NATIONAL EVIDENCE-BASED ONCOLOGY NAVIGATION METRICS: Multisite Exploratory Study to Demonstrate Value and Sustainability of Navigation Programs

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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 an need for heterogeneity with navigation measurements.1 Through extensive literature review, 3 main areas of measurements have been defined: patient experience, clinical outcomes, and business performance/return-on-investment metrics.2 To advance the field toward the goal of standardized metrics, a team from the Academy of Oncology Nurse & Patient Navigators (AONN+), American Cancer Society, and The Chartis Group, Chartis Oncology Solutions Practice conducted a pilot study to assess the extent to which navigation programs could implement 10 of the 35 AONN+ national evidence-based metrics with the goal of validating these metrics and establishing benchmarks. The following metrics were included in the study: barriers to care, time to initial treatment, navigation caseload, hospital readmissions, distress screenings, social support referrals, palliative care referrals, learningstyle preference, navigator competencies, and patient satisfaction with care. Furthermore, navigation programs are developing at different rates within diverse structural organizations and settings that will determine which standardized metrics will be essential to measure outcomes for their specific navigation programs.²

OBJECTIVES

- Implement and validate navigation metrics
- Identify common barriers and challenges to metric measurement, strategies for overcoming them, and measurement best practices and lessons learned
- Develop a Navigation Metrics Implementation Tool Kit based on study findings

METHODS

Using a mixed-methods approach, the study team selected 8 sites to collect the metrics over a 6-month period. Metrics data were uploaded into the ONC iQ NAVmetrics™ cloud-based IT platform to create site-specific dashboards. Prior to study launch, sites also submitted 3 years of historical data on these metrics, as available. 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.



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

Caseloads and FTE Statistics

Readmission rates lower than baseline

during the study period

Study

90-Day

Baseline 17.9%

30-Day 60-Day

10.8%

Study 9.8%

4,462 Nov 2019 – Apr 2020

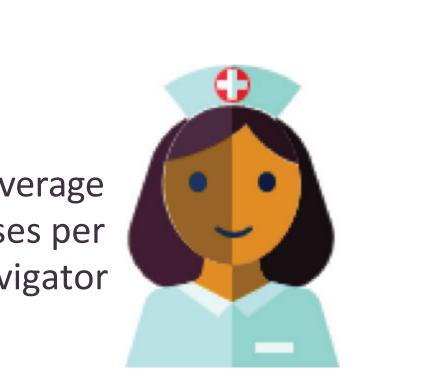
Readmission Rates



New Patients 50% of Tumor Registry
Analytic Cases Were
Navigated

Average
Cases per
Navigator





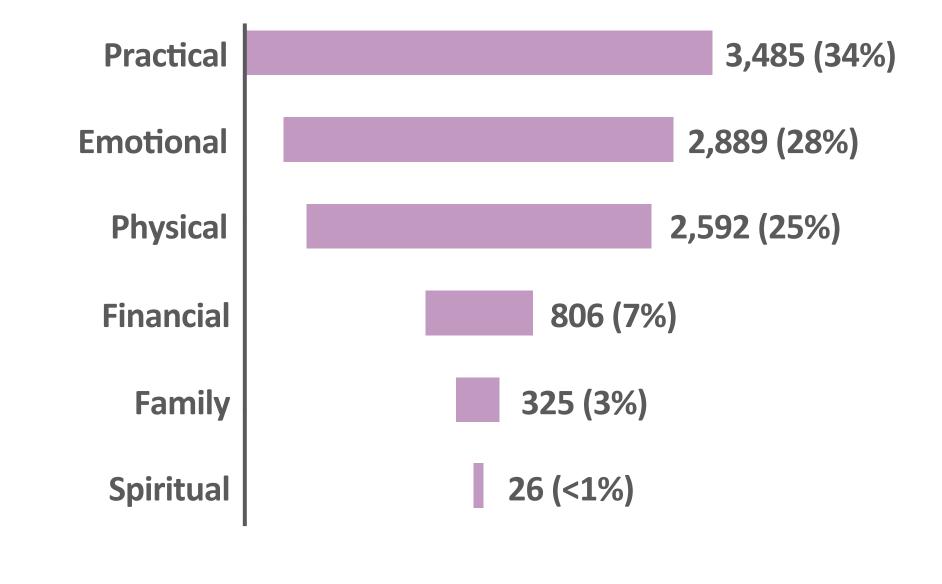
Barriers to Care

10,295 TOTAL BARRIERS

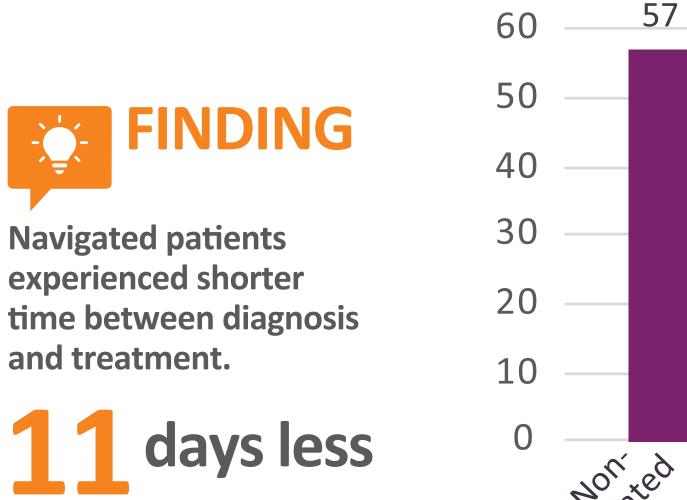




Distribution of Barriers



How Much Time from Diagnosis to Treatment?



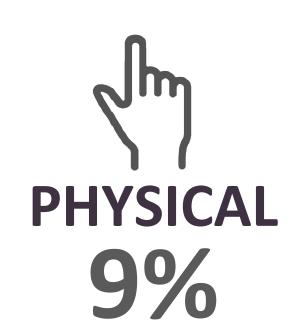
Percentage Distribution of **Learning Style**



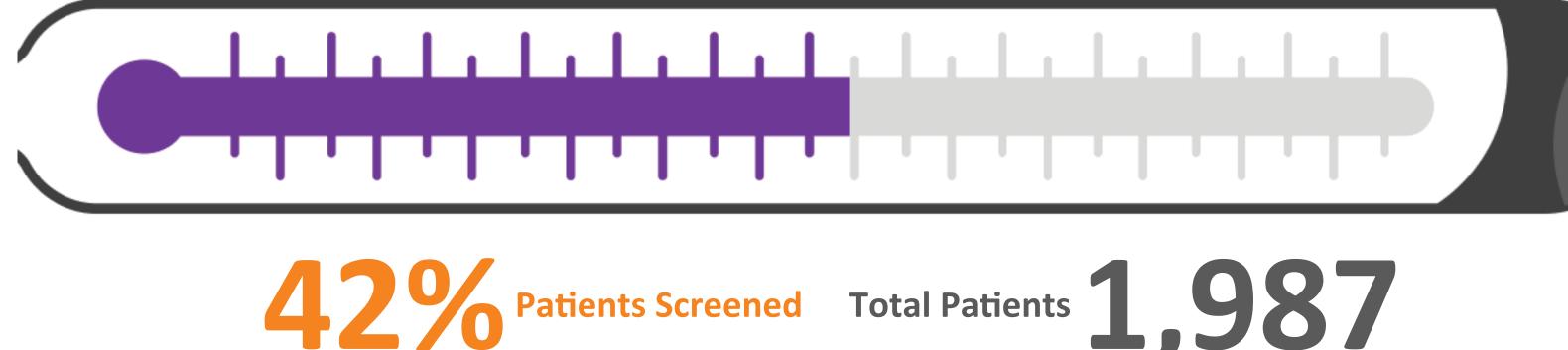
AURAL

10%



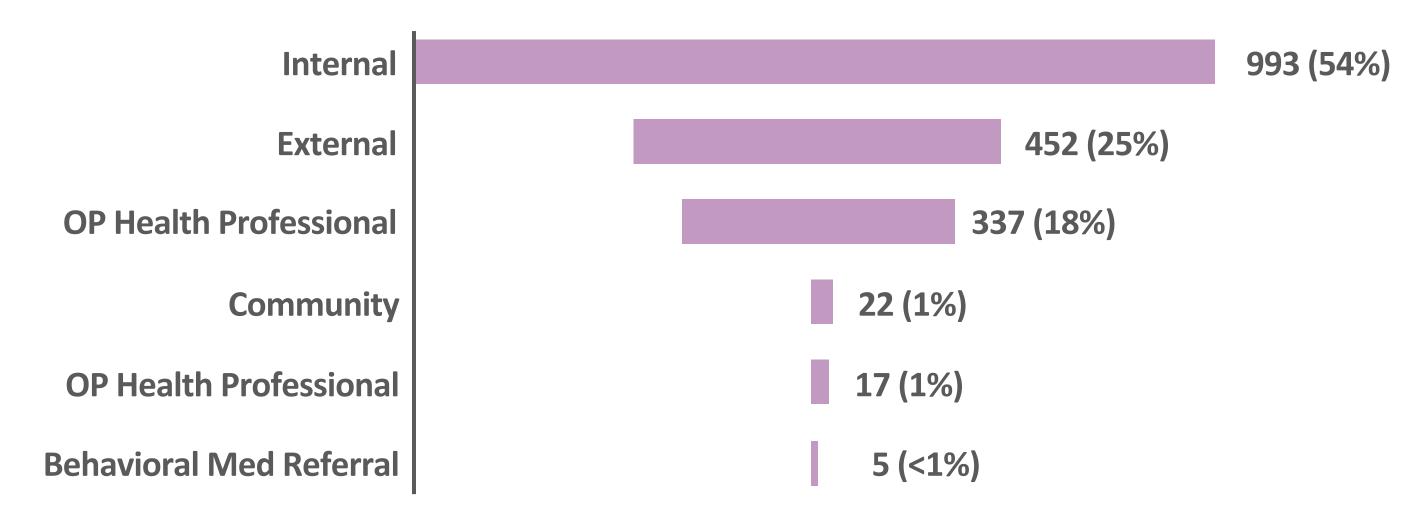


Distress Screening



Social Support Referrals





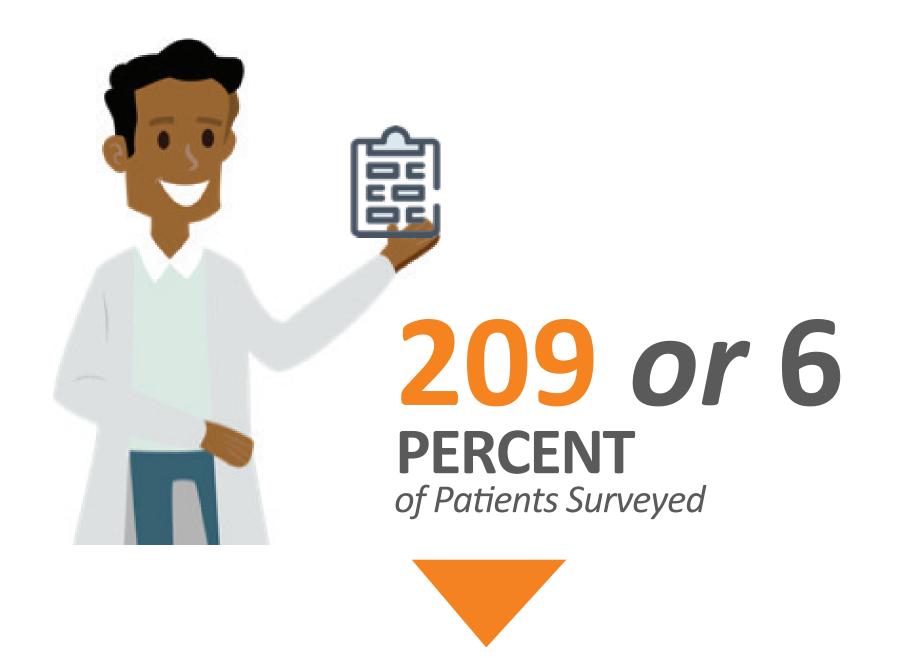
Palliative Care Referrals



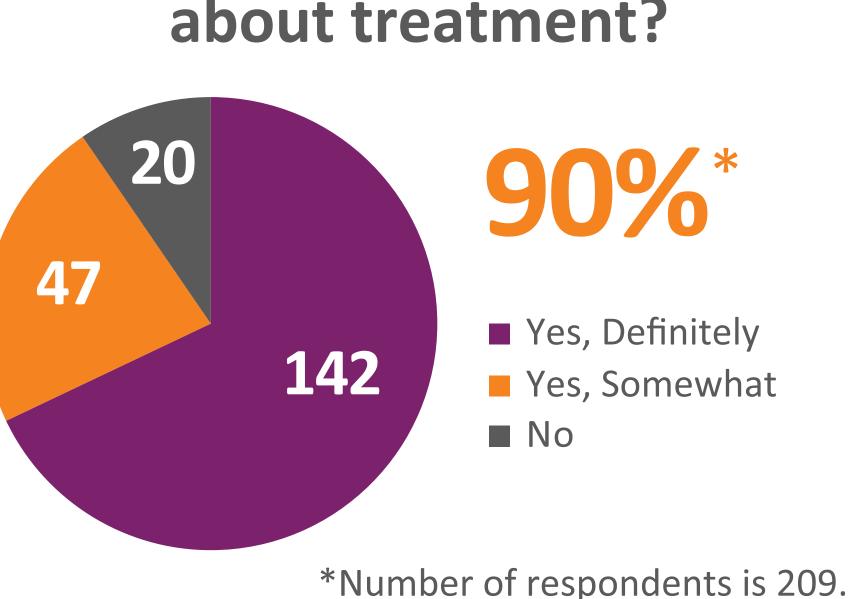
Palliative Care Referrals by Facility and Average Referrals per Patient

acility	# 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%

Patient Surveys



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



RESULTS

Across 8 sites, a total of 64 navigators participated an average of 45 hours per week; 59.3% of time on patientdirected interventions and 40.7% on administrative activities. A total of 4,462 navigated patients equates to 53% of abstracted cases. Metrics outcomes summary: 88 cases per navigator, 2.2 barriers per patient, 10.4% readmission rate, 42% of patients received distress screening, 0.4 social support referrals per patient, 0.2 palliative care referrals per patient, 0.7 learning styles per patient identified, and 6% of patients completed a satisfaction survey. Barriers and challenges to metrics implementation: IT challenges, electronic medical record data capture and standardization, health system barriers, unstandardized navigation processes or defined scope, and unclear metric definitions. Each study site completed at least one QI activity to improve their implementation of the metrics. Most QI activities focused on distress screening and palliative care referrals.

CONCLUSIONS

Of the 10 metrics, 5 were found to be core metrics that were applicable across sites: navigator competencies, navigation caseload, barriers to care, psychosocial distress screening, and social support referrals. Involving navigators earlier in the care continuum had a positive effect on barrier assessment, diagnosis to treatment, and social support referrals. Programs faced challenges with metrics implementation and struggled to define processes for data capture and reporting. Continued research around navigation metrics will be vitally important to ensure sustainability of navigation programs.

ACKNOWLEDGMENT

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1. 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.

2. Guadagnolo BA, Dohan D, Raich P. Metrics for evaluating patient navigation during cancer diagnosis and treatment: crafting a policy-relevant research agenda for patient navigation in cancer care. Cancer. 2011;117(15 suppl):3565-3574.





