES	NO
2345678	Bartlet, Josiah	Lung	September	2/15/2017	YES	10/27/2016	11/28/2016	YES	YES
3456789	McGarry, Leo	Prostate	December	2/15/2017	NO	NO	12/15/2016	NO	NO
4567900	Ziegler, Toby	Rectal	August	2/16/2017	YES	12/15/2016	NA	YES	NO
5679011	Seaborn, Sam	Brain	September	2/17/2017	YES	11/29/2016	NO	YES	YES
6790122	Fitzpatrick, Carol	Breast	October	None Scheduled	NA	10/25/2016	11/30/2016	YES	YES
7901233	Landingham, Dolores	Breast	August	None Scheduled	YES	NO	NA	YES	YES
9012344	Concannon, Danny	Thyroid	January	None Scheduled	NO	NO	1/26/2017	YES	YES

ACP = Advance Care Planning

OCM Updates

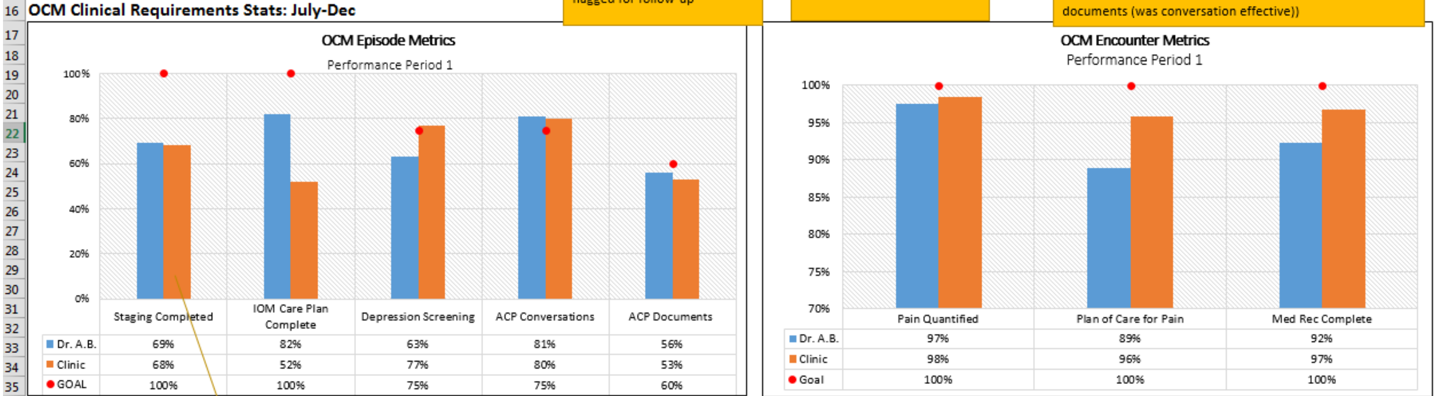
Week of 2/13/17:
- Individualized price estimates going live
- New rooming tool going live
- Palliative clinic adding days
- Lung cancer pathway updated
- Care plan will pre-populate survivorship
- PCP depression screening doesn't count must do our own at onc visit

Patients with no next visit are flagged for follow-up

upcoming uncompleted tasks are RED. Patients with all

Distinguish between process measure (did we talk to patient about ACP) vs outcome measure (did patient return ACP documents (was conversation effective))

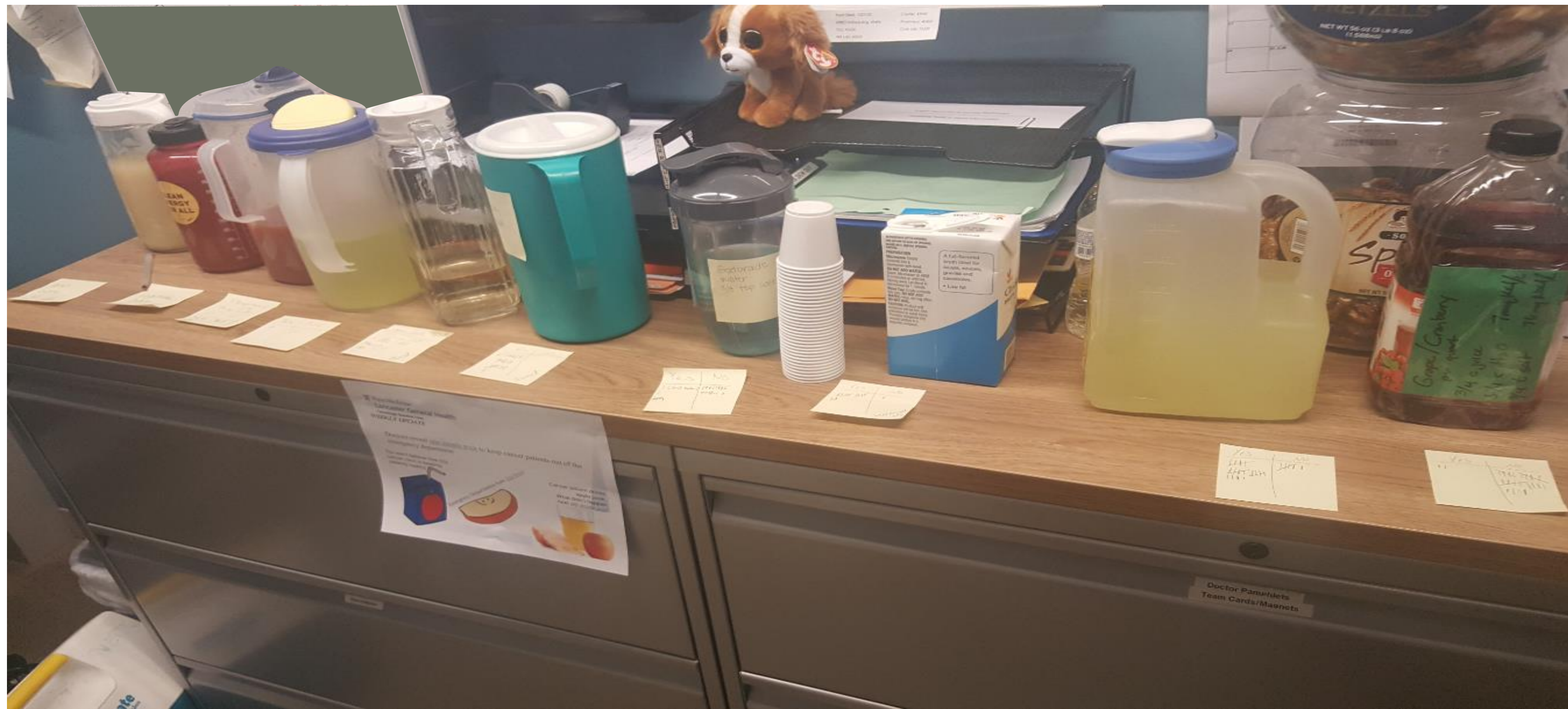
OCM Clinical Requirements Stats: July-Dec



Physician (blue) is compared to peers (orange)

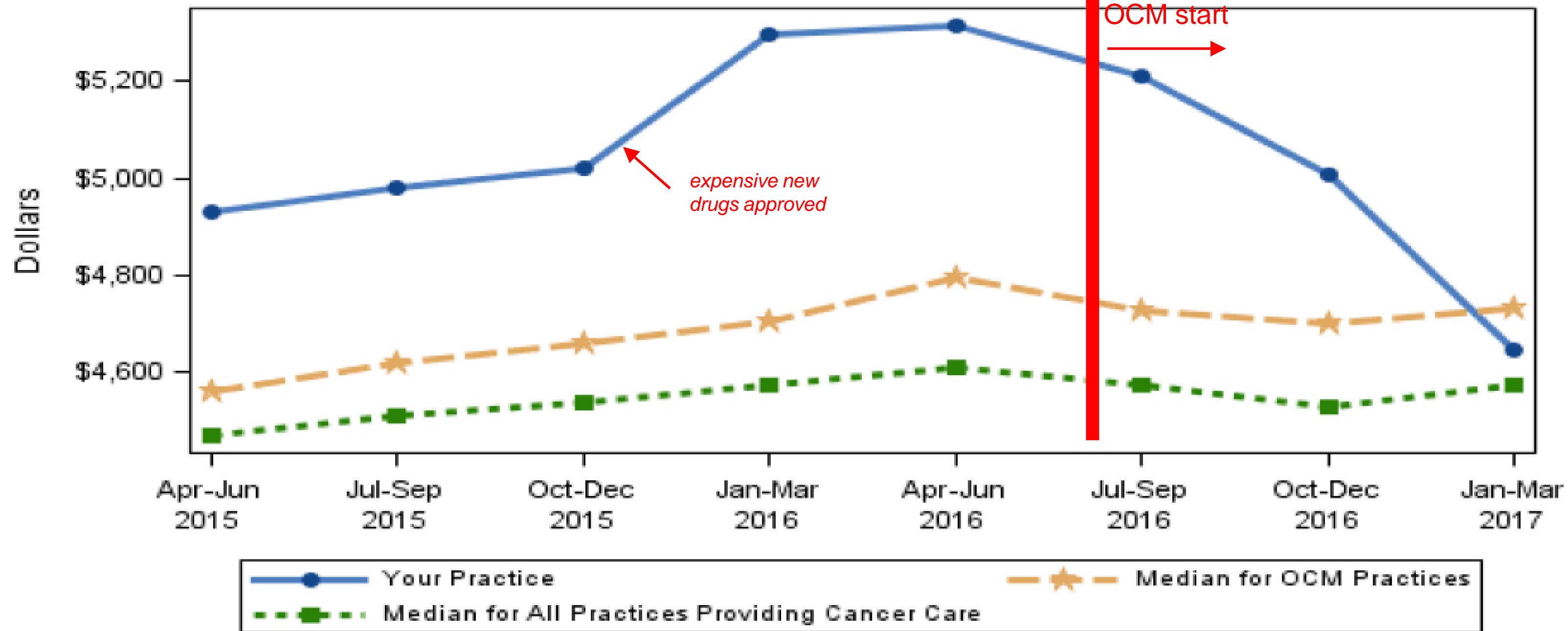
Episode metrics are done once each six months, Encounter metrics @ every visit

Project: Reducing On-demand Hydration Visits Through Better Self-care

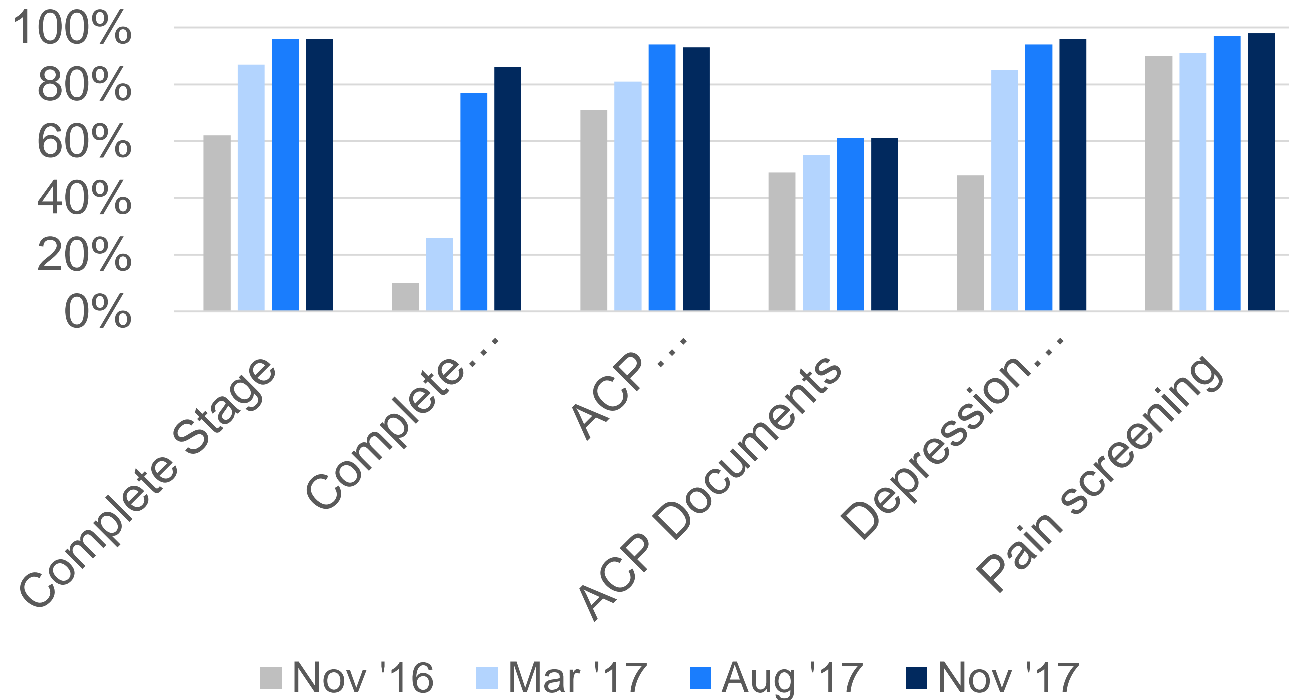


How Has OCM Impacted Outcomes?

...with great results so far!



Key Quality Measures (internal data)

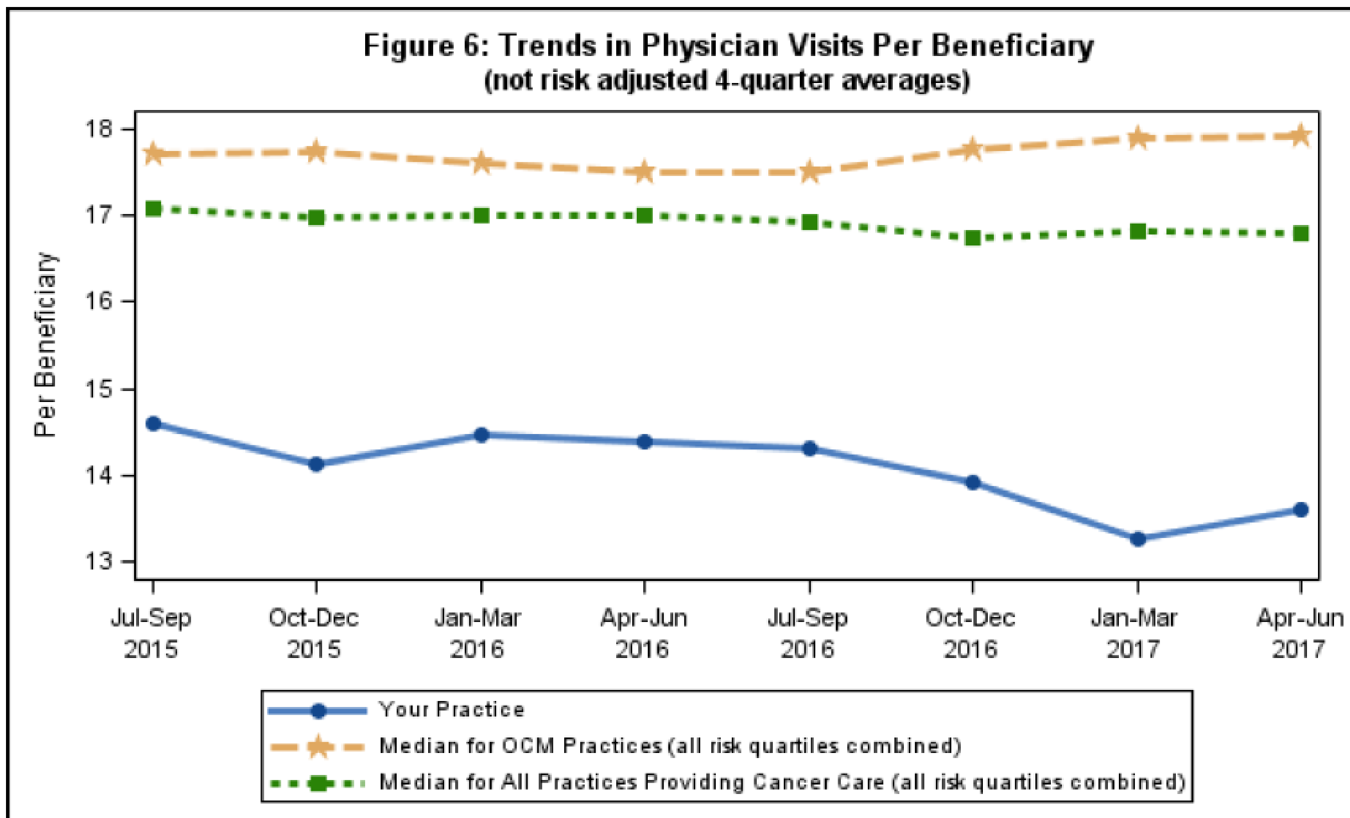


Patient Experience

Table E. Patient Experience Survey, Average of Overall Rating and Composites (risk-adjusted; beneficiaries receiving cancer care January – September 2016)

	Average of Overall Rating and Composites (a)
Your practice	8.81
OCM practices	
Percentiles	
10th	7.96
20th	8.08
30th	8.20
40th	8.27
50th	8.34
60th	8.40
70th	8.46
80th	8.51
90th	8.59
Minimum	6.83
Maximum	8.94

Doing It All With Fewer Patient Interactions



Summary

Keys to OCM Success

- Culture change before process change
- Early IT support and an adaptable EMR
- High level of staff and physician engagement
- Process improvement training
- Protected time for doctors and staff to work on performance improvement projects
- Focused leadership attention
- Co-located services

Benefits of OCM Participation

- This project helped us change to a culture of rapid process improvement
- Significant improvement in teamwork and morale
- It challenges our cancer program to provide better care to all patients
  - Emphasis on finding ways to be proactive not reactive
- It promotes innovation and great care and challenges us to ask tough questions
- Care has improved for non-OCM patients too
  - We apply the same care model to all patients so that there is only one standard of care

Recommendations

- Demonstrate outcomes for navigation that can show return on investment at the local level
- Develop standards for structuring navigation programs to maximize outcomes
- Develop and disseminate standard work and expectations on navigation so that all staff can function as navigators in meaningful way and we aren’t relying on a single individual
- Fix the problems that are continually creating barriers for patients

Final Thoughts….

- Justifying Patient Navigation
- Price Estimates With Epic®

Justifying Patient Navigation

The Hospital of the University of Pennsylvania conducted a study of its cancer registry comparing navigated vs non-navigated patients

- Navigated patients waited 25% fewer days from date of request until appointment
- Navigated patients were 10% more likely to stay with the cancer program for treatment instead of going for 2nd opinion
- Revenue associated with navigated vs non-navigated patients: $$$$

Other items to consider for comparison:

- Patients that leave for second opinion but return for treatment
- Hospital outpatient services use by private practice physicians in competitive markets
- Patient experience and word of mouth advertising

04/26/17

Dear '

This letter outlines the cost estimate for your upcoming cancer treatment, based on the initial treatment plan you selected with your provider and your insurance plan benefits.Below are the estimated cost of your treatment plan and insurance benefits:

Items	Estimated Cost
Treatment Medications Obinutuzumab (Gazyva) 6 Cycles with Increasing Dosage the first 3 days	$ 8,029.00
Supportive Medications	$ 0.00
Infusion Service Charges	$ 1,458.96

Deductible	**$ 183.00**
Remaining Deductible	**$ 0.00**

The total out-of-pocket estimate is $9,487.96. This is AFTER Medicare pays, and BEFORE it is sent to your Secondary Insurance.

Note: The out-of-pocket amount will be submitted to any additional insurance coverage(s) for consideration.

The above information is an estimate, not a contract or quotation, and does not guarantee coverage or payment by your insurance. Your insurance company will not determine its payment amount until service has been provided and receives a claim from us on your behalf. The actual cost on that claim may vary from this estimate depending on what services were required and provided at that time. You may be responsible for payment on any charges not covered by your insurance.
For additional questions or concerns, feel free to contact me.

Sincerely,

Example of our price estimate. 96% of patients receive one before informed consent.

Calculated manually, but Epic2018 has new tools.

Developing Novice Navigators: Qualifications, Competencies and Professional Development

Barbara G. Lubejko, MS, RN
Oncology Clinical Specialist
Oncology Nursing Society

Challenges in Developing the ONN

- Differentiating the ONN role from the clinical/staff nurse role
- Lack of standardization of the role
- Limited resources for initial training
- Lack of literature related to professional development of experienced ONN

Differentiating the ONN and Clinical/Staff Nurse

- ONN
  - Focus crosses settings
  - Common responsibilities
    - Barriers to timely care
    - Support decision making
    - Managing transitions in care
    - Referrals
- Clinical/Staff Nurse
  - Focus on one setting
  - Common responsibilities
    - Direct patient care
    - Administering treatment
    - Side effect management

Lubejko, 2017

Scope of ONN Practice

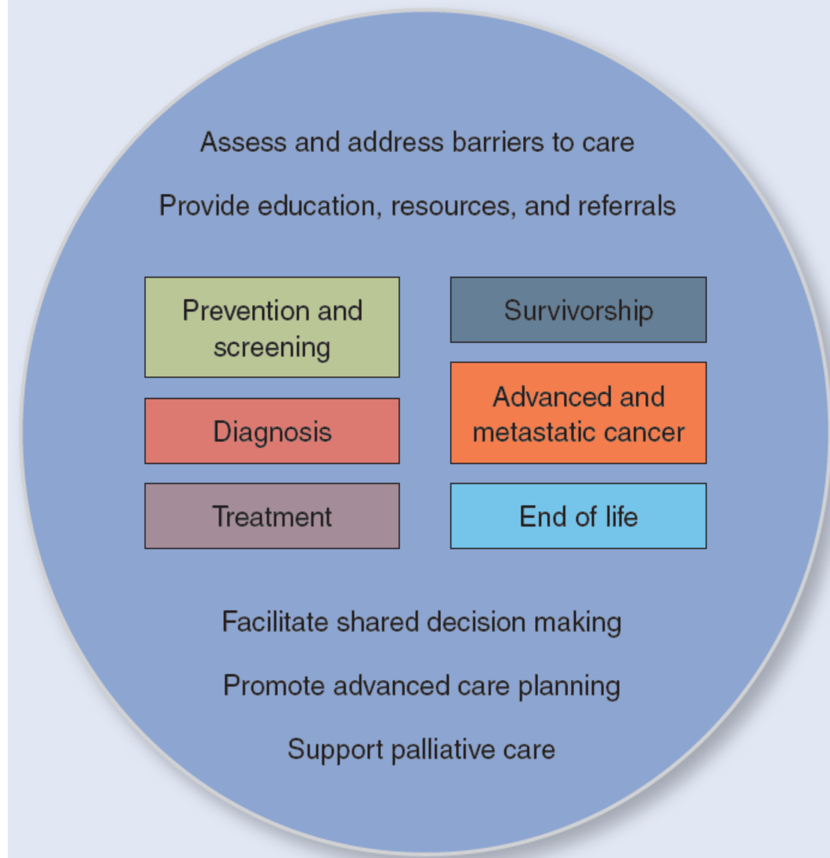


Figure 2. Oncology Nurse Navigation Care Model

Baileys et al, 2018

ONS Position Statement: Role of the Oncology Nurse Navigator Throughout the Cancer Trajectory

- "The ONN should practice in accordance with the 2017 Oncology Nurse Navigator Core Competencies as applicable to their practice."
- Can be tailored to meet patient needs in setting
- Uniquely qualified to provide clinical and educational support to patients and caregivers
- Has the skills to coordinate quality, patient-centered care and provide leadership to the interprofessional team.

ONS, 2018

Oncology Nurse Navigator Core Competencies

- Novice
  - 2 years or less in the role
- Expert
  - At least 3 years in the role

Coordination of Care

- Facilitates the delivery of healthcare services, within and across systems.
- Serves as key contact to promote optimal outcomes and deliver patient-centered care.

Communication

- Demonstrates interpersonal communication skills that enable exchange of ideas and information effectively with patients, families, colleagues.
- Includes writing, speaking, and listening skills.

Education

- Provide appropriate and timely education to patients and caregivers.
- Facilitate understanding and support informed decision making.

Professional Role

- Promote and advance the role of the ONN.
- Pursue personal professional growth.
- Quality improvement of the organization's navigation program.

Expert Oncology Nurse Navigator

- Leadership in navigation program and healthcare team
- Analyzing data, making recommendations, and implementing steps for improvement
- Marketing/promoting the role and navigation program
- Orienting and mentoring novice ONNs
- Involvement in professional organizations, presentations, publications, and research

AONN: Core Competencies for Nurse Navigator Generalists

- Community Outreach/Prevention
- Patient Advocacy/Patient Empowerment
- Survivorship/End of Life
- Operations Management
- Coordination of Care In-Patient/Care Transitions
- Psychosocial Support Services/Assessment
- Professional Roles and Responsibilities
- Quality and Performance Improvement

AONN, n.d.

Using Competencies in Practice

- Job descriptions
- Screen applicants
- Competency checklists
- Orientation and preceptor programs
- Performance and developmental goals
- Identification of resources
- Support evaluation of a navigation program
- Educate about the ONN role

Baileys et al, 2018

Identifying Good Candidates

What do you look for in a candidate for an ONN position?

Identifying Good Candidates

Strong interpersonal skills

- Ability to develop collaborative relationships
- Ability to work in teams
- Ability to work autonomously

Strong organizational skills

- Ability to prioritize and reprioritize quickly
- Critical-thinking skills

Strong verbal and written communication skills

Knowledge of self-care strategies and resources

Baileys et al, 2018

Identifying Good Candidates

Does the new ONN need to have an oncology background?

Identifying Good Candidates

- ONS recommends that:

  "Nurses in ONN roles should possess strong oncology knowledge, as evidenced by certification through the Oncology Nursing Certification Corporation or other oncology nursing certification accredited by the National Commission for Certifying Agencies."

- Does that need to be a prerequisite??

ONS, 2018

Educational and Training Needs of New ONN

- *How do you determine the educational and training needs of the newly hired ONN?*
- *How do you train a new ONN?*

Determining Individual Educational Needs

- Knowledge and skills inventory
- Comparison to position descriptions and qualifications
- Comparison to ONS competencies
- Comparison to AONN content for certification

Training Opportunities

Accessed from: https://www.flickr.com/photos/paperpariah/4682355081/

Identifying Educational Needs of New ONNs

- ONS Navigator Training Workgroup
  - Survey
  - Report due mid-July
  - Planning curriculum development workshop Fall 2018

Mentoring and Developing The ONN

- Ongoing needs assessment
- Needs of community and specific patient populations
- Tapping into skills expected of the expert ONN
  - Leadership in navigation program
  - Leadership in healthcare team
  - Quality assessment and improvement
  - Marketing/promoting program
  - Orienting and mentoring novice ONNs
  - Involvement in professional organizations, presentations, publications, and research
- Personal interests

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