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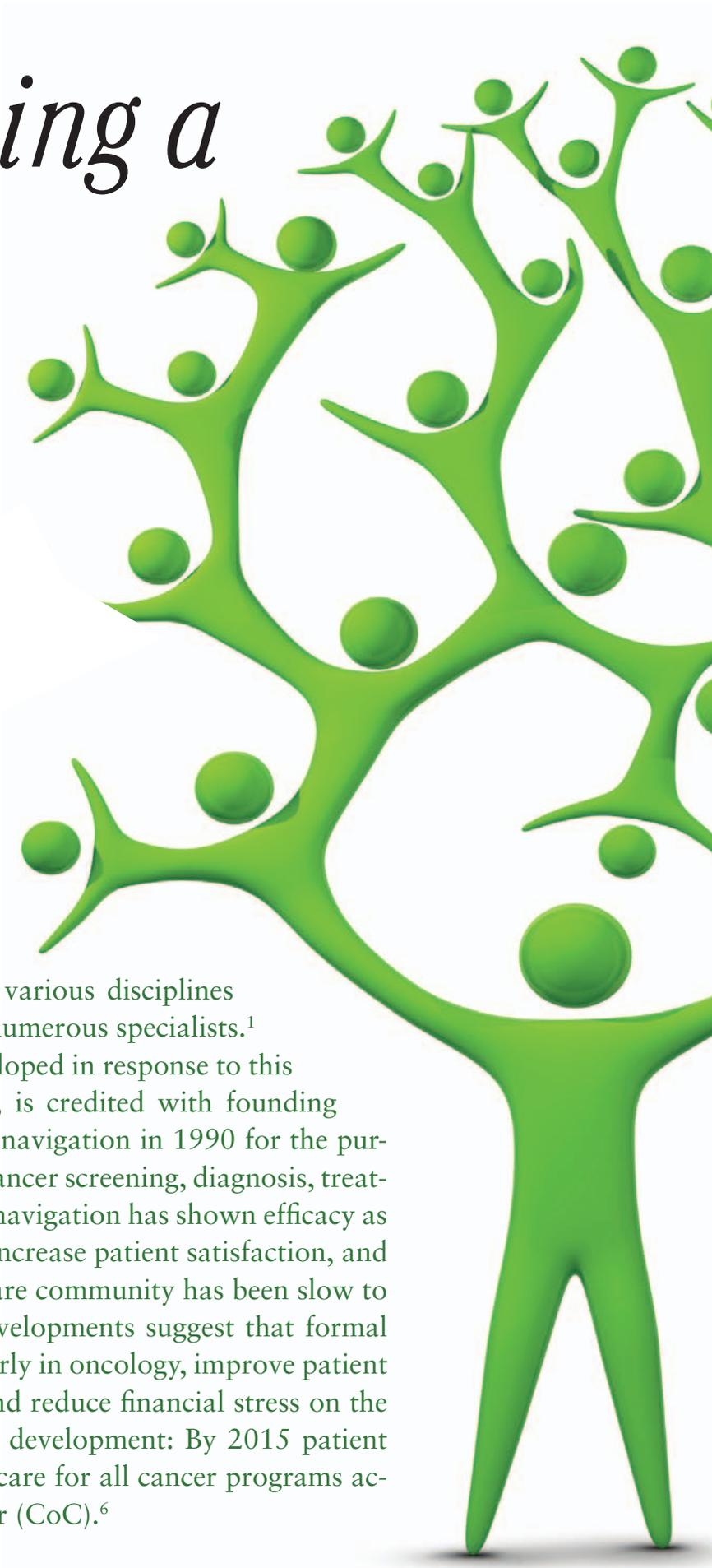
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Growing a

Using the NCCCP Navigation Assessment Tool

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Oncology care is complex, involving various disciplines and multiple treatment options from numerous specialists.¹ Oncology patient navigation was developed in response to this complexity. Harold P. Freeman, MD, is credited with founding and pioneering the concept of patient navigation in 1990 for the purpose of eliminating barriers to timely cancer screening, diagnosis, treatment, and supportive care.² Although navigation has shown efficacy as a strategy to reduce cancer mortality, increase patient satisfaction, and improve health outcomes, the healthcare community has been slow to adopt the model. However, recent developments suggest that formal patient navigation programs, particularly in oncology, improve patient outcomes, decrease patient distress, and reduce financial stress on the healthcare system.^{1,3-5} Another recent development: By 2015 patient navigation will become a standard of care for all cancer programs accredited by the Commission on Cancer (CoC).⁶





Navigation Program

planning, facilitating, and advocating to meet an individual's health needs through communication and available resources, as well as promoting quality cost-effective outcomes. The main goal of case management is to maintain continuity of care through comprehensive, coordinated services, including the ability to follow a patient's changing needs over time. This follow-up is particularly crucial when the patient has a significant and chronic disability.⁸ Benchmarks for case management require:⁹

- Organizational arrangements to support service delivery
- Staff trained for the approach and its application to the particular practice setting
- A strategy to ensure that the organization can respond to evidence from practice that advocates for systemic and policy change.

While these definitions and requirements can make it difficult to discern the differences between a navigator and a case manager, these roles are distinct. Navigator responsibilities include:¹⁰

- Conducting comprehensive assessment of a patient's holistic needs
- Providing supportive care throughout the continuum of cancer treatment
- Connecting patients to individualized information or community resources
- Facilitating discussions on the management of their cancer.

The literature identifies three different types of navigators: lay person(s), social worker(s), and nurse(s). A community cancer center must carefully assess the type of navigator that will best meet the needs of its patient population, community, and program. In these challenging economic times, cancer programs do not have the resources for trial and error, and must have a concise course of action to efficiently build an effective navigation program. The Navigation Assessment Tool discussed below offers a comprehensive pathway for community cancer centers to develop and/or grow a navigation program.

Development of the Navigation Assessment Tool

Through the National Cancer Institute Community Cancer Centers Program (NCCCP), navigators from 30 different cancer centers collaborated to delineate core measures to assess

Given these developments, cancer programs that do not yet offer navigation services are beginning to ask: *How do we build a cancer navigation program?*

Current research has focused on explaining navigation without discussion of the "how to" aspects of developing a navigation program.⁷ Thus, a standardized process by which all navigation programs may assess their developmental progress is needed. While not all navigation programs are created equal, universal consistencies exist. These "consistencies" can assist cancer centers and navigators in their program development efforts.

Navigation vs. Case Management

Community cancer centers in the initial stages of building a cancer navigation program should first understand how navigation differs from a case management model of care delivery.

Case management is a collaborative process of assessing,

USING THE NAVIGATION ASSESSMENT TOOL

While patient navigators are increasingly common, hospitals have yet to gain consensus on the roles and responsibilities for the position. To consistently define roles and responsibilities, infrastructure must be standardized. Nationwide, navigation programs are unique in as many ways as they are similar and must be created to meet the individual needs of a cancer program and its patient population.

The NCCCP Navigation Assessment Tool is intended to be used in assessing your navigation program. It is *not* designed to be a step-by-step process from one core measure to another. After all core measures are evaluated and levels defined, choose the core measures your cancer center wishes to improve on and work to increase to a different level within that core measure.

To achieve a baseline assessment, we recommend using a multidisciplinary team to ensure the most accurate rating of a new or existing navigation program. The optimal multidisciplinary team would include navigators, administrators, physicians, and any other appropriate healthcare provider connected to oncology patient care. Using the Navigation Assessment Tool, the team should review each category and refer to the definitions to accurately assess a rating—from Level 1 to Level 5—for each core measure.

While an accurate baseline assessment is crucial, determining the proper goal for your navigation program is equally essential. While most programs will seek to be a Level 5, a Level 3 or 4 may be the appropriate course of care based on the needs of the patients, clinicians, and community. Programs are not expected to achieve Level 5 status in all areas, but instead to use the tool as one way to assess a navigation program and set goals for improvement and growth. In any case, in completing this tool, your program will uncover opportunities for improvement across the continuum. Through this evaluation process, the Navigation Assessment Tool becomes a quality improvement tool, allowing implementation of interventions that can advance a program to the next level. Realistic goals, evaluated annually, will move a navigator program to the most favorable level.

progress in developing a cancer navigation program. This network of navigators led the effort to establish guidelines and consistencies in the development of a cancer navigation program at NCCCP sites.

Recognizing the important role of the nurse navigator and wanting to support the navigation programs at the 30 NCCCP sites, the NCCCP Quality of Care Subcommittee formally established a navigation networking group in 2010. In monthly networking conference calls, group members shared best practices, tools, job responsibilities, and performance improvement activities. These calls quickly revealed that while the 30 NCCCP sites were in different locations, with different patient populations, all were encountering the same concerns and barriers in establishing and growing a patient navigation program. To help define a pathway for programmatic advancement at NCCCP sites, the navigation networking group used a matrix format to develop a Navigation Assessment Tool.

The purpose of the Navigation Assessment Tool is to help cancer programs create a high-quality, patient-focused process that provides a return on investment (ROI). The tool presents the infrastructure and the basic building blocks for starting a patient navigation program. It also provides a framework for cancer programs to set goals and benchmarks and to grow their navigation services.

Core Measures

After a literature review and brainstorming sessions to find common themes for the Navigation Assessment Tool, the navigation networking group identified 16 core measures as “essential” to navigation program development:

- 1 Key Stakeholders
- 2 Community Partnerships
- 3 Acuity System and Risk-factor Identification
- 4 Quality Improvement
- 5 Marketing

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- 6** Percentage of Patients Offered Navigation
 - 7** Continuum of Care
 - 8** Support Services
 - 9** Reporting Tools
 - 10** Financial Assessment
 - 11** Focus on Disparate Population(s)
 - 12** Navigator Responsibilities
 - 13** Patient Identification
 - 14** Navigator Training
 - 15** Engagement with Clinical Trials
 - 16** Multidisciplinary Conference Involvement

Each core measure has five levels. These identify program growth potential and allow a cancer center to set goals to advance its patient navigation program. Here is a brief look at each of these core measures.

Measure 1

Key Stakeholders

Buy-in from the healthcare providers using the navigation services is critical to the long-term success and survival of any navigation program.¹¹ The Navigation Assessment Tool defines the following key stakeholders as essential to a successful program:

- Navigators and cancer center staff.
- Cancer center administration. Buy-in from administration is necessary as navigation is not a direct revenue generating program.
- Physician involvement (both employed and private practice physicians). Physician support is important, particularly in specialty areas such as medical, surgical, and radiation oncology; rehabilitation; palliative care; and hospice.

A key step in implementing a navigation program is to garner institutional support for the program by building consensus with referring physicians, payers, administration, advocacy, and support networks.¹² A program champion is critical and should be knowledgeable about:¹³

- Healthcare barriers
- Navigation advocacy
- Methods to address gaps in services
- Physician and patient satisfaction
- Ways to promote the positive impact navigation has for patients and the healthcare system.

In early development (Level 1) community cancer centers garner support from an administrator committed to cancer center efforts and activities who can then act as an advocate for the navigator's role in meeting both patient and physician needs. A highly integrated program (Level 5) is reached when the navigation program receives referrals—not only from oncologists and other specialty physicians—but also from non-employed physicians, primary care physicians, and community partners.



Measure 2

Community Partnerships

The Navigation Assessment Tool defines community partnerships as those entities, within and outside of a program, that provide support for patients along the continuum of care. Patient navigators have been described as “supportive guide(s),” facilitating patient referrals to resources throughout the cancer continuum.¹⁴

Patients face many medical, emotional, and financial barriers, including:¹⁵

- Absence of payment sources
- Insufficient coverage for treatment
- Lack of affordable transportation and child care
- Cultural issues
- Language barriers
- Limited education.

To remove barriers, the oncology patient navigator must be aware of and develop relationships with a cadre of internal and external support services. The Navigation Assessment Tool outlines options from working with departments outside of the cancer center but still inside your healthcare system (Level 1) to the patient navigator joining a community organization as a committee or board member (Level 5).

Measure 3

Acuity System and Risk-factor Identification

Many patient navigation functions are consistent from one navigator to another—regardless of disease site. However, resources devoted to any particular patient depend on the individual’s needs and the number of patients seen in that particular disease site. Patient needs also vary depending on stage at diagnosis, tumor site, type of treatment (single modality versus multiple modality), and the extent of the patient’s support system.¹⁶ Establishing an acuity system or patient risk-factor system of measurement is necessary to:

- Assess navigator workload
- Evaluate navigation assignments based on measured workload (rather than just navigator-to-patient ratios)
- Provide the support the navigator requires based on acuity levels.

The Navigation Assessment Tool defines risk factor as the variable increase of risk from complications with the disease and treatment of cancer. Acuity system is defined as the ability to determine the appropriate level of care or intervention based on patient need and disease process. A Level 1 program is described as having no risk factor or acuity system available—most likely to be true in newly developing navigation programs. Level 5 encompasses an integrated acuity system that would ensure quality of care by completing periodic re-evaluation throughout the patient care trajectory with the goal of addressing issues as they occur and, ideally, preventing issues from occurring. At present, an evidenced-based acuity system has not been developed or tested for navigation. Hospital- and facility-specific acuity systems and risk assessments are more common in mature navigation programs.

Measure 4

Quality Improvement

One of the primary goals of navigation is to overcome barriers to timely and quality care.¹⁷ At least four primary measurable outcomes of navigation have been identified within this area:¹⁸

1. Improving the time to diagnosis
2. Reducing time to initiation of cancer treatment
3. Increasing patient satisfaction with care
4. Improving cost-effectiveness.

As nurse navigation services are not billable, community cancer centers face a growing need to identify measures of sustainability for their navigation programs. Developing quality improvement measures will document the worth of navigation by establishing outcomes in a quality improvement format.

Under Measure 4, the Navigation Assessment Tool defines a Level 1 program as having no quality improvement measures in place, which may be typical of a newly developed navigation program. Level 2 is achieved through activities such as brainstorming about metrics and reporting findings to the multidisciplinary team or cancer committee. When at least one quality improvement initiative is in place, the navigation program moves to Level 3, and so forth until Level 5, which requires demonstrated program improvement, quantifiable financial contribution to the cancer program, and identified cost savings to the organization through the navigation program.



Measure 5

Marketing

A wide range of disciplines and physicians who champion the navigation program can help ensure programmatic success. To secure champions and educate both internal and external customers, community cancer centers must effectively market their navigation program. Marketing must start at the very beginning of the navigation implementation process with the goal of garnering key physician support. Initial marketing may occur by word of mouth (Level 1). As the program matures, more formal marketing is necessary to increase utilization of navigation services. These marketing initiatives may include basic written materials (Level 2) and health fairs and cancer screening events (Level 3). Level 5 is achieved when the navigation program begins using targeted media sources to engage internal customers, other healthcare providers, patients, and the community.

Measure 6

Percentage of Patients Offered Navigation

As mentioned previously, the 2012 American College of Surgeons CoC Standard 3.1 on Patient Navigation states that a patient navigation process is to be established to address barriers to care for patients with cancer and healthcare disparities either on site or by referral.⁶ With Measure 6, the Navigation Assessment Tool provides community cancer centers a means to monitor the progress being made toward meeting this CoC standard. One of the challenges in determining the percentage of patients offered navigation is determining the appropriate denominator, such as all analytical cases or total number of abnormal breast biopsies.

Measure 7

Continuum of Care

There are numerous key contact points in the patient navigation journey:¹²

- Abnormal finding to diagnosis
- Diagnosis to seeing a surgeon

- Transitions from surgeon to medical oncologist or radiation oncologist
- Changes in treatment regimens or modalities
- Transition into survivorship.

Focusing on education, logistics, and other support, a patient navigator can guide the patient through these key contact points, coordinate resources, and provide tools for coping with the high-risk phases, while allowing the physician to focus on the clinical management.⁷ Thus, community cancer centers should offer navigation services to patients through, at least, these high-stress phases and into multiple settings (inpatient, outpatient, infusion clinics, radiation departments, etc.).

In the Navigation Assessment Tool, the continuum of navigation includes outreach and screening, abnormal finding to diagnosis, treatment, outpatient and/or inpatient care, and survivorship and/or end-of-life care. A navigator may have responsibility for all areas within the continuum or be designated to cover a specific area. A program may include disease-specific navigators or have multi-site navigators. The benchmark of a Level 5 program is that navigation is uninterrupted across the cancer care continuum; all functional areas of the cancer continuum have navigation.

In the tool, a program with one functional area within cancer navigation, e.g., a treatment navigator, would score at Level 1. As new functional areas, e.g., a survivorship navigator, are added to the navigation program, higher levels are reached along the matrix. Level 5 indicates that navigation occurs across all functional levels of the continuum into survivorship.

Measure 8

Support Services

For patients to be cared for appropriately, community cancer centers should ensure that support for all potential needs is available through navigator referrals. Available support that may be used by the navigation team can be identified from the inpatient care area (Level 2) or may be accessed through an outpatient setting (Level 3 or 4). While the focus of a benchmarked program is to have the services available to the patient within the cancer center, established referral patterns to community organizations may be more feasible due to limited resources. Measure 8 highlights the importance of advocacy to the navigator role, as the navigator is responsible for both assessing patient needs and making referrals to supportive services. To adequately address patient needs, navigators must connect with all members of an interdisciplinary team.

Measure 9

Reporting Tools

To evaluate the need for and the success of a navigation program, community cancer centers must develop reporting tools and/or a means of documenting navigation data.

Although electronic patient navigation software systems are now available, most institutions are reluctant to invest large sums of money in technology for budding navigation programs until the Accountable Care Organization (ACO) direction becomes more certain. Paper documentation is a cost-effective alternative that allows some flexibility for change as the navigation program grows.

Measure 9, Level 1, is defined as a program that does not offer a formal navigation report or tool but instead uses the patient's chart to describe the navigation services offered to the patient. To achieve Level 2, the cancer center must develop a simple database (e.g., in Access or Excel) to track basic statistics, such as number of patients contacted, diagnosis, and referrals. From these basic steps, hospital information technology (IT) departments can often develop high-level program-specific databases (Level 3). These data can provide valuable reports to assist with evaluation of productivity, timeliness of care, referral patterns, patient satisfaction, and the overall impact of the navigation program.

Integration of these databases into the hospital's EMR is the likely next step (Level 4), with the highest level being an electronic patient navigation system (Level 5). These systems offer documentation capabilities, as well as tracking and management tools as patients are navigated through the phases of treatment; some systems are even able to interface with the facility via EMR.

As a non-revenue producing program, patient navigation programs must provide robust outcome metrics that can be tracked and trended to ensure continued support and resource allocation.

Measure 10

Financial Assessment

Aside from the expected cost of medical care and treatment, patients often struggle with additional costs associated with the changes to their lives. For example, patients often will decline treatments, drop out of treatment, or delay appropriate

follow-up and possibly jeopardize their outcomes and even survival because of the financial burdens of care. Therefore, financial assessment that gauges a patient's ability to achieve the best possible outcome with the least possible financial burden is a core component of navigation services. Measure 10 begins with Level 1: no formal financial assessment performed and progresses to Level 5: a comprehensive financial assessment with data collection completed on types of services provided and number of patients assisted.

Most institutions have inpatient financial specialists available to assist patients and families. Now cancer programs are seeing the benefit of using financial specialists to help meet the needs of the outpatient population as well. High-priced technology and treatments, complex insurance plans, and difficult economic times have made the financial specialist an integral member of the cancer treatment team. Indeed, with such a considerable impact, the financial assessment can be as important as the physical assessment. A proactive approach provides the opportunity to secure funding for diagnosis and treatment, identify services which may not be covered up front, and provide additional resources if needed. Addressing and alleviating financial difficulties helps the patient, as well as the financial viability of the healthcare organization.

Measure 11

Focus on Disparate Population(s)

A key goal of the NCCCP is to provide high-quality cancer care to disparate populations. Americans who live in poverty, as well as certain ethnic and racial groups, have higher cancer death rates than other populations.¹⁹ Patient navigators are an important intervention against these disparities.¹⁰

Measure 11 depicts a cancer program's journey from identification of the underserved (Level 1) through the outreach to and integration of the defined population (Level 5). A disparate population can be the Native Americans in Montana, the Pacific Islanders in Hawaii, the rural population of Maine, the Hispanic population in Pennsylvania, the lower socio-economic status in Louisiana, or the elderly in Georgia. Each population is different and requires culturally sensitive programs and providers to gain trust and meet medical needs. To ensure that staff maintains skills and knowledge, programs should conduct a cultural sensitivity assessment and create cultural objectives, at least, on an annual basis (Level 5).



Measure 12

Navigator Responsibilities

These are as varied as the institutions in which navigators work. Often navigators are initially assigned to a disease-site-specific patient population, for example breast cancer patients. Navigators are responsible for the support and education of the patient from diagnosis through treatment (Level 1). A more integrated model has the navigator coordinating care between multiple disciplines within the cancer program. As the navigation program matures, the navigator's role may include participation in support groups, structured educational offerings, and a variety of family and patient-centered programs (Level 2). A hallmark of quality care is the offering of disease-specific multidisciplinary clinics or conferences (MDCs), and navigators should attempt to be a part of these patient services (Level 3). Navigators are able to offer insight to the MDC on patients' physical, emotional, and financial needs and concerns. Navigators may also be responsible for quality improvement projects and assist with medical audits and strategic planning (Level 5).

Whatever the navigator's level of responsibility, community cancer centers should clearly define the scope of navigator accountability to help focus efforts, as well as to resolve conflict and prevent burnout and avoid unrealistic demands on the navigator's time, attention, and resources.

Measure 13

Patient Identification

To identify patients, the navigator may review pathology reports, daily procedure schedules, or radiology reports sorting patients by diagnosis (Level 1). Patients may self refer or be referred by oncology providers who are usually early adopters, seeing the benefits of care coordination and patient satisfaction (Level 3). As the navigation program develops and demonstrates improved patient outcomes, primary care physicians and other specialty providers will refer patients appropriately, perhaps at the first indication of a suspicious finding (Level 5).

Measure 14

Navigator Training

Staff training is essential to successful implementation of a navigation program. Despite extensive experience in clinical care, navigators will require considerable training to excel in core competencies, particularly given the broad array of patient situations likely to be encountered. To ensure effective and timely patient interventions, navigators must be trained to understand the patient experience and know when and how to engage with the patients.

In Measure 14, programs without formal staff training in place fall within Level 1. To ensure success, however, education on defined core competencies will be necessary (Level 2). As experience is gained, programs can develop in-house training and curriculum specific to navigator core competencies, allowing continued development of the navigator role (Level 3). This training should eventually become a navigation staff requirement and may be conducted in-house, locally, or through certification in oncology in their respective disciplines (Level 4). To achieve Level 5, navigators should receive formal training through a nationally recognized training program.

Measure 15

Engagement with Clinical Trials

The navigator plays a key role in educating patients about the benefits of clinical trials and helping patients take an active role in their own health. Most navigators have basic knowledge of clinical trials; more in-depth education can be obtained through the National Cancer Institute (NCI), the Oncology Nursing Society (ONS), or other oncology organizations. Navigators should share this information with patients and the community to dispel misconceptions and fear surrounding participation in clinical research. Working with the research team, navigators can identify patients for referral and assist patients in accessing new treatments. At Level 5, the navigator is working with the research team, assisting with specific trial referrals for underserved populations. These disparate populations often have limited access to or knowledge of the benefits of clinical trials. It is the navigator's responsibility to educate and support the patient and ensure access to the highest level of quality care possible.

Measure 16

Multidisciplinary Conference Involvement

According to the CoC, the multidisciplinary conference is integral to improving the care of cancer patients by contributing to the patient management process and outcomes.⁶ Navigators should attend tumor conferences to: 1) share information about the patient care provided through navigation services and 2) support the discussion of the patient's case. With more experience and involvement as a member of the MDC team, the navigator will be expected to assist with case finding presentation (Level 3). The navigator can then begin to provide formal review of discussions within the MDC with the patient and family (Level 4), preferably through open communication between the patient and the care team. The most integrated level of participation occurs when the patient is informed of presentation at the MDC with a full report on the treatment planning discussion shared with the patient, referring physician, and the primary care provider (Level 5). At this point, the navigation program can conduct formal audits, track compliance, and ensure that outcome data are readily available.

Future Implications

The Navigation Assessment Tool matrix of program development is both comprehensive and logical. To date, research efforts have focused on understanding navigation program benefits for the patient and the facility or clinic. However, without standardization, the efficacy of one program may not translate to other programs. Therefore, standardization of process in navigation program development is necessary.⁵

Many new and even established navigation programs are unsure how to grow or remain relevant. With little research available to show strong evidence of navigation program growth potential, administrators will begin to question the benefit from a stagnant program. Through the use of the Navigation Assessment Tool, any program can evaluate itself against 16 core measures that are present in some part for all navigation programs. By having a tool to monitor programmatic growth (and prospects for growth), a navigator is able to demonstrate expansion opportunities and quality improvement of a program through the establishment of realistic goals. 

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Online Content Only!

Use the NCCCP Navigation Assessment Tool to assess your navigation program and/or services. As all navigation programs are built uniquely, the authors encourage you to rate your program as you feel appropriate. The purpose of the Navigation Assessment Tool is not to gauge one program against another, but to assist cancer centers to build a stronger navigation program. This tool can be used to assess an individual tumor site or the entire navigation program. Download the NCCCP Navigation Assessment Tool online at: www.accc-cancer.org/oi/JA2012.

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