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

Monday, December 4, 2017
3pm ET
Acknowledgment

This work was supported by Cooperative Agreement #1U38DP004972-05 from the Centers for Disease Control and Prevention and the Patient-Centered Outcomes Research Institute (PCORI).
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Housekeeping

- Please mute your phones when not actively speaking
- Please do not put your phone on hold
- Summary notes will be available after the session
Expert

Erin DeKoster
Accreditation Specialist
Commission on Cancer
at American College of Surgeons
Poll 1
Standard 3.1

A patient navigation process, driven by a triennial Community Needs Assessment, is established to address health care disparities and barriers to cancer care. Resources to address identified barriers may be provided either on-site or by referral.
Step 1: Conduct Community Needs Assessment once each three years

- Description of a community and its people
- Identification of the needs of a community
- Facilitates provision of service appropriate to addressing identified needs
Patient & Provider Surveys

Interviews

Focus Groups

Town Hall Meetings

Photos or Audio

Adapted from a presentation by and used with permission from Yolanda Suarez-Balcazar, PhD; University of Illinois - Chicago
Step 2: Each year, identify/focus on a specific barrier to care

**Why?** To determine that area of focus for the Patient Navigation Process

**When?** At the first cancer committee meeting of each calendar year

**What?** Selection of one barrier of focus for the year

**How?** Review of the Community Needs Assessment

- Discuss/select one barrier requiring the most immediate attention
- Determine where the resource, knowledge, or process gaps exist
- Repeat the focus on the same barrier in subsequent years if it still the most pressing challenge

Accredited hospitals must document discussion in cancer committee minutes
PATIENT BARRIERS

PROVIDER BARRIERS

HEALTH SYSTEM BARRIERS
Step 3: Identify processes to address chosen barrier

• Utilize hospital plus local, state and national resources
• Educate front line providers on resources available
• Hospitals and community organizations collaborate to develop, utilize or improve upon existing resources
• Develop and implement processes for navigating at-risk patients using resources/staff available/assigned
Standard 3.1 = Addressing Barriers to Care

Standard 3.1 ≠ Hiring a Navigator
Step 4: Evaluate resources/processes in place to address barrier & modify where needed

- At the end of the year, the processes/resources must be reviewed
- Are the processes implemented working? How could they work better?
- What gaps in resources were identified?
- How have shared goals been met? How did we fall short of intended goals?
- Accredited hospitals must document the end of the year discussion in the cancer committee minutes
<table>
<thead>
<tr>
<th>Rating Compliance</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once every Three Years: Conduct a Community Needs Assessment at least once during the three-year accreditation cycle to address health care disparities and barriers to cancer care.</td>
<td>Upload completed Community Needs Assessment</td>
</tr>
<tr>
<td>Each Year: Establish a patient navigation process and identify resources to address barriers that are provided either on-site or by referral to community-based or national organizations.</td>
<td>Cancer Committee minutes from first meeting of the year for each year of the survey cycle</td>
</tr>
<tr>
<td>Each Year: Barriers to care are identified and assessed, the navigation process is evaluated and documented, and the findings are reported to the cancer committee.</td>
<td>Cancer Committee minutes for last meeting of the year for each year of the survey cycle.</td>
</tr>
<tr>
<td>Each Year: The patient navigation process is modified or enhanced to address the barrier or barriers identified by the Community Needs Assessment.</td>
<td>Cancer Committee minutes for last meeting of the year for each year of the survey cycle.</td>
</tr>
</tbody>
</table>
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Expert

Mohammad Khalaf
Senior Manager
Comprehensive Cancer Control
GW Cancer Center
Poll 2
Implementing the Commission on Cancer Standard 3.1 Patient Navigation Process

A Road Map for Comprehensive Cancer Control Professionals and Cancer Program Administrators

bit.ly/CoCPNRRoadMap
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Expert

Michelle Strangis
Cancer Policy Specialist
Comprehensive Cancer Control Section
Minnesota Department of Health
Poll 3
Minnesota CoC Community Needs Assessment Workgroup

Presenter: Michelle Strangis, MDH Comprehensive Cancer Control Program
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Implementing the Commission on Cancer Standard 3.1 Patient Navigation Process

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Evaluation
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Thank you!

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