Models of Navigation

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Navigation Models Across the Cancer Continuum

- Professional
- Lay
- Blended
- Financial
- Community
- Survivorship
- AYA
- Geriatrics
- ED
- Palliative Care
Financial Toxicity in 2019

- Affects ~30% of cancer patients (Kent et al, 2013)
- Financial burden of cancer care linked to:
  - Higher psychological distress (Yabroff et al, 2015)
  - Delaying or discontinuing treatment (Zafar et al, 2013)
  - Filing for bankruptcy (Yabroff et al, 2015; Ramsey et al, 2013)
  - Higher mortality (Ramsey et al, 2016)
  - Metastatic breast cancer patients report high financial devastation (Wheeler et al, 2018)
Oncology Navigators Perspective of Financial Burden

Of the patients you work with who need financial assistance, are the majority of them able to get help?

- Yes: 45%
- No: 26%
- I don’t know: 29%

N=78

Spencer et al, 2018
Oncology Navigators Perspective of Financial Burden

What key obstacles exist to helping these patients find financial assistance?

N=78

- Language/literacy barriers: 11%
- Lack of knowledge of resources: 47%
- Lack of resources: 50%
- Difficult/complex to access: 20%
- Communication Barriers: 20%

Spencer et al, 2018
Models of Navigation

Academic Community Cancer Center
Community Outreach
Financial

Clinical Oncology Nurse Navigator/
Oncology Nurse
Social Worker
Care Coordinator
Case Manager

High Risk Disease Groups
High Risk Patients

Populations
AYA
Geriatrics
ED
Palliative Care
Survivorship

Non-Clinical /Blended Lay Patient Navigator/
Community Health Worker
Patient Navigator

Community Engaged
Prevention & Early Detection
Building Trust
Linking Patients to Available Resources
Professional vs Non Professional Roles

**ONN, RN, MSW, Pharmacist**
- Clinical Knowledge
- Symptom Management
- Disease Management
- Psychosocial Assessment

**Lay Navigators, CHW**
- Non-clinical barriers to care knowledge
  - Transportation
  - Financial Burden
  - Fear
  - Resources

Sellers, 2017
Navigation Team

- Oncology Nurse Navigator
- Advanced Practice Nurse
- Social Worker
- Care Coordinator
- Dietician
- Case Manager
- Financial Counselor
- Pharmacist
- Community Health Worker
- Lay Patient Navigator
Community Engaged Navigation

Goal
• Education
  ➢ Prevention
  ➢ Early Detection
  ➢ Awareness of local, state and national resources

Outcomes
• Increased Awareness
  ➢ HPV Cancer
  ➢ Colorectal Cancer
  ➢ Lung
  ➢ Breast
  ➢ Skin
  ➢ Diet/Exercise
  ➢ Advanced Directives
High Risk Disease Sites

- Thoracic
- Pancreatic
- Ovarian
- Leukemia/Lymphoma
- Metastatic
- Head/Neck

Rocque, 2017
Population Groups

- AYA
- Geriatrics
- Palliative Care
- Emergency Dept
- Survivorship
High Risk Patient Characteristics

- Low health literacy
- Distance to travel
- Age
- Income/Insurance
- Ethnicity
- Race
Survivorship Models of Navigation

• Community Shared Care Models
• Academic Based
• Nurse Practitioner Led
• Multidisciplinary for high risk population

Viswanathan et al, 2014
Survivorship Navigation

• CoC announces changes to Survivorship Standard

• Nurse Navigators develop/deliver SCP but without reimbursement (Ellis, 2017)

• Nurse Practitioners lead effort (Corcoan, 2015)
Oncology Care Model

Financial incentives to enable high-quality, coordinated care for patients receiving chemotherapy.

• **GOAL:** Decreased cost of care while improving patient satisfaction and outcomes.

• Patient Navigation is required.

OCM Core Functions of Navigators

• Clinical Trial Access
• Pt centered communication
• Interpretation services
• Linking patients to community outreach programs & support

• Seamless appts
• Timely delivery of medical records
• Screening for financial hardships
• Transportation
• Community Partnerships

Patient Care Connect Program

• Targeted patient population (Medicare > 65; cancer dx)
• Goal: Reduce Costs (ER Visits/Hospitalizations; Earlier integration of palliative care)

Model

RN Site Manager
Administrator
Physician Champion
Lay Patient Navigators (nurse extenders)

Rocque, 2016
Essential Components

• Navigation Framework
• Navigation Training
  Basic
  Advanced
• Respecting Choices

• Navigation Tools
  Care Maps
  Distress Assessment
  Navigation Software
  (Medical Concierge)

Rocque, 2016
UNC Volunteer Lay Navigation Model

- Targeted population: Oncology Patients

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Uninsured</th>
<th>Medicare without secondary</th>
<th>High Deductible &gt;$2,000</th>
</tr>
</thead>
</table>

- Goal: Increase cancer workforce and additional patient support
  Model: Academic/Community Cancer Center

**PILLARS**
  Volunteer Services
  Nursing
  Pastoral Care

Wood et al, 2017
Essential Components

- Navigation Framework
- Site Coordinator Training Workshop
- Lay Navigation Training/Orientation

- Navigation Tools
  - Screening
  - Data Collection (Qualtrics)
  - I-pads
  - Support Resource Sheet

Wood et al, 2017
Examples of Screening Questions

- Do you understand what an Advanced Directive is?
- Are you concerned about the cost of your treatment?
- Do you have a computer at home?
- Do you have problems getting to your appointments?
- Have you had problems obtaining food?
- Do you understand what you’ve been told today?
Lay Navigation
Clinical Trials

Lay Navigators trained to give education about clinical trials and tailored support, including transportation, reminder calls, peer support, resource linkage.

- 75% of PN patients completed the trial
- 38% of non-PN patients completed the trial
- AA participation in therapeutic trials increase from 9% to 16%

Fouad et al 2016
Lay Navigation Pharmacy Pilot

Lay Navigators trained to work in tandem with pharmacists for medication coordination

LN were able to assist in manufacturer assistance, co-pay assistance and grant funding for 3 patients. By connecting these patients to financial resources and assisting in the access process, the LNs were instrumental in securing estimated annual financial resources worth $386,520 for these 3 patients.

Morgan et al, 2018
Tasks

• Communicate with patients about access issues by telephone
• Expedite delays in medication access from specialty pharmacy, manufacturer or insurance
• Facilitate manufacturer and co-pay assistance
• Coordinate prior authorization requests

Morgan et al, 2018
Current Workflow

Morgan et al, 2018
Proposed Workflow

Morgan et al, 2018
Models of Financial Navigation

- *Impact of Trained Oncology Financial Navigators on Patient Out of Pocket Spending* Yezefski, et al, 2018
  - Financial counselors trained to provide to assist with patient access to care and assist with OOP expenses within 4 hospitals.
  - (free medication, new insurance enrollment, premium/co-pay assistance
  - By avoiding write-offs and saving on charity care, it is estimated an average of $2.1 million per year/savings.

- *Pilot feasibility study of an oncology financial navigation program* Shankaran, V et al, 2018
  - Financial navigation program developed with partners from PAF; CENTS
  - Treatment costs, how to manage out of pocket expenses, financial counseling
  - Program is feasible but unable to demonstrate concere savings
Customized Cancer Support Resource Sheets

- National Suicide Prevention Hotline
- Pastoral Care
- Fertility
- Financial Assistance
- Food Assistance
- Legal Support

- Medication Assistance
- Nutrition
- Palliative Care
- Parenting with Cancer
- Tobacco Cessation
- Transportation
## To Pay or not to Pay

<table>
<thead>
<tr>
<th>Paid Staff</th>
<th>Volunteer Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Budget</td>
<td>• Retired healthcare providers</td>
</tr>
<tr>
<td>• Cost Justification</td>
<td>• Recruitment</td>
</tr>
<tr>
<td>• Role Delineation</td>
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<tr>
<td>• Training/Orientation</td>
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<tr>
<td>• Supervision</td>
<td>• Routine check-ins</td>
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<tr>
<td></td>
<td>• Supervision</td>
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<td></td>
<td>• MOVITATION</td>
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</tbody>
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Closing

• **Financial navigation models** and other supportive care interventions are urgently needed to prevent and mitigate cancer-related financial harm (Shankaran, 2017).
• Institutions will need to look at innovative opportunities to increase their workforce and staying within budget.
• Embedding trained volunteers into the health care system is a low cost solution to provide additional resources to resource intensive cancer patients (Sellers, 2017).
References


References


Questions?