Ask-the-Expert Session: Summary Discussion Notes

Conducting a Cancer-Related Community Needs Assessment to Support Implementing Commission on Cancer’s Patient Navigation Standard

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Experts

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Michelle Strangis is an attorney with a Master’s in Public Health. She has twenty-six years of professional experience in public health and health policy. At the Minnesota Department of Health, Michelle has worked on health policies in occupation regulation, access to health care, maternal and child health, and most recently cancer prevention. Michelle also served as the Program Director for the Minnesota Breast and Cervical Cancer Early Detection Program from 2007 to 2012.

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Download the presentation slides

Participants were encouraged to read Implementing the Commission on Cancer Standard 3.1 – Patient Navigation Process before attending this session.
Steps to Establishing a Patient Navigation Process that Meets CoC Standard 3.1

By Erin DeKoster, Accreditation Specialist, Commission on Cancer, American College of Surgeons.

- Standard 3.1
  - Cancer programs should establish a patient navigation process, driven by a triennial Community Needs Assessment (CNA), to address health care disparities and barriers to cancer care, as well as to meet CoC Standards. Resources to address identified barriers may be provided either on-site or by referral. There are essentially four steps to this standard as follows.
- Steps to establish a patient navigation process that meets CoC Standards
  - Step 1: Conduct a CNA once every three years
    - Cancer programs should look at cancer incidence and mortality data, surveillance data, population statistics (gender, age, disability, etc.), behaviors (obesity and smoking rates) and social challenges related to transportation, lodging, poverty and educational attainment in their communities.
    - As gaps and resources are discovered in a community, the cancer program completing the CNA should make plans to address those gaps.
    - Engaging community partners and comprehensive cancer control programs and coalitions is critical to a successful process.
    - Cancer programs should make resources available to patients, so they can independently access them. Cancer programs should also use tools to navigate patients who may not be aware resources exist.
    - Cancer programs can use the hospital-wide needs assessment if one exists; however, in this case, a cancer-specific portion should be included and the cancer committee should be involved in the development of the CNA. Cancer programs can use public forums, listening sessions, focus groups or surveys as some ways to supplement the hospital-wide needs assessment with cancer-specific information.
    - **Audience question:** What defines a community?
      - **Erin:** We leave that definition up to the program. The only guidance is that the CNA needs to include individuals beyond patients receiving treatment at your facility.
  - Step 2: Each year, identify/focus on a specific barrier to care
    - This is done by reviewing the CNA.
    - You can repeat a barrier identified in the previous year if it is still the most pertinent barrier in your communities.
      - It is important to always document discussions in your cancer committee minutes so that the CoC surveyor can see the methods being used in your program.
    - The requirements in CoC Standard 3.1 are only minimum requirements. Programs are certainly encouraged to look above and beyond one barrier for the year, but for purposes of compliance, the CoC surveyor only looks for one barrier identified according to standard requirements.
    - Barriers fall into three identifiable groups:
- Patient Barriers: Examples are cost of insurance coverage, language or literacy, social support, transportation, childcare, housing or family care and disability.
- Provider Barriers: Examples are communication and workforce shortages or attitudes.
- Health System Barriers: Examples are lack of shared electronic medical records, hours of operation and location of the cancer center.

- **Step 3: Identify processes to address chosen barrier(s) to care**
  - Cancer programs should prioritize specific barriers and identify already existing resources that might help address barriers.
  - CoC recommends that cancer programs take a comprehensive inventory of internal and external resources already available that might currently be underutilized. It is not necessary to reinvent the wheel.
  - Cancer Programs should assess opportunities for collaboration with other hospitals and local and national organizations.
  - Once these resources are identified and chosen, it is important to educate the frontline providers of new processes of referring patients to these resources.
  - CoC Standard 3.1 does not necessarily involve hiring a patient navigator. Cancer programs should consider the CNA and barriers identified to determine whether hiring a navigator is the best use of resources.

- **Step 4: Evaluate resources/processes in place to address barrier(s) and modify where needed**
  - Cancer programs should ask themselves: Did we meet our goal? Were the resources and processes adequate and, if not, why weren’t they? If they were not adequate, how can we change them to better address the barrier?
  - Consider an action plan if there are things that need to be changed to address the barrier.
  - Document this discussion in the cancer committee meeting minutes.

- **Audience question:** How do we gain the data for the community needs assessment?
  - **Erin:** Use the hospital-wide CNA that your program is likely already required to do under the Patient Protection and Affordable Care Act or other regulatory requirements. That is a great way to get demographic information. You can also use patient focus groups or surveys. There are also organizations out there already doing this in your communities, so I recommend that you reach out to them and ensure you are not duplicating effort.

- **Audience question:** Although the CNA should be conducted at the beginning of the survey cycle, is it okay if it was conducted in the second or third year?
  - **Erin:** We do not require cancer programs to conduct the CNA during the first year of the survey cycle. It only has to be done and updated every three years. It depends on when you did your initial CNA.

- **Audience question:** Is there a best practice template for the patient survey?
  - **Erin:** No. The patient survey will look different depending on what each individual community has in place and it will be specific to your program. That is typically something that should be worked out on a program level.
o **Audience question:** Can you discuss all required components for CoC Standard 3.1 in one meeting at year end, or does it have to be documented in minutes more than once?
   ▪ **Erin:** This should be documented more than once. At your first meeting, you should be identifying the barrier and at that final meeting of the year, you should be analyzing how well you addressed that barrier throughout the year. Then, you repeat the process. Ideally, the committee would be meeting periodically throughout the year to review progress toward reducing the barrier and make adjustments as needed.

o **Audience question:** Can the cancer committee use the same barrier year to year?
   ▪ **Erin:** As long as you are documenting in the minutes that it is still the same pressing barrier that you need to be addressing, yes.

o **Audience question:** If we use patient/community surveys, is there a required minimum number of people we should survey to use in the CNA?
   ▪ **Erin:** In short, no. It depends on your program. It is left to your program’s judgment and the grander scheme of what other data you have available.

o **Audience question:** We have a monthly meeting with approximately 15 patients to help with the needs assessment and improving the patient experience. Should this be supplemented by a survey? If yes, what is the minimum number of patients?
   ▪ **Erin:** Again, it depends on how much information you are getting from those patient groups; but the monthly meeting with 15 patients sounds like an excellent resource that you should absolutely be using to inform your CNA.

o **Audience question:** Can the cancer program supplement the generic CNA with a specific current or past patient survey tool?
   ▪ **Erin:** Yes, you can supplement your hospital-wide CNA with a patient-specific survey regarding cancer needs.

o **Audience question:** Can we utilize patient navigator reports of the barriers they have seen throughout the year to determine the barrier?
   ▪ **Erin:** Yes, reports from patient navigators are another great way to supplement your CNA with program-specific data.

o **Audience question:** In our cancer program, we have several “third party providers” that make it difficult to implement changes outside of our location; however, our patients are affected by all providers. How do you recommend implementing changes in that situation and gathering information from them?
   ▪ **Erin:** This might be a big barrier to focus on that year. This is a type of hospital system barrier, where you are unable or have not built those relationships yet. I recommend reaching out to these practices to find a champion to help you. If this is a significant barrier, then identify it as your barrier to focus on for the year.

o **Audience question:** We are part of a system with several hospitals, but each site has CoC accreditation. Should we do a system or local CNA?
   ▪ **Erin:** I recommend doing a local CNA, but you can work with other hospital system providers. It depends on the patient population and area you serve. You need to conduct an individual CNA, but you can probably overlap a lot of the work and share data with other hospitals in your system.

By Mohammad Khalaf Senior Manager, Comprehensive Cancer Control, GW Cancer Center

- The purpose of this road map is to guide the community needs assessment team in designing a patient navigation process that navigates cancer patients through their care and addresses barriers facing patients, caregivers, and communities in the cancer program’s catchment area.
- (Page 1) This road map spells out four steps of the process. This page will be a good review of the steps, and may especially be helpful for anyone that is new in their role with the cancer program.
  - Conduct a community needs assessment
  - Establish a patient navigation process and identify resources
  - Assess barriers to care and evaluate or document the patient navigation process
  - Modify or enhance the patient navigation process
- (Page 2) This page reviews the Commission on Cancer Standard and the patient navigation process. The CoC Accreditation Committee’s guidelines are also linked here.
- (Page 3) This page is a visual look at a sample strategy to meet CoC Standard 3.1 adapted from a presentation by Annette Mercurio at City of Hope. This representation highlights the fact that the process is cyclical: The CNA will inform the culmination of developing a patient navigation process, and process evaluation will then inform future CNAs.

The Role of Comprehensive Cancer Control in Supporting the Community Needs Assessment

By Michelle Strangis, Cancer Policy Specialist, Comprehensive Cancer Control Section, Minnesota Department of Health

- The Centers for Disease Control and Prevention funds comprehensive cancer control (CCC) programs in all 50 states, the District of Columbia, eight tribes or tribal organizations and six U.S. Associated Pacific Islands and Puerto Rico. In most cases, the CCC program is located in the department of health. Their job is to provide leadership in convening statewide partnerships to reduce the cancer burden. Every state fulfills that charge differently. For more background information on CCC programs, visit GW Cancer Center’s Comp Cancer 101 Wiki.
- Why did we form the Minnesota CoC community needs assessment work group?
  - At first, we were not sure how CCC programs and coalitions could support the work of the CoC program. We also did not have a venue to talk to the CoC program. After we attended a Minnesota CoC network quarterly meeting, the CCC staff realized that CoC programs were facing challenges with their CNA. The CCC program offered to assist them by developing a CNA template and later formed the cancer CNA workgroup.
- What is the role of the CCC program in the workgroup?
We are the convener of the workgroup. We invited people to join, drafted a project charter, manage workgroup communication and develop agendas that meet the workgroup objectives.

We also provide technical assistance to the workgroup on resources for the CNA. For example, the Minnesota CCC program shared feedback we received when we were writing our new cancer plan. We asked cancer patients, nonprofits, community health workers, health care providers and others, “What can we do better to address the cancer burden in the state?” We shared the results with workgroup members and they were then able to share this information as part of their CNA.

- How can CCC programs and coalitions provide technical assistance to CoC programs?
  - Public health professionals provide a rich set of skills that benefit the work of the CoC program. Public health professionals are skilled conveners; know how to find and collect surveillance data; and how to conduct needs assessments. These skills complement the work of our American Cancer Society partners, who are also working with the CoC programs.
  - The only way CCC programs can find out about the needs and what they have to offer is to talk to CoC programs. The Minnesota CoC programs have shared with us how they are conducting the CNA and it has been a very valuable experience for everyone involved.
  - **Audience question:** How do you recommend we map out barriers to care?
    - **Michelle:** Including data that show health disparities is important when discussing barriers to care in your CNA.
  - **Audience question:** We know our county-level data does not accurately represent our population—we need hyperlocal data. What are your thoughts on this?
    - **Michelle:** It depends on what specifically you are interested in learning. I would encourage you to reach out to the CCC program! The CCC program can use their skills to identify what sorts of data would best answer your questions. For qualitative data, it could be key informant interviews with community or neighborhood leaders, for example. The CCC program can give you guidance on the best method of qualitative data collection. For quantitative data, which is more difficult, I recommend talking to your CCC program to learn more about resources available at a granular level. Data available vary by state. For example, Iowa has a zip code-level data for eight cancer types.

**Using the Road Map to Conduct a Cancer-Related Community Needs Assessment**

By Mohammad Khalaf Senior Manager, Comprehensive Cancer Control, GW Cancer Center

- (Page 4) This page concentrates on step 1 of 4 of the road map to implementing a patient navigation process, which is conducting a cancer-related CNA. It talks about what a CNA should include, such as the description of your facility and comprehensive cancer care characteristics.
- (Page 5) A focal point of your CNA is to describe your patient population and highlight cancer-related health disparities that may exist in the population. As Michelle mentioned, it is important to look
beyond facility-based patient data, and access local, state and national sources to compile data about your population.

- (Bottom of page 5 and top of page 6) Here are some examples of data sources. You could also consider partnering with a university to design and conduct primary data collection through a research study or student project.

- (Page 7) This table provides some examples of identified barriers, as well as actions and solutions that could be used to address them. Barriers may be logistical, economic, cultural, linguistic, communication-related or provider-centered.

- In order to identify community resources and gaps to address identified barriers, you could perform internal and external resource mapping to help you think through existing resources within your facility or community that may be of assistance as you develop your patient navigation process.

- Based on the identified barriers, the next step would be to create specific, measurable, attainable, realistic and time-bound (SMART) objectives for the barriers you plan to address through your patient navigation process. Some sample SMART objectives you could use in your action plan are available on page 9.

- (Page 10) This page begins describing Step 2, “establish a patient navigation process and identify resources.” We outlined steps to hiring a patient navigator as an example. This is not necessary to meet the CoC Standard but serves as an example of a step to establish a patient navigation process.

- (Page 11) This page describes step 3, “assess barriers to care and evaluate and document the navigation process.” We provide tips and sample standardized tools for assessing the value and impact of your patient navigation programs.

- (Page 12) For step 4, “modify or enhance the patient navigation process,” we provide tips for evaluating your patient navigation process.

- (Page 13) On this page, you can find resources from GW Cancer Center, CoC and other expert organizations on the standards, as well as on communication and marketing; community needs assessment; patient navigation competencies; scope of practice and program planning; policy, systems and environmental change; screening navigation; survivorship, rehabilitation and supportive care resources; and transportation and lodging supportive resources.

**Note:** CCC programs in most states, tribal areas or territories are interested in having cancer programs—in hospitals and clinics—participate in joint efforts conducting the CNA. Many cancer programs may not be aware that CCC programs can help. As you now know, Minnesota is an example of a CCC program leveraging their network and stakeholders to help cancer programs conduct the CNA. CCC programs can exchange ideas and ensure that all communities are represented in the CNA.

**Expert and participant-recommended resources:**

- [Implementing the CoC Standard 3.1- Patient Navigation Process: A Road Map for Comprehensive Cancer Control Professionals and Cancer Program Administrators](#) provides information to guide the community needs assessment team in designing a patient navigation process that navigates cancer patients through their care and addresses barriers facing patients, caregivers and communities in the cancer program’s catchment area.
• These secondary data sources will help when collecting data for your CNA:
  o US Census Fact Finder
  o County Health Rankings
  o State Cancer Profiles

• The State Chair Contact List resource will help CCC members and staff find their CoC Cancer Liaison Program State Chair.