Track, Measure, and Report: The Navigator’s Contribution to Value-Based Care

ONA Navigation Summit
June 15, 2019

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Medical University of South Carolina
Hollings Cancer Center

**MUSC Health:**
Academic Medical Center comprised of:
1,600 beds,
>100 outreach sites,
275 telehealth locations,
8 hospitals

#1 Hospital in South Carolina last 4 years
(U.S. News & World Report, 2018)

**Hollings Cancer Center:**
3573 analytic cases annually (5547 total) (2017)
>60 sub-specialists
11 Multidisciplinary teams
3 infusion centers & clinic locations, multiple satellite and affiliated clinics in region
Only NCI-designated center in SC
#24 in Adult Cancer Care & #25 in Pediatric Cancer Care (U.S. News & World Report, 2018)
YOU CAN’T TRACK WHAT YOU DON’T MEASURE
The Role of the Nurse Navigator in Quality Outcomes & Measurements

Judy B. Koutlas RN, MS, OCN
Manager, Oncology Navigation
Vidant Medical Center
Greenville, NC
<table>
<thead>
<tr>
<th>Time taken</th>
<th>08:00</th>
<th>10/2/2017</th>
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</thead>
</table>

**Intake**

- **Type of Visit**
  - Initial Evaluat...
  - Recheck
  - Record Review
  - Advice Only
  - Recurrence

- **Location of Visit**
  - Inpatient
  - Clinic/Office
  - Telephone
  - Email
  - Outpatient infusion
  - Outside provider off...

- **Referral Source**
  - External Health Professional - Inpatient
  - External Health Professional - Outpatient
  - Internal Health Professional - Inpatient
  - Internal Health Professional - Outpatient
  - Self/Caregiver

- **Visit Diagnosis**
  - Brain
  - GYN - malignant
  - GYN - non-malignant
  - Head/Neck - malignant
  - Head/Neck - non-malignant
  - Thyroid - malignant
  - Thyroid - non-malignant

- **Home Situation**
  - Lives alone
  - Lives with others who can be assisted
  - Lives with others who is not able to assist
  - Lives in Assisted Living Facility
  - Lives in a Nursing Home

- **Patient needs and barriers to care**
  - Cultural needs
  - Coordination of care
  - Distance for care
  - Knowledge deficit
  - End of life concerns
  - Financial concerns

- **Low health literacy**
  - Medication assistance

- **Caregiver/Family issues**
  - Symptom management

- **Transportation**
  - Housing (lives alone, homelessness)

- **Other**

**Interventions**

- **General Interventions/Referrals**
  - Care closer to home
  - Clinical trials
  - Counseling/Emotional support
  - Education
  - Financial counselor referral

- **Beh med referral**
  - Home care/Hospice/Palliative...
  - Lodging
  - MDC coordination
  - Outpatient appointments

- **Primary Care provider referral**
  - Second opinion out
  - Second opinion to HCC
  - Smoking cessation referral
  - Social work referral

- **Transfer of care**
  - Transfer of care out
  - Transportation assistance

- **Supportive Therapies**
  - OT
  - Dietitian
  - Mental Health
  - Speech
  - Lymphedema
  - Fertility
  - Wound care
  - Chaplaincy
  - Prosthetic device

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National Evidence-Based Oncology Navigation Metrics: Multisite Exploratory Study to Demonstrate Value and Sustainability of Navigation Programs
AONN STUDY FOCUSES ON 10 OF THE 35 METRICS

Table 1: AONN+ Metrics to Be Collected

<table>
<thead>
<tr>
<th>Domain</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination/Care Transition</td>
<td>Barriers to care; measuring the number and list of specific barriers to care identified by navigator per month</td>
</tr>
<tr>
<td>Care Coordination/Care Transition</td>
<td>Diagnosis to initial treatment; measuring the number of business days from diagnosis (date pathology resulted) to initial treatment modality (date of 1st treatment)</td>
</tr>
<tr>
<td>Operations Management/Organizational Development/Health Economics</td>
<td>Navigation caseload; measuring number of new cases, open cases, and closed cases navigated per month</td>
</tr>
<tr>
<td>Operations Management/Organizational Development/Health Economics</td>
<td>Measuring the number of navigated patients readmitted to the hospital at 30, 60, and 90 days</td>
</tr>
<tr>
<td>Psychosocial Support Services/Assessment</td>
<td>Psychosocial distress screening; measuring the number of navigated patients per month who received psychosocial distress screening at a pivotal medical visit using the National Comprehensive Cancer Network distress screening tool</td>
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<tr>
<td>Psychosocial Support Services/Assessment</td>
<td>Social support referrals; measuring number of navigated patients referred to support network per month</td>
</tr>
<tr>
<td>Survivorship/End of Life</td>
<td>Palliative care referral; measuring number of navigated patients per month referred for palliative care</td>
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<tr>
<td>Patient Advocacy/Patient Empowerment</td>
<td>Identify learning style preference; measuring the number of navigated patients per month whose preferred learning style was discussed during the intake process. The group agreed this should be included if we can identify a validated tool</td>
</tr>
<tr>
<td>Professional Roles and Responsibilities</td>
<td>Navigation knowledge at time of orientation; measuring percentage of new hires who have completed institutionally developed navigator core competencies</td>
</tr>
<tr>
<td>Research/Quality/Performance Improvement</td>
<td>Patient experience/patient satisfaction with care; measuring patient experience or patient satisfaction survey results per month. The group determined use of CCHAPS (Community-wide Children’s Health Assessment &amp; Planning Survey) for measuring patient satisfaction</td>
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<th>Time taken: 0943</th>
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### Intake

**Type of Visit**
- Initial Evaluation
- Follow Up
- Tumor Board F.
- Record Review
- Advice Only
- Recurrence

- Follow Up taken 2 months ago

**Location of Visit**
- Inpatient
- Clinic/office
- Telephone
- Email
- Outpatient infusion
- Outside provider
- Other

- Telephone taken 2 months ago

**Referral Source**
- External Health Professional - Inpatient
- External Health Professional - Outpatient
- Internal Health Professional - Inpatient
- Internal Health Professional - Outpatient
- Self/Caregiver
- Other

- Self/Caregiver taken 6 months ago

**Visit Diagnosis**
- Brain
- Breast - malignant
- Breast - non malignant
- Cutaneous Oncology
- Diagnosis pending
- GI - malignant
- GI - non malignant
- GU - malignant
- GU - non malignant
- Head/Neck - malignant
- Head/Neck - non malignant
- Home - malignant
- Melanoma
- Orthopedic Oncology
- Sarcoma
- Thoracic - malignant
- Thoracic - non malignant
- Other

- Breast - malignant taken 6 months ago

**Home Situation**
- Lives alone
- Lives with other who is able to assist
- Lives in a Nursing Home
- Lives in a Shelter
- Lives with other who is not able to assist
- Lives in Assisted Living Facility
- Homeless
- Other

- Lives with other who is able to assist taken more than a year ago

**Patient needs and barriers to care**
- Childcare
- Cultural needs
- Communication
- Complex Coordinator
- Distance for care
- Elder Care
- End of life concerns
- Food
- Knowledge deficit
- Language
- Low health literacy
- School
- Spiritual/Religious ...
- Transportation
- Work/Disability
- Other

- Work/Disability: Treatment decisions taken 2 weeks ago

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<table>
<thead>
<tr>
<th><strong>Financial/Insurance Concerns</strong></th>
<th><strong>Loss of Income</strong>[^1]</th>
<th><strong>Medication Cost</strong>[^2]</th>
<th><strong>No Medication Coverage</strong></th>
<th><strong>No Insurance</strong></th>
<th><strong>Non Medical Related Expenses</strong></th>
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[^1]: Medication Cost taken 3 weeks ago

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<thead>
<tr>
<th><strong>Family Problems</strong></th>
<th><strong>Dealing with Children</strong></th>
<th><strong>Dealing with Partner</strong></th>
<th><strong>Ability to have Children</strong></th>
<th><strong>Family Health Issues</strong></th>
<th><strong>Other</strong>[^3]</th>
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[^3]: Other taken 3 weeks ago

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<tr>
<th><strong>Physical Problems</strong></th>
<th><strong>Ambulating</strong></th>
<th><strong>Appearance</strong></th>
<th><strong>Breathing</strong></th>
<th><strong>Changes in Urination</strong></th>
<th><strong>Constipation</strong></th>
<th><strong>Continence Management</strong></th>
<th><strong>Diarrhea</strong></th>
<th><strong>Dressing</strong></th>
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<tr>
<th><strong>Emotional Problems</strong></th>
<th><strong>Depression</strong></th>
<th><strong>Nervousness</strong></th>
<th><strong>Sadness</strong></th>
<th><strong>Worry</strong></th>
<th><strong>Loss of Interest in usual activities</strong></th>
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<tr>
<th><strong>Patient Learning Styles</strong></th>
<th><strong>Visual (spatial)</strong></th>
<th><strong>Aural (auditory-musical)</strong></th>
<th><strong>Verbal (linguistic)</strong></th>
<th><strong>Physical (kinesthetic)</strong></th>
<th><strong>Logical (mathematical)</strong></th>
<th><strong>Social (interpersonal)</strong></th>
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<tr>
<th><strong>Supportive Referrals</strong></th>
<th><strong>Family Behavioral Medicine Referral</strong></th>
<th><strong>Couple Behavioral Medicine Referral</strong></th>
<th><strong>Individual Behavioral Medicine Referral</strong></th>
<th><strong>Children Behavioral Medicine Referral</strong></th>
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<tr>
<th><strong>Diagnosis to Treatment</strong></th>
<th><strong>Pathology Report Date</strong></th>
<th><strong>First Treatment Date</strong></th>
<th><strong>External Pathology Reviewed at MUSC</strong></th>
<th><strong>Date External Pathology Reviewed at</strong></th>
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[^1]: Medication Cost taken 3 weeks ago
[^2]: Loss of Income
[^3]: Other taken 3 weeks ago

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## Interventions

**General Interventions/Referrals**
- Care closer to home
- Clinical trials
- Counseling/Emotional support
- Education
- Financial counselor referral
- Genetic counselor referral
- Home care
- Hospice care
- Hospice referral
- Home visit/hospitalization
- Hospital care
- Hospice referral
- Palliative care
- Prevention of ED visit/hospitalization
- Primary Care provider referral
- Program participator referral
- Prevention of Hospital readmission
- Prevention of ED visit
- Second opinion out
- Second opinion in
- Second opinion to HCC
- Second opinion to HCC
- Substitute Program
- Transportation assistance
- Other

**Supportive Therapies**
- PT
- OT
- Dietician
- Speech
- Lymphedema
- Fertility
- Wound care
- Chaplain
- Prosthetic device

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## Time Spent With Patient

**Time Spent With Patient**
- 1: 15 minutes
- 2: 30 minutes
- 3: 45 minutes
- 4: 1 hour
- 5: 2 hours

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## Continuum of Care

**Continuum of Care**
- Detection up to Diagnosis
- Diagnosis through Treatment
- Survivorship/Surveillance
- Non-cancer/suspicion of cancer
- End of Life

**Detection up to Diagnosis**
- Taken 3 weeks ago

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## BC/BS OCM

**Is this patient part of BC/BS OCM?**
- Yes
- No
- Completed

**Yes taken 2 months ago**

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How to explain tracking and measuring to Leadership and Administration

1. Patient Experience
2. Clinical Outcomes
3. Business Performance/Return on Investment
Why we REALLY need to track and measure?

- We like our job and want to keep it
- It facilitates quality care
- It improves access
- Leads to rapid diagnoses
- Improves patient outcomes
- Increases cost savings
- Helps with case identification and navigation case load
- Identifying individual barriers to receiving care
- Helps with following individual cases through resolution of the identified barrier
- Assists in developing an individualized plan to address the barriers that are identified
- ETC, ETC, ETC
What’s in the data?

- Number of navigator encounters
- Type of encounter, ie on the phone, in person, etc
- Diagnosis
- Patient needs and barriers to care
- Learning styles
- General interventions and referrals/supportive care referrals
- Date of diagnosis and date of 1st treatment
- Acuity scale, time spent with patient
- Continuum of care
- Patient home situation
- OCM status
- Tumor Board presentation
- Financial / Insurance concerns
Leadership loves the graphics

**Most Common Barriers Identified - March**
- Elder Care: 12%
- Complex Coordination of care: 41%
- Knowledge deficit: 15%
- Treatment decisions: 15%
- Distance for care: 17%

**Navigation Interventions - March**
- Education
- MDC coordination
- Outpatient appointments
- Care closer to home
- Education; Outpatient appointments
- MDC coordination; Outpatient appointments
- Counseling/Emotional support; Education
- MDC coordination; Education
Look for the opportunities in your data!

• One step closer to validate / quantify the “impossible” = ROI

• Where can you standardize care or share “best practices”?

• Sharing data provides transparency and encourages engagement & collaboration (ie, LOTS of DISCUSSIONS)

• If the data does not make sense............find out the WHY?

• Never lose sight of the purpose behind your data
  – PATIENT CENTERED CARE
    • Not provider dependent, clinic/institution dependent, financial
BCBS of SC - Oncology Care Model

- Modeled after CMS OCM program
- Currently captures breast and thoracic patients on therapy (endocrine, chemo, IO)
- Claims-based Measures:
  - OCM-1 Proportion of patients with all-cause hospital admissions within the 6-month episode
  - OCM-2 Proportion of patients with all-cause ED visits or observation stays that did not result in a hospital admission within the 6-month Episode
  - OCM-3 Proportion of patients that died who were admitted to hospice for 3 days or more
- Utilized to promote care transformation through quality improvements to better prepare for value-based care
- Data!
Year 1 (July ‘17- June ‘18)

Count of OCM episodes by cancer type

- PROSTATE CANCER
- LUNG CANCER
- BREAST CANCER

MUSC OCM ER / Admissions 7/1/17 - 10/23/18 (n=45)

- ED visits without admission 33%
- ED visits with admission 42%
- Direct admits 5%
- Planned procedures / admission 20%
Year 1 (July ‘17 - June ‘18) ER & Admissions

When did patients go to ER? (n=36)

- 39% during business hours
- 17% weekends
- 28% week nights
- 16% unknown

Did the patient call before going to ER?

- Did NOT call BEFORE going to ER (1 deceased, 1 ICU admit, 1 discharge)

Did the ER visit result in admission?

- Called BEFORE going to ER
- Did NOT call BEFORE going to OSH / ER

ER visits and Admissions chart
Year 1 (July ‘17- June ‘18)  ER Visits

Data used to influence quality improvement:

- Created WHEN TO CALL patient education sheet
- Increase staff awareness and engagement of ER utilization
- Evaluate chemo education process…initiated new pilot
- Established follow up calls to new chemo starts
- Evaluate telephone triage process
- Multidisciplinary collaboration
- Continued quality improvement…
Year 2 (Jan ’19 – April ’19)  ER Visits

When did patients go to ER? (n=34)
1/3/19 - 4/13/19

- During business hours: 26%
- Weekends: 14%
- Afterhours: 14%
- Unknown: 14%

Did the patient call BEFORE going to ER?
What was the result?

- Did NOT call BEFORE going to OSH / ER
- Did NOT call BEFORE going to MUSC ER
- Called BEFORE going to ER

ER visits 
Admissions

Changing What’s Possible | MUSCHealth.org
Continued quality improvement…

- Continue patient education & engagement activities
- Evaluate options to see patients for symptom management during business hours & weekends
- Work with analytics to improve data collection and expand to all HCC patients so that we have more robust understanding of needs across all multidisciplinary teams
Questions & Comments