



# NATIONAL NAVIGATION ROUNDTABLE **2020-21 REPORT**



# TABLE OF CONTENTS.

- Who We Are.....4**
  - Introduction..... 4
  - How ACS Became Involved and Provided Leadership for the Emerging Field of Patient Navigation ..... 4
  - What the Roundtable Will Do ..... 5
  - What the Roundtable Won't Do ..... 5
  - Sponsors and Organizations That Are Part of the NNRT ..... 5
- Steering Committee.....6**
- Task Groups.....6**
  - The Evidence-Based Promising Practices Task Group..... 7
  - The Policy Task Group ..... 7
  - The Workforce Development Task Group ..... 7
  - Public Awareness and Communication..... 7
  - Deep Dive Into Each of the Task Groups..... 8
- What We Have Accomplished in 2020-21 .....9**
  - Annual Meetings ..... 10
  - Publications ..... 10
- How to Get Involved..... 11**
- 5-Year Aim..... 11**



# WHO WE ARE.

The American Cancer Society’s (ACS) National Navigation Roundtable (NNRT) is dedicated to achieving health equity and access to quality care across the cancer continuum through effective patient navigation.

The NNRT is a coalition of organizations dedicated to ensuring that all patients have equitable access to quality cancer care through effective patient navigation. NNRT uses the following principles to guide how we operate:

- **Collective action** among member organizations will be more successful in advancing the field than any one organization alone.
- **Focus on gaps:** areas in the field where action is needed, but could not easily be addressed by a single organization.
- **Health equity lens:** Access to care for all is the primary goal, but avoid duplication.

Building on the visionary work of Dr. Harold Freeman, the NNRT and our members have been building evidence of the positive impact of patient navigation across the cancer continuum through government-funded research and the programmatic efforts of the ACS.

The ACS brings together organizations and individuals to address needs in the field of navigation that are best addressed through collective action and support.

## OUR MISSION

NNRT’s mission is a collaborative, advancing patient navigation efforts that eliminate barriers to quality care, reducing disparities in health outcomes, and fostering ongoing health equity across the cancer continuum.

## OUR VISION

Our vision is high-quality cancer care for all through evidence-based patient navigation.



Harold P. Freeman, MD, Professor Emeritus, and the “Father” of patient navigation programs.

## INTRODUCTION

- Established 2017
- Standardized outcome metrics
- A collaborative plan for building the evidence base for navigation
- Clearly defined professional roles and responsibilities
- Workforce development (job descriptions, training competencies, resources and Toolkits)
- Sustainable model for funding: policy to establish navigation as a reimbursable service
- Advocate for Department of Labor code for Patient Navigator (PN)

## HOW ACS BECAME INVOLVED AND PROVIDED LEADERSHIP FOR THE EMERGING FIELD OF PATIENT NAVIGATION



The ACS launched the National Navigation Roundtable in 2017 as a national coalition of organizations, and invited individuals dedicated to achieving health equity

and access to quality care across the cancer continuum through effective patient navigation.

Since its inception, the ACS and the NNRT have worked tirelessly to grow the coalition, collaborate with member organizations and implement strategic efforts to address a broad array of issues facing the patient navigation field. In 2011 the American Cancer Society hosted the Patient Navigation Leadership Summit, which led to the development of common navigation outcomes and metrics published in *Cancer* (2011)\*. The meeting brought together researchers, practitioners and policy makers to discuss the current state of patient navigation and create action plans that resulted in a critical publication, “Measuring the Impact and Potential of Patient Navigation: proposed common metrics and proposed measures,” which was the roadmap for the development, implementation, and evaluation of patient navigation programs, and clearly established the value of the NNRT and the expansion of its membership. The last decade has seen many strides in the field thanks to the NNRT and the efforts of its member organizations. Yet much remains to be done to ensure the long-term sustainability of the field of patient navigation, which ultimately supports people’s (especially those facing health disparities) access to care throughout the difficult and challenging cancer care continuum.

\* Esparza A, Calhoun E. Measuring the impact and potential of patient navigation: proposed common metrics and beyond. *Cancer*. 2011 Aug;117(15 Suppl):3537-8. doi: 10.1002/cncr.26265. PMID: 21780087).

## SPONSORS AND ORGANIZATIONS THAT ARE PART OF THE NNRT

Over **80 member organizations (175+ individuals)** representing academia, public health, advocacy/ survivorship groups, professional societies, industry, training, government agencies and nonprofit community-based organizations, such as:



## WHAT THE ROUNDTABLE WILL DO

- ✓ Serve as a forum (collective action)
- ✓ Provide the “Big Tent”
- ✓ Identify unmet needs and gaps
- ✓ Stimulate collaboration
- ✓ Support task groups composed of experts to carry out key initiatives
- ✓ Prioritize health equity

## WHAT THE ROUNDTABLE WON’T DO

- ✗ Duplicate member organization roles
- ✗ Compete with member organizations
- ✗ Take on positions or projects that are in conflict with member organizations

*NNRT has evolved based on extensive research and program development in the field of navigation.*

# STEERING COMMITTEE.

Steering Committee responsibilities include providing leadership and vision for the NNRT to advance the mission, guiding strategic planning, and implementing NNRT projects while also approving new NNRT members. The Committee meets monthly.

## MEET THE COMMITTEE

**CHAIR** / Tracy Battaglia, MD, MPH  
**VICE-CHAIR** / Andrea (Andi) Dwyer  
**HONORARY CHAIR** / Dr. Harold Freeman

### MEMBERS

Linda Burhansstipanov, MSPH, DrPH, *Native American Cancer Research Corporation*  
Elizabeth Calhoun, PhD, MEd, *Kansas University Medical Center*  
Linda Fleisher, PhD, MPH, *Fox Chase Cancer Center*  
Elizabeth Franklin, PhD, MSW, *Cancer Support Community*  
Katie Garfield, JD, *Center for Health Law and Policy Innovation, Harvard Law School*  
Sharon Gentry, RN, MSN, ONN-CG, AOCN, *Academy of Oncology & Patient Navigators*  
Electra Paskett, PhD, *Ohio State University Medical Center*  
Steve Patierno, PhD, *Duke Cancer Institute*  
Patti Valverde, PhD, MPH, *Colorado School of Public Health*  
Angie Rolle, MPH, *American Cancer Society*



# TASK GROUPS.

There are four standing Task Groups:

- 1 Evidence-Based Promising Practices
- 2 Policy
- 3 Workforce Development
- 4 Public Awareness and Communication.

In addition to the Steering Committee and Task Groups, there are three other committees: the Nominating Committee, the Membership Committee, and the National Navigation Roundtable Annual Meeting.



## 1. THE EVIDENCE-BASED PROMISING PRACTICES TASK GROUP

Chaired by Beth Calhoun, PhD, Med, and Electra Paskett, PhD, this group's goal is to establish an evidence-based/outcome-driven patient navigation model.

Key among its accomplishments was a national survey (2019) to identify metrics and the barriers to implementing these metrics. The survey was completed by 778 navigators and navigation program administrators from across the nation. The findings showed that most programs collected metrics on patients, but only 25% captured organizational metrics which would provide evidence for sustainability. Numerous barriers were cited

such as difficulty obtaining data and documenting in the electronic record. Additionally, more programs collected data related to accreditation, but few documented the financial benefits and sustainability of patient navigation programs. Their 2021-22 goals are to create multimedia case studies highlighting examples from the field of various patient navigation models and successes.



## 2. THE POLICY TASK GROUP

Chaired by Elizabeth Franklin, PhD, MSW, and Elizabeth Rohan, PhD, MSW, the goal of this task group is to recommend policies that support paying for implementation of the patient navigation model.

The group created a white paper, "Patient Navigation in Cancer Care: Review of Payment Models for a Sustainable Future Briefing Paper," which is accessible on the NNRT website (<https://navigationroundtable.org/resource-center/>). In addition, a peer-reviewed manuscript for a *Cancer supplement* using the NNRT survey data found associations between both accreditation and work setting and measures of program sustainability. Accredited programs and larger, more resourced clinical institutions were particularly likely to exhibit multiple measures of

sustainability. Study results also found significant gaps at the programmatic level in data collection and reporting among navigation programs. The 2021-22 goals are to create a tool for navigators to analyze and present their return on investment (ROI) (to continue to document the value of patient navigation programs). They also plan to partner with the Professional Oncology Navigation Task Force to utilize standards in reimbursement advocacy efforts.



## 3. THE WORKFORCE DEVELOPMENT TASK GROUP

Chaired by Linda Burhansstipanov, MSPH, DrPH, and Patricia Valverde, PhD, MPH, the group's goal is to demonstrate to healthcare groups and individuals impacted by cancer how well-trained navigators can overcome fragmented healthcare.

Among this group's key accomplishments was the publication in *Cancer* of an article on competency-based patient navigation training. They also created a consensus-guided set of PN competencies and a sample job description based on those competencies. The group created and implemented a survey on the impact of COVID-19 on patient navigation programs. A peer-reviewed paper based on the survey findings underscored the importance of patient navigation

as a healthcare occupation worthy of recognition by governmental agencies, health systems, and healthcare payers. In 2021-22, the group will focus on identifying workforce-related tools and resources to address patient barriers to care in culturally appropriate manners, and focus on health equity and providing services throughout the cancer continuum (outreach through end of life).



## 4. PUBLIC AWARENESS AND COMMUNICATION (PAC)

Led by Linda Burhansstipanov, MSPH, DrPH and Linda Fleisher, PhD, MPH, the goal of the PAC is to consult with ACS and employ multiple communication channels to support public awareness of NNRT to members, partner organizations, and other interested parties.

Accomplishments included review and recommendations to improve the NNRT website, inventory of NNRT products and materials for the website, and development of communication products (e.g., elevator speech, infographics, reports,

newsletters) in collaboration with the ACS and the Steering Committee. The 2021-22 goals are to develop promotional products to highlight NNRT goals and accomplishments so as to increase awareness and participation.



DEEP DIVE INTO EACH OF THE TASK GROUPS

EVIDENCE-BASED



- GOAL:**
- Establish an evidence-based/outcome-driven patient navigation model.
- 2022 OBJECTIVE:**
- Develop case studies of navigation programs across the cancer continuum that have demonstrated financial sustainability.
  - Develop a multimedia approach to disseminate the case studies.



- ACCOMPLISHMENTS:**
- The task group created and conducted a survey to identify metrics and barriers to implementing these metrics.
  - The survey was completed by navigators and navigation program administrators.
  - 778 participants completed the survey.
  - The task group conducted analyses and supported the development of multiple manuscripts to share with the field.

POLICY



- GOAL:**
- Recommend policies to support paying for implementation of the patient navigation model.
- 2022 OBJECTIVE:**
- Create a tool for navigators to analyze and present their return on investment.



- ACCOMPLISHMENTS:**
- Patient Navigation in Cancer Care: Review of Payment Models for a Sustainable Future briefing paper.
  - Manuscript for *Cancer* supplement: Evaluating sustainability of patient navigation programs in oncology by length of existence, funding, and payment model participation.
  - Comment letter to CMMI regarding Oncology Care First Model (next iteration of Oncology Care Model).

WORKFORCE DEVELOPMENT | WORK GROUPS



- GOAL:**
- Ensure there is an activated, trained workforce to implement the model.
- 2022 OBJECTIVE:**
- Build and link equity tools to heal others.
  - Develop resources and deliverables to achieve cancer navigation throughout the continuum.



- ACCOMPLISHMENTS:**
- Published a commentary on competency-based patient navigation training in *Cancer* (September 2019).
  - Created a consensus list of patient navigation competencies.
  - Created a job description based on competencies.
  - Developed a one-page fact sheet.
  - Created and conducted a survey to identify PN barriers and solutions while coping with COVID-19 impact on facilities.

PUBLIC AWARENESS & COMMUNICATION



- GOAL:**
- Support public awareness of NNRT to members, partner organizations, and other interested parties through multiple communication channels.
- 2022 OBJECTIVE:**
- Develop promotional products to highlight NNRT goals and accomplishments to increase awareness & participation of NNRT.
  - Continue to build resource inventory and processes for enhancing the website and increasing utilization.



- ACCOMPLISHMENTS:**
- Reviewed and recommended improvements to the NNRT website.
  - Initiated standard operating procedures for the NNRT website.
  - Inventoried NNRT products and materials for inclusion on the NNRT website.
  - Drafted and refined the NNRT elevator speech in collaboration with the ACS.
  - Developed PN infographic concepts (e.g., cultural humility, health equity).



WHAT WE HAVE ACCOMPLISHED IN 2020-21.

A YEAR LIKE NO OTHER

It seems trite to say this has been a challenging year, one that none of us have ever experienced before. Cancer doesn't stop, nor do the navigators and organizations who are part of the NNRT. In fact, just the opposite is true. There has been even more to do to help patients navigate the many different challenges presented during this pandemic. Helping people in the community access screening and diagnostic services has been, at times, almost impossible. Many navigators have relied on telehealth and other technologies to reach their patients, adapting every day to new challenges and issues. Many member organizations have developed materials and resources that are available as we now re-engage our communities to get cancer screenings.

The NNRT Workforce Development Task Group witnessed the navigation changes and challenges amid the COVID-19 pandemic with staff reductions, reprioritizing work and focusing on new barriers to care, and developing a patient navigation COVID-19 survey to understand the extent navigation care had been disrupted during a national crisis. The survey focused on changes in the navigator's role, training provided related to COVID-19, education needs, barriers, and working environments.

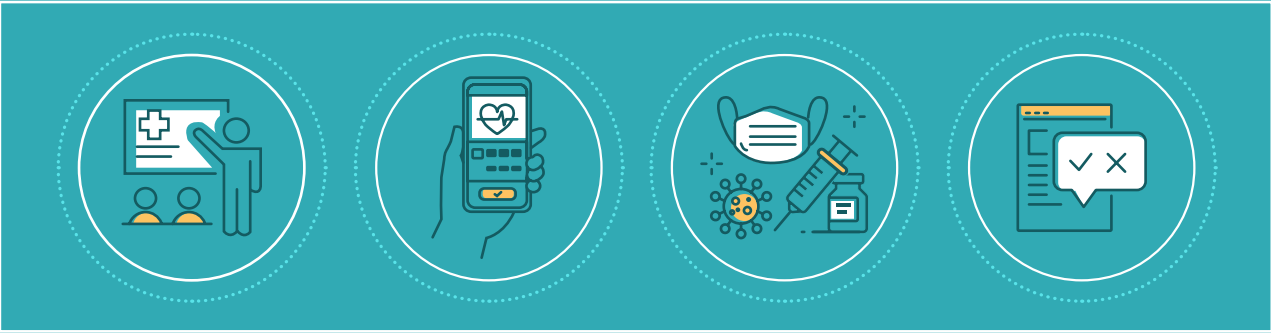


**FINDINGS:**

*The resilience and adaptability of PNs during the pandemic positions them well for similar public health crises in the future. With preparation and training, the navigator workforce can facilitate connections between patients and communities and health providers and facilities, as well as be a significant contributor as frontline workers.*

*Valverde PA, Kennedy Sheldon L, Gentry S, Dwyer A, Saavedra Ferrer EL, Wightman P. Flexibility and adaptation of the Patient Navigator role during COVID-19. Cancer.*

In addition to the pandemic, this year heightened social injustice and unrest, and shone a broader light on the extreme health disparities in this country. Every community felt the impact and was challenged to understand and address these disparities. Patients who live in these communities experienced even greater challenges. Many of our members developed new materials and programs, and focused on deeply exploring issues of race and discrimination to increase navigation's role in fighting disparities and supporting all patients, especially those who are underserved.





“  
**What's Fair? Fair is not what you think it is or what I think it is. Fair is whatever is necessary to get a person, a community, or a population to the best possible outcome.**”

-Natalie S. Burke

## ANNUAL MEETINGS.

Prior to formation of the NNRT, ACS held a working meeting in 2011 to identify patient navigation evaluation processes and outcomes. That meeting resulted in a 2011 publication in *Cancer* and created a foundation for the NNRT.

Since the creation of the NNRT in 2017, the ACS has sponsored an annual meeting. The purpose of this meeting is to gather member organizations and individuals dedicated to achieving health equity and access to quality care across the cancer continuum through effective patient navigation. It affords members an opportunity to network and address emerging issues that impact effective and efficient implementation and assessment(s) of patient navigation programs nationwide. Based on input throughout this meeting, a strategic agenda for the next year is drafted.

The 2020 annual meeting looked a bit different due to COVID restrictions. We gathered virtually for our 4th Annual National Navigation Roundtable Meeting, *Navigation in a New Era: Crisis and Opportunity*. The meeting was divided into two parts. The first meeting served as an interactive session for cancer navigation partners throughout the country to engage and learn more about the work of the NNRT.

The second meeting discussed strategies for applying the information shared in meeting one. During the meeting, we also evaluated how this work directly related to the impact of COVID-19, health equity, and the NNRT's strategic plan. If you missed it, please view the resources below, including the audio and video footage captured during the meeting.

“

**What's Fair? Fair is not what you think it is or what I think it is. Fair is whatever is necessary to get a person, a community, or a population to the best possible outcome.**”

- Natalie S. Burke

Here are some highlighted resources from keynote speaker Natalie S. Burke regarding equity and diversity:

- 8 Things You Should Do About Equity, Diversity, and Inclusion
- 6 Steps to De-weaponize Privilege.



To view the replay of both meetings, along with accessing information and additional resources, please visit [navigationroundtable.org](https://navigationroundtable.org).

## PUBLICATIONS

### *Barriers and Opportunities to Measuring Oncology Patient Navigation Impact: A National Survey*

This paper provides the overall description and purpose of a national survey and characteristics of respondents (types of roles, types of organizations). Using responses from over 700 programs across the US, the paper describes what metrics programs report they are collecting across the cancer continuum. The paper explores the types of technologies being used as barriers to data collection and how these data are being used. Differences in organizational types are explored to determine trends in who is measuring what and what barriers are being faced.

### *Evaluating Sustainability of Patient Navigation Programs in Oncology by Length of Existence, Funding, and Payment Model Participation*

Despite research demonstrating the impact of patient navigation in improving access to cancer care, navigation services continue to be excluded from standard fee-for-service payment systems. The current study analyzes the programmatic factors associated with sustainability in this environment, finding associations between sustainability and both accreditation and work setting, but none between sustainability and data collection and reporting.

### *Comparing Clinical and Non-clinical Cancer Patient Navigators: A National Study in the United States*

Overview: There is growing indication that clinical and non-clinical oncology navigators perform different functions and work in different settings. Non-clinical navigators may be more likely to face job insecurity, as they are mostly funded by grants and work in nonprofit organizations.

### *Flexibility, Adaptation and Roles of Patient Navigators in Oncology during COVID-19*

Overview: Examines the ways in which COVID-19 impacted the role and function of PNs. PNs responded to a survey on how their activities changed during COVID-19 lockdowns and potential changes to their role post-lockdown. Creative methods to provide

patient navigation services and the integration of COVID-19 related tasks are presented.

### *Using Latent Class Analysis to Develop Classes of Patient Navigators and Examine Differences in Navigator Job Retention*

This study was the first to identify classes of cancer PNs and to study PN job retention.

### *The American Cancer Society and Patient Navigation: Past and Future Perspectives*

This paper focuses on the role of the American Cancer Society in the development, implementation and future sustainability of patient navigation.

## HOW TO GET INVOLVED.

There are many ways to be involved in the NNRT. Become a member and receive information about upcoming meetings and opportunities. Join one of the task groups or committees—We need many diverse voices, and this is a great way to share your experience and meet others. Reveal your organization's resources and materials through our resource center and website. As new leadership opportunities open on the Steering Committee, consider applying or recommending others for these important positions that will lead NNRT into the future.



#### **COMPLETE & SUBMIT A MEMBERSHIP INFORMATION FORM.**

[navigationroundtable.org](https://navigationroundtable.org)



#### **PARTICIPATE IN ONE OF OUR FOUR TASK GROUPS:**

Evidence-Based, Workforce Development, Policy, or Public Awareness & Communication



#### **VOLUNTEER TO SERVE ON AN NNRT STANDING COMMITTEE.**

Nomination/Membership (both currently have 5 members, need 2 more)  
By-Laws Committee



#### **RUN FOR A SPOT ON THE STEERING COMMITTEE.**

We will be filling 4 vacant positions and the Chair role at our 2021 Annual Meeting.

## 5-YEAR AIM.

To support the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of care.

**Join us on our Journey! Stay in the know and up-to-date with everything by checking out our website, [navigationroundtable.org](https://navigationroundtable.org), for any upcoming events or ways to get involved.**



