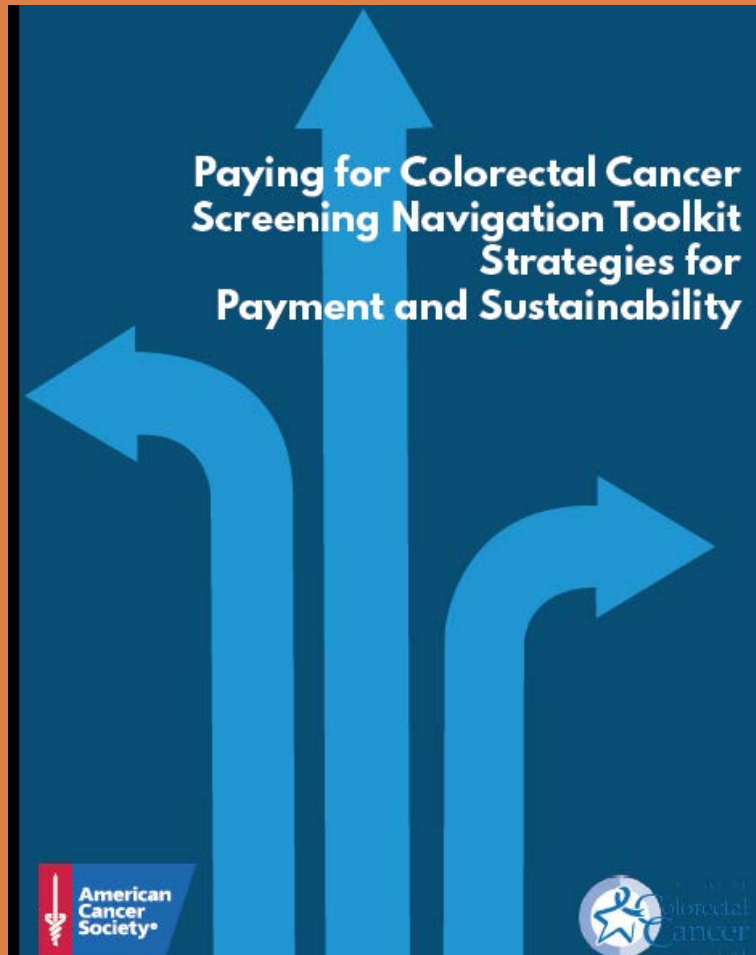


PREVIEW: Paying for Colorectal Cancer Screening Navigation Toolkit



Presenters:
Kira Eyring
Kathleen Connors-Juras

Maryland Patient Navigation
Network Meeting and
Training

June 13, 2017





Achieving 80% By 2018 and Beyond

- The Roundtable acts as a catalyst to stimulate work on key issues around colorectal cancer:
 - provider education
 - public education
 - health policy
 - quality
 - disparities issues





Where Can You Find THE Paying for Colorectal Cancer Screening Navigation Toolkit

Microsite Supported by University of Colorado

The Toolkit is formatted in initial draft in PDF Format

- Save To Your Device, Active Links
- Print Out
- Evaluate!!! PLEASE!





The State of Patient Navigation and Reimbursement-Impetus for Development

- **DISCLAIMER:** This guide was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number 5U38DP004969-02 and 03. The views expressed in the material do not necessarily reflect the view of the Department of Health and Human Services.
- Special thanks to American Cancer Society, The National Colorectal Cancer Roundtable with support from the Centers for Disease Control for supporting this effort
- This Toolkit is timely as there is not one direct way to pay for navigation and requires dedicated planning
- There is a wealth of data to show improvement in health outcomes and cost savings with inclusion of patient navigation
- Many states, regions and cities have accomplished success in payment-many are struggling
- This Toolkit aims to pull real world examples, evidence and opportunities to ensure colorectal cancer screening patient navigation is a reality for those who navigation the most





Paying for Patient Navigation It's About Sustainability



The Toolkit is divided into distinct chapters. These chapters are based on the specific focus areas that are most central to paying for and sustaining colorectal cancer screening patient navigation.

Contents:

01

Introduction

- General Introduction
- Definition of Patient Navigation
- Contents and Audience of Toolkit
- How To Use The Toolkit
- Patient Navigation as a Model
- Development of the Toolkit

07

Chapter 1 Sustainability Framework

- Goals Objectives
- Background
- Sustainability Central Tenants

11

Chapter 2 Evidence Base for Colorectal Cancer Screening Navigation

- Background
- Sources of Evidence
- Patient Navigation Promoting
Equal Health Opportunities for All
- Priority Populations for Colorectal
Cancer Screening Patient
Navigation
- The role and Scope of Colorectal
Screening Patient Navigation

20

Chapter 3 Local, Regional and State Colorectal Screening Patient Navigation Programs

- Goal Objectives
- Background
- Programs
 - New York City
 - Colorado
 - South Carolina
 - New Hampshire
 - Alaska

31

Chapter 4 Payment Approaches for Colorectal Cancer Screening Patient Navigation

- Goals and Objectives
- Background
- National Agencies and
Foundations for Funding
- Health Care Insurers Affordable
Care Act
- Medicaid Coding and Billing
Beyond the Affordable Care Act

37

Chapter 5 Quality and Accreditation Standards for Colorectal Cancer Screening Patient Navigation

- Goals and Objectives
- Background
- Accrediting Organizations
- Non-Accrediting Organizations
- Cancer Center Accreditation
Initiatives

43

Chapter 6 Economic Analysis and Making the Business Case for Colorectal Cancer Screening Patient Navigation

- Goal Objectives
- Background
- Critical Questions and
Considerations
- Cost Analysis Review
- Stakeholders in Cost Analyses
- Measurement and Need for High
Cost Analyses
- Measuring Intangibles to Society
and Systems
- Partnering for Cost Analysis

51

Chapter 7 Policy Standards for Colorectal Cancer Screening Patient Navigation

- Goals Objectives
- Contextual Policy Background
- Federal and National Strategies
- Recommendations for State and
Territories
- Additional Policy Considerations
 - Institutions and Organizational
Policy
 - Advocacy
- Colorectal Cancer Screening and
Policy Work-Applying the Principles

60

Chapter 8 Evaluation of Colorectal Cancer Screening Patient Navigation

- Goal Objectives
- Background
- Overview of Colorectal Cancer
Screening Navigation Measures,
Variables, Data Collection and
Source Information
- Benchmarks for Success
- Colorectal Cancer Screening Data
Metric Tools

69

Chapter 9 Closing and Supplemental Resources



Each chapter is organized into printed resources, online resources, tasks, tools, templates, and case studies so that you can:



READ MORE ABOUT IT

Recommended published materials that address patient navigation in more depth or from other perspectives than those presented in the toolkit, including scientific articles, books, journal articles, training curricula, and websites



FIND IT ONLINE

Recommended online materials that supplement reading resources with free online information, tutorials, and other navigation program websites



STOP AND DO IT

Interactive tools where you will be asked to complete a task, reflect, or answer questions to guide learning and decision-making processes, such as checklists and Q&A sections



USE IT "AS IS" OR ADAPT TO YOUR NEEDS

User-friendly instruments that are adaptable, task-specific, and linked to evidence-based recommendations, such as diagrams, monitoring and evaluation tools, case, and other practical materials that you can use without alteration



CUSTOMIZE FOR YOUR NEEDS

Easy-to-adapt structured document that you can use for your own purposes as a tool to generate ideas or a template to mold to your needs, including blanks, 'fillable' forms, and example protocols



SEE IT IN ACTION

Case studies and descriptions based on true stories that illustrate a concept, explain how a tool is used, or identify pitfalls and solutions using lessons learned from our experience as well as observational research conducted on navigation programs



FREQUENTLY ASKED QUESTIONS

It's all in the title!



REDIRECT

Go to another chapter and check out a related topic in another section of the toolkit



SUSTAINABILITY IN ACTION

Special themes in sustainability-good to go back and examine the components of the sustainability framework



A Bit of A Use Front to Back OR Back to Front or Jump In 'Where You Are!'

CHOOSE YOUR OWN ADVENTURE®

Chapter 7: Policy and Colorectal Cancer Screening Patient Navigation

Goal: This chapter will examine the impact of policy on patient navigation and the need to foster the role of both the Patient Navigator and the Colorectal Cancer Screening Program in the health care system.

Overview and Mission

- To provide technical assistance and information to help states develop and implement policies that support the use of patient navigators in colorectal cancer screening.

- To ensure that policies are evidence-based and take into account the needs of diverse populations, including underserved and rural communities.

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

- To ensure that policies are consistent with the goals of the National Colorectal Cancer Research Alliance (NCCRA) and the Department of Health and Human Services (HHS).

Contextual Policy Background:

As the founder of patient navigation, Dr. Harold Freeman inspired the movement for policy implementation, practice development and system-wide support for patient navigation. Below are a few of the key initiatives that helped to foster this movement:

- 1988—As President of the American Cancer Society, Dr. Freeman created a report known as the "Report to the Nation on Colorectal Cancer." This report was the first to call for a national effort to reduce colorectal cancer incidence and mortality.

- 1995—Dr. Freeman served on the 2001 President's Cancer Panel to help advise efforts to improve health outcomes of underserved cancer patients.

- 2001—In response to Dr. Freeman's work, the Patient Navigator Outreach and Clinical Demonstration Program was launched with a policy initiative titled "Patient Navigator Outreach and Clinical Demonstration Program."

- 2003—Dr. Freeman served on the 2003 President's Cancer Panel to help advise efforts to improve health outcomes of underserved cancer patients.

- 2005—Dr. Freeman served on the 2005 President's Cancer Panel to help advise efforts to improve health outcomes of underserved cancer patients.

- 2007—Dr. Freeman served on the 2007 President's Cancer Panel to help advise efforts to improve health outcomes of underserved cancer patients.

- 2009—Dr. Freeman served on the 2009 President's Cancer Panel to help advise efforts to improve health outcomes of underserved cancer patients.

- 2011—Dr. Freeman served on the 2011 President's Cancer Panel to help advise efforts to improve health outcomes of underserved cancer patients.

Explore the details of the "Patient Navigator Demonstration Program" at <http://nccra.org/patientnavigator>

Federal Level Policy Supporting Patient Navigation

Patient navigation has been identified as a critical component to cancer care by several national organizations:

- In 2008, a U.S. Surgeon General's report issued a National Call to Action on Colorectal Cancer and Survivorship, with one of the four priority goals being "To ensure that all people can navigate through the health care system."

- To read more about the 2008 National Call to Action visit: <http://www.hhs.gov/press/20080801a.html>

- The CDC has outlined specific steps to integrate community health workers into colorectal cancer screening programs through their Policy and Systems-Level Approach.

- To view these steps visit: <http://www.cdc.gov/od/ohrt/colorectal.html>

- For more information about these specific organizations and their standards, flip back to our quality and accreditation standards, Chapter 5.

Chapter 5: Accreditation and Quality Standards – Colorectal Cancer Screening Patient Navigation

Goal: This section highlights a variety of accreditation organizations and programs dedicated to advancing care delivery.

Objectives: Identification and Implementation

- Description of accrediting organizations and leaders in cancer care
- Specific criteria and examples of standards that colorectal cancer screening patient navigation efforts might help achieve
- General guidelines about approaches and information to explore for implementation
- Examples of hospitals, clinics, or other medical professionals who have achieved standards or accreditations by implementing colorectal cancer screening and patient navigation in their practice

Questions to Consider Before Doing In

1. Are you currently an accredited organization?
2. Are you interested in accreditation from leaders in the cancer prevention field?
3. How might advancing your patient care measures benefit your practice?

Background

What are the benefits of following quality standards or seeking accreditation?

The impact of accreditation and standard adherence on quality of care has been noted in many studies and has been shown to improve facility processes of care delivery, follow up, and health records.

- Organization Improvement
- Reduction of Medical Error
- Decrease Costs
- Maintenance of patient safety

I. ACCREDITING ORGANIZATIONS Triple Aim



The Institute for Healthcare Improvement (IHI) is an organization dedicated to improving the medical field, as noted by their creation and implementation of the IHI Triple Aim. They target three dimensions by identifying populations in



In 2003, the Commissioner of the New York City Department of Health and Mental Hygiene (NYC DOHMH) launched a colorectal cancer screening initiative, which included a colorectal cancer screening program for underserved populations. The program was designed to provide information and support to underserved populations, including information about colorectal cancer screening and patient navigation.

Why Learn What We Know from New York City? New York has long been a leader in colorectal cancer screening and patient navigation. The program was designed to provide information and support to underserved populations, including information about colorectal cancer screening and patient navigation.



Let's Dig In!

Chapter 1:
Ignites Sustainability Themes....

Chapter 2:
Provides evidence and defines patient
navigation for colorectal cancer
screening:

- Defining Quality Patient Navigation
- Professional and Public Health Guidelines Which Illustrate Evidence
- Evidence to Suggest 'IT WORKS!'
- How to Apply This Information to Sustain Efforts and Make the Case for

Chapter 2: Evidence and Patient Navigation

Goal: Provide information on Colorectal Cancer Screening Patient Navigation as an evidenced-based intervention to ensure patient navigation is paid for and a sustainable intervention to increase colorectal cancer screening rates.

Objectives:

Critically Examine:

- Why Patient Navigation for Colorectal Cancer Screening is needed.
- The background and definitions of patient navigation and evidence for how/why patient navigation 'works'.
- Review the many title of those who serve in the role of care coordination for colorectal cancer screening navigation.
- Why does this all matter when thinking of paying for colorectal cancer screening and patient navigation?

11

Background

Evidence for Patient Navigation in Colorectal Cancer Screening:

There are a host of papers and reviews regarding the effectiveness and efficacy of colorectal cancer screening patient navigation.



Later in this Toolkit in Chapter 5, we will explore the agencies who use accreditation and credential aims for colorectal screening that might be helpful in thinking about sustaining colorectal cancer screening patient navigation in your setting.

It is important to note that a number of

The following agencies have included colorectal cancer screening as a proven strategy and listed it as an approved strategy based on a systemic review of the literature.

Sources of Evidence The Community Guide and Colorectal Cancer Screening

The Guide to Community Preventive Services is a free resource to help you choose evidence-based programs and policies to improve health and prevent disease in your community. The information gleaned through systematic reviews are used to answer these questions:

- Which program and policy interventions have



Chapter 3: States, Cities, Regions and Tribal Programs

States:

Colorado

South Carolina

New York City

Alaska

New Hampshire

Each Demonstrates:

- Setting
- Detail about Approach
- Lessons learned
- HOW TO!
- Connects to all the other Chapters and themes in sustainability to see how it all fits together!



South Carolina

Since 2007, South Carolina has steadily built and improved its program to bring together the majority of the South Carolina counties to provide endoscopic screening to uninsured and medically underserved individuals. Patient navigation is an integral portion of this work that has played a crucial role in ensuring that patients are up to date and compliant with regard to screening recommendations.

This program was built with many partnerships aligning and working together to provide CRC screening services. In this program, Free Medical Clinics, FQHC's and safety net organizations refer uninsured and medically underserved patients to colorectal cancer screening with the Colorectal Cancer Prevention Network. Thereafter, patient navigators are responsible to review patient's medical history to ensure the appropriateness of the referral to the screening program. Based on their eligibility to be screened, patients then meet with a patient navigator for a comprehensive education session on CRC and education on endoscopic procedure and colonic preparation. Throughout the process, the navigators are the direct contact with the patients to CRC screening and remain involved as an advocate when patients are referred to specialty care (See Figure 3.3)



Thoughts from Dr. Frank Berger and Team in South Carolina:

- Q: What do you wish you would have known about sustainability and paying for patient navigation?
- Q: Lessons learned:
It was a point of leveraging partnerships, as you can see from the building of resources and timeline to develop a robust screening program with patient navigation.
- Q: Advice for anyone thinking of what you did to think about sustainability:
Diversification of funding is key; do not rely on one source of funding.



Check out Chapter 7 Case Study to learn a bit more about the utilization of an advocate to help secure funding at the state level to support colorectal cancer screening navigation and support.



Chapter 3: The Details About Setting and Approach

Figure 3.3

Name of Program	Colorectal Cancer Prevention Network for uninsured and medically underserved individuals in South Carolina
Goals of Program	To reach those who are the most medically underserved in South Carolina and provide them with resources for CRC screening
Setting	38 counties of South Carolina's 46 counties
Population Focus	Asymptomatic Patients, who live at or below 150% of the FPL, who are Medically Underserved patients, and who have never been screened for colorectal cancer
Delivery of Patient Navigation Services	<ul style="list-style-type: none">• In-Person• Phone
Characteristics of Patient Navigators	<ul style="list-style-type: none">• 6 PNs FTES who are contracted for a total of seeing 600 medically underserved patients.• Center for Colorectal Cancer Research hires and funds PNs through University of South Carolina.• The PNs vary in age, gender and race/ethnicity and live and connect with patients and medical providers in the community that they serve
Initial and Sustained Funding	<p>Critical Partnerships and Timeline:</p> <ul style="list-style-type: none">• Prevent Cancer Funds Dialogue Action monies to start discussion 2007• CRC Task Force for South Carolina Alliance: Scope managed by department of health for just basic services.• 2008 Blue Cross Blue Shield Foundation (only for direct services)• 2011 Duke Endowment Foundation (only for support of direct services)• Two Grants complimented way-leverage each way.• 2013 through lobbying by for state dollars by a colorectal advocate to get state assembly to be a line item budget funding received. Each year requires a renewal.• Center for Colorectal Cancer Research takes the place of the state cancer coalition to help lead efforts for use of patient navigation and CRC screening delivery• To sustain efforts, yearly or every several years, need to reapply.





State Example: Kentucky

- Focus: Healthcare Providers, Public Health Initiatives, Advocacy
- Outcomes:
 - Legislative Changes
 - Strengthened Partnerships
 - Increased CRC Screening Services
 - State Funded Adjustments = CRC Screening Navigation
 - Policy Makers Recognize the Value and Continue Efforts



State Example: Colorado

- Program is coordinated through U of Colorado Cancer Center
 - 50 community health clinics
- Partnership with safety net and primary care health providers-Statewide
 - Audience is the underserved



So...

What Are the REAL opportunities to really Pay?\$\$?

Chapter 4: Payment Approaches and Strategies for Colorectal Cancer Screening Patient Navigation

Goal: This chapter will explore the ways that patient navigation might be paid for through several approaches, based on the current state of health care.

Objectives:

- Examine funding strategies to think about how to start or sustain funding.
- Specifically outline:
 - Grant opportunities that will support colorectal cancer screening patient navigation
 - Potential insurance, Medicaid, and Medicare Avenues for Payment
 - Quality and Accountable Care Payments
 - Opportunities through the Affordable Care Act
 - Potential Opportunities for Coding and Billing Beyond the Affordable Care Act
- Identify if you have appropriate capacity to undertake necessary steps to ensure Medicaid and Medicare funding.
- Explore examples of how others have been funded or transitioned from grant to more diversified funding.

To Get Started:

Grants and foundational support might be a means to begin

There are possible methods for payment through accountable care opportunities, the ACA and perhaps allowable codes for care coordination

Making the business case can also be a viable and sustainable approach, Chapter 6 can tell you how!



Quality and Accreditation

Chapter

Chapter 5: Accreditation and Quality Standards – Colorectal Cancer Screening Patient Navigation

Goal: This section highlights a variety of accreditation organizations and programs dedicated to advancing care delivery.

Objectives: Identification and Implementation

- Description of accrediting organizations and leaders in cancer care
- Specific criteria and examples of standards that colorectal cancer screening patient navigation efforts might help achieve
- General guidelines about approaches and information to explore for implementation
- Examples of hospitals, clinics, or other medical professionals who have achieved standards or accreditations by implementing colorectal cancer screening and patient navigation in their practice

Questions to Consider Before Diving In



1. Are you currently an accredited organization?
2. Are you interested in accreditation from leaders in the cancer prevention field?
3. How might advancing your patient care measures benefit your practice?

Background

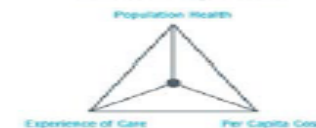


What are the benefits of following quality standards or seeking accreditation?
The impact of accreditation and standard adherence on quality of care has been noted in many studies and has been shown to improve facility processes of care delivery, follow up, and health records.

- Organization Improvement
- Reduction of Medical Error
- Decrease Costs
- Maintenance of patient safety

I. ACCREDITING ORGANIZATIONS Triple Aim

The IHI Triple Aim



The Institute for Healthcare Improvement (IHI) is an organization dedicated to improving the medical field, as noted by their creation and implementation of the IHI Triple Aim. They target three dimensions by identifying populations in



Breaking It Down By Setting

Figure 5.2

Standard
Continuum of Care Services <ul style="list-style-type: none"> 3.1. Patient Navigation Process 3.2. Psychosocial Distress Screening 3.3 Survivorship Care plan
Patient Outcomes <ul style="list-style-type: none"> 4.1. Prevention Programs 4.2. Screening Programs 4.8 Quality Improvements

Figure 5.3

CQM that could be used with CRC PN	Description	NQS Area
CMS90v1: Closing the referral loop: receipt of specialist report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Care Coordination


Figure 5.4

Category and ACO #	Measure Steward	Measure Title/Description
Patient/caregiver experience ACO #5	CMS	CAHPS: Health promotion and education
Patient/caregiver experience ACO #6	CMS	CAHPS: Shared decision making
Preventive health ACO #19	NQQA	Colorectal Cancer Screening (NQF#0034)

Figure 5.5

Standard	Description
Principal Standard	1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Communication and Language Assistance	5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.





Chapter 6: Economic Analysis and Business Case for Colorectal Cancer Screening Patient Navigation

business case. For those who wish to undertake an economic analysis, the measures necessary to complete several types are described, including the types of measures required to speak to various stakeholders, access to a list of resources for applying what's been learned through previously conducted cost analysis or how to go about it yourself.

Objectives:

Program Planners:

1. Understand importance of incorporating cost data collection at program inception
2. Appreciate future programmatic value of incorporating cost data and economic analysis

Evaluators:

1. Identify appropriate type of economic analysis for program
2. Choose appropriate measures for data collection

Policy Advocates:

1. Educate other stakeholders about the use of cost data and economic analysis to make the case for patient navigation reimbursement and to improve patient outcomes and survival
2. Understand the different types of economic analyses, when to use a type of analysis, and what the results indicate

Clinic Managers:

1. Understand importance of incorporating data collection into workflow
2. Understand importance of incorporating data collection into workflow



Chapter 8: How Will You Know If You Are Successful and How to Make the Case for Future Funding? Answer: EVALUATE

Chapter 1: Data-Key to sustainability
Chapter 2: Data to contribute to evidence
Chapter 3: To sustain programs must evaluate
Chapter 4: Must monitor data for grants and also many payment approaches
Chapter 5: Data is all used for quality and accreditation
Chapter 6: Cost analysis must have evaluation data
Chapter 7: Policy, organizational and legislative rely on data to make the case

Navigation Measure	Variables to measure	Stakeholders in Data Collection	Source Information and Tools
No show rates	Number of scheduled colonoscopy or sigmoidoscopy appointments per month that patients do not show up or attend (or per year)/total number scheduled	<ul style="list-style-type: none">• Schedulers• Medical Records/EMRs• IT professionals• Navigators• Providers	Battaglia et al (2011)
Bowel Preparation Quality	Quality Index at time of colonoscopy from endoscopy reports	<ul style="list-style-type: none">• GI Providers• IT professionals• Navigators	Johnson et al (2014)
Successful Exam Completion	Number of exams completed/total number of exams started	<ul style="list-style-type: none">• GI Providers• IT Professionals	Battaglia et al (2011)
Patient Satisfaction with Navigation	Mean of summary score	<ul style="list-style-type: none">• Patient Navigators• Quality Improvement Teams• Schedulers or Medical Assistants (to administer tool)	Jean-Pierre et al (2012)
Timeliness	Mean time between abnormal test result and resolution (diagnosis or follow-up recommendations)	<ul style="list-style-type: none">• Providers• Pathology labs• IT professionals	Rex et al (2015)



This Toolkit Will:

Help people in different settings and different phases think about payment and sustaining patient navigation

Give examples of what programs and initiatives have worked with patient navigation at the core

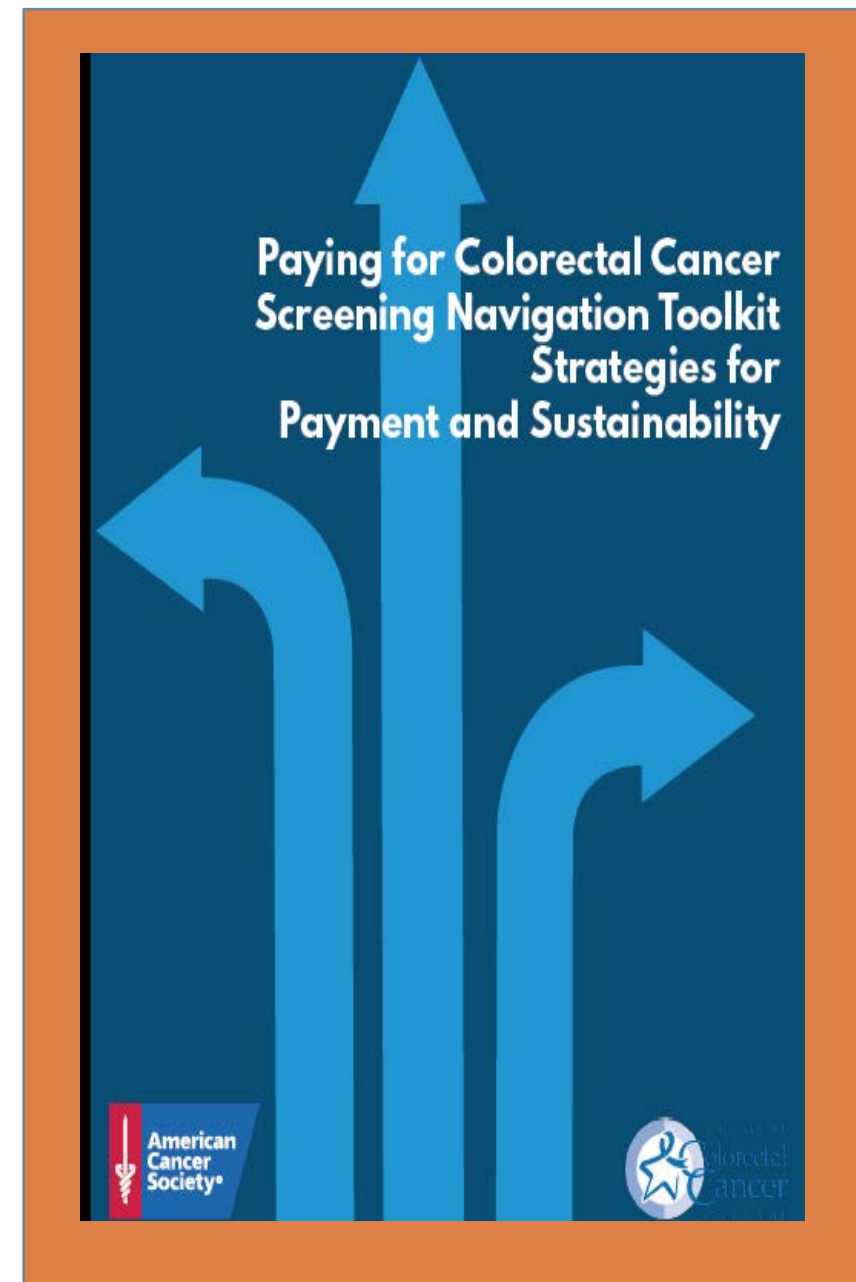
Additional Resources Will:

Provide greater insight about how to initiate specific programs

Inform how to manage and supervise patient navigators

Many other opportunities

(See Chapter 9)



HUGE Thanks to Nearly 100 People who Helped in this Effort





Your Thoughts?

Toolkit Developer: Email: andrea.dwyer@ucdenver.edu

303.724.1018

<http://ncrt.wpengine.com/about/provider-education/paying-for-screening-navigation-toolkit/>

Today's Presenters:

Kathleen Connors-Juras: Kathleen.ConnorsJuras@cancer.org

410.933.5152

Kira Eyring: Kira.Eyring@cancer.org

410.933.515_____

