Valuing Patient Navigation for Sustainment

October 2, 2019
How do we create collaborative health care systems with informed patients sharing in decision making through sustainable patient navigation support?

We need candid conversations about who is doing the work and who is financially benefiting.
Objectives

- Explain how “navigator fit” is critical for integration and sustainability
- Identify navigation actions that support patient health literacy and patient-provider communication
- Consider solutions to sustainable financing of patient navigation
90 million Americans have trouble understanding and acting on health information.

LOW HEALTH LITERACY is linked to…

- Lower use of PREVENTIVE CARE
- Less adherence to TREATMENT
- More HOSPITAL STAYS
- Poor health status and higher MORTALITY RATES

What Does Patient Navigation Have To Do With Health Literacy?

Patient Navigators can:
- Assess health literacy
- Coordinate appointments
- Provide reminder calls
- Assess and address barriers
- Provide information on what to expect, team member roles
- Promote healthy behaviors and positive coping
- Connect patients to language and support services

Navigation Support of Health Literacy & Patient-Provider Communication

Cancer Care Continuum

**Prevention**
- Promote healthy behaviors within specific communities in a culturally-affirming way

**Detection**
- Educate re: cancer screening guidelines: age, intervals, risk
- Help patients access insurance & screening programs

**Diagnosis**
- Educate re: health care system protocols
- Ensure coverage of dx procedures
- Check patient understanding of next steps

**Treatment**
- Assess language & literacy; check for understanding
- Help prioritize pt questions
- Educate on team roles
- Support adherence to tx plan
- Support self-advocacy & shared decision-making
- Help with financial assistance

**Survivorship**
- Educate re: importance of longitudinal follow up care
- Provide reading-level, culturally appropriate evidence-based information on cancer survivorship
- Serve as liaison for patient & survivorship clinicians

**End-of-Life Care**
- Educate re: difference between palliative care and hospice
- Support advance care directive completion

Patient Engagement With Health Information

Is a patient able to seek, find, and get health information?

Is a patient able to use this information to make decisions about their health and care?

Is a patient able to understand this information once they get it?

Is a patient able to process this information?

Access

Understand

Health Information

Apply

Appraise

The “Right Fit”: Getting Clear on the Problem (for Patients)

The type of navigator and their scope of practice must be able to address common patient barriers within a specific organizational or community context.

Communication Strategies

- Use plain language – no medical jargon
- Use specific examples: Increase your physical activity by five minutes three times a week
- Teach-back: What will you tell your wife about this appointment when she asks you what you learned?

Help patients:
- Understand health and health care options
- Contribute to decision-making

Ask Me 3®:
- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

For more information on Ask Me 3, please visit www.npsf.org/askme3

Ask Me 3 is a registered trademark licensed to the Institute for Healthcare Improvement (IHI). The GW Cancer Center is not affiliated with nor endorsed by IHI.

PN Sustainability Solution #1: Document Value

Improved health literacy through patient navigation, social work, and 24/7 nurse triage

- Uptake of cancer screenings
- Timeliness of dx and tx
- Patient adherence, tx completion
- Patient satisfaction
- Patient volume
- Patient retention
- Clinical outcomes & care coordination
- No shows
- Acute care (ER, hospitalizations)

= Improved quality of life, increased cost savings or ROI, sometimes cost effective depending on the setting, type of cancer and outcomes measured

Examples: Value-Based Health Systems

University of Alabama Birmingham

Lay navigators saved $781.29 per navigated patient through reduced ED, ICU, and unplanned hospital admissions

Examples: FFS Health Systems

University of Pennsylvania Health System:
Navigated patients 10% more likely to stay for and receive multiple modalities of treatment
• 27% higher use of infusion services
• 17% higher use of radiation services

When Should Navigation Be Introduced?

**Anonymous Health System**: 35% fewer patients lost to other systems if navigated from point of suspicious finding

---

How Do You Show Your Value?

- Patient satisfaction
- Patient engagement
- Time to dx / tx
- Patient adherence
- Reduced acute encounters
- Greater efficiency
- Cost savings
PN Sustainability Solution #2: Up Front Payment

• The Oncology Care Model provides **$160 per patient per month** and requires patient navigation along with a treatment plan, access to a clinician 24/7, treatment aligned with national clinical guidelines, and ongoing quality improvement.

• Use quality payment to support navigation and other critical patient support services.

Is $160 the right amount?
PN Sustainability Solution #3: Team-Based Reimbursement

• The 2018 National Cancer Center Network (NCCN) Policy Summit working group recommended coding mechanisms to reimburse team-based care

• The Cancer Care Planning and Communications Act of 2018, HR 5160, 115th, Cong, 2017–2018, would create reimbursement for cancer care planning and coordination through Medicare

• The Patient Navigation Assistance Act would require Medicaid to reimburse cancer patient navigation
The “Wrong Pocket” Problem

FQHC navigates patients to screening

Screening centers get paid and refer to treatment centers

Treatment centers get paid

FQHC does not benefit
The ROI Problem: Zero Sum Math

PN Sustainability Solution #4: Flexible Budgeting

PN Sustainability Solution #4: Flexible Budgeting

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Value of Solution</th>
<th>Simple Cost Share</th>
<th>Tax or Side Payment</th>
<th>Net Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$5,000,000</td>
<td>$2,000,000</td>
<td>$1,571,430</td>
<td>$3,571,430</td>
</tr>
<tr>
<td>Medicare</td>
<td>$3,500,000</td>
<td>$2,000,000</td>
<td>$500,000</td>
<td>$2,500,000</td>
</tr>
<tr>
<td>Private Payers</td>
<td>$2,500,000</td>
<td>$2,000,000</td>
<td>($214,285)</td>
<td>$1,785,715</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$2,500,000</td>
<td>$2,000,000</td>
<td>($214,285)</td>
<td>$1,785,715</td>
</tr>
<tr>
<td>FQHCs</td>
<td>$500,000</td>
<td>$2,000,000</td>
<td>($1,642,860)</td>
<td>$357,140</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$14,000,000</td>
<td>$10,000,000</td>
<td>$0</td>
<td>$10,000,000</td>
</tr>
</tbody>
</table>

>28% ROI for all stakeholders

Measuring Navigation Value

“[H]ow do we quantify what we're doing? How do we figure out the return on investment for navigation…. [W]e looked at patients who were navigated versus patients who weren't navigated, in terms of their retention within the health system, the percentage of patients who went to and received chemotherapy, those who received radiation… [T]his was actually the most profitable program we've ever had within the health system.”

Resources

**TEAM Training: Supporting Culturally Sensitive Cancer Care**

Learn more about enhancing patient-provider communication and providing culturally sensitive care!

The George Washington University (GW) Cancer Center offers a new online training, *Together, Equitable, Accessible, Meaningful (TEAM)*. This no-cost training aims to improve the productivity of patient-provider interactions through individual and systems-level approaches, and it seeks to provide health care professionals with knowledge and strategies to support patient-provider communication and employ culturally sensitive practices.

To enroll in this course, visit the [Online Academy](#) and use enrollment code TEAMcare (note: this is case sensitive).

"This course makes me think about what actions an organization needs to take to be really patient-centered. We need to evaluate across our system practices to improve system wide and at that local level. The course reinforces how we should be looking at patient diversity and developing activities to improve practices."

-Participant
Resources

Agency for Healthcare Research and Quality’s (AHRQ) Health Literacy Universal Precautions Toolkit includes additional tools to improve communication.

Thank you!

Mandi Pratt-Chapman
mandi@gwu.edu
Twitter: @mandichapman

Follow us on Twitter: @GWCCancer
www.gwcancercenter.com

Sign-up for the GW Cancer Center’s Patient Navigation and Survivorship E-Newsletter: bit.ly/PNSurvEnews

Sign-up for the GW Cancer Center’s Cancer Control Technical Assistance E-Newsletter: bit.ly/TAPenews