Patient Care Connect: Experiences with Lay Navigation in Cancer

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Disclosure

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- Research Funding (Rocque): Carevive, PackHealth, Medscape, Genentech, Pfizer
- Employment (Partridge): Guideway Care
Learning Objectives

1. Describe a lay navigation program
2. Identify benefits of lay navigation
3. Understand how lay navigation can be used to support advance care planning
Agenda

1. Patient Care Connect Program
2. Lay-navigator led advance care planning
3. Considering sustainability of navigation
4. Reflections from the field
5. Q & A
Patient Care Connect Program

• Goal of improving VALUE
• ~40 Lay (non-clinical) navigators
• Provides extra layer of support to cancer patients across the continuum of care
• Activities anchored by distress screening

<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th>Number of Affiliated Medical Oncologists</th>
<th>Rural vs. Urban Status</th>
<th>Practice Structure</th>
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</thead>
<tbody>
<tr>
<td>Memorial Hospital (1)</td>
<td>Chattanooga, TN</td>
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<td>Private Practice</td>
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<tr>
<td>Northside Hospital Cancer Institute (2)</td>
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<td>Ft. Walton Beach Medical Center (4)</td>
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<td>Singing River Health System (5)</td>
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<td>Private Practice</td>
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<tr>
<td>Russell Medical Center (7)</td>
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<td>Rural</td>
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<td>NE Alabama Regional Medical Center (8)</td>
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<td>Urban</td>
<td>Private Practice</td>
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<td>Marshall Medical Center (9)</td>
<td>Albertville, AL</td>
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<td>Rural</td>
<td>Hospital Owned</td>
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<td>Mitchell Cancer Institute (10)</td>
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<td>Urban</td>
<td>AMC</td>
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<tr>
<td>Medical Center Navicent Health (11)</td>
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<td>Urban</td>
<td>Private Practice</td>
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<td>UAB Comprehensive Cancer Center (12)</td>
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<td>28</td>
<td>Urban</td>
<td>AMC</td>
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</table>
Navigator Training

- 80 hours of didactic training
  - Health promotion, empowerment, navigation principles, time management, managing compassion, fatigue, and setting boundaries
- 80 hours of practical skills training
  - Communication, conducting distress screening, problem solving to overcome barriers to health care, data collection using navigation software, and use of care maps
- Site orientation and shadowing in clinical settings
Enrollment in Navigation

Number of Patients

0 2,000 4,000 6,000 8,000 10,000 12,000

8/21/13 11/21/13 2/21/14 5/21/14 8/21/14 11/21/14 2/21/15 5/21/15 8/21/15 11/21/15

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Knowledge that will change your world
PCC Patient Contacts (3/2013-12/2015)

Number of Contacts

Person to Person (0-15 minutes) 20,000
Person to Person (16-30 minutes) 10,000
Person to Person (31-60 minutes) 0
Person to Person (>60 minutes) 0
Telephone (0-15 minutes) >88K contacts
Telephone (16-30 minutes) 30,000
Telephone (31-60 minutes) 20,000
Telephone (>60 minutes) 10,000

>88K contacts
Hospitalizations by Navigation Status

Per quarter reduction (Navigated compared to matched comparison)
- 6% in ER visits
- 8% in hospitalizations
- 10% in ICU visits

Cost by Navigation Status

~$19M across health system

NORC Independent Report

Erin Murphy Colligan, Erin Ewald, Sarah Ruiz, Michelle Spafford, Caitlin Cross-Barnet and Shriram Parashuram

Innovative Oncology Care Models Improve End-Of-Life Quality, Reduce Utilization And Spending

*Health Affairs* 36, no.3 (2017):433-440
Advance Care Planning (ACP)

The Institute of Medicine (IOM) recommends ACP

- Robust literature showing benefit
- Implementation challenges:
  - Time-consuming
  - Lack of infrastructure at many institutions

Integration of lay navigator-led ACP aligned with our mission

Respecting Choices®

Nationally recognized ACP program

• Training in communication techniques
• Scripted facilitation of ACP
• Evaluation tools to assess training
Respecting Choice® Training

1. Online curriculum
   • 6 hour-long modules on ACP facilitation

2. In-person Skills training
   • Role play and communication

3. Practice with site manager
   • Role play until navigator/site manager is comfortable

4. Monthly Phone calls across sites
   • Address administrative/implementation issues

Respecting Choices Facilitator Certification

UAB-specific support
Convergent, parallel mixed-methods study
June 2014 to December 2015

Quantitative

All patients (n = 8704)

Medicare Claims Data
• ER visits, hospitalizations, ICU admissions at end of life
• Chemotherapy within last 30 days of life
• Hospice use

Electronic Medical Record Data
• ACP conversations completed, in-process, declined, not approached

Navigator Surveys
• Navigator self-efficacy
• Navigator perception of site culture

Qualitative

All trained navigators (n = 50)

Navigator Interviews
• Barriers and facilitators to ACP

Navigators interviewed (n = 26)
Results: Patient characteristics

Navigator-Led ACP:
- 8704 navigated patients
- 1319 patients approached
  - 36% completed
  - 36% in process
  - 28% declined

Demographics of PCCP navigated subjects (n=8704)

<table>
<thead>
<tr>
<th></th>
<th>Completed/In Process</th>
<th>Refused</th>
<th>Not Approached</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n=953</td>
<td>n=366</td>
<td>n=7385</td>
</tr>
<tr>
<td>Age* mean, SD</td>
<td>73.3</td>
<td>73.0</td>
<td>72.9</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>480</td>
<td>205</td>
<td>3840</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>167</td>
<td>64</td>
<td>913</td>
</tr>
<tr>
<td>White</td>
<td>751</td>
<td>288</td>
<td>6166</td>
</tr>
<tr>
<td>Comorbidity score</td>
<td>mean, SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.5</td>
<td>2.31</td>
<td>2.27</td>
</tr>
<tr>
<td>Score-category</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>186</td>
<td>81</td>
<td>1843</td>
</tr>
<tr>
<td>1</td>
<td>192</td>
<td>80</td>
<td>1601</td>
</tr>
<tr>
<td>2-3</td>
<td>285</td>
<td>106</td>
<td>1961</td>
</tr>
<tr>
<td>4+</td>
<td>258</td>
<td>91</td>
<td>1769</td>
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</table>

*Age: mean, SD 73.3 7.3 73.0 7.0 72.9 7.5
## Results: Resource utilization

At end-of-life, patients engaging in ACP had:

- **Lower healthcare utilization**
- **Trends toward lower chemotherapy use**
- **Similar rates of hospice use**

<table>
<thead>
<tr>
<th></th>
<th>Completed/ In Process</th>
<th>Declined</th>
<th>P-value</th>
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<tbody>
<tr>
<td>ER visit within 14 days of death</td>
<td>146 33.4</td>
<td>72 42.1</td>
<td>0.04</td>
</tr>
<tr>
<td>ER visit within 30 days of death</td>
<td>199 45.5</td>
<td>91 53.2</td>
<td>0.09</td>
</tr>
<tr>
<td>ICU visit within 14 days of death</td>
<td>64 14.7</td>
<td>34 19.9</td>
<td>0.11</td>
</tr>
<tr>
<td>ICU visit within 30 days of death</td>
<td>77 17.6</td>
<td>41 24.0</td>
<td>0.07</td>
</tr>
<tr>
<td>Hospitalization within 14 days of death</td>
<td>159 36.4</td>
<td>75 43.9</td>
<td>0.09</td>
</tr>
<tr>
<td>Hospitalization within 30 days of death</td>
<td>200 45.8</td>
<td>96 56.1</td>
<td>0.02</td>
</tr>
<tr>
<td>Chemotherapy within 30 days of death</td>
<td>62 14.2</td>
<td>32 18.7</td>
<td>0.17</td>
</tr>
<tr>
<td>Hospice less than 3 days(^a)</td>
<td>20 6.6</td>
<td>11 9.1</td>
<td>0.37</td>
</tr>
<tr>
<td>Any Hospice use(^b)</td>
<td>296 67.7</td>
<td>121 70.8</td>
<td>0.47</td>
</tr>
</tbody>
</table>

\(^a\)Proportion of subjects in last quarter of life that who had hospice and were enrolled for less than 3 days before death  
\(^b\)In the quarter of death  
P-values are from $\chi^2$ test
Sustainability

Payment reform only viable option for sustainability

- Medicare → Oncology Care Model
- VIVA → Oncology Care Model Collaborator
Acknowledgements

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Reflections from the field
Questions?