Improving Quality Care and Navigation Through Metrics and Risk Stratification

Jennifer R. Klemp, PhD, MPH, MA
Associate Professor of Medicine,
Division of Clinical Oncology
Director, Cancer Survivorship
Co-Program Leader, Cancer Prevention and Survivorship
Founder/CEO, Cancer Survivorship Training, INC
Objectives

Discuss a national demonstration project to standardize navigation metrics and return on the investment, patient experience, and clinical outcomes. In addition, explore the role of navigation in the rapidly expanding field of cancer genetic and genomics.
AONN+ National Evidence-Based Oncology Navigation Metrics

Driven by the “Triple Aim”:
1. Improve the patient experience of care
2. Improve the health of populations
3. Reduce the per capita costs of medical care

National standards to adhere with value-based care are now propelling cancer programs to be accountable to measure:
1. Quality of care delivery
2. Cost
Problem: Lack of Standard Metrics

There is a **void in the literature** regarding the key areas that measure the success of navigation programs:

- Patient experience (PE)
- Clinical outcomes (CO)
- Business performance or return on investment (ROI)

The creation of standardized national metrics to measure programmatic success is vital to:

- Coordinating high-quality, team-based care
- Demonstrating the sustainability of navigation programs
Recent review --

Review Article

The Efficacy and Cost-Effectiveness of Patient Navigation Programs Across the Cancer Continuum: A Systematic Review

Brittany M. Bernardo, MPH; Xiaochen Zhang, MPH; Chloe M. Beverly Hery, MS; Rachel J. Meadows, MPH; and Electra D. Paskett, PhD

Published studies regarding patient navigation (PN) and cancer were reviewed to assess quality, determine gaps, and identify avenues for future research. The PubMed and EMBASE databases were searched for studies investigating the efficacy and cost-effectiveness of PN across the cancer continuum. Each included article was scored independently by 2 separate reviewers with the Quality Assessment Tool for Quantitative Studies. The current review identified 113 published articles that assessed PN and cancer care, between August 1, 2010, and February 1, 2018, 14 of which reported on the cost-effectiveness of PN programs. Most publications focused on the effectiveness of PN in screening (50%) and diagnosis (27%) along the continuum of cancer care. Many described the effectiveness of PN for breast cancer (52%) or colorectal cancer outcomes (51%). Most studies reported favorable outcomes for PN programs, including increased uptake of and adherence to cancer screenings, timely diagnostic resolution and follow-up, higher completion rates for cancer therapy, and higher rates of attending medical appointments. Cost-effectiveness studies showed that PN programs yielded financial benefits. Quality assessment showed that 75 of the 113 included articles (65%) had 2 or more weak components. In conclusion, this review indicates numerous gaps within the PN and cancer literature where improvement is needed. For example, more research is needed at other points along the continuum of cancer care outside of screening and diagnosis. In addition, future research into the effectiveness of PN for understudied cancers outside of breast and colorectal cancer is necessary along with an assessment of cost-effectiveness and more rigorous reporting of study designs and results in published articles.


KEYWORDS: continuum of cancer care, efficacy of patient navigation, patient navigation, patient navigation cost, review.

Funded by the Susan G. Komen Fdt.
Standardized Navigation Metrics Demonstration Project Results

After completion of an extensive literature review, the task force developed 35 standardized metrics that focused on:

- The AONN+ Certification Domains for navigation, which concentrated on return on investment, patient experience, and clinical outcomes.
- Putting each metric through rigorous criteria to ensure accuracy and soundness.

*These are baseline metrics that all institutions can use, irrespective of the structure of their navigation programs.*

<table>
<thead>
<tr>
<th>AONN+ Navigation Knowledge Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Outreach and Prevention</td>
</tr>
<tr>
<td>Coordination of Care/Care Transition</td>
</tr>
<tr>
<td>Patient Advocacy/Patient Empowerment</td>
</tr>
<tr>
<td>Psychosocial Support: Assessment &amp; Services</td>
</tr>
<tr>
<td>Survivorship/End of Life</td>
</tr>
<tr>
<td>Professional Roles &amp; Responsibilities</td>
</tr>
<tr>
<td>Operations Management/Organizational Development/Healthcare Economics</td>
</tr>
<tr>
<td>Research/Quality/Performance Improvement</td>
</tr>
</tbody>
</table>
Core Competencies for Navigators: Metrics

**Clinical Navigator**

- **Operational Management:**
  - Health care reform,
  - Utilization of resources
  - Work force shortages
  - Organizational development
  - Healthcare economics

- **Quality and Performance Improvement:**
  - Value/role of nursing research to validate practice and build evidenced based practices,
  - Research, Quality metrics: (selection of metrics, develop measure, & create dashboards),
  - Performance Improvement: (methodologies-PDSA, SMART Goals,
  - Role in identifying quality needs, areas of quality improvement, Role in improving the process

- **Professional Roles and Responsibilities:**
  - Critical thinking
  - Problem solving
  - Tracking workloads

**Non-Licensed Patient Navigator**

- **Knowledge for Practice:**
  - Demonstrate basic knowledge of health system operations

- **Practice-Based Learning and Improvement:**
  - Contribute to patient navigation program development, implementation and evaluation
  - Use evaluation data (barriers to care, patient encounters, resource provision, population health disparities data and quality indicators) to collaboratively improve navigation process and participate in quality improvement.
  - Incorporate feedback on performance to improve daily work.
  - Continually identify, analyze and use new knowledge to mitigate barriers to care.

- **Interpersonal and Communication Skills:**
  - Communicate effectively with navigator colleagues, health professionals and health related agencies to promote patient navigation services

[https://www.aonnonline.org/certification/nurse-navigator-certification](https://www.aonnonline.org/certification/nurse-navigator-certification)

[https://www.aonnonline.org/certification/patient-navigator-certification](https://www.aonnonline.org/certification/patient-navigator-certification)
Value of Navigation

National Study Aims to Demonstrate Value of Navigation in the Cancer Care Continuum

November 8, 2018 | Press Releases | Navigation

CRANBURY, NJ—Patient navigation for individuals with cancer first caught on in the 1990s and quickly gained traction with patients, clinicians, and cancer programs alike. However, shifts in healthcare policy and funding over the past decade have put many navigation programs to the test as practitioners struggle to quantify the value of their services in terms of patient outcomes and their employer’s bottom line.

The Academy of Oncology Nurse & Patient Navigators (AONN+), the largest national specialty organization serving oncology nurse and patient navigators, is working to address this challenge through the launch of a national, multisite study aimed at answering key navigation questions.

The study, “National Evidence-Based Oncology Navigation Metrics: Multisite Exploratory Study to Demonstrate Value and Sustainability of Navigation Programs,” is a collaboration among AONN+, Chartis Oncology Solutions, LLC, and the American Cancer Society* that will evaluate the validity and reliability of 10 navigation metrics selected from a list of 35 evidence-based metrics developed by AONN+. The selected metrics include barriers to care; time from diagnosis to initial treatment; navigation caseload; number of navigated patients readmitted to the hospital at 30, 60, and 90 days; psychosocial distress screening; social support referrals; palliative care referrals; identifying patient learning-style preference; navigation knowledge at time of orientation; and patient experience/satisfaction with care. The study will also provide insight into the barriers and challenges that navigation programs encounter when implementing navigation metrics.

https://aonnonline.org
Opportunities for Navigation in Cancer Genetics
American Society of Clinical Oncology (ASCO)

“Genetic testing can have implications for management of the cancer patients, including: surgical treatment, chemotherapy choices, prognosis and risk for additional cancers. It is therefore important to assess the risk of a hereditary syndrome at diagnosis, at decision points along the cancer treatment trajectory and again when entering survivorship or surveillance.” 1

What is in the Genetic Toolbox?

- Family History
- Physical Assessment
- Risk Assessment
- Genetic Testing
- Tumor Profiling
- Targeted Therapy
Review: Germline & Somatic Testing

GERMLINE MUTATION
- A germline mutation is a change in a gene that was inherited and therefore causes an increased risk for cancer.
- This is also known as hereditary cancer.
- Only around 5-10% of cancer is hereditary.

SOMATIC MUTATION
- Most cancers have many somatic mutations.
- A somatic mutation is a change in a gene, that can lead to the development of cancer.
- Most cancers are due to somatic mutations

References:
Difference between Germline & Somatic Testing

Organizational Checklist:
- What is your process for identifying patients for germline testing?
- Is DNA sequencing done using tumor and/or normal match in appropriate lab?
- Somatic mutations that may have implications in the germline testing?
- Are results of germline testing concordant?
- Should we send the point mutation vs a panel to confirm germline mutation?
- Was appropriate counseling provided for germline testing?
Integrating Navigation into the Genetics Workflow

1
- Unaffected patient
- New breast cancer patient
- Metastatic breast cancer
- Survivor

2
- Navigator:
  How does genetic information guide care for the patient?
- How does the patient access testing?
Integration Into Practice

- **Is there an appropriate genetic or genomic test for this patient based on the patient’s or tumor characteristics?**
- **Are these signs that the cancer is inherited or familial?**
- **Is genetic testing or treatment available?**
- **Has the patient/family been offered genetics resources?**
## Establishing a Work Flow for Genetic Testing

<table>
<thead>
<tr>
<th>How will you triage patients for testing?</th>
<th>Adequate Family History to capture unaffected individuals for testing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Time until surgery</td>
<td>• Is it documented?</td>
</tr>
<tr>
<td>• Age at diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Cancer survivors</td>
<td></td>
</tr>
<tr>
<td>• Affected vs Unaffected</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who is counseling patient/family on genetic testing?</th>
<th>How would you build genetic education, counseling, and testing into a clinic visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How do you bill for genetic testing and what is insurance covering for genetic testing?</td>
</tr>
</tbody>
</table>

| What resources for genetic counseling and testing do you have for your patients? | |
|--------------------------------------------------------------------------------| |
One Size Does Not Fit All

One-size-fit-all Medicine → Stratified Medicine → Precision Medicine

1. Patients are grouped by:
   - Disease Subtypes
   - Risk Profiles
   - Demographics
   - Socio-economic
   - Clinical Features
   - Biomarker
   - Molecular sub-populations

2. Individual patient level:
   - Genomics and Omics
   - Lifestyle
   - Preferences
   - Health History
   - Medical Records
   - Compliance
   - Exogenous Factors

Precision medicine ensures delivery of the right intervention to the right patient at the right time.

Companion Diagnostic (CDx) Biomarker

Therapy (Rx + Dx = CDx)

Each Patient Benefits From Individualized Treatment
Germline Testing is a Biomarker

- Germline testing information informs...
  - cancer risk
  - cancer screening
  - cancer prevention
  - cancer treatment

Example: The overall mutation prevalence in unselected mBC patients is 8.4%, and the rate appears to be higher in triple-negative breast cancer (12.4%)\(^1\)

MBC patient may be a good candidate for a PARP inhibitor.


- For patients with HER2-negative tumors eligible for single-agent therapy, strongly consider germline BRCA 1/2 testing
- Genetic counseling if patient is high risk for hereditary breast cancer
NCCN Guidelines Version 3.2019
Generalized Summary & Triggers for Assessment

• Personal history of breast cancer at any age with >1 affected close family member
• <50y/o (regardless of family history)
• <60 y/o with TNBC
• At diagnosis of Her-2 negative metastatic disease
• Personal history of ovarian, metastatic prostate, pancreatic
• Ashkenazi Jewish Ancestry
• Reflex testing after mutation found during molecular profiling

Online Personal & Family History Tool

Why is it important to know my family health history?
Even though you cannot change your genetic makeup, knowing your family health history can help you reduce your risk of developing health problems.

https://ww5.komen.org/BreastCancer/FamilyHistoryofBreastOvarianorProstateCancer.html
Genetics Across the Cancer Continuum

Genomic testing can inform prognosis, adjuvant therapy, and targeted treatments.

Germline testing can impact future cancer screening and prevention.


8/7/2019
Shared Decision Making

**Clinician**

**PATERNALISTIC:**
Information and recommendations

**INFORMED MEDICAL DECISION MAKING:**
Information

**SHARED DECISION MAKING:**
Information and recommendations

**Patient**

Values and preferences
Efficacy of Point Of Service Testing – Breast Cancer (ePOST-BC)

- 5 one-hour Project ECHO sessions
  - ~10-15 minutes of didactic
  - 40-45 minutes of case study discussion surrounding genetic and genomic testing in practice
  - implementation, testing, interpretation, management (treatment, screening, prevention)
- Team participation (MD, AAP, BSN/RN, Navigation Registry, SW, Genetics, etc…)
- Practice incentive and quality improvement
- CEU for participation
- Provide cases and be active in case discussion

Funded by: ACCC/Pfizer
Thank You

Jennifer R. Klemp, PhD, MPH, MA
jklemp@kumc.edu