Patient-Centered Program Development: A Step-by-Step Approach

Mandi Pratt-Chapman, MA
Associate Director, Community Programs
GW Cancer Institute
Learning Objectives

At the end of this presentation you will be able to:

• Describe program planning principles.
• Understand the value and components of conducting a needs assessment.
• Develop program specific SMART goals.
• Describe strategies and techniques for demonstrating program value and calculating return on investment.
• Identify evaluation methods and measures.
Increased Focus on Patient-Centered Care

• Affordable Care Act
  – Creation of Patient Centered Outcomes Research Institute (PCORI)

• Commission on Cancer Standards
  – Patient Navigation
  – Survivorship
  – Psychosocial Distress Screening
From Gap to Resource

Gap: Health care professionals need to be provided with the knowledge, tools and resources to development and implement navigation and survivorship programs to meet patient-centered standards and improve quality of life.

Resource: Executive Training on Navigation and Survivorship: Finding your Patient Focus
Executive Training on Navigation and Survivorship

- Developing your Program Plan
- Identifying Need
- Programs in Practice
- Choosing a Program Model
- Program Design

- Funding and Sustainability
- Marketing and Communications
- Program Evaluation
- Developing a Business Plan
Program Development Cycle

1. Assess
2. Plan
3. Implement
4. Evaluate

Assess → Plan → Implement → Evaluate → Assess
Assess
What is a Needs Assessment?

- A process for determining and addressing needs or gaps that exist between current and ideal conditions
- Continuous process of developing programs and policies and evaluating them to meet the changing needs of the population
Why Conduct a Needs Assessment?

• Needs assessment identifies barriers and challenges that patients face
• Use the information gathered to inform your program and services offered
• Connects needs, satisfaction and quality of life to aid in program planning
Needs Assessment Components

- Defining your Patient Population
- Assessing Institutional Capacity
- Identifying Internal and External Resources
- Gathering Key Stakeholder Data
Identifying Patient Needs

- Assess your patient population for your navigation program
- What are the barriers and challenges that your patient population faces?
- What are the gaps in health care delivery?
Identifying Stakeholder Needs

- Key part of the needs assessment
- Multiple stakeholders = multiple perspectives
- Focus groups, formal or informal interviews, surveys or data mining.
Determine Patient Flow

• Helps you to understand how patients move through your institution
• Identifies problem areas where patients need the most assistance
• Enables you to create the ideal patient flow
Patient Flow Diagram

1. Screening
   - How/where are patients screened? What happens when there is an abnormal finding? How are patients notified? How do they get to your institution?

2. Diagnosis
   - What happens during the diagnosis meeting? How are treatment decisions made? What do patients do when and after treatment options are discussed?

3. Treatment
   - What happens after treatment begins? Are psychosocial needs assessed and resources made available? How are medical, psychosocial and practical needs managed and by whom?

4. Post-treatment
   - What happens when treatment ends? Is there communication with the primary care provider? How are medical, psychosocial, and practical needs managed and by whom?
Assessing Institutional Capacity

**SWOT Analysis**

- Used to identify an organization’s **Strengths**, **Weaknesses**, **Opportunities** and **Threats**
- Helps to set direction
- Strengths and weaknesses are often internal to the organization
- Opportunities and threats are external to the organization
Strengths/Weaknesses

- Staff (nurse, social worker, dietitian, psychologist, etc.)
- Time
- Physical Location/Space
- Financial (funding streams)
- Internal support (program champion)
- Reputation
Opportunities/Threats

• Local/National trends, policies, standards (CoC standards)
• Changes in population needs (emotional, physical and financial)
• Legal or billing issues (insurance)
• Economic, political or societal issues
Resource/Asset Mapping

• System building process to align resources and policies in relation to specific goals, strategies and expected outcomes

• Build capacity of organizations to better serve those affected by cancer
Why Map Resources?

- Helps to align, coordinate and deliver services by:
  - Identifying new resources
  - Increasing access to resources
  - Avoiding duplication of services
  - Fostering new relationships
  - Decreasing fragmentation by information sharing
  - Encouraging collaboration and partnerships
External Resources

Individuals: Citizens, Students, Seniors

Local Institutions: YMCA, Health Clinics, Hospitals, Colleges

National Organizations: ACS, LIVESTRONG, CDC

Physical Resources: Schools, Parks, Libraries, Community Centers

Financial Services: Grants, Philanthropy

State Medicaid, Medicare Office

State Office of Ombudsman

State Disability, Unemployment Office
Needs Assessment Best Practices

- Talk to registrar to see what data already collecting
- Try to add to existing patient survey and not create an additional survey
- Look into state comp cancer profile for data
- Work with community-based organizations on needs of population
My Needs Assessment

• Activity #1: Defining Your Patient Population
• Activity #2: Determine Patient Flow
• Activity #3: Assessing Institutional Capacity
• Activity #4: Identifying Internal and External Resources
• Activity #5: Assessing Stakeholder Need
Why Plan?

• Helps to set priorities
• Refine goals and objectives
• Identify resources and restraints
• Increase chances for success and decreases failure rate
NAVIGATION PROGRAM MODELS
Navigation Models

• **Longitudinal/Freeman**
  – Navigators at each stage of the cancer continuum such as outreach and prevention, screening, diagnosis and treatment, and survivorship
  – Across the “entire continuum” with a navigator guiding them from suspicious finding to post-treatment survivorship

• **Tumor site-specific**
  – Based on cancer type due to funding, high volume or complexity of care i.e. breast, lung, head & neck

• **General**
  – Patients with the greatest needs with any diagnosis or at any point in continuum receive navigation services
Navigation Program Considerations

- Defining navigation
- Navigation at a Glance
  - Services
  - Provider
  - Availability
  - Stage
## NCI NCCCP Navigation Program Matrix

<table>
<thead>
<tr>
<th>Key Stakeholders</th>
<th>Navigation along the Continuum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Partnerships</td>
<td>Disparity</td>
</tr>
<tr>
<td>Acuity System</td>
<td>Reporting Tools</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>Multidisciplinary Team Involvement</td>
</tr>
<tr>
<td>Metrics/Reporting Measures</td>
<td>% of Patients Navigated</td>
</tr>
<tr>
<td>% of Patients Navigated</td>
<td></td>
</tr>
</tbody>
</table>
Your Navigation Program Model

- Activity 6: Designing your Patient Navigation Program
GOAL SETTING
Why is Goal-Setting Important?

- Goals explain what you intend to do to leadership, target population, and funders.
- Goals **measure** your program’s progress to demonstrate effectiveness and efficiency.
- Goals break down the long-term, big aims into manageable pieces so they are achievable.
Align Program Goals with Organizational Priorities

- Align program goals with institution’s strategic goals
  - Begin with short-term goals to demonstrate success
  - Create long-term goals that will help organization realize its strategic plan

- What is your organization’s mission?

- What does leadership value?
  - Patient outcomes? → Demonstrate impact on survival/prognosis/QoL
  - Patient retention? → Demonstrate patient satisfaction
  - Staff retention? → Demonstrate staff satisfaction, opportunities for growth
  - Cost savings? → Demonstrate ROI
Creating SMART Goals

- **S**pecific – straightforward, clear, focuses your efforts
- **M**easurable – to gauge your progress, stay on track
- **A**ction-oriented – relates to what you can do
- **R**ealistic – feasible, achievable
- **T**ime-bound – have a timeframe and target date
Developing your Goals

• What specifically do you want to achieve?
• How are you going to measure it?
• What is it that you and your staff can do?
• What is realistic given your circumstances?
• When will your goal be achieved?
Your Program Goals

• Activity 7: Developing SMART Goals
FUNDING AND SUSTAINABILITY
Funding: Determining Need

Creating a Budget

• Personnel costs
  – Tremendous variation across program
  – May include supervisory staff
  – Professional development and education

• Program costs
  – Print materials
  – Supplies

• Medical care costs
Funding Sources

- Internal funding (i.e., the department increases the budget to include new line items)
- Grants
- Existing resources (i.e., reallocating time from existing staff)
- Off-set costs from other revenue
Best Practices Survey Funding Streams

- **Internal funds allocated for program (i.e., new budget line item)**
  - Navigation: 40
  - Survivorship: 25

- **Grant support**
  - Navigation: 35
  - Survivorship: 25

- **Direct reimbursement**
  - Navigation: 10
  - Survivorship: 5

- **Existing resources (e.g., staff, space)**
  - Navigation: 15
  - Survivorship: 5

- **Other**
  - Navigation: 5
  - Survivorship: 5
Defining Return on Investment (ROI)

- “Bang for your buck”
- Monetary value of your program
- Program cost vs. financial return (cost effectiveness)
- Program cost vs. benefit (cost benefit analysis)
Calculating Return on Investment (ROI)

• Total program costs
  – Personnel, program and direct medical care

• Program revenue from
  – Appts from reduced no-shows/outmigation
  – Procedures, tests or consultations
  – Downstream revenue
ROI Example 1 - Outmigation

• Can track:
  – Outmigration rate
  – Reasons for outmigration
  – Financial implications
  – Likeliness that PN helped pt stay with institution
ROI Example 1 - Outmigration

• Outmigration - # of pts leaving the system
  – # pts screened at your institution who did not come back for biopsy
  – # pts biopsied at your institution who did not come back from diagnosis
  – # pts diagnosed at your institution who did not come back for treatment
  – # pts who started treatment but did not finish at your institution
ROI Example 1 - Outmigration

• Calculate outmigration before PN vs. outmigration after PN
• Track procedures/services for those with and without diagnosis to establish baseline
• Determine cost/revenue for each procedure/service
• Apply the % of use to the patients kept
ROI Example 1 - Outmigration

- 838 call backs
  - 809 were not positive and went on to have 1,280 billable services in one year
  - 29 were positive and went on to have 57 procedures
- Just retaining 212 patients = 315 imaging procedures for $125k in revenue
- Additional services would have brought in $350k in revenue
ROI Example 2 - No-Shows/Missed Appointments

• Patient doesn’t receive appropriate care at appropriate time, can impact outcomes
• Revenue lost from that patient
• Opportunity cost to see other patients
ROI Example 2 - No-Show/Missed Appointments

- Can track:
  - No-show rate
  - Reasons for missing appointments
  - Financial implications
  - Likeliness that PN helped pt show for their appointment
ROI Example 2 - No-Shows/Missed Appointments

- Average no-show rate before and after navigation
- # current pts who would have missed their appointment without PN
ROI Example 2 - No-Show/Missed Appointments

- Calculate revenue from appointment (reimbursement – cost)
- Identify how many appointments PN helped pt to make

Multiply revenue by the number of appointments
Demonstrating Value: Quantitative

- For \(X/\text{pt}\), PN was able to
  - Reduce time to definitive diagnosis from \(x\) to \(y\) to improve quality of care
  - Assist each patient with making it to an average of \(x\) treatment appointments
  - Connect \(x\) patients with \(y\) for transportation or appointment assistance
  - Remove an average of \(x\) barriers per person
  - Ensure key benchmark was met for \(x\%\) of pts
  - Improve key statistic from local average to \(x\)
Demonstrating Value: Qualitative

• For $X/pt, PN
  – Reduces anxiety for patients by getting results sooner
  – Reduces duplicate testing
  – Results in fewer missed appointments and missed treatments
  – Helps facilitate diagnosis of cancer at earlier stage
  – Gets people into treatment more quickly
  – Helps pts adhere to treatment
  – Meets quality care standards
Other Value Metrics

- # pts served
- Stage at diagnosis
- Screening rate
- Treatment adherence
- Clinical trials participation
- # referrals
Best Practices

- Identify core program costs
- Create a realistic budget in advance
- Know which measures are important to stakeholders
- Determine how to show value and consistently capture this information
PROCESS & OUTCOMES EVALUATION
Evaluation Through All Program Phases

Phase 1: Program Planning
- Assess
- Plan
- Develop or modify activities

Phase 2: Implementation
- Implement Activities

Phase 3: Outcomes
- What is expected to change?

Formative Evaluation
Process Evaluation
Outcome Evaluation
Significance of Process Evaluation

• Process evaluations help determine:
  – What was done?
  – How was the program implemented?
  – How well was the program implemented?
  – Was program implemented as planned?
  – How satisfied are survivors or providers with your program?
  – How can we demonstrate program implementation even before outcomes have been attained?
Navigation Process Measures

• Patient Encounters
  – Navigator caseload
  – Communication between navigator and patient
  – Adherence to scheduled clinical visits
  – Barriers/Actions

• Patient Satisfaction
  – Decrease in outmigration

• Programmatic
  – Services across continuum
  – Marketing of program
  – Policy and process
  – Evaluation
  – Patient Education
Significance of Outcomes Evaluation

• Outcome: The change(s) that your program will bring about in your target population or social condition. *not the program itself*

• Outcome evaluations help determine:
  – Did we reach our program goals?
  – Should we continue the program?
  – What can be modified to make the program more effective and improve outcomes?
  – What evidence demonstrates that our administrators, funders, etc. should continue to support and fund the program?
Navigation Outcomes Measures

- Prevention/early detection of cancer
- Health care access and coordination
- Health care utilization
- Patient reported outcomes
  - Quality of life
  - Self-efficacy
  - Satisfaction with care
  - Health knowledge and literacy
  - Healthy behaviors
Benchmarks for Navigation

• Information may be tracked by registry
  – CoC accreditation
• Abnormal screening to diagnostic resolution
• Diagnosis to Initiation of Treatment
Best Practices for Choosing Measures

• Select measures that relate to your program goals

• Understand what is most important to your leadership

• Be selective with what you measure and how
  – small test of change with measure(s) and tools to see if it will work reliably as expected; then scale up

• Have a purpose in mind
Program Tips

- Start small
- Take your time
- Relationship building is key
- Seek guidance and training from others
- Evaluate, evaluate and evaluate
- Remember: it’s a work in progress!
Resources

• caSNP Listserv
• caSNP E-News
• caSNP Monthly Webinar Series
• Executive Training on Navigation and Survivorship – September 26 & 27, 2013

www.gwccancerinstitute.org
GWCI Staff

Associate Director, GWCI Community Programs
Mandi Pratt-Chapman, MA
mandi@gwu.edu
202.994.5502

Director, Survivorship
Anne Willis, MA
annewillis@gwu.edu
202.994.0988

Director, Cancer Care Access & Quality
Heather Kapp, MPH, MSW
heatherkapp@gwu.edu
202.994.2062

Project Manager
Elisabeth Reed, MPA
ereed@gwu.edu
202.994.4088

Special Projects Coordinator
Elizabeth Hatcher, BSN, RN
eohatcher@gwu.edu
202.994.2215
Thanks!