



THE GW CANCER INSTITUTE'S
CENTER FOR THE ADVANCEMENT OF CANCER SURVIVORSHIP,
NAVIGATION AND POLICY (CASNP)

Best Practices in Patient Navigation and Cancer Survivorship Survey Results

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THE GEORGE
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WASHINGTON, DC

Best Practices in Navigation and Cancer Survivorship Survey Results

The George Washington University Cancer Institute's (GW Cancer Institute) Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP) seeks to advance cancer survivorship and patient navigation efforts locally and nationally through training, research, policy analysis, outreach and education. Through caSNP, the GW Cancer Institute has trained more than 250 health care professionals through its innovative Executive Training on Navigation and Survivorship, a two-day training program that equips health care professionals with the tools needed to launch and sustain navigation and survivorship programs, two cornerstones of patient-centered care. Participants learn strategic planning techniques for developing, implementing, evaluating and sustaining patient navigation and survivorship programs.

In 2013, the GW Cancer Institute sought to build upon the Executive Training by launching the Best Practices in Navigation and Survivorship Survey. The goal of the survey was to gather feedback from health care professionals across the country about how navigation and survivorship programs are being implemented, including what tools are being used, how metrics are being tracked, how programs are funded and other questions that are frequently asked by training participants and others interested in these patient-centered programs. This report summarizes the results from the survey.

Survey Overview

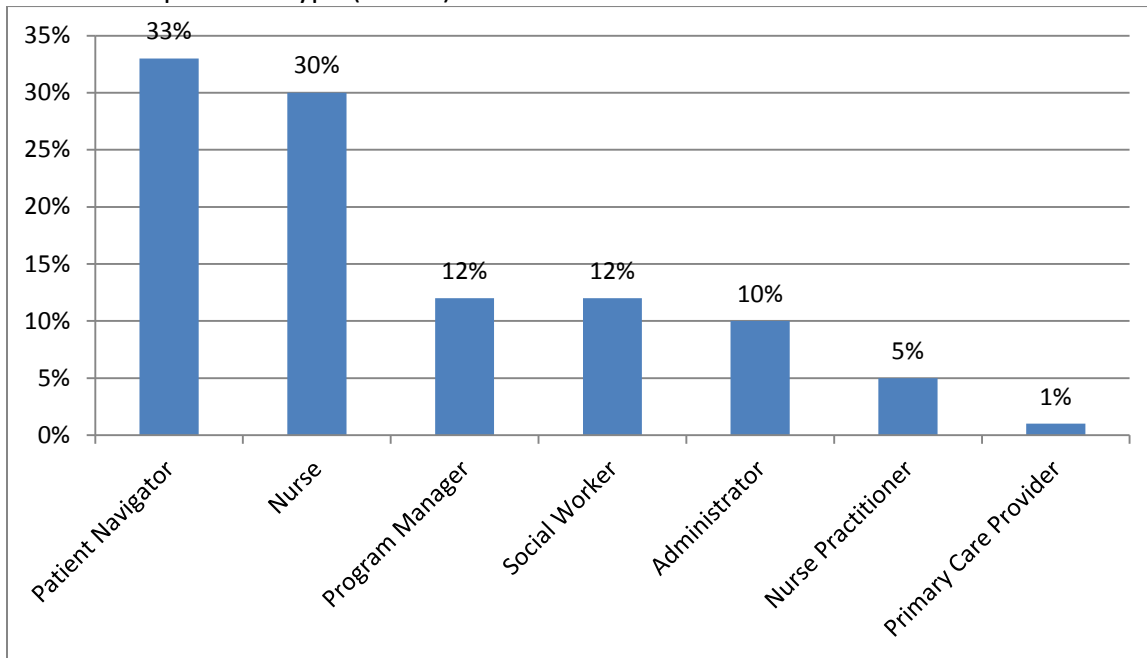
The survey opened on January 30, 2013, and closed on February 27, 2013. A link was sent out through the caSNP listserv, and recipients were asked to send the survey to others who may be interested. The survey was intentionally brief and focused on the questions most often asked by health care professionals. There were two initial questions to assess respondent type and program type at the respondent's institution. Respondents whose institution had a navigation program were asked to complete seven navigation-specific questions, and those with a survivorship program were asked to answer eight survivorship-specific questions. Respondents from institutions with both programs were asked to complete a total of fifteen questions about their institutions' navigation and survivorship programs. At the end of the survey, respondents were asked an open-ended question to identify other topics that people are interested in hearing more about. In total, 100 respondents completed the survey.

Initial Question Responses

Respondent Type

Respondents were asked to identify their job type. About 1/3 of respondents identified as patient navigators, about another 1/3 identified as nurses or nurse practitioners and other respondents identified themselves as program managers, social workers, administrators and primary care providers. Respondents could also select "Other" as an option. Most of the respondents who selected other identified themselves as researchers, Oncology Nurse Navigators, health educators or psychologists. The breakdown is illustrated in Chart 1.

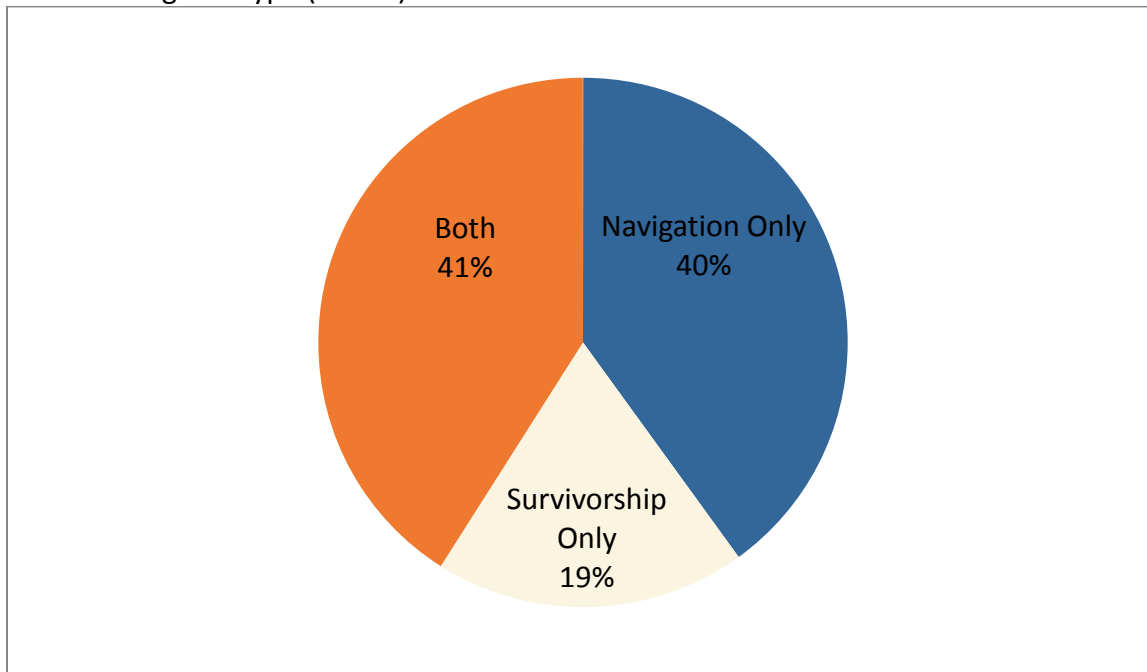
Chart 1: Respondent Type (n=100)



Program Type

The second initial question was whether the respondent's institution had a navigation program only, a survivorship program only or both programs. The responses are shown in Chart 2.

Chart 2: Program Type (n=100)

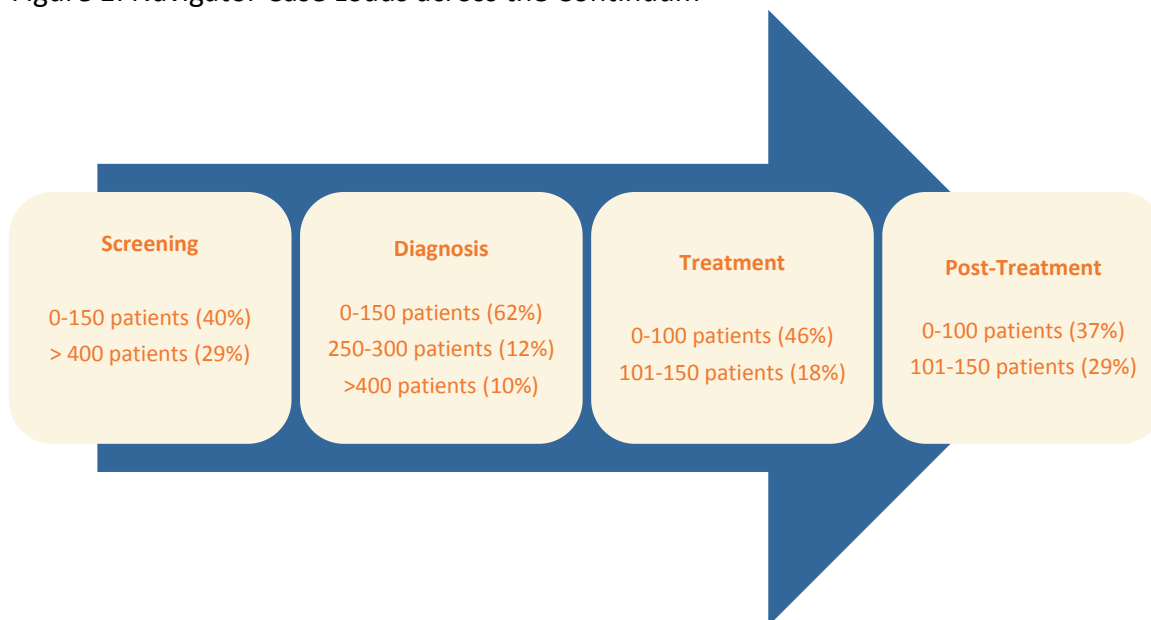


Patient Navigation-Specific Responses

Navigation Case Load

Respondents were asked to describe their annual average patient load for full-time navigators across the continuum, starting with less than 100 patients and going to more than 400 patients, in increments of 50. Case load depends on an institution’s patient population and institutional resources, but these responses demonstrate some trends related to patient volume. Seventy-nine respondents answered the question, although the percentages provided are for respondents who knew the information, so the n for each part of the continuum may be less than 79. Responses are summarized in Figure 1.

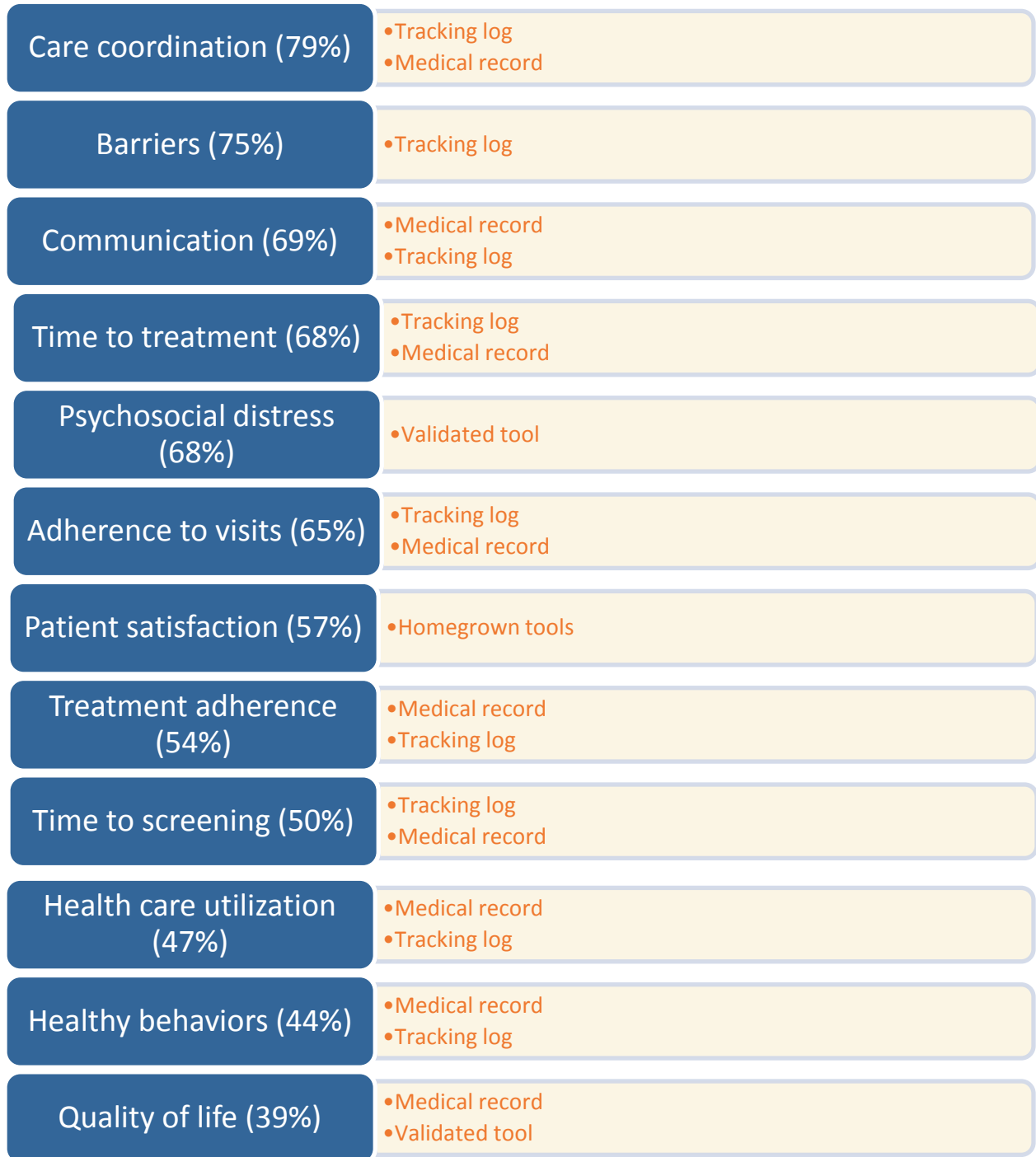
Figure 1: Navigator Case Loads across the Continuum



Navigation Construct Tracking

Because patient navigation is a relatively new field, metrics have not been standardized to demonstrate the effectiveness and value of patient navigation programs. Respondents were asked to identify which constructs are tracked in their patient navigation programs as well as how those constructs are being tracked. Figure 2 indicates the concepts tracked and the most often cited way of tracking them. A combination of a tracking log and the medical record were the most common ways of tracking constructs. Psychosocial distress and quality of life are often measured by using validated tools, which are tools (e.g., questionnaires, surveys) that have been researched and shown to measure concept they were developed to measure.

Figure 2: Navigation Constructs and Tracking (n=72)

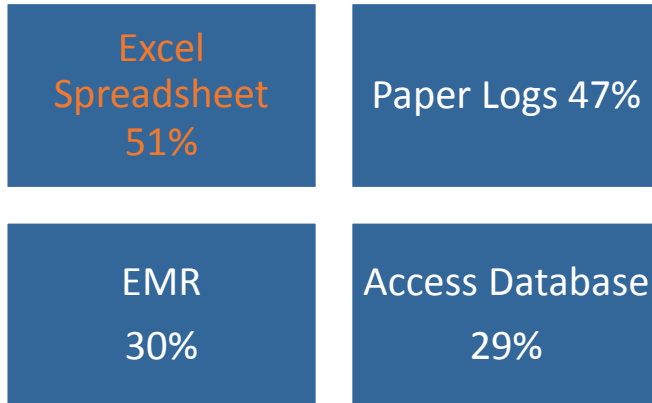


Navigation Tracking Tools

Different tools are available for tracking patient navigation activities and outcomes. The most common tool used by respondents was a simple Excel spreadsheet, followed closely by paper logs. Electronic Medical Records (EMRs) and Access Databases were also tools cited by many

respondents. Moreover, oftentimes respondents used more than one tool. Figure 3 demonstrates the most common tools used by respondents.

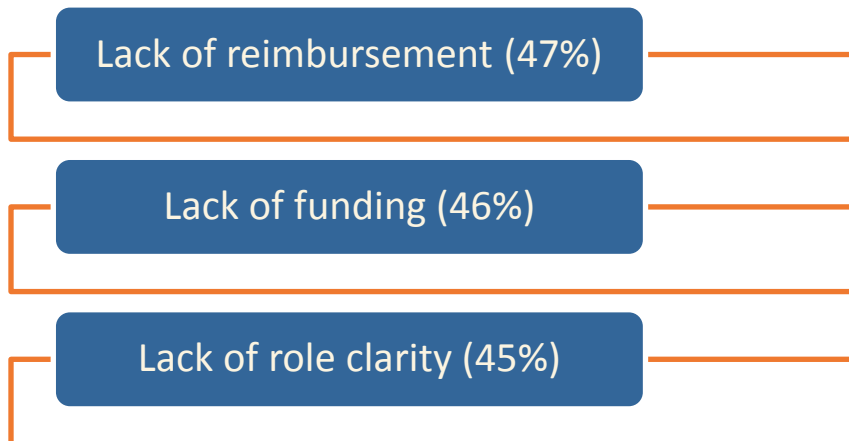
Figure 3: Navigation Tracking Tools (n=77)



Navigation Challenges

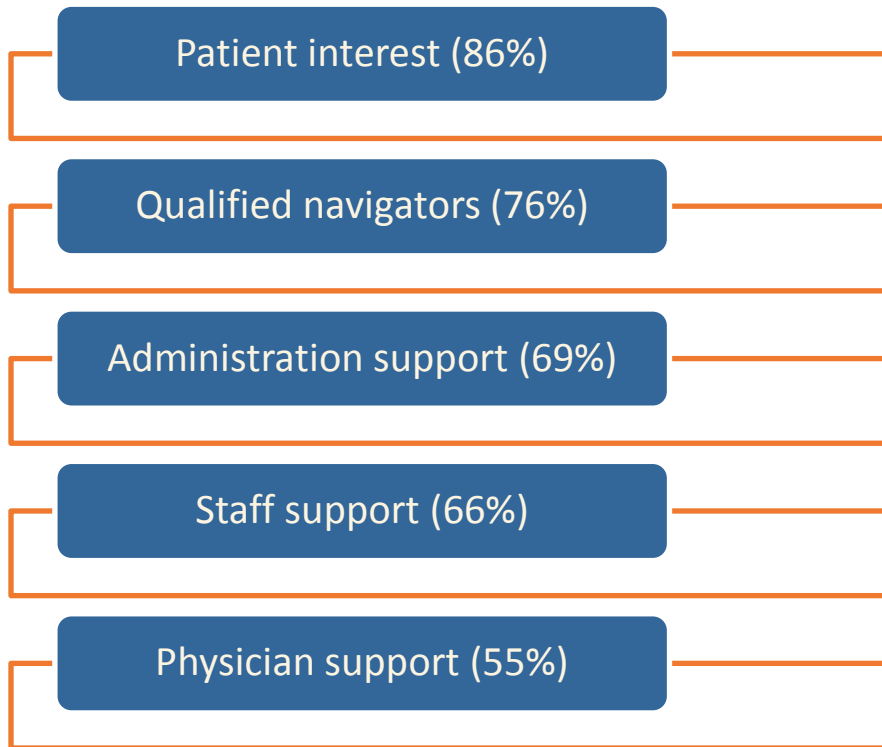
Despite the increase in patient navigation programs, many challenges still exist. Respondents were asked to identify the most and least challenging areas on a 5-point Likert scale, with 1 being the most challenging and 5 being the least challenging. The results presented in Figure 4 represent respondents who rated the challenge as a 1 or 2. It is important to point out that respondents to this question have already established patient navigation programs; therefore, challenges for starting a program may differ. The most challenging areas were related to funding and role clarity.

Figure 4: Most Common Patient Navigation Program Challenges (n=73)



The results presented in Figure 5 represent respondents who rated the challenge as a 4 or 5 on the 5-point Likert scale. Respondents with patient navigation programs in practice reported few problems with patient interest, finding qualified patient navigators and attaining support from administration, staff and physicians.

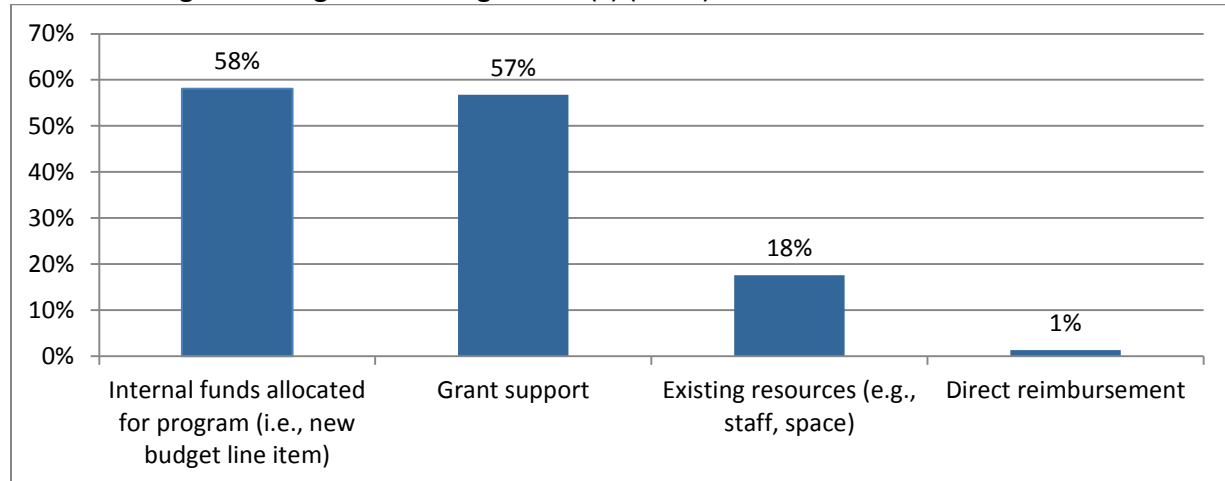
Figure 5: Least Common Patient Navigation Program Challenges (n=73)



Navigation Program Funding

Respondents were asked to identify the source(s) of funding for their patient navigation programs. They could select more than one option. Most respondents reported funding their programs through internal funds and/or grants. Oftentimes, respondents reported using these two sources together to fund their programs. Comparatively fewer respondents reported the use of existing resources, and direct reimbursement was rarely cited. The funding sources are illustrated in Chart 3.

Chart 3: Navigation Program Funding Source(s) (n=74)

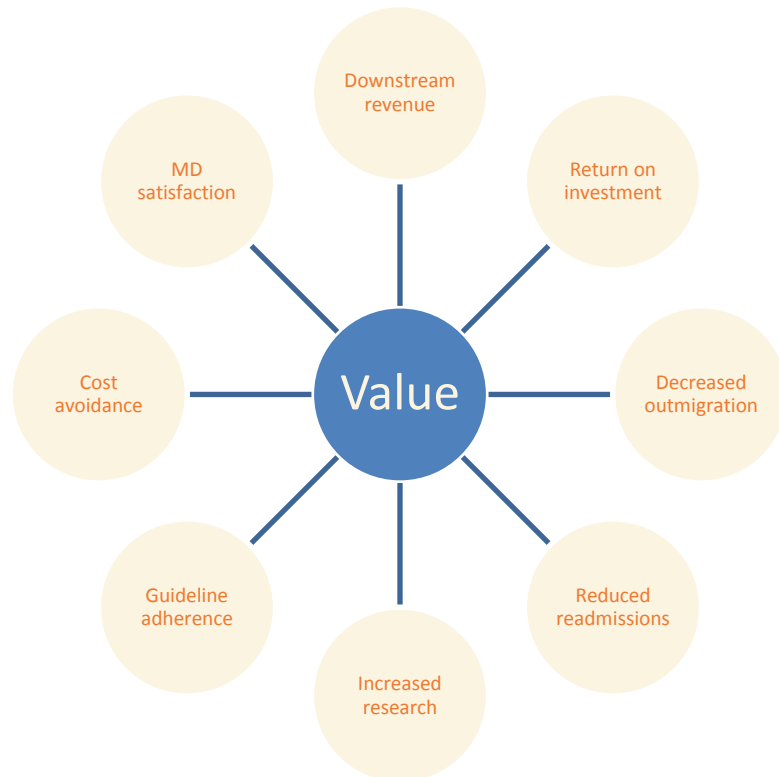


Navigation Financial Sustainability

Given the reported difficulties in funding navigation programs, it is important to learn from respondents what they think are ways to financially sustain these programs. The same number of people recommended reimbursement (27%) as well as demonstrating value of navigation programs (27%). There was less agreement among the other respondents on strategies to financially sustain patient navigation programs.

Respondents identified value in different ways, as depicted in Figure 6. Potential value metrics suggested include downstream revenue (revenue generated by services used after the patient navigation intervention), return on investment, decreased outmigration (patients who have been seen in one institution that leave to receive care at another institution), reduced readmissions, increased accrual for clinical research, adherence to treatment guidelines, cost avoidance (e.g., decreased ED visits and in-patient stays) and physician satisfaction.

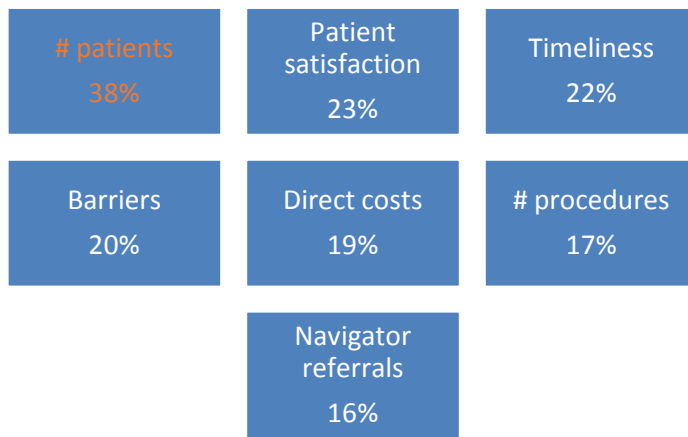
Figure 6: Suggestions for Navigation Financial Sustainability (n=37)



Navigation Value Tracking

Although many respondents suggested that demonstrating the value of patient navigation programs will help to provide financial sustainability, there was little consistency related to which value measures are being tracked. Only 41% of respondents (n=69) reported tracking value metrics. Fewer than 20% of respondents were tracking financial metrics: 19% reported tracking direct costs and 17% reported tracking the number of procedures, which may or may not be used as a financial indicator. Additional metrics are shown in Figure 7.

Figure 7: Navigation Value Tracking Metrics (n=69)

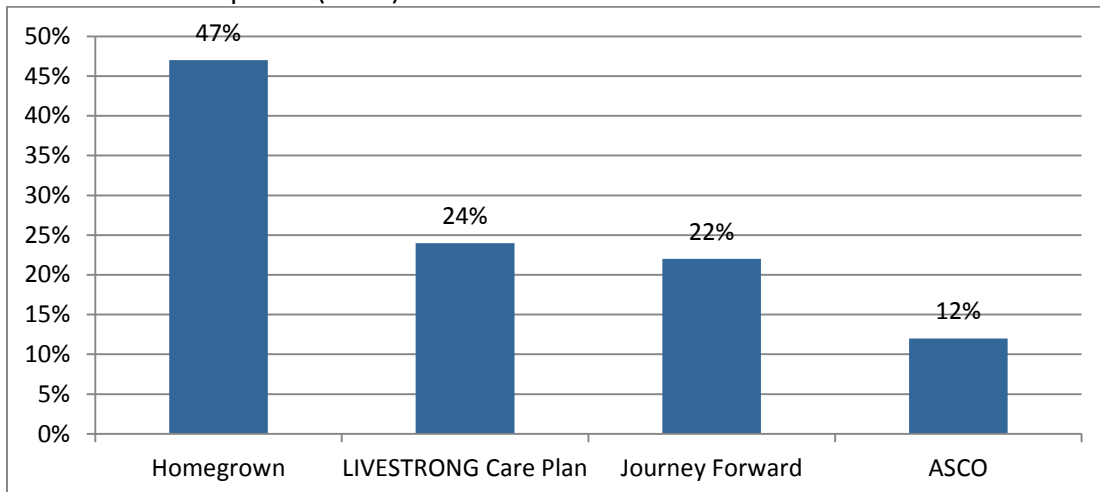


Survivorship-Specific Responses

Survivorship Care Plan Templates

The Survivorship Care Plan (SCP) is seen as a core component of a survivorship program. According to the Institute of Medicine (IOM), the SCP has two components: the treatment summary and the follow-up plan. In its landmark 2006 report, [From Cancer Patient to Cancer Survivor: Lost in Transition](#), which is available free online, the IOM outlines the components for each section of the SCP. There are several options for SCPs, including free templates, EMRs and commercial software companies. Respondents were asked which SCP tool(s) are used at their institution. Despite the availability of different tools, nearly half of respondents (47%) reported using a homegrown survivorship care plan tool (n=51). Many respondents also reported using the [LIVESTRONG Care Plan](#) (24%) and the [Journey Forward Survivorship Care Plan Builder](#) (22%). Fewer respondents reported using the [American Society of Clinical Oncology treatment plan and summary templates](#) (12%). Some respondents reported using a combination of these SCP templates as well. Responses are summarized in Chart 4.

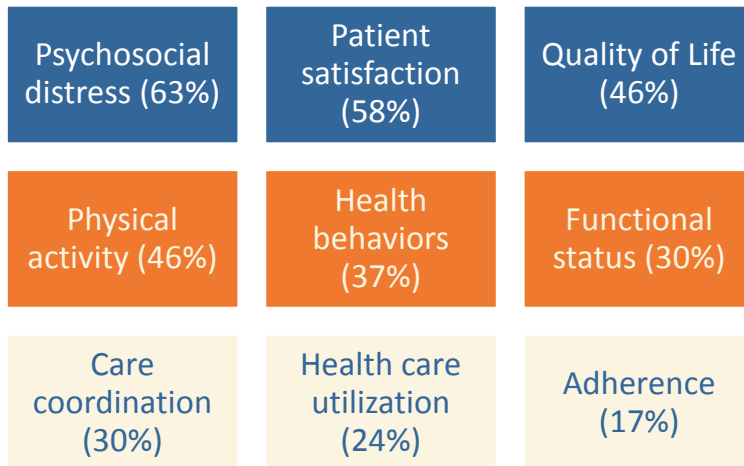
Chart 4: SCP Templates (n=51)



Survivorship Construct Tracking

Similar to patient navigation, standardized metrics for survivorship have not yet been established. Respondents were asked to indicate which constructs were being tracked in the survivorship program at their institutions. Psychosocial distress and patient satisfaction were the most consistently tracked constructs. The constructs reported are identified in Figure 8.

Figure 8: Constructs Tracked (n=54)

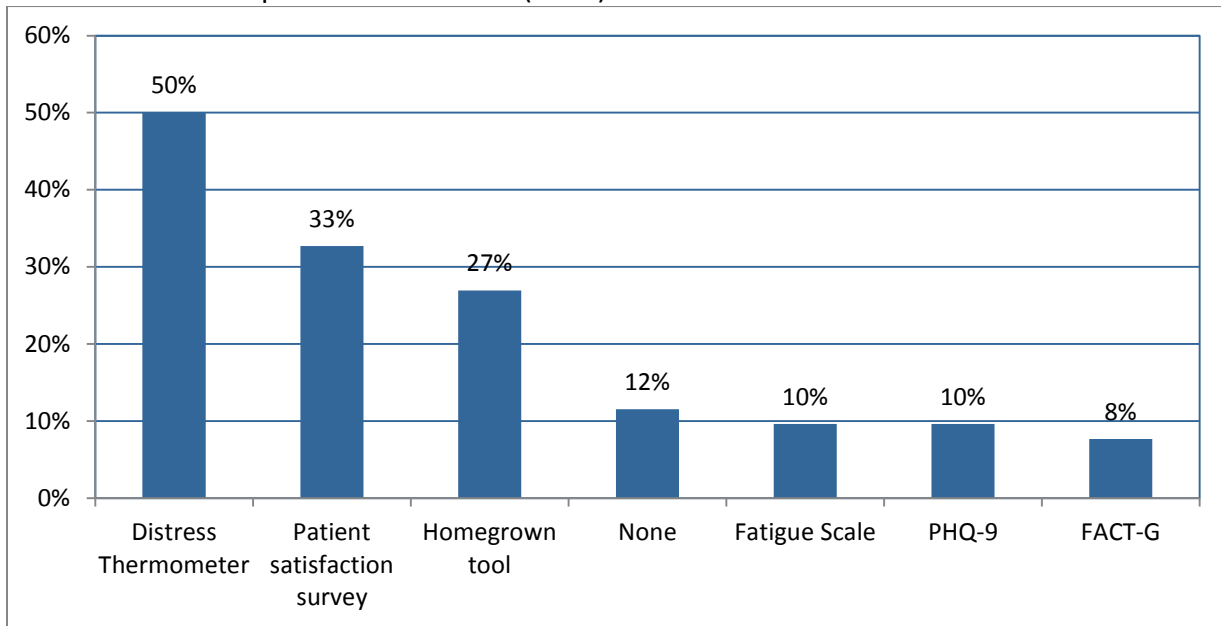


Survivorship Assessment Tools

Respondents were asked to identify specific assessment tools used in the survivorship program at their institution. Half of respondents reported using the National Comprehensive Cancer Network Distress Thermometer, which is a commonly used tool during treatment as well. Other tools used include a patient satisfaction tool (33%), a homegrown tool (27%), fatigue scale (10%), PHQ-9 (the 9-item Patient Health Questionnaire) (10%) and the FACT-G (Functional Assessment of Cancer Therapy – General) (8%). Chart 5 demonstrates the prevalence of reported tools used.

In 2012, the National Cancer Institute launched its [GEM Care Planning Initiative](#) through its Grid-Enabled Measures Database. The goal of the initiative is to build consensus in the survivorship community around high-priority process and outcome measures for use in studies of survivorship care planning. The website, gem-beta.org, includes constructs, such as fatigue or quality of life, and enables users to look at and rate existing tools, like the Distress Thermometer, PHQ-9, FACT-G and many others. It is free to use and participants can see which tools are available and how their peers rated the tools. In some cases the tools are available for download and information may be available about tool development and use. A similar initiative is underway for distress measurement.

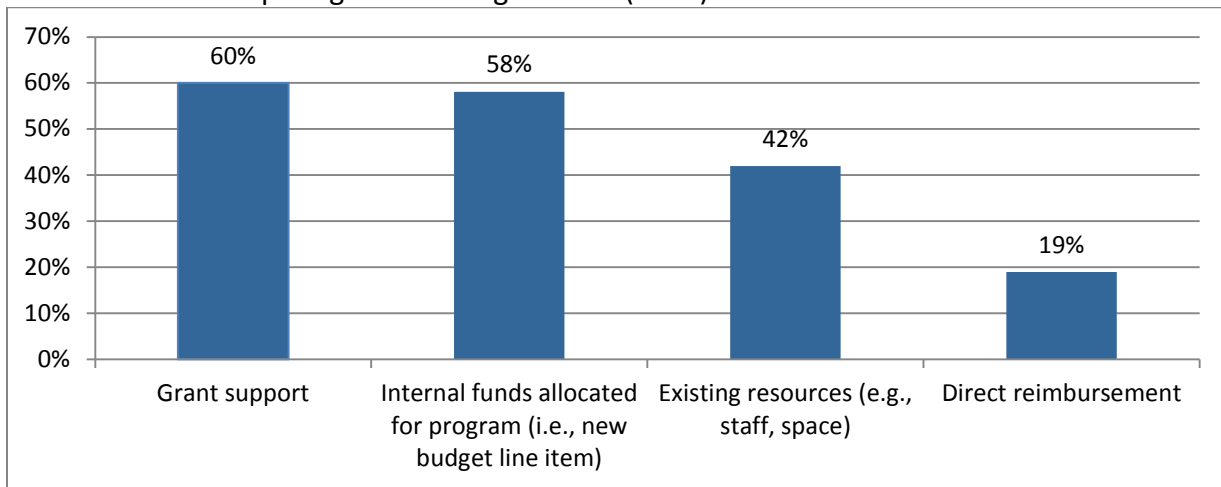
Chart 5: Survivorship Assessment Tools (n=52)



Survivorship Program Funding

There were some similarities and some differences between how navigation and survivorship programs are funded (n=52). For survivorship programs, the top two funding sources reported were grant support (60%) and internal funds (58%). Many more respondents with survivorship programs said that the use of existing resources helped their program than was reported for navigation programs. Also, respondents with survivorship programs used reimbursement to fund the program significantly more than respondents with navigation programs. Responses are summarized in Chart 6.

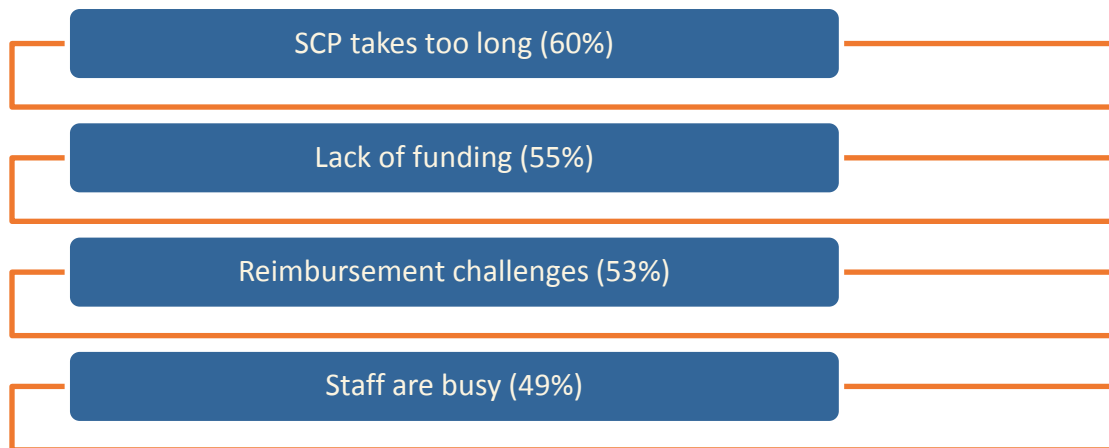
Chart 6: Survivorship Program Funding Sources (n=52)



Survivorship Challenges

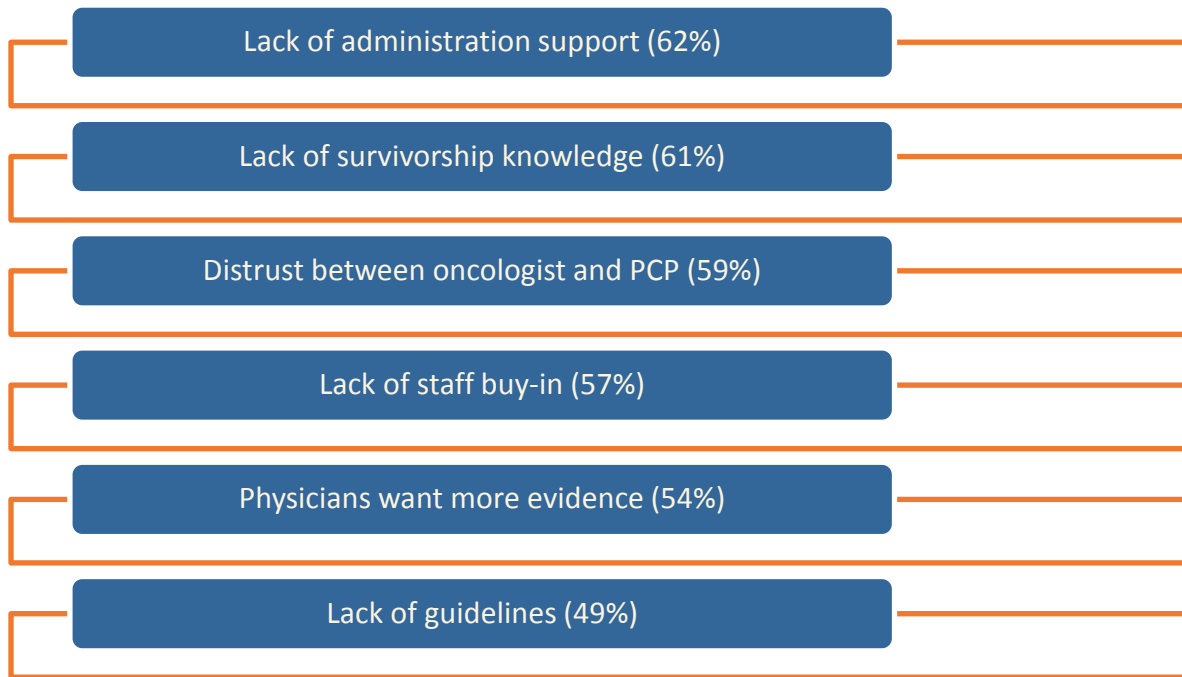
Respondents were asked to rate challenges using a 5-point Likert scale with 1 being the most challenging and 5 being the least challenging. The most challenging areas described in Figure 9 were those rated a 1 or a 2 on the scale. The greatest challenges were related to time and money, with 60% of respondents citing the length of time to create an SCP, 55% citing lack of funding, 53% citing reimbursement challenges and 49% citing lack of staff time. It is important to keep in mind that these challenges were identified by people who have already established survivorship programs, so the challenges for starting a program may be different.

Figure 9: Most Common Survivorship Challenges (n=47)



The least challenging areas described in Figure 10 were those rated a 4 or a 5 on the 5-point Likert scale. Nearly 2/3 of respondents with survivorship programs in place reported that lack of administration support was not challenging, and lack of survivorship knowledge, distrust between oncologists and primary care physicians, lack of staff buy-in, lack of evidence and lack of guidelines were also reported as some of the least challenging areas for survivorship programs.

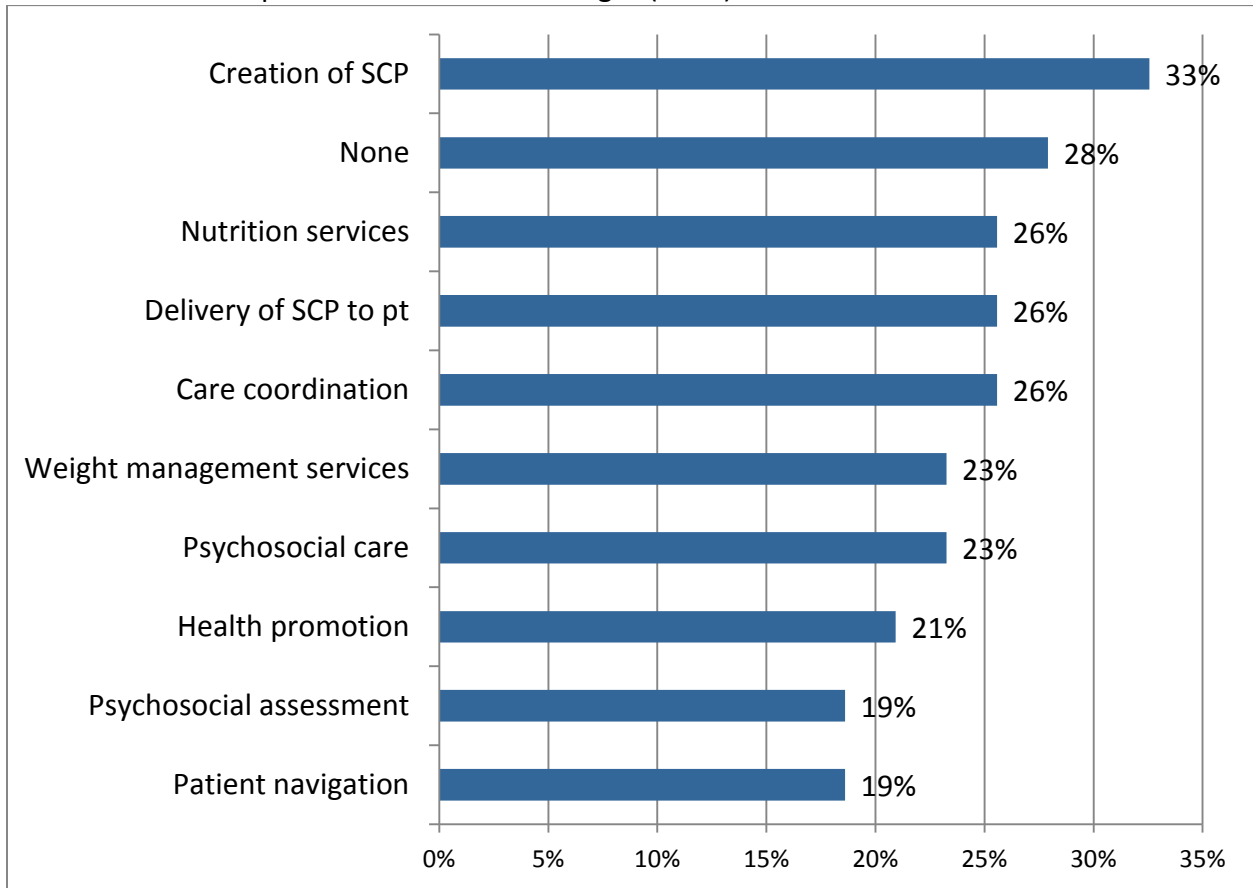
Figure 10: Least Common Survivorship Challenges (n=47)



Reimbursement Challenges

Reimbursement challenges are often cited as barriers to implementing survivorship programs and were cited by a majority of survey respondents. Respondents were asked to specify these challenges. Although some challenges were reported, no one reimbursement challenge was cited by a majority of participants, and more than a quarter of respondents said they had no reimbursement challenges at all. Chart 7 illustrates the different challenges reported. Creation of the SCP, which can take 30 minutes to several hours and is not reimbursed, was identified as the greatest reimbursement challenge (33%). Nutrition services, delivery of the SCP to the patient and care coordination were each cited by 26% of respondents. There are reimbursement options available for each of these, although they may not be appropriate for all survivorship programs.

Chart 7: Survivorship Reimbursement Challenges (n=43)



Reimbursement Strategies

Respondents were asked an open-ended question to identify how the survivorship program(s) at their institution bill for services (n=25). Many respondents indicated that they did not know or it was not applicable (44%). As indicated in Figure 11, some respondents (24%) indicated their survivorship program bills for one or two providers using a level 3-5 visit depending on the providers. Several additional responses did not provide enough detail on reimbursement practices but probably fit into this category as well. A small number of respondents (16%) indicated that survivorship program services are free to the patient. This may be because these respondents have something they call a survivorship program that is not a *clinical* survivorship program (e.g., yoga, art therapy), or there are other reasons that they can provide free services.

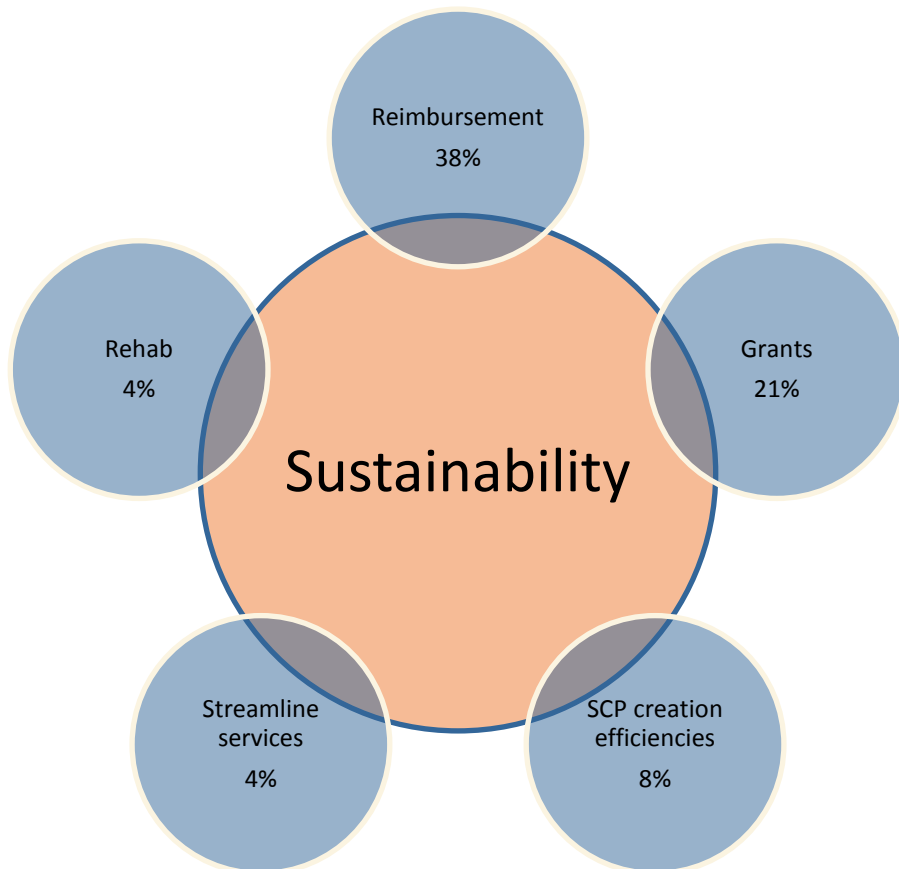
Figure 11: Survivorship Reimbursement Strategies (n=25)



Survivorship Financial Sustainability

Financial sustainability is key for survivorship programs. Respondents were asked an open-ended question to identify potential financial strategies. Reimbursement was the most-cited strategy (38%), followed by grants/donations/philanthropy (21%). Some respondents (8%) recommended creating efficiencies in the SCP creation process, such as EMR automation, and streamlined services (4%) and cancer rehabilitation services (4%) were also suggested. About 17% of respondents had no suggestions.

Figure 12: Suggestions for Survivorship Sustainability (n=24)



Additional Topics

The final question asked respondents to identify additional topics of interest related to navigation and survivorship programs. The topics are summarized in Figure 13.

Figure 13: Navigation and Survivorship Topics of Interest

Navigation Programs

- Program development
- Networking
- Attaining administrative support
- Survivorship programs
- Outcomes measures and tracking
- Navigation tracking software/tools
- Navigation processes
- National and state navigation reimbursement efforts
- Sustainability

Survivorship Programs

- Models of care
- Disease-specific practice and guidelines
- Attaining buy-in
- Psychosocial distress processes
- Who completes and delivers the SCP

Both Programs

- Regional networks/collaborations
- IT solutions
- Care Maps
- Transition from SCP to survivorship clinic
- Assessment tools
- Funding
- Navigation processes

Conclusion

The Best Practices in Navigation and Survivorship Survey was created by the GW Cancer Institute to gather feedback on frequently asked questions by health care professionals in the cancer community. This brief survey provides insight into best practices and will serve as a baseline for understanding programs as they grow and evolve. The survey also helps identify topics for further exploration. For more information about education and training opportunities related to navigation and survivorship, visit www.gwcancerinstitute.org.

Appendix A: Best Practices in Navigation and Survivorship Survey

Center for the Advancement of Cancer Survivorship, Navigation and Policy Resources

caSNP E-News

The GW Cancer Institute's Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP) E-News provides information on relevant articles, trends and updates in the fields of navigation and survivorship along with current and upcoming caSNP programs and initiatives.

caSNP Listserv

The caSNP listserv is used to communicate upcoming events and programs, reports, resources and timely information related to patient navigation and survivorship. The caSNP listserv also serves as a networking tool, connecting over 2,000 clinicians, researchers and health professionals from government, academia, hospitals and cancer centers across the nation.

caSNP Monthly Webinar Series

As part of caSNP's continuing effort to provide beneficial and accessible education and training to the navigation and survivorship community, caSNP hosts **free** monthly webinars on relevant trends, tools and resources. The webinars are conducted live with the recording archived on our website for future viewing.

Executive Training on Navigation and Survivorship

The *Executive Training on Navigation and Survivorship: Finding Your Patient Focus* is a two-day comprehensive hands-on training program that equips health care professionals with the tools needed to launch and sustain navigation and survivorship programs, two cornerstones of patient-centered care. Participants learn strategic planning techniques for developing, implementing, evaluating and sustaining patient navigation and survivorship programs. Traditionally an in-person program, the *Executive Training* is being adapted to an online format that will be available at no charge.

Health Policy Initiatives

The GW Cancer Institute's Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP) plays an important role in establishing policy and advocating for the importance of survivorship and patient navigation both locally and nationally. The Center's staff writes white papers, creates case studies and works cooperatively with other health care organizations.

To access these resources, please visit our website: www.qwcancerinstitute.org

Best Practices in Navigation and Survivorship Survey

Informational Sheet For Research Study
Best Practices on Navigation and Survivorship
IRB #121215

The George Washington University Cancer Institute (GWCI) Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP) is committed to advancing patient navigation and cancer survivorship efforts through training, research, policy analysis, outreach and education. To inform these efforts, we have launched this Best Practices in Navigation and Survivorship Survey seeking feedback from health care professionals who have developed Patient Navigation and/or clinical Survivorship Programs. The information gathered will help identify different tools, strategies and resources that are being used across a variety of settings. The purpose of this survey is to gather and broadly disseminate information about best practices related to Navigation and Survivorship Programs.

This study is under the direction of Dr. Lorenzo Norris, Director of the George Washington University Survivorship Center Psychiatric Services. Taking part in this research is entirely voluntary. No identifying information is being collected by the survey and results will be reported anonymously. Responses will be summarized and reported in aggregate through a report that will be posted on our caSNP website and through our Executive Training on Navigation and Survivorship. Results may also be published and/or presented in oral and/or poster presentations. Your willingness to participate in this research study is implied if you proceed with completing the survey.

If you choose to participate, you will complete an 8-18 question survey (depending on whether you have one or both program types), which should take 5-10 minutes. You may refuse to answer any of the questions and you may stop your participation at any time. Possible risks or discomforts you could experience during this study include: loss of confidentiality and psychological stress taking the survey. You will not benefit directly from your participation in the study. However, the answers given will be shared with you and others in the field and may help increase capacity at other organizations to develop and sustain Navigation and Survivorship Programs. Your individual response will not be shared publicly with identifying information.

The Office of Human Research of George Washington University, at telephone number (202) 994-2715, can provide further information about your rights as a research participant. Further information regarding this study may be obtained by contacting Dr. Lorenzo Norris, study principle investigator, at (202)-741-2888.

The results of this survey will be discussed on a free webinar when analysis is complete. The webinar date and time will be announced via our free listserv. To join the listserv, send an e-mail with your name and e-mail address in the body to Elisabeth Reed at ereed@gwu.edu.

*Please print a copy of this page if you would like to retain for your records.

Best Practices in Navigation and Survivorship Survey

2. What tool(s) do you use to track Patient Navigation services (select all that apply)?

- None
- Paper logs
- Access database
- Excel spreadsheet
- EMR: Please specify below
- Navigation software: Please specify below
- Other: Please specify below

Please specify your response if applicable

Note: If you are willing to share your tracking tools with other organizations, please e-mail ereed@gwu.edu. Your e-mail will not be linked to your survey response, and identifying information (e.g., institution name) can be removed upon request.

Best Practices in Navigation and Survivorship Survey

3. For each of the constructs you are tracking in your Patient Navigation program, please select how you are tracking them. If you are not tracking the construct, please select "Not currently tracking" from the drop down menu. If you are using a validated tool, please specify in the text box.

	Tracking Mechanism
Patient satisfaction	<input type="text"/>
Time to screening	<input type="text"/>
Time to diagnosis	<input type="text"/>
Time to treatment	<input type="text"/>
Barriers to care/actions to remove barriers	<input type="text"/>
Adherence to scheduled visits/missed appointments	<input type="text"/>
Adherence to treatment	<input type="text"/>
Care coordination	<input type="text"/>
Communication between patient and provider	<input type="text"/>
Healthcare utilization	<input type="text"/>
Psychosocial distress	<input type="text"/>
Quality of life	<input type="text"/>
Healthy behaviors	<input type="text"/>
Other: Please specify below	<input type="text"/>

Please specify your response if applicable

4. How is your Patient Navigation program funded (select all that apply)?

- Internal funds allocated for program (i.e., new budget line item)
- Grant support
- Direct reimbursement
- Existing resources (e.g., staff, space)
- Other: Please specify below

Best Practices in Navigation and Survivorship Survey

5. If you are formally tracking return on investment, cost-benefit, cost vs. revenue or cost-effectiveness of your Patient Navigation program, which factors are being evaluated (select all that apply)?

- Not formally tracking these
- Direct program costs (e.g., personnel, materials, training, procedures)
- No-shows avoided
- Outmigration avoided
- Downstream revenue
- Payments that otherwise might not have been made
- # patients
- # procedures, tests, consultations, etc.
- Referrals from other patients & navigators
- Timeliness of care
- Barriers/resolutions
- Clinical trials accrual
- Patient satisfaction
- Adherence to treatment
- Quality of life
- Survival
- Other: Please specify

Best Practices in Navigation and Survivorship Survey

6. Please rate the difficulty of the challenges you face in implementing and sustaining your Patient Navigation program services.

	1 - Most Challenging	2	3	4	5 - Least Challenging	N/A
Lack of administration support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of physician support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff/provider clarity on patient navigation roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to find a qualified navigator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of reimbursement for navigation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are not interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list other challenges and numeric level of difficulty

7. What are your suggestions for how to sustainably finance Patient Navigation program services?

8. Is there additional information about what others are doing that would be helpful for you as you design and implement your Patient Navigation and/or Survivorship Program(s)?

Survivorship Programs

Best Practices in Navigation and Survivorship Survey

1. Which constructs are you measuring in your Survivorship Program (select all that apply)?

- Patient satisfaction
- Adherence
- Functional status
- Quality of life
- Psychosocial distress
- Self-efficacy/patient activation
- Physical activity
- Health behaviors
- Care coordination
- Healthcare utilization
- Cost-benefit
- Cost-effectiveness
- None
- Other: Please specify below

Best Practices in Navigation and Survivorship Survey

2. Which patient assessment tool(s) do you use in your Survivorship Program (select all that apply)?

- Body Image Scale
- Communication and Attitudinal Self-Efficacy-Cancer (CASE-C)
- Distress Thermometer
- Fatigue Scale: Please specify below
- Functional Assessment of Cancer Therapy- General (FACT-G)
- Functional Assessment of Chronic Illness Therapy (FACIT)
- Impact of Cancer Scale Tool
- McGill Pain Questionnaire
- Patient Health Questionnaire (PHQ-9)
- Patient satisfaction survey
- SF-36 or SF-12
- Tool developed by my institution: Please describe below
- None
- Other: Please specify below

Please specify your response if applicable

3. Which Survivorship Care Planning tool(s) do you use (select all that apply)?

- ASCO Templates
- Journey Forward Survivorship Care Plan Builder
- LIVESTRONG Survivorship Care Plan
- Tool developed by my institution
- Discharge letter from oncologist
- Report generated from EMR: Please specify EMR provider below
- Commercial Survivorship Care Plan (i.e. Cogent's Equicare Software): Please specify below
- None - We have a Survivorship Program but do not provide Survivorship Care Plans
- Other: Please specify below

Please specify your response if applicable

Best Practices in Navigation and Survivorship Survey

Note: If you are willing to share your care planning tools with other organizations, please e-mail ereed@gwu.edu. Your e-mail will not be linked to your survey response, and identifying information (e.g., institution name) can be removed upon request.

4. Please rate the difficulty of the challenges you face in implementing and sustaining your Survivorship Program.

	1 - Most Challenging	2	3	4	5 - Least Challenging	N/A
Survivors unwilling to transition care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oncologist(s) are unwilling to transition care (specify reason in "other" box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians want more evidence before changing practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distrust between oncologist and primary care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivorship is not an institutional/departmental priority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding to cover program costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reimbursement challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of administration buy-in/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of physician buy-in/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff buy-in/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about caring for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need additional program development/implementation assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff time: Current staff are too busy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff time: Completion of SCP takes too long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of guidelines for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list other challenges and numeric level of difficulty

Best Practices in Navigation and Survivorship Survey

5. How is your Survivorship Program funded (select all that apply)?

Internal funds allocated for program (i.e., new budget line item)

Grant support

Direct reimbursement

Existing resources (e.g., staff, space)

Other: Please specify below

6. Which reimbursement code(s) do you use for your Survivorship Program clinic visit (e.g., 2 providers [NP and MD] each at level 3 visit, 1 provider [MD] at level 5 visit, team conference code)?

Best Practices in Navigation and Survivorship Survey

7. What reimbursement challenges, if any, does your institution have in providing Survivorship Program services (select all that apply)?

- None
- Creation of SCP
- Delivery of SCP to patient
- Care coordination with PCP and other providers
- Specialty referrals: Please specify below
- Not all clinician services are covered: Please specify below
- Screening/surveillance
- Health promotion
- Symptom management and palliative care
- Late effects education
- Psychosocial assessment
- Medical assessment
- Nutrition services
- Physical activity services
- Weight management services
- Psychosocial care
- Rehabilitation for late effects
- Patient navigation
- Other: Please specify below

Please specify your response if applicable

8. What are your suggestions for how to sustainably finance Survivorship Program services?

9. Is there additional information about what others are doing that would be helpful for you as you design and implement your Navigation and/or Survivorship Program(s)?

Best Practices in Navigation and Survivorship Survey

Both Navigation and Survivorship Programs

Questions 1-7 focus on your Patient Navigation Program.

1. What is the average annual caseload for full-time Patient Navigators at your institution?

	< 100	101-150	151-200	201-250	251-300	301-350	351-400	> 400	Not sure	N/A
Screening navigator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis navigator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-treatment navigator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-treatment navigator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What tool(s) do you use to track Patient Navigation services (select all that apply)?

- None
- Paper logs
- Access database
- Excel spreadsheet
- EMR: Please specify below
- Navigation software: Please specify below
- Other: Please specify below

Please specify your response if applicable

Note: If you are willing to share your tracking tools with other organizations, please e-mail ereed@gwu.edu. Your e-mail will not be linked to your survey response, and identifying information (e.g., institution name) can be removed upon request.

Best Practices in Navigation and Survivorship Survey

3. For each of the constructs you are tracking in your Patient Navigation program, please select how you are tracking them. If you are not tracking the construct, please select "Not currently tracking" from the drop down menu. If you are using a validated tool, please specify in the text box.

	Tracking Mechanism
Patient satisfaction	<input type="text"/>
Time to screening	<input type="text"/>
Time to diagnosis	<input type="text"/>
Time to treatment	<input type="text"/>
Barriers to care/actions to remove barriers	<input type="text"/>
Adherence to scheduled visits/missed appointments	<input type="text"/>
Adherence to treatment	<input type="text"/>
Care coordination	<input type="text"/>
Communication between patient and provider	<input type="text"/>
Healthcare utilization	<input type="text"/>
Psychosocial distress	<input type="text"/>
Quality of life	<input type="text"/>
Healthy behaviors	<input type="text"/>
Other: Please specify below	<input type="text"/>

Please specify your response if applicable

4. How is your Patient Navigation program funded (select all that apply)?

- Internal funds allocated for program (i.e., new budget line item)
 - Grant support
 - Direct reimbursement
 - Existing resources (e.g., staff, space)
 - Other: Please specify below
-

Best Practices in Navigation and Survivorship Survey

5. If you are formally tracking return on investment, cost-benefit, cost vs. revenue or cost-effectiveness of your Patient Navigation program, which factors are being evaluated (select all that apply)?

- Not formally tracking these
- Direct program costs (e.g., personnel, materials, training, procedures)
- No-shows avoided
- Outmigration avoided
- Downstream revenue
- Payments that otherwise might not have been made
- # patients
- # procedures, tests, consultations, etc.
- Referrals from other patients & navigators
- Timeliness of care
- Barriers/resolutions
- Clinical trials accrual
- Patient satisfaction
- Adherence to treatment
- Quality of life
- Survival
- Other: Please specify below

Best Practices in Navigation and Survivorship Survey

6. Please rate the difficulty of the challenges you face in implementing and sustaining your Patient Navigation program services.

	1 - Most Challenging	2	3	4	5 - Least Challenging	N/A
Lack of administration support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of physician support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff/provider clarity on patient navigation roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to find a qualified navigator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of reimbursement for navigation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are not interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list other challenges and numeric level of difficulty

7. What are your suggestions for how to sustainably finance Patient Navigation program services?

Questions 8-17 focus on Survivorship Programs. Question 16 is about both programs.

Best Practices in Navigation and Survivorship Survey

8. Which constructs are you measuring in your Survivorship Program (select all that apply)?

- Patient satisfaction
- Adherence
- Functional status
- Quality of life
- Psychosocial distress
- Self-efficacy/patient activation
- Physical activity
- Health behaviors
- Care coordination
- Healthcare utilization
- Cost-benefit
- Cost-effectiveness
- None
- Other: Please specify below

Best Practices in Navigation and Survivorship Survey

9. Which patient assessment tool(s) do you use in your Survivorship Program (select all that apply)?

- Body Image Scale
- Communication and Attitudinal Self-Efficacy-Cancer (CASE-C)
- Distress Thermometer
- Fatigue Scale: Please specify below
- Functional Assessment of Cancer Therapy- General (FACT-G)
- Functional Assessment of Chronic Illness Therapy (FACIT)
- Impact of Cancer Scale Tool
- McGill Pain Questionnaire
- Patient Health Questionnaire (PHQ-9)
- Patient satisfaction survey
- SF-36 or SF-12
- Tool developed by my institution: Please describe below
- None
- Other: Please specify below

Please specify your response if applicable

10. Which Survivorship Care Planning tool(s) do you use (select all that apply)?

- ASCO Templates
- Journey Forward Survivorship Care Plan Builder
- LIVESTRONG Survivorship Care Plan
- Tool developed by my institution
- Discharge letter from oncologist
- Report generated from EMR: Please specify EMR provider below
- Commercial Survivorship Care Plan (i.e. Cogent's Equicare Software): Please specify below
- None - We have a Survivorship Program but do not provide Survivorship Care Plans
- Other: Please specify below

Please specify your response if applicable

Best Practices in Navigation and Survivorship Survey

Note: If you are willing to share your care planning tools with other organizations, please e-mail ereed@gwu.edu. Your e-mail will not be linked to your survey response, and identifying information (e.g., institution name) can be removed upon request.

11. Please rate the difficulty of the challenges you face in implementing and sustaining your Survivorship Program.

	1 - Most Challenging	2	3	4	5 - Least Challenging	N/A
Survivors unwilling to transition care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oncologist(s) are unwilling to transition care (specify reason in "other" box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians want more evidence before changing practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distrust between oncologist and primary care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivorship is not an institutional/departmental priority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding to cover program costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reimbursement challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of administration buy-in/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of physician buy-in/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff buy-in/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about caring for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need additional program development/implementation assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff time: Current staff are too busy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff time: Completion of SCP takes too long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of guidelines for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list other challenges and numeric level of difficulty

Best Practices in Navigation and Survivorship Survey

12. How is your Survivorship Program funded (select all that apply)?

Internal funds allocated for program (i.e., new budget line item)

Grant support

Direct reimbursement

Existing resources (e.g., staff, space)

Other: Please specify below

13. Which reimbursement code(s) do you use for your Survivorship Program clinic visit (e.g., 2 providers [NP and MD] each at level 3 visit, 1 provider [MD] at level 5 visit, team conference code)?

Best Practices in Navigation and Survivorship Survey

14. What reimbursement challenges, if any, does your institution have in providing Survivorship Program services (select all that apply)?

- None
- Creation of SCP
- Delivery of SCP to patient
- Care coordination with PCP and other providers
- Specialty referrals: Please specify below
- Not all clinician services are covered: Please specify below
- Screening/surveillance
- Health promotion
- Symptom management and palliative care
- Late effects education
- Psychosocial assessment
- Medical assessment
- Nutrition services
- Physical activity services
- Weight management services
- Psychosocial care
- Rehabilitation for late effects
- Patient navigation
- Other: Please specify below

Please specify your response if applicable

15. What are your suggestions for how to sustainably finance Survivorship Program services?

16. Is there additional information about what others are doing that would be helpful for you as you design and implement your Patient Navigation and/or Survivorship Program (s)?