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American Cancer Society National Navigation Fall 2023 Call to Action Series

Utilizing the Oncology Navigation Standards in Professional Practice, Examples From the Field



September 26, 2023, 1 p.m. - 2:15 p.m.

The American Cancer Society National Navigation Roundtable (ACS NNRT) was established in 2017. The ACS NNRT is a national coalition of 80 member organizations to advance navigation efforts that eliminate barriers to quality care, reduce disparities, and foster ongoing health equity across the cancer continuum. The American Cancer Society provides organizational leadership and expert staff support to the ACS NNRT.

September 26, 2023

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Zoom Best Practices

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This meeting will be recorded.



For social media, please tag posts with our meeting hashtag #ACSNNRT23



You will be muted with your video turned off when you join the call.



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Questions? Type them in the Question-and-Answer box at the bottom of your screen.





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This project is funded partially by Novocure, Genentech, Sanofi, Daiichi-Sankyo, and Bristol Myers Squibb

Objectives

- Review the Oncology Professional Standards of Practice
- Identify Application of the Standards for a Nurse Navigator, a Social Work Navigator and a Patient Navigator

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Driving Navigation Forward

ACS NNRT was launched in 2017 with the goal of sustaining and expanding Patient Navigation. Partnering organizations such as non-profits, industry leaders, health agencies, academic and research institutions will work together to:

Disseminate the evidence navigation reduces disparities & demonstrates effectiveness, value and ROI	Standardize outcome metrics and demonstrate defined professional roles/responsibilities	Ensure a workforce development path forward for professional and clinical/licensed navigators	Create a sustainable model for funding
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End cancer, as we know it, for everyone.



National Navigation Roundtable (NNRT) https://navigationroundtable.org/

Mission: High quality cancer care for all through evidencebased patient navigation

Vision: NNRT is a collaboration that advances patient navigation efforts to eliminate barriers for quality care, reduce disparities in health outcomes and foster ongoing health equity across the cancer continuum.

5-Year Aim (2021 - 2026): To support the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of cancer care.

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NNRT's & Partner Impact



The Professional Oncology **Navigation Task Force announces** A+NNamana S aphen NONS The Installations apparation ing The Distor Cancer reliables Working along-on Pederal samplices alon and to the matters of the ascensed.

PONT Standards Dissemination

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Barriers and Opportunities to Measuring Oncology Patient Navigation Impact: A National	Oncology Navigation Standards of Professional Practice - PONT Standards	Flexibility, Adaptation and Roles of Patient Navigators in Oncoley During COVID-19	Policy: Evaluating Sustainability of Patient Havigation Programs in Oncology by Length of Existence, Funding, and Payment Model Participation
October 25, 2022 4:00-5:00 PM ET	November 9, 2022 3:00 - 4:00 PM ET	November 15, 2022 3:00 - 4:00 PM ET	January 12, 2023 1:00-2:00 PM ET
This session will discuss the obstacles preventing non-potential programs from sound data to justicity data existence and the apportunity to adapt data constraints and the constraints an	The Professional Oncolligy Newspation Tauk Force created the Oncolligy impation Standards of Process to previde professional encolling clinical newspation encode application and professional clicker information impacting the standards of professional process it and lotal highlight free newspation programs, care popp the standards to their programs.	This sensor highlights the moleney, rensoliting and stability of the vale of contrary manageron to adapt to the range (2020-12 missility of theorem expending adapt to their cover expending adapt to the cover approxima- tion of the cover approximation to the cover approximation of the cover approximation of the cover determinants of headst.	This sension identifies factors that may primote the king-term sustainability of patient navation patients is with about the patients that may also being addressed to incorporate nonpation into health care pagement systems better.

Call to Action Series 22 - 23





ht leaders from the Community Preventive Service Task Force F)and the Professional Oncology Navigation Task Force.

d as the basis for this CPSTF recorr n about <u>The Community Guide</u>, a resource tha dings, systematic review evidence, promotion elementation tools. As you listen to the p ad to implement patient navigation thr

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August 2020

Community Guide Webinar, May 2, 2023

Evidence for Action

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Monica Dean

Carmen Stokes, PhD, FNP-BC, RN, CNE

Karen Costello, MSS, LSW, OSW-C Zarek Mena, OPN-CG











Building Blocks for Professionalization of Navigation



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Other National Support: Standards of Professional Practice

Professional Oncology Navigation Task Force (PONT)

These standards are intended to provide **guidance** and may be applied differently, as appropriate, in different settings

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NATIONAL NAVIGATION ROUNDTABLE After <u>3-decades</u>, standards of practice did not exist

Provides clinical oncology navigators and patient navigators with clear information regarding the standards of professional practice

Guidance regarding the knowledge & skills all professional navigators should possess to deliver high-quality, competent, and ethical services

Provides benchmarks for healthcare employers

Information for policy & decision makers to understand the role of the professional oncology navigator



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PONT Definitions



Carmen Stokes, PhD, FNP-BC, RN, CNE



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Case Study



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Oncology Nurse Patient Navigator Perspective

Nurse

Annie Rogers, RN for past 5 years and OCN last 2.5 years. Worked inpatient oncology @research hospital → Nurse Navigator for cancer prevention center past 18 months.

Patient

L.O., a 40 y/o female Malta & White mixed heritage. Married w/ 4 children.

Social Hx: BMI 28,

loves cheese, soda & large meat portions w/ lunch & dinner (cultural)

Drinks socially 4x+ week, wine w/ dinner.

High stress job/ home

Does not exercise

Poor sleep habits

Medical Hx: No comorbidities.

+Dense breast, screening began @ 35 yrs.

Mistrust: MGM immigrant, believed dx & mastectomy to make \$\$\$

Context of Nursing Navigation

Patient Navigation Across The Health Care Continuum



Freeman, 2006.

Nurse Navigation

 Academy of Oncology Nurse & Patient Navigators

Principles of Navigation

- pt centered delivery model
- coordination of services
- assure pt's right to safety, choice, to be informed & heard

First Navigation Program

- 1990, Harlem NY (Breast cancer)
- unequal burden of cancer

Guide patients through their journey

prepare the patient, answer questions, provide support



Connect patients with resources

L.O.'s Genogram/Pedigree



Breast Cancer (50)86 87 90 88 ung Cancer (51) Tobacco 68 61 68 59 64 58 **Colonic Polyp** 32 38 42 40

How can we apply the ONS standards to her care?

Name: L.O., Date of Birth: 01/23/1983 Maternal Ancestry/Ethnicity: Malta Paternal Ancestry/Ethnicity: White Ashkenazi Jewish: No 10+ Polyps on Colonoscopy: Brother Previous Genetic Testing: No

Pedigree Made By:CS/KE Date Created: 09/20/23





Nurse Navigator- Case Study

STANDARD

Qualifications of nurse navigators include education, licensure, Training/ continuing education.

Nurse Annie Rogers is both a BSN and OCN certified nurse. She was recently hired as a nurse **STANDARD** navigator for a prevention cancer center. She review **STANDARD** Iso researches NCCN guidelines, & enrolls in CE

courses

Demonstrate Cultural & Linguistic humility, sensitivity, & responsiveness.

Navigator inquires about pt's Malta culture, dietary practices, physical activity, & cultural expectations to understand how this influences self/ health care.

resources (sensitive/ inclusive to Maltese culture)

Collaborate with patient (loved ones), interdisciplinary team, and community resources.

Navigator completes more comprehensive history, refers pt to genetics, breast specialist (possible chemoprevention trial), dietician, and enrolls in a 12 week EBP community weight loss program (ACS) hybrid, check in: log of steps, food &, stress

Communicate effectively to advocate with and on behalf of patients. Tailor communication to educational, developmental, & health literacy level of pt.

Address pt's fears, learning style: literacy; incorporating visual, kinetic, auditory methods. Included

STANDARD Zoom, visual cartoon images to explain critical topics & family 6 tree. Engages in creative learning

Practice Evaluation & Quality improvement: participates in tracking & monitoring metric outcomes, report to relevant stakeholders. Identify clinical questions & change practice. Incorporate Evidence-Based Care.

Created a spreadsheet to log patient's TC risk level, specific personal risks, and desired outcomes. Aligns pt education for behavior modification w/goals. Incorporates EBP, research & findings to pt plan **STANDARDS**

18 & 19

STANDARD 11: Prevention, Screening & Assessment ONCOLOGY NAVIGATORS PROVIDE EDUCATION ON CANCER PREVENTION, SCREENING AND ASSESSMENT (which includes appropriate referrals)

- Exhibit knowledge about, promote, and advocate for cancer prevention behaviors, early detection, screening, and healthy behavior education.
- Exhibit knowledge of available local, community, or national resources and the quality of services provided and establish relationships with providers of these services.
- Assess population health factors such as common diseases and/ or risk behaviors.
- Conduct risk assessments, including lifestyle factors.
- Exhibit (and continue to seek) knowledge regarding communities served.
- Assist with the implementation of programs to improve access to cancer screening.
- Employ strategies to educate patients to integrate healthy lifestyle behaviors into daily living.
- Conduct culturally appropriate education about the potential benefits and limitations of contemporary genetic counseling and related genetic risk assessments.
- Support patients' adherence to holistic care plan.
- Assist in the identification of candidates for molecular testing and/or genetic testing & counseling, and facilitate appropriate referral



Tell us your point of view as a: Oncology Patient Navigator Oncology Social Work Navigator

Open Discussion





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Clinical Navigator/ Oncology Social Work Navigator:

PONT Standard Definition



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- A professional social worker with a master's degree in social work and a clinical license (or equivalent as defined by state laws)
- Oncology-specific and clinical psychosocial knowledge
- Offers individual assistance to patients, families, and caregivers to help overcome healthcare system barriers.
- Using the social work process, an oncology social work navigator provides education and resources to facilitate informed decision-making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum

Social Work Navigation

Meeting patients and caregivers where they are and providing navigation education, advocacy, resources and support where and when needed.

PROGRAM & SERVICES GOALS

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Case Study

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- A 65 year old woman with refractory multiple myeloma was referred for navigation support
- She had several courses of treatment, now exploring CAR T-Cell Therapy
- She was anxious but also hopeful and excited about the possibility of reaching remission
- She reported several practical, educational and emotional barriers
 - Distance from home to Clinic (4 hours)
 - What to expect and how to prepare
 - Roles of care team
 - Limited support system
 - Anxiety and concern
- The navigation support program and social work navigator's interventions aligned with several aspects of the Oncology Navigation Standards of Professional Practice

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SOCIAL WORK NAVIGATOR INTERVENTIONS

Psychosocial Assessment and Intervention

Conducted initial and ongoing distress screening and psychosocial assessment to determine areas for intervention and where to provide extra support.

STANDARDS

STANDARD

12

Interdisciplinary and Interorganizational Collaboration & Communication

> Included caregiver in assessment and planning for services and support. With patient and caregiver at the center, collaborated with the cancer center team to coordinate resources and streamline communication according to scope.

Educated patient and caregiver on the roles of the team members. Facilitated communication regarding medical concerns towards the providers. Worked to address barriers to care providing resources and provided support and education on best communication strategies in a way that worked for that where they were at

Treatment, Care

Planning, and

Intervention

STANDARD

STANDARD 19

patient and caregiver the time

therapy navigation support as a part of

care

the CSC Navigation program which is based in the Expanded Chronic Disease Model and includes distress screening with Cancer Support Source (CSS). We have enjoyed presenting our model of care at a variety of venues and so contribute to social work navigation knowledge as outlined in this standard,

Evidence-based

Provided CAR T cell

Supervision and Self-Care

Participate in several levels of supervision - individual, peer huddles and bimonthly group supervision. Supports the team learning and development as well as evaluate the program and interventions used.

This is challenging work and so self-care is a part of our culture. Breaks, check ins and promotion and support from our leadership and team.

STANARDS 8 & 10

Tell us your point of view as a:
Oncology Patient Navigator
Oncology Nurse Navigator

Open Discussion





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DEFINITION OF ONCOLOGY NAVIGATION

Individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through ALL phases of the cancer experience.

Oncology Patient Navigator: A professional who provides individualized assistance to patients and families affected by cancer to improve access to healthcare services. A patient navigator may be employed by a clinic or a community-based organization and work throughout the community, crossing the clinic threshold to continue to provide a consistent person of contact and support within the healthcare system. A patient navigator does not have or use clinical training.



Zarek Mena, OPN-CG

Case Study

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- A 65 year old male, NYC attorney (now deceased)
- Diagnosed 59, stage IV gastric cancer spread to esophagus and liver
- Tx: Folfox/Herceptin (pt signed/acknowledged that Cold Cap studies are shown for solid tumors however pt adamant to pursue cold capping. Hair loss scale: 1 = <50% kept all of his hair)
- Concerns to preserve hair:
 - Voiced client's concerns of his presentation and abilities to representative in courts due to dx
 - Son's wedding
- Questioned why hair loss was considered less concerning (by medical team) because he was male
- 1st male on Paxman Cold Cap in United States
- Proud to promote cold capping/importance of discussing hair loss/imaging concerns with male patients

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REAL LIFE IMPLEMENTATION: COLD CAP PROGRAM

16

Commitment to my profession and cancer community.

Reviewed need for cold cap services for our chemo patients with md, nurse navigator, social work and administration.

STANDARD

STANDARD

Understand how systems of power and privilege inequitably affect patients' ability to access services as well as their physical, mental, social, and spiritual health and overall well-being and health outcomes.

Researched implications of cold cap program offered only to those that **STANDARD** can afford services.

Communicate effectively to advocate with and on behalf of patients.

Communicated with administration the requirement of cold cap services for all and importance of donor support at program implementation.

Advocate policies, and programs that protect and promote the needs and interests of patients.

Sought out donor support prior to **STANDARD** program implementation. Proposed coordination of referral via patient navigator to assess logistics and financial criteria. Focus given to support qualifying that may opt out exp; males & black and elderly pts.

Implement patient safety and quality improvement initiatives within the context of the interprofessional team and incorporate new knowledge to improve navigation practice, care delivery systems, and patient care outcomes.

Documented nursing assessment of alopecia & compliance to coauthor outcomes

STANDARD

18



🞧 » Clinical Journal of Oncology Nursing » Number 3 / June 2019

SUPPORTIVE CARE

Scalp Cooling: Implementing a Cold Cap Program at a Community Breast Health Center

Mary Heery Shaira Cohen Zarek Mena

Scalp Cooling, Alopecia Prevention, Breast Cancer CJON 2019, 23(3), 237-241. DOI: 10.1188/19.CJON.237-241

For me, it's a very personal thing and with the DigniCap, I've responded really well so people who see me have no clue that I had cancer. One of the things I've always had going for me was a good head of hair. When cancer patients lose their hair it dramatically affects the way people treat them. All my wife's friends were just saying, 'Allen's never looked better'. – Allen Wasserman, Connecticut



Tell us your point of view as a: Oncology Nurse Navigator Oncology Social Work Navigator

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Open Discussion



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Questions and Answers Questions and Answers Have Questions? Type them in the Question-and-Answer box at the bottom of your screen.

You can do this TOO – align the PONT Standards within your organization

Real World Use of the Standards

- ✓ Guide navigation practice and clarify scope
- Evaluate navigation practice and help to ensure accountability
- ✓ Support navigator health and wellness
- ✓ Identify areas of improvement in practice
- Provide a framework for a competency checklist
- Determine task delegation (clinical and non-clinically licensed)
- ✓ Create job description
- ✓ Support potential reimbursement of navigation roles
- Inform advocacy, policy, and decision making



NNRT Call to Action Webinars

American Cancer Society National Navigation Roundtable (ACS NNRT) Fall 2023 Call To Action Series





Utilizing the Oncology Navigation Standards in Professional Practice, Examples From the Field September 26, 2023 1 p.m. - 2:15 p.m. Creating Workforce Development Path October 26, 2023 2 p.m. - 3:15 p.m.



Here's the Evidence Panorama November 8, 2023 3:30 p.m. - 4:45 p.m.

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Pursuing Patient Navigation Policy Landscape December 6, 2023 2 p.m. - 3:15 p.m.

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Patient Navigation Services Increase Cancer Screening and Advance Health Equity CPSTF Recommends Patient Navigation Services to Increase Cancer Screening and Advance Health Equity

The Community Preventive Services Task Force (CPSTF) recommends patient navigation services to increase <u>breast</u>, cervical, and <u>colorectal</u> cancer screenings among historically disadvantaged racial and ethnic populations and people with lower incomes. The recommendation is based on a systematic review of 34 studies.

Patient navigation services are expected to advance health equity when implemented among these populations who often have lower screening rates.¹ With timely and appropriate follow-up care and treatment, patient navigation services may improve health for these groups.

The recommendations for patient navigation services complement CPSTF's recommendations for <u>interventions engaging community health workers</u> and <u>multicomponent interventions</u> to increase breast, cervical, and colorectal

Visit the NNRT website for updates: https://navigationroundtable.org/

Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

