

ORUSH

Background

RUSH's Supportive Oncology team includes 8 social workers, 2 patient navigators, and social work interns. • Patient navigators address short-term concerns like

- transportation and lodging during treatment
- Social workers address more complex needs that require long-term clinical interventions, including stress and coping concerns, financial challenges, work-related caregiving challenges, and concerns, planning.

Community health workers (CHWs) are a key workforce as part of RUSH's system-wide health equity initiatives. In 2022, The RUSH Cancer Center began screening for patients' social needs in addition to distress screenings and referrals to social work care managers, and ACS funding enabled the integration of 2 CHWs into the supportive oncology team in order to meet the increased volume of need for social care assistance.

Interim Results

Since January 2022, RUSH CHWs have provided social care outreach and assistance to 1,556 patients and families as part of the Cancer Center's social care roll-out. 276 of those patients were for 6 month follow-up screenings and additional social care provision. Our CHWs intervene for an average of 28 minutes / intervention, maximizing our reach and leveraging referral pathways to supportive oncology social workers and patient navigators for additional follow up.

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end-of-life

SOCIAL CARE NAVIGATION: Integrating CHWs into RUSH's Supportive Oncology Team

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Project Design / Methods

CHWs are incorporated into oncology care navigation workflows to support the Cancer Center's roll-out of the social need screener. CHWs provide individualized followup support to patients who screen positive for at least one SDOH need, including:

- Build rapport through shared cultural & lived experiences
- Refer patients to health promotion & socialization programming
- Escalate to social workers & other care team members
- Help navigate relevant community resources
- Provide food and transportation resources
- Conduct 6-month social need re-screening

CHWs work in-person at the RUSH Cancer Center's radiation oncology and infusion clinics and collaborate closely with interprofessional team members, including Supportive Oncology and RN navigators.



Unique to RUSH's approach to social care navigation is the **integration** of CHWs into the supportive oncology team while being housed in and supported by a centralized professional home for CHWs at RUSH, including training in core competencies for social care assistance via RUSH's Center for Health and Social Care Integration.

Implications for Sustainable Practice

Innovation

- - social care provision
 - CHW roles within supportive oncology

- billing by oncology care providers
- results



- transitioning to social need e-screenings







Success in Sustainability Domains: 1) Engaged Staff & Leadership; 2) Workflow Integration. Lessons learned include: Streamlining referral pathways for social care helps minimize confusion among interprofessional care team members amidst the evolving roll-out of social need screenings **Providing a professional home for CHWs** alongside regular

consultation and training from supportive oncology leadership helps create a positive work environment and fosters quality

Effective collaboration with institution health equity leaders combined with leadership buy-in within supportive oncology and Cancer Center leadership positions team well for sustaining

Challenges in Sustainability Domains: 1) Funding Stability; 2) Outcomes & Effectiveness. Efforts to address challenges include: Planning for implementation of principal illness navigation

Refining tracking dashboards with additional outcome data (e.g., appointment attendance) and easier viewing of screening

Adapt CHW workflows in response to the Cancer Center Implement billing opportunities for principal illness navigation Expand navigation program to additional service lines

