

The Boston Medical Center Patient Navigation Toolkit

1st Edition



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PATIENT NAVIGATION AT BOSTON MEDICAL CENTER

Since its inception in the year 2001, the AVON Breast Health Initiative at Boston Medical Center has provided breast health navigation services for more than 20,000 women, most of who are in low-income households and/or members of racial/ethnic minorities.

Early on, we developed a model of patient navigation designed to ensure that vulnerable women receive timely diagnostic breast health services and demonstrated improvements in follow-up rates.¹ We expanded that patient navigation model within the general medicine practices to include outreach to ensure timely adherence to routine screening mammography, and again showed an improvement in adherence rates.²

Our work revealed that women seeking care from local community health centers were less likely to attend follow up appointments than those referred from hospital-based practices. The Boston Medical Center Patient Navigation Research Program was funded in 2005 by the National Cancer Institute's Center to Reduce Cancer Health Disparities and the American Cancer Society as one of nine programs to participate in the Patient Navigation Research Program (PNRP) Cooperative Group.³ The Boston PNRP developed a unique Community-Based Participatory Research Program, partnering with six Community Health Centers that serve a high proportion of Boston's racial and ethnic minority and low income populations. These practices worked together to design, implement and evaluate a primary-care-based lay patient navigation program, targeting women with both breast and cervical cancer screening abnormalities. The Boston PNRP along with our CHC partners enrolled more than 4,000 women in the project.

Over time, the same navigation model was adopted in other departments across the Medical Center including medical oncology, urology and otolaryngology. And with support from the Massachusetts Department of Public Health, Boston Medical Center directs a comprehensive chronic disease patient navigation program based within the hospital's three primary care practices. The health disparities targeted in this program include screenings for breast, cervical, colorectal, and prostate cancers, cardiovascular disease, and routine primary care services. These patient navigators are now being integrated into the evolving medical home model at Boston Medical Center. Most recently, we are exploring patient navigation in the community setting, where navigators will assist public housing development residents to access primary care.

OUR TEAM

Collectively, the toolkit authors and contributors have more than four decades of experience designing, implementing and evaluating patient navigation programs targeting urban, underserved populations across the spectrum of cancer care and more recently in chronic disease. In addition to their extensive experience training community health workers, they work collaborative with partners from across the country to ensure the science, dissemination and sustainability of navigation programs nationwide.

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Elaine Campbell Lowe

October 6, 1978 - October 17, 2011

This toolkit is dedicated to the memory of Elaine Campbell Lowe a courageous patient navigator for the AVON Initiative at Boston Medical Center. Elaine lived her life with determination, spirit and courage. Despite her own cancer diagnosis, Elaine was relentless in her commitment to the underserved, gaining the trust and respect of our most vulnerable patients. Her fierce determination to live a full life was matched only by her passion for patient care. Her memory lives on as our model patient navigator in the case studies presented in this Toolkit. She is deeply missed.

Photo credit: Gretje Ferguson

THE BOSTON MEDICAL CENTER PATIENT NAVIGATION TOOLKIT

INTRODUCTION

This toolkit is designed to help you plan and implement a Patient Navigation program *with the best chance of reducing health disparities and improving health outcomes for your patients*. It contains evidence-based and experience-based examples, case studies, practical tools, and resources to help you:

1. Establish an evidence-based patient navigation program tailored to reduce barriers for your patients
2. Incorporate best practices to enhance current patient navigation programs or services
3. Implement a patient navigation model to address any targeted medical condition where disparities exist
4. Hire, prepare, supervise, support and retain effective Patient Navigators
5. Navigate patients who experience health disparities
6. Evaluate patient navigation programs with the aim of continuous quality improvement

Our experience has been mainly with cancer, so the examples presented in the toolkit are all cancer-related, in keeping with what we know best. However, the information and tools included are readily adaptable to other diseases and conditions.

AUDIENCE

The toolkit was designed specifically for three distinct audiences:

- Program planners and administrators
- Supervisors of patient navigators
- Patient navigators

Policy advisors, researchers and others interested in Patient Navigation may also find the content and resources presented here useful.

USING THE TOOLKIT

As the name implies, the toolkit provides a selected set of tools and resources that are useful in different phases and aspects of navigation programs. Like a physical toolkit, you may not need to use every tool, or even read every chapter and volume; you'll use only the tools you need for your specific situation. This is particularly the case if you are already experienced in developing navigation programs. Thus, we encourage you to begin by scanning each volume's list of chapters in order to see what will be most relevant to your situation and needs.

The toolkit is comprised of three comprehensive volumes. Each volume is designed to be used in conjunction with the others, but can serve as a stand-alone guide for specific users:

Volume	Title	Audience
I	<i>Developing Your Patient Navigation Program</i>	Program initiators/planners
II	<i>Supervising and Supporting Patient Navigators</i>	Supervisors of navigators
III	<i>Patient Navigation in the Field</i>	Patient Navigators

Each volume contains a set of chapters describing the key elements of Patient Navigation relevant to its audience. You may choose to read our toolkit strait through, or pick out the volumes or chapters relevant to your cause and start from there—complete read through is not required to benefit from this toolkit.

Each chapter is organized into printed resources, online resources, tasks, tools, templates, and case studies so that you can:



- **Read more about it** – *Recommended published materials* that address patient navigation in more depth or from other perspectives than those presented in the toolkit, including scientific articles, books, and journal articles, training curricula and websites



- **Find it online** – *Recommended online materials* that supplement reading resources with free online information, tutorials, and other navigation program websites



- **Stop and do it** – *Interactive tools* where you will be asked to complete a task, reflect, or answer questions to guide learning and decision-making processes, such as checklists and Q&A sections



- **Use it “as is” or adapt to your needs** – *User-friendly instruments* that are adaptable, task-specific and linked to evidence-based recommendations, such as diagrams, monitoring and evaluation tools, case and other practical materials that you can use without alteration



- **Customize for your needs** – *Easy-to-adapt structured documents* that you can use for your own purposes as a tool to generate ideas or a template to mold to your needs, including blanks, ‘fillable’ forms, and example protocols
- **For example..** **See it in action**– *Case studies and descriptions based on true stories* that illustrate a concept, explain how a tool is used, or identify pitfalls and solutions using lessons learned from our experience as well as observational research conducted on navigation programs

THE EMERGING MODEL OF PATIENT NAVIGATION

The first patient navigation program was started in 1990 in Harlem, New York by Dr. Harold Freeman to help low-income women overcome barriers to breast cancer screening and follow-up care.⁴ Since then, medical science has made continuous strides in cancer care. However, patient, provider and system barriers continue to cause delays in care, affect the quality of care, and lead to poor health outcomes in low-income, underinsured and racial/ethnic minority populations.^{5,6}

Over the past two decades, patient navigation has emerged as an innovative, community-based approach to reducing cancer health disparities along each step of the cancer care continuum; screening, diagnosis, treatment, and outcomes.⁷ Early success^{1,4} in patient navigation has led to the creation and dissemination of many versions of “patient navigation,” employed not only in cancer care but in the health care of patients with other targeted chronic or acute diseases.⁸

As a result, a wide variety of health programs and services have been developed under the umbrella of “patient navigation” in the absence of any generally accepted definition of patient navigation or established parameters for best practices in patient navigation. Both a review of the published literature about patient navigation and the experience of Boston Medical Center with patient navigation suggest that patient navigation programs vary widely in three areas:

- The “problem” or target disease (health disparity)
- Community characteristics and “needs” (barriers to care)
- The type of health care system in which navigation is implemented (e.g. primary vs. specialty care, community vs. clinic setting, different insurance payers, regulations, etc.)

Clearly, patient navigation is not a “one-size-fits-all” model. In fact, differences among navigation programs are desirable when informed by local variations in these central aspects of care. However, there are some consistent principles that provide the foundation of successful patient navigation programs. This toolkit is intended to support appropriate variations in program implementation while also preserving the integrity of what patient navigation was designed to accomplish—to *reduce health disparities*. Accordingly, it offers

case studies, tools, and resources from cancer care navigation that can be applied to reduce the impact of the target disease, health disparities, and barriers to care unique to your own community.

Our foundation and experience is in cancer. Our intent is to provide framework and principles that are applicable to other disease areas. In fact, there is growing interest in understanding how to navigate a *patient* and not a specific disease. For example, if a woman develops breast cancer and has pre-existing diabetes, how can navigation meet the needs of this patient as a whole?

DEFINITION OF PATIENT NAVIGATION

To maximize the usefulness of the toolkit, we offer the following general concepts to provide a working definition for patient navigation and the framework for the toolkit.

- Patient navigation is a model of care that aims to reduce an existing health disparity as defined in a particular community.
- Patient navigation addresses a patient’s individual barriers to care by linking them to existing local and regional resources, not by creating new resources or services.
- Patient navigation is not just a patient navigator; navigation requires a team approach: administrators to champion the program, supervisors to provide clinical and administrative support, *and* patient navigators with a defined role within the healthcare team.

These concepts have guided us as we put patient navigation into operation within our own institution and our community. Although variations in the definition of patient navigation exist, we found that patient navigation is generally defined as a *barrier-focused intervention* (in this case, for cancer care) with seven common characteristics:

1. Navigation is provided to individual patients for a defined episode of care (e.g. through the evaluation of an abnormal screening test)
2. Navigation targets a defined set of health services that are required to complete an episode of care
3. Navigation has a defined endpoint when the provision of services is complete (e.g. when the patient achieves diagnostic resolution after a screening abnormality)
4. Navigations serves to bridge gaps in the existing healthcare system for individual patients
5. Navigation systems require coordination among members of the health services team
6. Navigation services focus on the identification and reduction of individual patient-level barriers to accessing and completing care
7. Navigation aims to reduce delays in accessing the continuum of care services, with an emphasis on timeliness of diagnosis and treatment and a reduction in the number of patients lost to follow-up

Our definition of patient navigation is consistent with the recently published “principles of navigation” by Dr. Freeman⁹. This working definition also works well within the current movements in health care deliver reform to promote patient-centered care and coordinated care. Accordingly, patient navigation is now a requirement for certain accreditation standards by the following organizations and movements:

- Commission On Cancer
- Joint Accreditation Commission on Hospital Organizations
- Patient-Centered Medical Home

As interest in the patient navigation model continues to grow and new programs are developed and implemented to address a variety of health concerns with a variety of patient populations, we hope this toolkit will help program initiators to incorporate:

- Essential elements of an evidence-based patient navigation model
- Best practices in patient navigation from lessons learned in the field and through research
- Patient-centered approach to care delivery

DEVELOPMENT OF THE TOOLKIT

The content of this toolkit is drawn from published and public information about patient navigation. Its sources include:

- Literature review of relevant scientific articles
- Review of existing patient navigator training curricula
- Exploration of on-line patient navigation resources
- Participation in professional conferences relevant to patient navigation
- Key informant interviews and focus groups with stakeholders such as: patient navigators, supervisors, clinicians, medical directors, program coordinators and investigators
- The experiences and expertise of the Boston Medical Center Women’s Health Unit, the Boston Patient Navigation Research Program (PNRP), the AVON Safety Net Grantees, and the Central Massachusetts Area Health Education Center’s Outreach Worker Training Institute.

FINAL THOUGHTS

We hope that you find this toolkit to be a beneficial and easy to use resource to development and improvement of your patient navigation program. Good luck!

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The Boston Medical Center
Patient Navigation Toolkit

**Volume 1: Developing Your
Patient Navigation Program**

For Program Planners

What the icons mean

Throughout these three volumes, you will find resources. They are marked by icons to give you another way to quickly find the kinds of materials you want.

This icon...	...flags a resource that you can use to...
	<i>Read more about it</i> Summaries of books, research journal articles and other written materials you can read if you want to go deeper into the topic. Includes full citations so you can locate the complete text.
	<i>Find it online</i> Descriptions of websites and other online resources with links (URLs). Includes information about how you might use the site's contents.
	<i>Stop and do it</i> Reminder to pause and do the task described in the section you just read <u>before</u> you continue reading.
	<i>Use it "as is" or adapt to your needs.</i> Resources that will help you do the task discussed in the section you just read.
	<i>Templates & forms</i> Blanks, stationery, "fillable" online forms and other materials you can use as is or customize to meet your needs.
For example..	<i>See it in action</i> Scenes from the story of a fictitious healthcare program. These snippets show how the processes and tools being described might look in the real world.

INTRODUCTION

What do we mean by “patient navigation”?

In this toolkit, we define patient navigation as *a model of care whose goal is to reduce an existing health disparity in a particular community*. Patient navigation addresses the barriers to care experienced by individual patients. It helps connect these patients to existing resources in their communities. Patient navigation is more than just the Patient Navigator: she or he has a defined role as part of a team that also includes administrative champions and clinical and administrative supervisors.

While this toolkit contains many examples and resources specific to patient navigation in the context of cancer care, it has been written in such a way that much of the guidance and many of the resources will be relevant to navigation for other health conditions. This is particularly true for Volume 1, which focuses on program development.

Volume 1: Developing Your Patient Navigation Program is the first of three volumes that make up the *Boston Medical Center Patient Navigation Toolkit*. It is designed for people who are thinking about providing patient navigation services. The goal of this volume is to guide you as you plan, design and launch a patient navigation program that will help your patients get the services and support they need. However, if you want to strengthen or expand an existing navigation program, you will also find much of the content of this volume useful.

Volume 1 is written for people who have little or no training in program development. However, experienced program planners may want to skim through to see if any of the ideas or resources identified could be of use to them.

Volumes 2 and 3 of this toolkit provide handbooks for the supervisors of Patient Navigators and for the Patient Navigators themselves. If you are setting up a new program, completing Volume 1 first will lay the groundwork to help you get the most out of Volumes 2 and 3. If you already have an established navigation program, Volumes 2 and 3 offer ideas and materials you may want to incorporate to further enhance your program.

What you will find in this volume

This volume will take you through seven major topics. When you have addressed these topics, you will have the information you need to pitch your navigation program to potential funders and institutional and community champions who can help you get your program going. You can work your way straight through the chapters in sequence or, if you've done some parts of this process already, you can jump straight to the parts you still need to cover.

1. *Focusing on the problem*

Identify and better understand the existing conditions that affect the problem your navigation program will address.

- a. What *exactly* is the problem you want to solve?
- b. How does your definition of the problem affect your program design decisions?
- c. How do we do a needs assessment?
- d. What's already out there?

2. *Identifying partners and supporters*

Create partnerships and collaborations that will help you develop your navigation program.

- a. Who needs to be involved in designing your program?
- b. What is stakeholder analysis?
- c. How will you match the resources your stakeholders can provide with the needs of your program?
- d. How will you get the stakeholders engaged in the process?

3. *Setting program goals*

Define the goals and objectives of your navigation program.

- a. Why set goals?
- b. What kinds of goals work well?
- c. How do you go about defining relevant goals?
- d. How do you avoid "scope creep"?

4. *Designing your program*

Bring together individuals whose skills, knowledge, personality and credibility in the community will enable them to develop, implement and do the work of navigation as you have defined it.

- a. How are other navigation programs structured?
- b. What factors might influence the way you structure your program?
- c. How will you develop job descriptions for your navigation program staff?
- d. How will you recruit and hire your navigation program staff?
- e. How will your Patient Navigator(s) be supervised?
- f. How will your navigation efforts be documented?

5. *Funding your program*

Identify and seek the funding needed to start and sustain your navigation program.

- a. How do you make the business case for navigation?
- b. Why do you need internal and external budgets?
- c. How will you use your written budget to articulate your development goals?

6. *Getting your program started*

Develop a comprehensive plan to make sure your Patient Navigators – and the people with whom they will work – have the training, skills and resources they will need to accomplish the work of navigation, as you have defined it.

- a. How will navigation fit into your patients' current experience of care?
- b. How can you use organizational assessment to explore how navigation could work in your organization?
- c. What are the key steps to communicating about your navigation program?
Whose “buy-in” will you need to make this work?
- d. How do we keep our program on track?

7. *Assessing your program*

Decide how you will evaluate your navigation program.

- a. What does “success” mean for your program?
- b. How will you evaluate your program?
- c. How will you communicate results?
- d. How will you incorporate the lessons you learn along the way?

List of Tools

TOOL 1.1 Your program's five why's

TOOL 1.2 Resources & Stakeholders

TOOL 1.3 Defining Program Goals

TOOL 1.4 Questions for Other Navigation Programs

TOOL 1.5 Program Activities by Domain

TOOL 1.6: Supervision Responsibilities by Domain

TOOL 1.7 Budget Template

TOOL 1.8 Program Launch Plan Template

Glossary

Direct Cost: An expense that can be linked to specific materials or services provided

Health disparity: “Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States” (National Institutes of Health)

HEDIS: Healthcare Effectiveness Data and Information System – measures how institutions are performing in various aspects of healthcare and service. Developed by the National Committee on Quality Assurance and used by most healthcare plans in the U.S. See the NCQA’s webpage on HEDIS – <http://www.ncqa.org/tabid/59/Default.aspx> – for more information

HIPAA: Refers to the *Standards for Privacy of Individually Identifiable Health Information*, also known as the “Privacy Rule,” which was issued by the U.S. Department of Health and Human Services (HHS). The rule sets national standards for how specific, health-related information about individuals is to be protected. The acronym “HIPAA” refers to the title of the legislation requiring HHS to implement such a rule: *Healthcare Information Portability and Accountability Act*. See the HHS website for more information: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

Indirect Cost: An expense that supports multiple users, making it harder to assign to particular department

Mission Statement: A brief declaration of the guiding purpose of a program

Return On Investment (ROI): Also called **rate of return (ROR)**. The ratio of gain or loss on an investment, usually given in percentages

Stakeholder: An individual, group or organization that is or might be affected by a decision or action

Chapter 1: Focusing on The Problem

Goal: When you have finished this chapter you will have the information, tools and resources you need to identify and better understand existing conditions that affect the problem your navigation program will address.

What's the problem?

If you are exploring patient navigation, you have probably already identified the problem you think it might help you solve. To design an effective navigation program, you will first need to deepen your understanding of that problem and the resources that will be available to you as you try to solve it.

To get started with your program design, you should be able to clearly describe:

- a. The health condition(s) to be addressed and why it matters
- b. Any barriers to good health – conditions (socioeconomic, cultural, structural) that may contribute to the health condition
- c. Cultural factors that may influence the definition of and appropriate responses to the health condition
- d. Healthcare and other community resources already available to address these barriers
- e. The gaps in these resources that your program will need to fill.

Topics to be covered in this chapter

1. Defining clearly the problem you want to solve
2. How your definition affects your program design
3. Carrying out a needs assessment
4. Identifying existing resources

1. What *exactly* is the problem you want to solve?

To design a successful navigation program, it's essential to clearly identify the goals of your patient navigation program. Articulating these goals early will help you with the remaining steps needed to develop your navigation program. It also will make it easier to communicate the benefits of the proposed program to the many stakeholders whom you will need to engage during the development and implementation processes. Here are some common reasons why organizations decide to develop a patient navigation program.

- You may be looking to introduce navigation as part of a larger effort **to improve the quality of care, patient satisfaction or both.**



Quality of Care / Patient Satisfaction

- D.M. Berwick, T.W. Nolan & J. Whittington. "The Triple Aim: Care, Health, and Cost." *Health Affairs*. 2008.

<http://content.healthaffairs.org/content/27/3/759.full>

This seminal article identifies a set of three interdependent goals the authors argue must be met before the U.S. healthcare system can be significantly improved: the Triple Aim of making the healthcare experience more satisfactory at the individual level, more effective at the population level, and less costly. One of the preconditions they list for implementing the Triple Aim is the creation of an institutional-level role they call the "integrator," some of whose responsibilities could be fulfilled through a well-designed patient navigation program. FREE

- Association of Community Cancer Centers. *Cancer Care Patient Navigation: A Call to Action*. "Designed for Success."

<http://acc-cancer.org/education/education-patientnavigation-resources.asp>

This online report describes the experience of a multi-hospital system that applied the Design for Six Sigma (DFSS) approach to develop their Breast Navigation Program. Patient navigation was seen as a way to provide excellent care and improve patient satisfaction. Particularly useful to sites interested in using Six Sigma or other quality improvement (QI) approaches to program development and implementation. FREE

- You may be developing a patient navigation program **to meet recommendations, standards or certification requirements**. A number of organizations now require that programs seeking certification through them must provide patient-centered care. Patient navigation programs can be structured to help meet such requirements.



Recommendations, Standards and Certifications • National

Committee for Quality Assurance: Patient Centered Medical Home.

<http://www.ncqa.org/tabid/631/Default.aspx>

In 2008, NCQA began to provide a Clinician Recognition Program for primary care providers. Revised in 2011, the program “recognizes clinician practices functioning as medical homes by using systematic, patient-centered and coordinated care management processes.” Patient navigation can be a part of meeting that requirement. FREE

- Agency for Healthcare Research and Quality (AHRQ): Patient Centered Medical Home Resource Center

http://pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/pcmh_defining_the_pcmh_v2

AHRQ’s model defines the patient-centered medical home as providing care that is comprehensive, patient-centered, coordinated, accessible and both safe and of high quality. Again, patient navigation can be one of the components of being patient-centered. FREE

- American College of Surgeons (ACS) - National Accreditation Program for Breast Centers (NAPBC)

<http://napbc-breast.org/standards/standards.html>

The ACS’ College on Cancer’s 2011 accredited cancer program standards promote a patient-centered approach to cancer care. These standards must be met at each of the more than 1,500 hospital cancer programs the NAPBC accredits. Patient navigation is one of nineteen of “clinical management” standards a breast center must meet to receive accreditation. FREE

- American College of Surgeons Commission on Cancer

<http://www.facs.org/cancerprogram/index.html>

<http://www.aononline.org/blog/patient-navigation-becomes-new-standard-cancer-program-accreditation> FREE

- “National Patient Navigation Leadership Summit (NP-NLS): Measuring the Impact and Potential of Patient Navigation. Supplement to *Cancer*.” August 1, 2011

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.v117.15s/issuetoc> FREE

- B. Moy & B.A. Chabner. 2011. “Patient Navigator Programs, Cancer Disparities, and the Patient Protection and Affordable Care Act.” *The Oncologist* 16:926-929.

<http://www.ncbi.nlm.nih.gov/pubmed/21804070> FREE (free registration required to access)

• Association of Community Cancer Centers. Cancer Program Guidelines. March 2009.
http://acc-cancer.org/publications/pdf/publications_cpguidelines.pdf FREE

All of these recommendations, standards and certifications identify the scope of clinical services needed to provide quality breast care to patients. However, none of them specifies a particular model. So, even if you're looking to introduce navigation as a step toward meeting them, you want to make sure to design something that addresses the needs of your facility, health center or program. And to do that, you must first figure out what those needs are.

If you've decided to start a navigation program, you have a reason. What is the need, the gap, the unsolved problem that no one else is covering? Whatever problem you want to address, you need to be able to state it clearly.

For example..

Helpful Health Program has noticed that a large proportion of their patients present with more advanced cancer. They've also noticed that many patients with abnormal cancer screening did not complete their diagnostic evaluation. They decide the problem they need to address is getting their patients to come in for routine cancer screenings and promptly complete any necessary follow-up.

Sounds good, but it doesn't go far enough. The differences they've identified are likely the result of other problems. Asking the "five whys" will help uncover at least some hypotheses about what those underlying problems are, which they can use to collect more information.

The "five whys" is a simple problem-solving technique that can be used to get beyond the first, or most obvious, reasons for why a problem exists. It is best used in a team or group where multiple perspectives and sources of information are present.



Introduction to the "five whys"

http://www.mindtools.com/pages/article/newTMC_5W.htm

The goal of this exercise is to work backwards from an observed problem to find the cause or causes for it, by asking "why" each time a new cause is identified. To avoid getting side-tracked by event- or blame-related answers, it is useful to ask, after each cause is suggested, "Is that the only reason?" FREE

For example..

Helpful Health Program already knows that one cause for the observed disparity in cancer outcomes is that many patients lack either health insurance or the funds to cover co-payments for office visits and follow-up. However, they know that, if they stop there and design a navigation program that is focused on helping patients find and qualify for free care and other kinds of coverage, they may miss other problems that could be equally or even more important barriers. They decide to do the “five why’s” to make sure they understand the whole picture.

We’ll return to this example later. For now, fill in the “five why’s” for your own program. We suggest answering the five why’s on a whiteboard or flip chart so the whole group can see the causes as they emerge.



TOOL 1.1: Your program’s five why’s

This tool is intended to make you stop and think about the five why’s in your program, even if you choose not to perform as a group activity at this time. Each why may lead in multiple directions, so this form represents a simplified approach to this technique. Feel free to record the information in ways that make best sense for your group. Add lines and take as much space as you need.

2. How does your definition of the problem affect your program design decisions?

As you look for and evaluate the information you find, keep coming back to this question. There is a lot of information out there! Asking this question regularly will help you focus your time and energy on the information and resources that are most likely to be useful to you.

For example..

Using the “five why’s” tool, Helpful Health Program discovers that, while paying for care is a barrier for some of their patients, many of them already have or qualify for some kind of coverage.

Continuing with the “five why’s,” they discover that transportation is another barrier most of their patients face. Now Helpful Health Program realizes they will need to design a navigation program that has a strong transportation component built into its activities, budget and promotional materials. A significant focus of the program will be identifying relevant transportation resources, so the program must be staffed by people who know how to navigate the transportation landscape in the communities their program will serve.

Given what they’ve learned, Helpful Health Program’s statement will include at least a paragraph or two about transportation.

“We want to start a navigation program here because our patients’ cancers are not being diagnosed soon enough to be easily treated. Our patients and their families and friends are suffering needlessly because of health conditions that could have been resolved if only they were caught sooner.

“Listening to our patients, we hear that one of the big problems our patients face is transportation: getting to regular checkups, getting to repeat visits for monitoring, getting to specialists, getting to procedures, getting to follow-up, getting to the drugstore for their prescriptions. Therefore, our navigation program is going to begin by focusing on how to better address the transportation needs of our patients.”

Notice that the language isn’t fancy or inspirational – it doesn’t need to be. The goal of this step is not to create a pretty statement to put in a brochure – there will be time for that later. Right now, focus instead on capturing what **exactly** it is that you are trying to do with your navigation program.

When you’re satisfied you’ve captured all the reasons you want to start a patient navigation program, you’re ready to do your needs assessment.

3. How do we do a needs assessment?

You’ve identified a problem – a need, a gap in services – that you think might be solved by patient navigation. Your next step is to understand that problem and the surrounding environment in detail. And for that, you’ll want to do a formal *needs assessment*.

Needs assessment is a process used by program developers to systematically build a deep understanding of a system – both its strengths and its weaknesses – with the goal of

making it better through some kind of change that will produce a desired outcome. Done right, it is hard work, but the results of a good needs assessment will provide both a foundation and a map for all you do as you design, implement and evaluate your program. The time and effort you invest now will pay off as you move forward!

This section briefly describes a general approach to needs assessment. The resources that follow will provide you with more detailed guidance. If you are already familiar with doing needs assessment, feel free to skip ahead to look at those resources.



Needs Assessment Pointers

<http://nnlm.gov/psr/lat/v10n5/pointers.html>

This short, online article provides a good overview of the basic elements of and issues in needs assessment. Note that the article was published in 2001, so the resource list is a bit dated; however, the main content remains useful. FREE

The most important thing to remember is that your needs assessment must supply you with *enough information* and the *right kinds of information* to design a program that will *address the actual needs* of the people you wish to serve and allow you *evaluate your program's effectiveness* in meeting those needs. Data from a needs assessment process also can be useful in presenting your program proposal to potential supporters and stakeholders.

Needs assessment will include the following nine activities.

1. Defining your program
2. Analyzing “the problem”
3. Determining what’s needed to address the problem
4. Choosing your strategy and objectives
5. Designing your program
6. Identifying your performance measures and the data needed to support them
7. Data management and analysis
8. Budgeting
9. Evaluating your program.

Notice that you have already begun some of these activities while working on this chapter. Others, such as budgeting and program evaluation, will be covered in more detail in upcoming chapters.

As you perform each activity above, get into the details. For example, when determining what’s needed to address the problem, it won’t be very useful to simply note that the target area for the program includes several different language communities. It will be important to gather data on the size of these language communities, the extent of English fluency in them, and their needs for not only interpreter services, but also program materials and outreach strategies in multiple languages.

There are lots of useful needs assessment-related resources available to guide you. Here are a few of them, with some questions to help you choose the one(s) that are likely to be most useful to you.

- Are you new to program design? Are you looking for a “refresher course”?



Kettner, Moroney & Martin, 2008. *Designing and Managing Programs. An Effectiveness-Based Approach.*

Whether you are designing a program from the ground up or adding navigation to an existing program, the section in Chapter 1 entitled “Using Effectiveness Principles to Understand Existing Programs” will give you the background basics and walk you through the steps, including: defining your program, analyzing “the problem,” assessing needs, choosing your strategy and objectives, designing your program, identifying your performance measures and the data needed to support them, data management and analysis, budgeting for and evaluating your program. Part II, “Problem Analysis/Needs Assessment,” explains the concepts that support this kind of work. Provides some simple tables and other supporting materials you can use as-is or adapt to suit your program.

AVAILABLE FOR PURCHASE

- Do you want some free, online training in needs assessment?



NOAA Coastal Services Center. *Conducting Needs Assessments.*

<http://www.csc.noaa.gov/training/needs-assessment.html>

Yes, you read that correctly! The National Oceanic and Atmospheric Administration (NOAA), has an online course on conducting a general needs assessment that you can use to help you develop your patient navigation program. The course includes: a unit on market analysis, a step-by-step description of a needs assessment process that includes questions to ask and risks to consider; assessment methods; audience characterization; sample size and response rates; developing questions; and case studies. Interactive exercises let you test how much you’ve learned. And even though the subject matter of the two case studies at the end is not relevant to the healthcare setting, they both provide useful examples of what the assessment activities and resulting products might look like in practice. The materials, exercises and tests in this training provide a convenient way to learn how to do a needs assessment at your own pace without leaving your desk. FREE

- Do you want some help explaining needs assessment to others whose support or involvement you need in developing your navigation program?



National Cancer Institute (NCI). *Using What Works: Adapting Evidence-based Programs to Fit Your Needs. Module 2 – Needs Assessment: Getting To Know Your Audiences Better.*

http://cancercontrol.cancer.gov/use_what_works/mod2/start.htm

This module, one of five in the NCI web-based train-the-trainer course, is designed for use from local to national level. Module 2 includes: 17-page lesson plan, 20 PowerPoint slides that can be customized for local relevance, and 9 handouts that discuss topics including focus groups, qualitative and quantitative research methods, literature review, secondary sources, and engaging partners, as well as a case study. Free access; also available on CD-ROM available to order on the website. FREE

- Looking for ideas and materials you can use to carry out your needs assessment?



Sharma, Lanum, Suarez-Balcazar. 2000. *A Community Needs Assessment Guide. A Brief Guide on How to Conduct a Needs Assessment.*

http://www.luc.edu/curl/pdfs/A_Community_Needs_Assessment_Guide_.pdf

This guide is written for general community needs, but the approach and strategies could be tailored to focus specifically on health needs. Provides guidance on holding focus groups, developing a survey and sharing your findings. Contains examples of resources in both Spanish and English including needs assessment surveys and consent forms. 33 pages, printable. FREE

- Need some ideas for what approach (or approaches) to use for your needs assessment?



Murray, G. 1995. *Practice based health needs assessment: use of four methods in a small neighborhood.*

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2549816/pdf/bmj00595-0027.pdf>

A peer-reviewed journal article in the British Medical Journal (BMJ), this article compares the results of using four methods for assessing local health needs: data from local medical practices, local statistics, rapid participatory appraisal and a mail-in survey. Concludes that a mixed-methods approach may produce more useful data than any single method. Note that, although the article is written in Britain, the approach to assessing local health needs could be easily adapted to U.S. settings. 7 pages. FREE

While looking at needs assessments that have been conducted for other programs in your community may be a useful starting point, remember that your needs assessment must be as specific to the problem you are trying to solve as possible. If the problem is that community members are not following up on screening results, your needs assessment will need to explore how those results are communicated to them, and how referrals for follow-up testing are handled. You will also want to assess the accessibility of those follow-up services relative to the accessibility of the screening services. If strategies such as mobile screening sites and/or extended hours are offered for screening, but not for follow-up, that may suggest some barriers that a navigation program will need to address. Remember also to investigate the multiple needs the target population may have. Another way to uncover unmet needs of your target population is to perform organizational assessment (see Volume 2, Chapter 1 for more information on organizational assessment). Some barriers seem relatively easy to identify, but be sure to dig deeper and find out whether there is something else behind each one.

For example..

After talking with patients and staff as part of their needs assessment, Helpful Health Program learns that many of their patients do not own cars and must rely on mass transit, taxis or rides from family or friends. Bus and subway rides can be time-consuming, with long waits and multiple transfers outside of rush hour. Taxis can be too expensive for patients on limited incomes, plus it can be hard to catch a cab in some neighborhoods. And counting on rides from others who also have busy lives doesn't always work out. The program decides to focus on ways to address the transportation barrier.

4. What's already out there?

No need to waste time and resources reinventing the wheel! Now you've identified the problem you want to solve and done your needs assessment, take a careful look at what's already available that might help address those needs. Look at existing navigation programs – both local and elsewhere – to find ideas and materials you can use and people who may be willing to help you by sharing their experiences and “lessons learned” in setting up their programs.



Identify existing services. Know what others – both *within* and *outside* your organization – are doing so you can avoid duplication of services and identify and address any gaps in services. Make a list of organizations that provide the kinds of supportive services people your program might need. Contact them to learn what they offer, to whom, and what eligibility requirements they have.

Talk to existing navigation programs. Check the websites of organizations that support cancer research and treatment to see what navigation programs they've funded, then look those programs up on the Internet. Jot down a couple questions or topics you'd like to discuss with them, then get in touch by phone or e-mail. Remember: these programs have been where you are now, and you'll find they have invaluable lessons and advice to offer.



Some Resources to Get You Started

American Cancer Society

<http://www.cancer.org/Treatment/SupportProgramsServices/index>

The ACS Patient Navigator Program offers an 800-number for patients to call to be connected with a Patient Navigator at a cancer treatment center. The ACS also offers many other programs and services that may be helpful to the people your program will serve. FREE

Avon Foundation for Women

<http://www.avonfoundation.org/>

The Avon Foundation supports patient navigation activities and programs around the country. These programs vary in size, location and organizational structure. They also offer a variety of models of patient navigation. FREE

Harold P. Freeman Patient Navigation Institute

<http://www.hpfreemanpni.org/>

The institute, founded by and named for the Harlem physician who is often called “the father of navigation.” Freeman began developing a barriers-oriented navigation model in response to seeing so many of his patients arriving at his office with advanced stages of cancer. The institute offers training (FOR A FEE) and resources for patient navigation (FREE).

Institute for Alternative Futures. The DRA Project. Accelerating Disparity Reducing Activities. Patient Navigator Program Overview.

http://www.altfutures.com/draproject/pdfs/Report_07_02_Patient_Navigator_Program_Overview.pdf

This report describes 10 different patient navigation programs focused on reducing health disparities. Use it as an overview of the variety of ways a successful navigation program might be structured and operated. FREE

National Cancer Institute (NCI) Center to Reduce Cancer Health Disparities (CRCHD) Patient Navigation Program (PNP)

<http://crchd.cancer.gov/pnp/background.html>

This website describes research projects across the country that are looking at different ways of doing patient navigation with various populations. Articles and links to other websites will help you find additional resources. Includes a link to the Cancer Health Disparities website, which offers lay information, statistics, research, training and other resources around the issue of cancer disparities. FREE



Take good notes on what you find, including contact information. The details will be useful to you as you plan your program. You also may want to include these programs and services in a list of resources for program staff and/or the people your program will serve.

And when you send a thank-you note to someone who has made time to help you, include your contact information and invite them to ask you for help in the future. Building your network in the navigation community will give you more opportunities to share lessons learned, ideas for resources and other valuable information and experience.

For example..

Helpful Health Program staff members talk with colleagues at the other health centers in the area and learn some of them have made arrangements with local taxi companies to provide transportation for their patients who need it, using vouchers.

Helpful Health Program also talks to staff at several navigation programs they found online. They hear about volunteer driver programs, social service programs that cover transportation costs and mass transit systems that offer door-to-door service for elderly or disabled patients.

They now have some more ideas to explore as they develop their own navigation program – and new contacts with whom to network, share resources or even collaborate.

General Resources for Chapter 1: Focusing on The Problem



Kettner, Moroney & Martin, 2008. *Designing and Managing Programs. An Effectiveness-Based Approach.*

Whether you are new to needs assessment or want a quick refresher, you may find it helpful to read Part II, “Problem Analysis/Needs Assessment,” which lays out the thinking behind needs assessment and what you will get from it. AVAILABLE FOR PURCHASE



Shalkowski, L. “Designed for Success.” *Oncology Issues.* Jan/Feb 2009.

http://acc-cancer.org/oncology_issues/articles/janfeb09/JF09shalkowski.pdf

Interested in using quality improvement approaches to make your program even better? This article describes the experience of a multi-hospital system that applied the Design for Six Sigma (DFSS) approach to develop their Breast Navigation Program. Patient navigation is presented as a way to provide excellent care and improve patient satisfaction. FREE



Long Island College Hospital. *Breast Health Navigator Program.* January 2002.

http://www.hanys.org/quality/clinical_operational_initiatives/bcdp/docs/Long-Island-College-Hospital-Breast-Health-Navigator-Program.pdf

Want to learn how one site established its program? This resource on the HANYS Breast Cancer Demonstration Project’s website offers a Best Practices Strategy Guide. Summarizes how the program was developed and what they learned: their “Keys to Success.” Describes some challenges encountered and the ways the program overcame them. Lists resources for patient navigation. FREE

Chapter 1: Review and Summary

You should now have the information, tools and resources you need to identify and better understand existing conditions that affect the problem your navigation program will address. When you have completed the tasks in Chapter 1, use the checklist below to summarize what you've learned.



Checklist

- We have clearly defined the problem our program will address.

- We have carried out a needs assessment.

- We have identified the existing resources to address the problem.

Notes/Reminders:

Chapter 2: Identifying Partners and Supporters

Goal: When you have finished this chapter you will have the information, tools and resources you need to create partnerships and collaborations that will help you develop your navigation program.

Who should be part of the solution?

You will need to identify and engage:

- a. Stakeholders (internal and external) that need to be involved
- b. Partners and collaborators who will enhance your program's capacity to address the problem.

Topics to be covered in this chapter

1. Deciding who needs to be involved in designing your program
2. Methods for stakeholder analysis
3. Matching partner and collaborator resources with program needs
4. Ways to engage your stakeholders

1. Who needs to be involved in designing your program?

To design a successful program, it's essential to clearly identify the key people and organizations that need to be involved in the development and implementation of your program. These are your *stakeholders*, and the process of identifying them and their interests and concerns is called *stakeholder analysis*.

A stakeholder can be:

- an individual (examples: a patient, a community member, a provider, a financial supporter)
- a group of people who may or may not know each other (examples: all of a clinic's patients, a neighborhood association, Hispanic women in City X, nurse practitioners in the Internal Medicine Department)
- an institutional entity (examples: a medical practice, a government office, a nonprofit group or a local business).

Note that managing stakeholders is an ongoing process that begins before your program is established and will continue throughout the life of your program. Remember: the relationships and attitudes formed now will have a big impact on the success of your program.

For example..

Helpful Health Program will be setting up its program in a clinical setting, so they will need to inform and engage the clinician groups with whom the Patient Navigators will be expected to interact. The doctors and nurse practitioners will have questions and concerns: “What impact will the Patient Navigators have on the office flow?” “How will these Patient Navigators affect my relationships with my patients?” These topics will need to be addressed during the planning and implementation process.

2. What is stakeholder analysis?

Stakeholder analysis is the process of systematically:

- 1) *identifying* the individuals and organizations that need to be involved in your program, such as staff at your facility, service providers in the community, specific patient populations, or potential donors; and
- 2) *thinking through* how the proposed program relates to each of them. Will it require resources from them? Will it change the way they do their work, potentially making it easier or making new or different demands on their time? Is the Patient Navigator expected to be integrated into their existing team in some way?

The benefit of a systematic stakeholder analysis is that it enables you to thoughtfully plan for the involvement of all relevant parties at some point in the development and implementation process of your program. Without a stakeholder analysis, you run the risk of missing some person or group whose cooperation and support will be important, and thus potentially creating stumbling blocks for yourself up front or down the road.



Young, M.L. “What Is Stakeholder Analysis and Why Should You Do It?”

<http://www.pmhut.com/what-is-stakeholder-analysis-and-why-should-you-do-it>

For a short guide to doing a stakeholder analysis, see Michael L. Young’s online article. This article walks you through the steps of identifying stakeholders, figuring out their needs, assessing the level of effort you should make to engage each of them, writing a report or summary table to capture what you’ve learned, and selecting appropriate ways to communicate with your various stakeholders. (See the Thompson article, “Stakeholder Analysis: Winning Support for Your Projects,” below for a grid similar to what Young describes.) FREE

Depending on where your program is based, and what it addresses, you may find that relevant stakeholders include any or all of the following:

- Hospital or health center leadership – both administrative and clinical
- Physicians involved in diagnosis and/or care for the target condition(s) – this can include many different specialty areas as well as primary care providers who are making referrals
- Social workers, case managers, and nurses involved in any of these care areas
- Support staff in clinical sites or community programs
- Community outreach coordinators
- Public health officials concerned with this issue
- Community leaders in the target community(ies)
- Fundraisers and foundations
- Patients



Thompson, R. “Stakeholder Analysis: Winning Support for Your Projects.”

http://www.mindtools.com/pages/article/newPPM_07.htm

To learn the three steps needed for a stakeholder analysis, read this article on the stakeholder analysis process. Includes a link to a grid that helps you prioritize stakeholders in terms of what actions you need to take. Grid can be filled out online and printed or printed blank to fill in manually. FREE

3. How will you match the resources your stakeholders can provide with the needs of your program?

It is critically important that your program not overreach in asking for resources from stakeholders. One way to ensure this doesn't happen is to consider the readiness of the community you are drawing upon to deal with the issues your navigation program will address. Assessing community readiness is a process that builds the bridge from your needs assessment to your identification of potential resources.

A useful framework for addressing this question is the “Community Readiness Model” developed at the Tri-ethnic center of Colorado State University. The model defines nine levels of readiness, ranging from “no awareness” to “high level of community ownership,” and suggests that there are six key dimensions to assess: efforts, community knowledge of efforts, leadership, community climate, community knowledge of the issue, and resources.

Applying this model can also help you ensure that the program you are developing is responsive to the cultural and social needs of the community it aims to serve.



Colorado State University. *Community Readiness Model.*

http://triethniccenter.colostate.edu/communityReadiness_home.htm

Want to learn more about the community readiness model and how to find tools for applying it? This website is a good resource. It also suggests ways to engage a community to increase readiness if you initially find readiness for your new program to be at a low level. FREE

In many ways, assessing community readiness is a process that builds the bridge from your needs assessment to your identification of potential resources. Only *after* this assessment is completed does it make sense to reach out to the community and seek resources that will be needed to support your program.

As well, it will be much easier to seek those resources if you first identify what is needed and also identify stakeholders who may be able to help provide the needed resources. For example, a new navigation program might develop this list of needed resources and potential stakeholder partners with access to such resources.

Examples of resources needed	Examples of potential stakeholder partners
Access to vouchers for transportation services	Municipal or county transportation agencies and/or social services
Wigs and make up for chemotherapy patients	American Cancer Society, local cosmetology programs, wig shops
Connection to services for women in unsafe relationships	Local police, social services, shelters for victims of domestic violence
Ways to publicize the navigation program to the community	Local marketing and/or journalism students, Healthcare organization community relations department
Space to hold screening outreach events and/or patient support groups	Local libraries, gyms, voluntary organizations, places of worship



TOOL 1.2: Resources & Stakeholders

Take a few minutes to fill in this table of the specific resources your program might need and the potential local stakeholders who may be able to help. Add as many lines as you need to make a complete list of everything you can identify.

4. How will you get the stakeholders engaged in the process?

In helping you figure out the extent to which different stakeholders need to be involved, the stakeholder analysis guides your strategy for getting them engaged. For those who merely need to be informed, it may be sufficient to send them periodic email updates about the program planning process. However, for those who have control of resources or access that you need to tap into, your strategy will need to be different. For these stakeholders, you will need to carefully consider how to convey why this project is needed, how it connects to their interests, and what kind(s) of involvement you need from them.

Consider the types of strategies presented in the following article that you might employ for engaging stakeholders.



Kastner, R. “Why Projects Succeed: Stakeholder Management Tools and Processes.”

<http://www.pmhut.com/why-projects-succeed-stakeholder-management-tools-and-processes>

This short article offers advice on how to build trust with stakeholders, identify their expectations and list them in an Expectation Matrix that you can use later to help you communicate your plans. Kastner also gives a brief overview on how to use a **RACI chart** to figure out who is **R**esponsible, who is **A**ccountable, who must be **C**onsulted and who must be **I**nformed for each part of the process of setting up and running your navigation program. Having these roles clear at the start of your project not only lets everyone know who is doing what; it also lets you check that everyone understands their role in the program’s success. **FREE**

Once you have engaged your stakeholders, you will need to keep them informed. And just as you needed to figure out what level of engagement was right for each stakeholder, you need to determine what it is you want from each of them, the message you want to communicate and the actions required. For that, you need a communication plan.



Thompson, R. “Stakeholder Management: Planning stakeholder communication.”

http://www.mindtools.com/pages/article/newPPM_08.htm

This article builds on the stakeholder analysis exercise described by the same author under Question 2, above. Working through the five steps of the planning exercise, you will use the free stakeholder communication sheet to develop a plan for managing how you communicate with your various stakeholders to gain their support for your program. Worksheet can be filled out online and printed or printed blank to fill in manually. FREE

Remember that level of interest is not set in stone. You may want to move some stakeholders from low to high interest. This is also part of stakeholder management.



Duggan, T. “Resources to Help You Better Manage Project Stakeholders.”

<http://www.brighthub.com/office/project-management/articles/124908.aspx>

For a useful overview of managing project stakeholders, use the resources on this website. It covers the basics of stakeholder management and the project manager’s role in it, stakeholder analysis, techniques for communicating and improving your relationships with stakeholders. Also provides examples of the tools described and templates you can use. FREE



National Cancer Institute (NCI). *Using What Works: Adapting Evidence-based Programs to Fit Your Needs. Module 2 – Needs Assessment: Getting To Know Your Audiences Better.*

http://cancercontrol.cancer.gov/use_what_works/mod2/start.htm

This module, one of five in the NCI web-based train-the-trainer course, is designed for use from local to national level. Module 2 includes: 17-page lesson plan, 20 PowerPoint slides that can be customized for local relevance, and 9 handouts that discuss topics including focus groups, qualitative and quantitative research methods, literature review, secondary sources, and engaging partners, as well as a case study. Online access; also available on CD-ROM to order from the website. FREE

For example..

Helpful Health Program realizes that the front desk staff will play a vital role in the navigation program. Although it's not part of their job description, most of them try to persuade patients to wait when the providers are running behind schedule, and they try to check with departing patients to see if they need to make follow-up appointments.

The program staff decide to arrange for the entire front desk staff to attend a presentation. Program staff will tell them about the navigation program being developed; ask for their ideas, experiences and suggestions; and explore what kind of role the front desk staff might have in helping meet the goals of the program. Sessions will be scheduled to accommodate each of the two front desk shifts, and participants will enjoy beverages and snacks from a popular local bakery.

Each participant will receive a summary of the meeting notes that includes ways for them to continue to provide feedback as the navigation program is implemented. Program staff will also actively seek out front desk staff's thoughts informally.

General Resources for Chapter 2: Identifying Partners and Supporters



C-Change. “Cancer Patient Navigation Promotional Toolkit.”

<http://www.cancerpatientnavigation.org/index.html>

This web-based resource from C-Change, an organization “comprised of the nation’s key cancer leaders from government, business, and nonprofit sectors,” offers a toolkit that provides “marketing tool for promoting the concept and development of community based patient navigation programs.” The FAQ (frequently asked questions) page includes links to a range of online resources, including funding sources and published evaluations of patient navigation. FREE



The Project Management Hut. Project Stakeholder Management Articles.

<http://www.pmhut.com/category/concepts/project-stakeholder-management>

If you are new to working with stakeholders or would like some useful tools and worksheets, this collection of articles on The Project Management Hut website will be useful. Recent articles include “How to Write an Executive Summary for Primary Stakeholders,” “Engaging Your Project Stakeholders,” “Project Best Practice: Stakeholder Management,” and “Why Projects Succeed: Stakeholder Management Tools and Processes.” FREE

Chapter 2: Review and Summary

You should now have the information, tools and resources you need to identify the people and organizations that you need to include. When you have completed the tasks in Chapter 2, use the checklist below to summarize what you've learned.



Checklist

- We have conducted a stakeholder analysis to identify the people and organizations that need to be involved in our navigation program.

- We have matched available resources from our partners and collaborators with our program needs.

- We have a plan for engaging our stakeholders.

Notes/Reminders:

Chapter 3: Setting Program Goals

Goal: When you have finished this chapter you will have the information, tools and resources you need to set goals and objectives for your navigation program.

What will your program achieve?

You will need to establish realistic goals and objectives as they relate to the problem you've identified.

Topics to be covered in this chapter

1. Why it is important to set goals
2. The kinds of goals that work well
3. How to use your needs assessment to define relevant program goals
4. How to avoid “scope creep”

1. Why set goals?

To design a successful program, it's essential to clearly identify what you want to accomplish. No program can be all things to all people. As programs grow, it is easy for them to fall into the trap of “scope creep” – expanding their activities to cover more and more people, thereby diluting their efforts and sometimes failing to provide a lasting benefit to the people who were supposed to be served.



Kastner, R. “Why Projects Succeed: Commitment Management.”


<http://www.pmhut.com/why-projects-succeed-commitment-management>

This article describes how a project manager can successfully engage project stakeholders in so the project meets its goals, is finished on schedule and comes in on budget. He describes how to set, manage and deliver on expectations and why each of these parts is essential to a successful project. FREE

There are lots of problems out there – more than any one program will solve. Your program can best help the people you want to serve by designing navigation that focuses on the needs they have that you are well-qualified to meet.

2. What kinds of goals work well?

Ensuring that goals are carefully thought out and clearly stated do two very important things: they provide focus, and they set limits. Remember that the most effective goals are SMART – specific, measurable, attainable, realistic, and time-bound.



”Creating S.M.A.R.T. Goals”
<http://topachievement.com/smart.html>
For a quick overview of SMART goals, see this webpage from Top Achievement. FREE

Here’s an example of a goal that works because it is specific, measurable and attainable.

For example..

Our health center will provide navigation services to all patients who:
1) receive a positive or suspicious result from a test or examination for a condition that requires follow-up with a specialist; and 2) need transportation to complete that follow-up in a timely manner.

And here’s an example of something that sounds admirable, but doesn’t work as a goal: *Our Patient Navigators will provide excellent care for our patients.* This sentence might make a nice slogan for a brochure or a T-shirt, but it doesn’t give you what you need to develop a strong program. What’s wrong with it?

- 1) It’s vague: will the Patient Navigators work with every patient who comes through the door?
- 2) It’s not measurable: how will you know whether or not Patient Navigators are delivering “excellent care”?
- 3) It cannot be achieved: how do you know you’ve accomplished your goal if you haven’t defined it and don’t have a way to measure it?

3. How do you go about defining relevant goals?

Use the checklists you completed in Chapters 1 and 2 and the supporting materials you gathered during that process as the starting point for your program goals. Your notes on the checklists will give you the “who-what-where-why-how” to write clear, achievable goals.

Here is one method to develop goals based on each activity that your navigation program is going to undertake (Bonner Foundation, www.bonner.org):

- 1) Describe your activity
- 2) Define your desired result
- 3) Choose your evaluation measure (methods/instruments)
- 4) Define your standard of success
- 5) Describe who will benefit



TOOL 1.3: Defining Program Goals

This tool comes from one method of developing goals based on each activity that your navigation program is going to undertake from Bonner Foundation (www.bonner.org). Each of these steps is broken down further in the worksheet below, which should be completed for each program goal.

4. How do you avoid “scope creep”?

When a new program or service is introduced, looks successful and has some funding (most especially if it has funding!), there is a tendency to want to use it to solve other problems, too.

“The Spanish-speaking Patient Navigator is doing such good work with our cancer patients, why don’t we have her help our Hispanic diabetes patients, too?”

“Now we have a Patient Navigator making reminder calls about follow-up visits for abnormal Pap smears, let’s have her do follow-up reminders for our heart disease patients, as well.”

No matter how great the idea sounds, just say, “No” – or at least, “Let me get back to you on that.”

Any changes to your program’s goals or activities should be made with the same care you’ve put into defining your goals in the first place. You owe it to everyone who has committed time, effort, money and other resources to do your best to succeed at what you said you would do.

Saying “no” or “not at this stage” can be an opportunity to model and encourage others to do all that you’ve learned about developing a successful program. If you are being asked to add responsibilities, take on new tasks or share your staff or other resources:

- Offer to share your planning and development materials
- Point people to internal and external resources you found helpful
- Share this toolkit with anyone who asks “How did you do it?”
- If you can’t say no, at least point out that changes to the program may affect your success at reaching your original program goals

For a short, humorous lesson on what scope creep looks like and how to manage it, read this online article:



Alev, D. “The Scope Went Through the Roof”

<http://consultingacademy.com/a07.shtm>

David Alev uses the example of having his house painted to show how scope creep can develop. He also offers a simple, 3-step process for responding if you feel put on the spot.

Be sure to follow the link at “What do you think he said?” to see some possible responses and the pros and cons of each. FREE

Remember: Overload a new program or a staff person with more tasks than can be done well, and you run the risk that all the hard work you and your supporters have done so far could collapse. Not only would your efforts be lost, but a failed attempt can make it harder to try again another time. Donors may be hesitant to provide funds a second time. People who championed your program may be less willing to risk their credibility again. Staff may be less ready to go all-out to make it work.

Give your program and your people a chance to succeed first. Then, you can share the lessons for success that you’ve learned to help others develop strong programs of their own.

General Resources for Chapter 3: Setting Program Goals



Kettner, Moroney & Martin, 2008. *Designing and Managing Programs. An Effectiveness-Based Approach.*

Chapter 7, “Setting Goals and Objectives,” discusses mission statements, goals and objectives. Chapter 8, “Designing Effective Programs,” describes elements of both systems and programs. Chapter 9, “Using Management Information,” describes how to set up a data collection system to support your program, including the documentation used in social services. AVAILABLE FOR PURCHASE



Nicholas, Farley, Vaiana & Cretin. 2001. *Putting Practice Guidelines to Work in the Defense Military System: A Guide for Action.* Rand: Santa Monica, CA.

http://www.rand.org/pubs/monograph_reports/2007/MR1267.pdf

This guide was written to help U.S. Department of Defense medical facilities be successful in implementing evidence-based medical practices. However, much of the material can be readily applied to civilian healthcare facilities, as well. Useful items include a section on building effective teams to make change happen, a four-step process for developing an implementation plan (summarized on PDF pages 67-73; document pages 57-63), adopting change implementation strategies that work, and measuring outcomes. Forms and diagrams for all phases are included and could be easily adapted for use in navigation programs in civilian healthcare settings. FREE

Chapter 3: Review and Summary

When you have finished this chapter you will have the information, tools and resources you need to set program goals that are specific, measurable and sustainable. When you have completed the tasks in Chapter 3, use the checklist below to summarize what you've learned.



Checklist

- ___ We have set goals for our program based on our needs assessment.

- ___ We have a process in place for making any necessary changes to the original goals.

Notes/Reminders:

Chapter 4: Designing Your Program

Goal: When you have finished this chapter you will have the information, tools and resources you need to assemble your navigation program team.

What is the right design for your program?

You will need to decide how your navigation program will be structured, including:

- a. What qualifications your Patient Navigators should have
- b. Where your Patient Navigators will work – both their physical workspace and their place in the organization chart
- c. Who will supervise them
- d. How you will hire/select Patient Navigators and supervisors

Topics to be covered in this chapter

1. The range of ways patient navigation programs are structured.
2. Factors that may influence how you want to structure your program.
3. Creating job descriptions for your program staff.
4. Developing a recruitment and hiring plan.
5. The importance of supervision.
6. Documenting the work of navigation.

1. How are other navigation programs structured?

You don't have to start from scratch or reinvent the wheel. There are a number of different models for navigation. Take a look at existing programs around the country. Some programs assign individual Patient Navigators to specific patients, while others work in a team model and differentiate which activities are done by different types of Patient Navigators. Some programs include Patient Navigators with a range of education and experience, while others use a specific set of criteria for all Patient Navigators (e.g. all nurses, or all lay people from a specific community). While many programs focus on outreach and screening, others also focus on patients going through treatment. The key is to choose the model that fits the goals you have established for **your** program. It does not make sense to choose a structure that was established to meet an entirely different set of goals than the ones you have identified for your program.

You can find out about the existence of other programs through internet searches, funder websites (such as the Avon Foundation) or through networking at professional meetings. Most programs are eager to show their work and to promote patient navigation. Find a few programs that are doing something like what you want to do, and send them an e-mail. Briefly introduce yourself and describe your interest in setting up a navigation program. Ask if they have someone who would be willing to schedule some time to talk with you about how they set up their program. If they agree, make a short list of questions to guide you as you talk with that person. Take notes. Say thanks and send a thank-you card or e-mail. You've just made a new contact – and so have they!

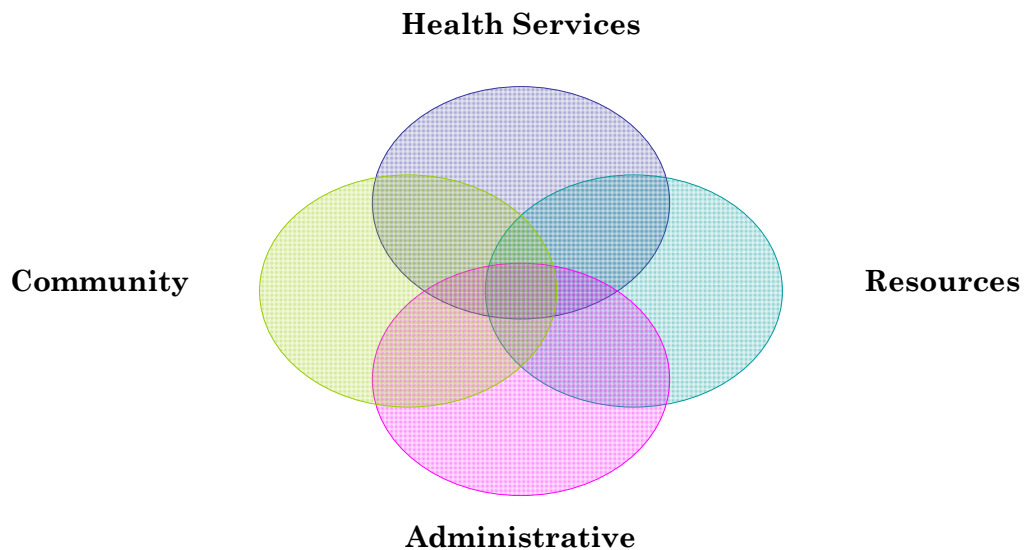


TOOL 1.4: Questions for Other Navigation Programs

Take a few minutes to brainstorm questions you will ask of other navigation programs in order to learn about how they are structured.

2. What factors might influence the way you structure your program?

One way to think about how to structure your program is to consider what domains of activity are implied by your navigation program goals. The diagram below depicts the multiple and overlapping domains of activity that can become part of navigation: administrative activities, community activities, health services activities, and resource finding and development activities. We will define each of these domains, and consider how the emphasis of your navigation program relative to these domains may shape its structure.



Administrative: These activities can include scheduling, documentation, communication with departments and organizations, coordination of care, budgeting, and managing funding.

Health Services: These activities include interacting with the delivery of health services, including case-finding, tracking, communication with health services staff, and arranging for screening, diagnostics, and/or treatment.

Resource finding: These activities include developing partnerships with internal and external programs and organizations to address barriers that hinder patients' ability to attain health services. Examples include: departments of transportation, social work, employment services, insurance companies, food pantries, and interpretation services.

Community: These activities are directed at the target population served by your program as well as any outreach or catchment area populations you intend to serve, and can include outreach and awareness efforts of many types.



TOOL 1.5: Program Activities by Domain

Consider the extent to which your program goals involve activity in each of these domains, and what that suggests about how to structure your program. Use this tool to organize where you think specific navigation activities fit into the four domains.

For example, if the program goals are concentrated in the health services domain, it may make sense to structure your navigation program so that health services experience and skills are criteria for Patient Navigator selection. This will also have implications for who should supervise the Patient Navigators and where they should be located physically, in order to facilitate their interactions with the health services providers. On the other hand, if the goals of your navigation program are concentrated in the community domain, then it may be important to consider community knowledge and experience in Patient Navigator selection, and likewise to consider who would be best positioned to supervise the Patient Navigators, given that program emphasis.

In any case, be sure to consider the administrative component carefully in thinking about how the program's activities will be documented and reported, specifically considering whether linkages to electronic medical records systems in one or more healthcare settings are desirable and/or possible.

For example, if you determine that your Patient Navigator will need to provide clinical support, then your program will need to consider requiring a nursing or social work license as a Patient Navigator qualification. Obviously, Patient Navigators at this educational level will require higher salaries and will also have a broader scope of activity. If, on the other hand, you determine that the main navigation needs your program will address are educational, cultural and logistical, your program will probably want to consider specifying Patient Navigators with community health knowledge and connections, who may not require specific educational or licensing credentials. Or, your program may require a combination of these activities and determine that a team approach with Patient Navigators with a mix of skills and training is appropriate.

Similar questions need to be considered with respect to how the program's Patient Navigators will be supervised. If they will be doing some clinical tasks, then they will require clinical supervision. If not, then the range of people who might logically supervise the Patient Navigator(s) may be broader. In any case, it is important to consider the role of supervision in the program in ensuring that Patient Navigators are working in ways consistent with the mission and goals of the program.

All of this thinking will help in developing a job description for your Patient Navigator(s), as you will be able to state what the role’s activities and relationships to other organizations and units are expected to be.

3. How will you develop job descriptions for your navigation program staff?

A job description provides information about the tasks and responsibilities of the person who fills that job. It provides the “definition” of the position you are trying to fill, including the tasks the person hired will be expected to perform and the responsibilities they will be expected to meet.

To write a good job description – one that will help you hire the right person for the job – you need to carefully think through what knowledge, training and skills the person hired will be expected to have coming in and what you training you will provide. This process is called a *job analysis*.



Heathfield, SM. *Job Analysis*.

http://humanresources.about.com/od/jobdescriptions/g/job_analysis.htm

If you want a quick guide or reminder, this website provides a short description of the tasks that make up a job analysis. FREE

If you want more detailed guidance about job analysis and links to a range of additional resources, this website, *Job-Analysis.NetWork*, will be more useful:

<http://www.hr-guide.com/data/G000.htm> FREE

Once you’ve worked out what the job involves and what skills, knowledge, experience and training are required, you’ll need to write a *job description*. If you’re in a large organization or a government agency, there is probably already a system of job titles and description in place, so start by talking with the person who handles human resource matters for your group or office.

Although there is no one “right way” to write a job description, they usually include the following:

1. A job title
2. A listing of the qualifications – such as experience, education level, licenses or certifications – that an applicant must have (required), plus any that would be desirable (preferred, but not required). If fluency in a certain language is required to interact with patients from a certain language community, this should be specified. Likewise, ability to use any specific software packages used for documenting activity (e.g., Excel) should also be included.

3. A description of other qualities that someone in this job should have – such as excellent interpersonal skills or the ability to develop creative solutions to new and unexpected problems.
4. A description of the tasks the person hired will be expected to perform and the responsibilities that person will be expected to fulfill. If the Patient Navigator will need to document contacts with patients, and/or use an electronic medical record, it is important to include these along with other responsibilities of the position.

If there is no existing job description for the position you have in mind, try drafting one as a starting point for discussion with the human resources staff. In a smaller organization, you may need to write the job description yourself. In either case, read the following article first to learn some pointers and cautions.



Heathfield, SM. *Employee Job Descriptions: Why Job Descriptions Make Good Business Sense.*

<http://humanresources.about.com/od/glossaryj/a/jobdescriptions.htm>

This article discusses the benefits of using well-written job descriptions, as well as some of the potential negatives associated with them and how to avoid the latter. FREE



Job Description Templates

Here is a template you can use to draft your Patient Navigator job description:

<http://jobdescriptionssamples.net/job-description-template/> FREE

And here is a sampler of a downloadable job description templates already set up in Microsoft Word:

<http://office.microsoft.com/en-us/templates/CT010144135.aspx> FREE

4. How will you recruit and hire your navigation program staff?

If you have a Human Resources unit or a personnel agency that your organization uses regularly, schedule a call or meeting to discuss your plans with them. They can provide the logistical and legal support you need to recruit, interview and hire according to your organization's practices. If you are part of a smaller organization without these resources, make sure that you are following your organization's guidelines with respect to recruiting and hiring.

The Patient Navigator job description will provide an important first step in recruiting and hiring, as it will help you determine where to recruit and what qualifications and

experiences will be most important in hiring. For instance, if your program wants to hire Patient Navigators who are very familiar with a particular cultural community and with strong ties to that community, it may make sense to recruit through organizations and/or publications that are already serving that community. On the other hand, if your program seeks to hire Patient Navigators with extensive healthcare experience, it may make more sense to recruit through job boards and publications that are directed towards those already working in healthcare organizations.



Meyer, D. Nine Recruiting and Selection Tips to Ensure Successful Hiring. Five Recruiting and Hiring Tips.

http://humanresources.about.com/od/selectemployees/a/staff_selection.htm

This website provides nine short tips on selection that are worth serious consideration. Particularly important are the comments about the ineffectiveness of interviewing as a selection technique. FREE

Interviews give potential employees a way to learn about you and your program, but may not be the best way for you to learn about them. Be sure to also ask for and check references, and consider using *behavioral interviewing* techniques, for example, having the potential Patient Navigator role play an interaction with an interviewer who is playing the part of a patient who may need navigation services.

Consider also the match between the person and the position very carefully. Will this person be both qualified for and also challenged by the Patient Navigator position you have designed? Does this person have the skills to carry out the essential job functions in the job description? Does this person share your organization's values and mission?

For example..

Helpful Health Program was thrilled to hire a masters-prepared nurse for one their first Patient Navigator positions, given her wealth of health services experience. However, the position as defined was heavily weighted towards administrative and community services activities, leading the Patient Navigator to feel that her clinical skills were underutilized. After six months in the position, she abruptly resigned, leaving the program directors puzzled about what had gone wrong.

Be certain that the person has both the formal qualifications **and** also the behavioral qualities and characteristics that you are seeking. In our experience, Patient Navigators often have to reach out, make first contact, and work to discover needs and solutions tailored to each individual. Putting someone in this role who is uncomfortable with outreach and improvising solutions is not good for your program or for that person.

For example..

Helpful Health Center's director decided that someone who was just right for the Patient Navigator position was already working in the health center – Mona had grown up in the center's community, was fluent in the community's language, and was working out well as a clerk in the radiology file room. After her first six months in the Patient Navigator role, however, the results were disappointing. Mona was shy by nature and was not finding it easy to reach out to patients or providers. She was also used to having a job with very specific expectations, and found that a lot of the time as a Patient Navigator, she couldn't figure out what to do with her time.

Finally, if you are hiring Patient Navigators from within your organization, consider carefully the transition to their new role(s). Will they still be expected to continue some of their existing responsibilities? What will others be expecting of them? Be clear about the similarities and differences between the Patient Navigator's responsibilities and any other prior responsibilities they may be continuing to fulfill.

5. How will your Patient Navigator(s) be supervised?

It's a fact of complex organizations that everyone needs somewhere to turn for supervision, even the most self-sufficient Patient Navigators you can find. Consider what the goals and activities you have defined for your Patient Navigator(s) suggest about where the Patient Navigator(s) fit into your organization's structure.

For instance, if the main focus of navigation will be on health services activities, then it may make sense for the Patient Navigator(s) to be supervised by a clinical leader in the unit where the Patient Navigator(s) will be located. In many cases, licensing requirements may dictate this as well, if the Patient Navigator is her/himself a licensed provider. However, supervision (at least in part) by a clinical leader may be even more essential when the Patient Navigator is not a licensed healthcare provider, in order to assure that the Patient Navigator's activities do not expand to include providing clinical advice or guidance that should really be coming from someone else on the patient's care team.

On the other hand, if the main focus will be on community activities, then perhaps the Patient Navigator(s) should be supervised by someone who deals extensively with community relations. In some cases, it may make sense for Patient Navigators to be responsible to two different supervisors for different aspects of their activities. In these cases, it becomes even more important to clearly identify what kinds of supervision each is responsible for, in order to avoid confusion and/or conflicting direction.

Likewise, consider what *kinds* of supervision are likely to be needed by the Patient Navigator(s) in your program. Will problem-solving around interactions with clients be needed? Will minimal supervision relating mainly to coverage and adherence to policies be more appropriate? Will the Patient Navigator(s) need on-the-job training to be provided by a supervisor? All of these questions are important to consider when deciding the specifics of Patient Navigator supervision in your program. In fact, it is wise to give just as much

attention to designing the supervisor's role as to designing the Patient Navigator position. Consider how often the supervisor(s) and Patient Navigator(s) should meet, and what the agenda for those meetings should include. This toolkit's Volume 2 provides more information and resources about supervision.



TOOL 1.6: Supervision Responsibilities by Domain

Consider what the goals and activities you have defined for your Patient Navigator(s) suggest about where the Patient Navigator(s) fit into your organization's structure. Refer back to tool 1.5 for the types of activities that your navigator will be performing, which may or may not require oversight. Then, use this tool to figure out what your supervision needs are within the four domains.

6. How will your navigation efforts be documented?

In any organization that is serving the needs of individual patients or clients, it is essential to keep track of contacts and interactions with each individual, for a number of reasons both practical and legal. If your program is being set up within or in conjunction with a healthcare organization, your Patient Navigators will need training in HIPAA, also known as the Privacy Rule, which governs the protection of personal health information (see the Glossary for more details). You also will need to develop a system of recording contacts with patients that is HIPAA-compliant. If there is any existing electronic medical record, it is extremely helpful if the navigation record can be integrated with it, so that clinical providers are aware of Patient Navigator efforts with patients and vice versa. This can save a tremendous number of phone calls and email communications. Other programs have developed electronic templates for recording Patient Navigator interactions with patients that may provide useful starting points for designing your documentation systems.



Successful Induction: Getting New Team Members Off to a Great Start

http://www.mindtools.com/pages/article/newTMM_99.htm

Getting your Patient Navigator settled in is an important of ensuring their success – and the success of your program. This article explains why it's important to have a plan for how you will bring your new staff member on board. It also provides useful tips and a timeline for different pieces of the orientation process. FREE

General Resources for Chapter 4: Designing Your Program



Alvillar, M; J Quinlan; CH Rush; DJ Dudley. “Recommendations for Developing and Sustaining Community Health Workers.” *Journal of Health Care for the Poor and Underserved* 22:745-750.

http://www.ssw.umich.edu/chw/reports/TexasCHWSummitReportJHCPU_2011.pdf

This research journal article reports the national- and local-level recommendations for the development of community health workers, a category in which they include Patient Navigators. Key recommendations at national and state levels include: standardized job descriptions; standardized training; cost/benefit analysis of the financial impact of CHWs; and the adoption of strategies to obtain reimbursement for services from Medicaid and other payers. Useful for programs considering how to include and fund Patient Navigators, *promotores*, peer educators and/or other kinds of CHWs for their navigation program.

FREE

Chapter 4: Review and Summary

You should now have the information, tools and resources you need to establish your navigation program team. When you have completed the tasks in Chapter 4, use the checklist below to summarize what you've learned.



Checklist

- We have determined the structure of our navigation program.

- We have written job descriptions for all of our navigation program staff.

- We have a written plan for recruiting and hiring our Patient Navigators.

- We have a written plan for how our Patient Navigators will be supervised.

- We have developed a system for how the work of navigation will be documented.

Notes/Reminders:

Chapter 5: Funding Your Program

Goal: When you have finished this chapter you will have the information, tools and resources you need to identify and seek the funding needed to start and sustain your navigation program.

How will you pay for your program?

You will need to identify funding for:

- a. Program design and development
- b. Program implementation
- c. Program operations (day-to-day and long-term)
- d. Long-term stability.

Topics to be covered in this chapter

1. Making the “business case” for navigation.
2. The need to develop both internal and external budgets.
3. Using your budget to articulate development goals.

1. How do you make the business case for navigation?

A *business case* is a clear explanation of the thinking behind your decision to start a patient navigation program. It presents your justification for investing time, money and other resources in setting up a new program or modifying an existing one. In your business case, you will explain what things would be like in your office, health center, community or city with and without navigation. You then will show how putting the necessary money and other resources into a navigation program will make a positive difference. In other words, you show what the investment in navigation will yield. In these times of budget cuts and intensified scrutiny on spending, your business case will be an essential tool for your efforts to obtain funding and other resources you need.

Business cases often make reference to *return on investment (ROI)*. In its simplest terms, ROI means being able to demonstrate what is gained from the investment of adding navigation. We suggest that navigation may provide this return by either increasing revenue (if reimbursement rates are higher due to meeting quality and/or satisfaction targets) or decreasing expenses (wages paid to staff who are underutilized due to patient cancellations and no-shows).

As of early 2012, with very few exceptions, navigation is not directly reimbursable by private or public payers. However, methods of calculating payment for patient services are evolving, and there are scenarios under which a business case can be made for navigation as a service that contributes to outcomes that increase healthcare facility reimbursement.

For example..

Helpful Health Program receives payments from several insurers that include supplemental payments or at-risk payments, based on patient satisfaction survey measures. Under this arrangement, reimbursement for healthcare services is increased or withheld according to the level of patient satisfaction, rewarding programs that achieve higher levels. Providing navigation has been linked with improved patient satisfaction, so Helpful Health Center decides to make a business case for providing navigation services as a way of increasing patient satisfaction and, with it, higher levels of reimbursement.

Certain insurance contracts include at-risk payments, based on meeting HEDIS (Healthcare Effectiveness and Data Information Set) measures, including preventive screening rates. Helpful Health Program realizes that its Patient Navigators' efforts to ensure high screening rates could result in increased revenues that would more than offset the cost of providing navigation.

See Glossary for explanation of HEDIS measures



Phillips, Rothstein, Beaver, Sherman, Freund & Battaglia. 2010. "Patient Navigation to increase Mammography Screening Among Inner City Women." *Journal of General Internal Medicine* 26(2): 123-9.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3019333/?tool=pubmed>

This article reports a study investigating the implementation of patient navigation in a primary care practice. Patients were randomly assigned at the provider level to either receive navigation encouraging them to complete screening mammography, or to no intervention. The investigators found that providing navigation significantly increased HEDIS screening rates across all age groups, insurance groups, educational levels and languages represented in this population of inner city women. This finding may be useful in making your business case. FREE

Business Case #1: If you want to make an internal business case for navigation, it would be smart to know the reimbursement structures that support your program or facility and whether payments are based on patient satisfaction metrics. You will need to gather evidence to show how navigation will improve reimbursement rates by improving patient satisfaction. Can you demonstrate that the goals and measures of your navigation program align with key payer metrics? If so, one way to make an internal business case is to show that supporting patient navigation leads to improved patient satisfaction, which in turn leads to more patients receiving timely care, which then increases payments by insurers.

Business Case #2: Another business case you might make involves reducing your no-show or DNKA (Did Not Keep Appointment) rate. Missed appointments cost healthcare facilities money because many facility costs are fixed: they must be paid whether or not anyone shows up to receive care. If patient navigation reduces the number of missed appointments or helps to better align patient needs with the office schedule, your facility will save money. This business case can work for both external and internal audiences.

Note: Both Business Case #1 and Business Case #2 are based on the concept of “return on investment (ROI) or rate of return (ROR), which is the ratio of gain or loss on an investment.

Business Case #3: Foundations and other non-profit organizations – national or local – are interested in seeing that particular patient populations receive healthcare services or that various health conditions are diagnosed and treated. If you can demonstrate that your navigation program supports a particular patient population or addresses a particular health condition, you can make a business case for how your program fits with the funder’s mission. Even local foundations that are not currently funding such services may be interested.

Need some help with writing a business case? Here are a couple tools to get you started: a short article that provides an overview of the basic pieces that make up a business case, plus a free template and tips for writing a business case.



6 Essential Elements for a Winning Business Case. TechRepublic blog, IT Leadership.

<http://www.techrepublic.com/blog/tech-manager/6-essential-elements-for-a-winning-business-case/564>

This blog article describes in simple terms the purpose of a business case is, its structure and why doing it well matters. FREE



Free business case template

<http://new.bizvortex.com/products/>

This is the link to the business case template mentioned in the article above. FREE



Bogorad on Business.

<http://bizvortex.wordpress.com/2010/07/29/thirty-tips-for-a-better-proposal-or-business-case/>

And here’s an article from a blog on the BizVortex site that offers 30 tips for writing a business case. FREE

The CDC also offers a pair of templates with more detailed instructions in two versions, “Business Case” and “Business Case Lite”:



Business Case and Business Case Lite. Centers for Disease Control and Prevention (CDC).

<http://www2.cdc.gov/cdcup/library/templates/default.htm>

This library of CDC templates offers two simple templates that lay out the structure of a business case and provide instructions for completing it. Select the version you want. To use either template, open the file, save it to your computer under a different name, then begin filling in the sections. FREE

For more detailed instructions, take a look at this five-part guide to writing an effective business case:



Business Case Tutorial Series. BPR Online Learning Center.

<http://www.prosci.com/tutorial-business-case-mod1.htm>

<http://www.prosci.com/tutorial-business-case-mod2.htm>

<http://www.prosci.com/tutorial-business-case-mod3.htm>

<http://www.prosci.com/tutorial-business-case-mod4.htm>

<http://www.prosci.com/tutorial-business-case-mod5.htm>

Explains what a business case is and why you need one. Identifies the key elements of a business case. Describes how to identify and calculate the benefits and costs of your project, including an explanation of activity-based costing. FREE

If your navigation program goals include reducing racial/ethnic health disparities, this document from the U.S. Department of Health and Human Services will be a useful additional resource:



Eliminating Racial and Ethnic Health Disparities: A Business Case Update for Employers. Center for Prevention and Health Services Issue Brief. National Business Group on Health. 2009.

[http://minorityhealth.hhs.gov/Assets/pdf/checked/1/Eliminating Racial Ethnic Health Disparities A Business Case Update for Employers.pdf](http://minorityhealth.hhs.gov/Assets/pdf/checked/1/Eliminating_Racial_Ethnic_Health_Disparities_A_Business_Case_Update_for_Employers.pdf)

This document provides data and arguments you can tailor to build the business case for your specific program’s goals. It is also a good resource for both research literature and other resources related to reducing disparities. FREE

If your program's focus is on providing services that are responsive to the cultural values and language needs of your patient population, this publication will be a useful additional resource:



***Making the Business Case for Culturally and Linguistically Appropriate Services in Health Care: Case Studies from the Field.* Alliance of Community Health Plans Foundation. 2007.**

<http://minorityhealth.hhs.gov/Assets/pdf/Checked/CLAS.pdf>

This document will help you lay out the business case for providing services that meet the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, published by the U.S. Department of Health and Human Services, Office of Minority Health in 2000. FREE

If you decide your navigation program will need an outreach and education component, NCI's *Pink Book* on designing effective health communication programs will be another useful resource:



***Making Health Communication Programs Work: A Planner's Guide.* Pink Book. National Cancer Institute. 2002.**

<http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/page1>

This document provides detailed guidance on planning an effective health communications program. Includes forms and sample documents. FREE

If your navigation program will incorporate a community health worker or *promotora* component, be sure to look at this report. It also provides useful information for programs using other models of navigation:



Dower, C; Knox, M; Lindler V., O'Neil E. 2006. *Advancing Community Health Worker Practice and Utilization: The Focus on Financing.* National Fund for Medical Education. UCSF Center for the Health Professions.

<http://futurehealth.ucsf.edu/Content/29/2006->

[12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf](http://futurehealth.ucsf.edu/Content/29/2006-12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf)

Although focused specifically on community health workers, this report has content relevant to program development for a variety of patient navigation models. The funding flowchart on page 9 provides a visual summary of the various mechanisms by which funding can support CHWs. Four funding models are explored in more detail. Includes best practices and case studies of programs that have received funding for CHWs. FREE

2. Why do you need internal and external budgets?

Another part of making the business case for your program includes quantifying what it will cost. To do this, you will need to develop both internal and external budgets for your program.

Internal and external budgets serve two different ends. An external budget is used to acquire funding, either from external funders, or from other organizational units, that is needed to run your program. It will include things such as Patient Navigator salaries, expenses for outreach activities, and funding for Patient Navigator training, for starters. An external budget is usually presented on an annual basis, and is essential in garnering support for your program's expenses.

On the other hand, an internal budget is used to ensure that funds available and expenses are kept in balance on an ongoing basis. Thus, internal budget reporting usually happens at frequent intervals, such as monthly or quarterly, in order to facilitate rapid recognition and correction of any imbalances. For example, a monthly budget report can help you identify if spending is happening much faster than expected in a specific budget category. You may notice that half of your yearly allocation for printing up educational materials for Patient Navigators to distribute has been spent in the first month of the year. This may be okay – if a six-month supply is printed and projected to last half the year – but it may also be a sign of spending that needs to be checked.

Another important distinction is between start-up and ongoing (or operating) costs. If there are significant costs associated with start-up that will only be incurred once (for example, renovating office space for the Patient Navigators), it will make sense to develop a separate budget for start-up costs so that potential funders understand the difference between those expenses and the ongoing annual expenses to keep the program going.

Here is one budget template, adapted from www.cdc.gov/leanworks, that you may find useful in developing a budget for your program:



TOOL 1.7: Budget Template

Use this tool as a template for creating your own budget spreadsheet. This was adapted from www.cdc.gov/leanworks. Alter to fit your program needs or simply use the headings as a jumping off point to fill in your own template.



CDC's LEAN Works! – A Workplace Obesity Prevention Program

<http://www.cdc.gov/leanworks/plan/identifybudget.html>

Although developed for obesity programs, this website offers great general guidance about the budget process, as well as links to other useful sites. FREE



Kramer, Heidi J. Getting Your Grant Proposal Budget Right

<http://nonprofit.about.com/od/foundationfundinggrants/a/grantbudget.htm>

This resource provides guidance specifically for non-profit organizations that are writing grant budgets. If you will be writing a budget for submission to external funders to support your navigation program, it is worth checking out these tips. FREE

3. How will you use your written budget to articulate your development goals?

Where you want to go with your program should guide where you look to find funding, not the other way around. That is, look for funders with mission statements and priorities that are consistent with the goals of your program; they are the ones most likely to be interested in what you are doing and willing to fund your efforts.

Your external budget will be an essential element of any proposal you make to such funders, so you will want to make sure it includes all of the elements necessary to make a program workable. While it is tempting to downplay what the program needs, funders are more interested in seeing a realistic budget that reflects an understanding of all the resources that will be needed to launch a successful program.

As you seek funding, keep your long-term programmatic goals in mind. Stable, committed funding makes it easier to get a program launched and integrated into the healthcare or community setting in which it will operate. In the current economy, this may be an ideal and you may have to focus on shorter-term funding options if they are the only ones available. Keep in mind the time and effort it takes to locate funding and maintain relationships with funders when you are considering what resources are needed to launch the program.



New York State Department of Health. *Locating and Applying for Health Promotion Funds.*

<http://www.health.ny.gov/nysdoh/phforum/notices/hlthprom.htm>

This site provides a great overview of the process of getting funding for health promotion programs and the potential sources, and includes links to other resources. FREE



2012 Avon Foundation for Women Breast Cancer Crusade Funding Guidelines

<http://www.avonfoundation.org/assets/2012-breast-cancer-funding-guidelines.pdf>

The Avon Foundation provides funding for safety net programs for access to breast cancer screening and diagnostics in certain geographical areas; details on this program can be found here. This provides an example of how a specific foundation states its funding priorities. FREE

General Resources for Chapter 5: Funding Your Program



Kettner, Moroney & Martin, 2008. *Designing and Managing Programs. An Effectiveness-Based Approach.*

Chapter 10, “Budgeting for Control, Management, and Planning,” describes budgeting and accounting and the differences between the two functions. Chapter 11, “Line-Item, Functional and Program Budgeting Systems,” provides a helpful overview of these three major budgeting systems and the different purposes each serves. AVAILABLE FOR PURCHASE



Grantwriting Tips

<http://lone-eagles.com/granthelp.htm>

A very useful collection of tips and guidance written for those who are not professional grantwriters. It is intended for users seeking community grants, but most of the tips are equally valid for other kinds of grants. Also includes many links to sources providing additional guidance, potential funders, and free grant templates (non-commercial use only). Most material FREE



C-Change. “Cancer Patient Navigation Promotional Toolkit”

<http://www.cancerpatientnavigation.org/index.html>

This web-based resource from C-Change, an organization “comprised of the nation’s key cancer leaders from government, business, and nonprofit sectors,” offers a toolkit that provides “marketing tool for promoting the concept and development of community based patient navigation programs.” The FAQ (frequently asked questions) page includes links to a range of online resources, including funding sources and published evaluations of patient navigation. FREE

Chapter 5: Review and Summary

You should now have the information, tools and resources you need to identify and obtain the funding needed to start and sustain your navigation program. When you have completed the tasks in Chapter 5, use the checklist below to summarize what you've learned.



Checklist

- We have/have applied for/have considered funding for program design and development.

- We have funding for program implementation.

- We have funding to support day-to-day program operations.

- We have long-term funding to support ongoing training, evaluation and improvements.

Notes/Reminders:

Chapter 6: Getting Your Program Started

Goal: When you have finished this chapter you will have the information, tools and resources you need to get your navigation program up and running and to sustain it.

How will you get your program started and keep it going?

You should be able to describe in detail:

- a. How navigation will fit into your organization.
- b. How you will promote your navigation program.

Topics to be covered in this chapter

1. Implementation as change: how does navigation fit into existing patient experience?
2. Process mapping to see where navigation might fit into your current way of doing things and what steps might need to be modified.
3. Key steps for effective communication and getting buy-in for this new concept – recruiting allies.
4. Sustaining your program.

1. How will navigation fit into your patients' current experience of care?

Any effort to make changes will benefit from careful thought about how those changes will be experienced by your patients. Some changes, such as changing the way test results are entered into patient records, may be invisible to them. Others, such as changes in staff or office visit hours, may affect their encounters with your program or service in ways that matter a great deal for at least some of your patients. The planning and implementation processes you lead will need to take these concerns very seriously, especially if your business case is based on patient satisfaction.

As you explore the ways that your navigation program will interact with the existing system of care, always consider the patient's perspective as well as that of the staff. How will patients come to understand what role(s) the Patient Navigators are playing, and when to call them, versus other providers they may be seeing?

2. How can you use organizational assessment to explore how navigation could work in your organization?

You will need a good understanding of how things work now if you want to successfully introduce patient navigation into your site, program or practice. A detailed understanding of how things work now will make it easier to design and implement a successful navigation program that supports and integrates into the goals and day-to-day operations of your program.

Organizational assessment, also known as process mapping or flow charting, is a tool you can use to get a solid grasp of how your system of services currently operates. This process

provides a way to visually depict how services currently work in your organization and how adding a navigation program could change the steps and activities for the clients currently being served. For more information on organizational assessment see Volume 2, Chapter 1.



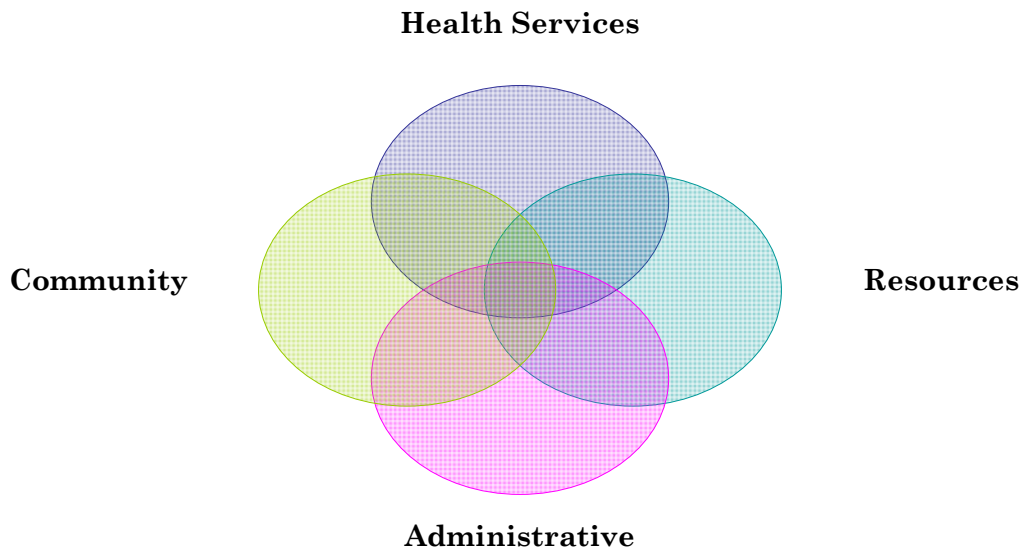
Mind Tools. “Flow Charts.”

http://www.mindtools.com/pages/article/newTMC_97.htm

This webpage provides a brief overview to flow charts, process maps and one set of conventions for constructing these visuals. Includes both text and video. FREE

To apply this technique to navigation, consider first the experience that your clients have when navigation is not present – particularly if there are steps in the process where they tend to have difficulty getting to the next step. Then, make a second map where you add navigation services to the process at those points of difficulty – and here you may want to refer back to the activities outlined in your program goals- and map what should happen when navigation services are working as planned. As you can see, this tool can be a useful one to revisit once your program is up and running, to make sure that it is affecting the client experience as planned.

Process mapping is another opportunity to consider the different domains of activity that can be included in a navigation program; which are part of yours?



3. What are the key steps to communicating about your navigation program? Whose “buy-in” will you need to make this work?

Change – even change that will makes things better – is often uncomfortable and sometimes even threatening to people. You will need allies who can help you explain and promote your program and who, if necessary, will help you respond to any criticism or resistance in a constructive way that helps build goodwill for your navigation program.

The stakeholders you identified early on will be central to this process, and you will want to keep them informed at each step, and make sure that any questions they have are answered. We suggest developing a communications plan for introducing your program and your Patient Navigator(s) to all of the healthcare providers, organizations, and community and local agencies that you can reasonably anticipate the Patient Navigators interacting with in the course of their work. You may find the following **template** for a program launch plan helpful in this effort.



TOOL 1.8: Program Launch Plan Template

This tool will help you to develop an organized communications plan to present your program platform and Patient Navigators to all of the healthcare providers, organizations, and community and local agencies that you anticipate the Patient Navigators will be interacting with in the course of their work

4. How do we keep our program on track?

The many decisions made thus far in designing and implementing your program are vitally important to setting it up for success. Equally important for sustaining your program are actions taken each day, starting at implementation, about communicating the program’s purpose, how it fits with existing organizational activities and other programs, and securing resources to keep it going. Too often, programs flounder just after implementation because the program developers assume that their “work is done.” Check out the resources below for more information on steps you can take, even while in the implementation process, to make sure your program not only gets off to a good start, but also stays on track to achieve its objectives.

In the next chapter, we will discuss ways of assessing your program that will also help to ensure that it can meet its objectives, both initially and moving forward.



Pennsylvania Patient Navigator Network. “Program Sustainability.” 2009.

<http://pubweb.fccc.edu/panavnet/?p=39>

In this February 2009 webinar, Breast Care Coordinator Laura Peters RN, OCN, of The Breast Health Center at Paoli Hospital and Patient Navigator Laura Hoffman, BS, of the University of Pittsburgh Medical Center (UPMC) Mercy discussed the challenge of sustaining navigation programs. FREE



Pluye, P. Potvin, L. Denis, J-L. Pelletier J & Mannoni C. Program sustainability begins with the first events. *Evaluation and Program Planning* 28 (2005) 123–137.

<http://www.sciencedirect.com/science/article/pii/S0149718904000771>

Based on a study of a heart health intervention, the authors report that program sustainability is actually intertwined with program implementation, and that keeping a program running depends on getting its activities adopted into the routines of the organization where it is located. Specifically, they identify the importance of stabilizing the resources that support the new activities, providing organizational actors with reasons to use the new program, making sure that its activities and objectives fit with existing organizational objectives, transparently communicating about the program and its activities, integrating needed rules related to the new program into the organization, and ensuring compatibility of the new program with the existing workflow.

If your organization does not have a subscription to this journal or to ScienceDirect, you can purchase the article for immediate download for a fee from www.amazon.com.

AVAILABLE FOR PURCHASE

Chapter 6: Review and Summary

You should now have the information, tools and resources you need to identify to get your navigation program up and running and to sustain it. When you have completed the tasks in Chapter 6, use the checklist below to summarize what you've learned.



Checklist

- We have completed a process map that shows how navigation fits into our organization and its mission.

- We have a plan for communicating with all the internal and external individuals and organizations whose buy-in we need to implement our navigation program successfully.

- We have a plan for engaging the partners and collaborators we identified in Chapter 2 as allies in promoting and getting buy-in for our navigation program.

- We have a plan for launching our navigation program.

- We have a plan for promoting our navigation program within and outside our organization.

- We have a plan for sustaining our program.

Notes/Reminders:

Chapter 7: Assessing Your Program

Goal: When you have finished this chapter you will have the information, tools and resources you need to evaluate your navigation program.

How will you know your navigation program is working?

You should be able to:

- a. Establish measures to assess the success of the program.
- b. Use lessons learned for continuous quality improvement.

Topics to be covered in this chapter

1. Different measures of success
2. Overview of program evaluation
3. Communicating what you find
5. Learning from the bumps in the road – a primer on continuous quality improvement (CQI).

1. What does “success” mean for your program?

To answer this question, go back to the goals you identified in Chapter 3. For each goal, decide what success will look like. Be as concrete and detailed as you can.

- What will you see?
- What will be different?
- Will there be something that wasn't there before, such as a new service or a different process for doing something you already do?
- Will something go away, such as a barrier to patient care or an activity that took away valuable resources without providing a benefit?

For example..

Helpful Health Program sets a goal that, by a specific deadline, they will have documentation of all the follow-up care for every patient who receives an abnormal cancer screening result. They define “follow-up care” as anything the program does to help patients complete follow-up: scheduling future visits before the patient leaves an appointment, making appointment reminder calls and sending reminder letters, ordering additional tests, making referrals to specialists and so on.

Notice that, for this program, whether or not the patient actually completes follow-up is not what defines “success.” Success here means the program manager knows for sure that the staff have taken all the steps their program design specifies to try to ensure that every patient gets a clear resolution of any abnormal test results, whether it’s nothing to worry about or further medical attention is needed.

2. How will you evaluate your program?

There are two levels of evaluation: clinical and business:

- a. Clinical: is it achieving the patient care goals you set? Improving overall care? Improving the patient experience?
- b. Business: is it saving money? Reducing costs? Bringing in additional revenues?

While the measures for evaluating the business success are usually pretty straightforward, the measures you will use to evaluate your program will depend on your definition of success.

Business Case	Goal	Process Measure
Clinical	Every patient with an abnormal will have documentation of follow-up care	Completeness of patient records
Business	Increase patient satisfaction to improve measures that must be reported to insurance companies	Level of patient satisfaction reported by mail-in survey

For other methods and metrics for evaluating your program, see Volume 2, Chapter 5.

For example..

Two years into their program, Helpful Health Program is now setting an ambitious goal: having zero patients lost to follow-up. To evaluate their clinical success, Helpful Health Program will look at the patient medical records, including the notes made by the staff. Having complete documentation of each patient's follow-up care, including all attempts to contact the patient, is essential. Therefore, one of their evaluation measures is whether or not every relevant piece of a patient's care is documented completely and correctly in the medical record.



National Patient Navigation Leadership Summit (NPNLS): Measuring the Impact and Potential of Patient Navigation, Supplement to Cancer.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.v117.15s/issuetoc>

This collection of research articles is published as a supplement to the journal *Cancer*. If you're looking for ideas as to what kinds of information to use as measures, look at the articles in this supplement to see examples of some possibilities. You can also see how the various kinds of navigation programs have defined and measured success, which may help you think carefully about what measures would be right for your program. FREE

3. How will you communicate results?

You will need a written communication plan for explaining to everyone involved how the navigation program is performing. It's important that everyone knows how success is being measured. Remember to refer back to the list of target audiences and stakeholders you identified using Tool 1.7. The following articles can help you develop your plan.



Thompson, R. "Stakeholder Management: Planning stakeholder communication."

http://www.mindtools.com/pages/article/newPPM_08.htm

Working through the five steps of this planning exercise, you will use the stakeholder communication sheet (see URL below) to develop a plan for managing how you communicate with your various stakeholders to gain their support for your program.

FREE

The worksheet can be filled out online and printed or printed blank to fill in manually:

<http://www.mindtools.com/pages/article/worksheets/StakeholderCommunicationsDownload.htm> FREE



Mind Tools. “Communication Planning.”

<http://www.mindtools.com/CommSkill/CommunicationsPlanning.htm>

This article describes the basic requirements for a communication plan, presented in six steps. The six steps take you through understanding your objectives and audiences, selecting your messages and channels and getting feedback on the effectiveness of your communication. There is a template to download that provides an easy way to record this information:

<http://www.mindtools.com/pages/article/worksheets/CommunicationsPlanDownload.htm>

FREE

4. How will you incorporate the lessons you learn along the way?

One approach to ensuring that your program continues to grow stronger by learning from experience is to implement some form of continuous quality improvement (CQI). CQI is an ongoing process that includes regularly observing an activity, making changes based on data gathered during those observations, assessing the results of the changes, and taking action. While the CQI process is not difficult, it does require that programs have a plan for regularly reviewing and discussing data about how well they are meeting their goals, as well as a plan for experimenting with changes to processes when those goals are not being met.

One way to ensure that CQI happens is to set up regular (perhaps monthly or quarterly) quality team meetings. Consider who should be involved in the CQI team: clearly the Patient Navigators themselves, since they will be closest to the processes under discussion, and others who regularly interact with them in the navigation process. Use this meeting to review the data, problem-solve, and make plans for implementing and evaluating changes. A good tool to use in this process is called Plan-Do-Study-Act (PDSA) or Plan-Do-Check-Act (PDCA).



Institute for Healthcare Improvement (IHI). “Plan-Do-Study-Act (PDSA) Worksheet.”

<http://www.ihl.org/knowledge/Pages/Tools/PlanDoStudyActWorksheet.aspx>

The IHI provides many resources for improving healthcare delivery, including a PDSA worksheet and description. You can register at no charge on their website to gain access to these resources. FREE.



Mind Tools. “Plan-Do-Check-Act. Implementing new ideas in a controlled way.”

http://www.mindtools.com/pages/article/newPPM_89.htm

You may have looked at this article back in Chapter 1 to learn about doing PDCA, also known as PDSA or Plan-Do-Study-Act, a problem-solving approach made famous by Japanese automotive industry and widely used across the business world. Now is the time to come back to it to check on how your program is doing. FREE

If your program is not where you want it to be, you can repeat the cycle described in this toolkit, using your new data to help you identify other issues and possible solutions to address them.

For example..

Helpful Health Program has had their transportation up and running successfully for a year now. They have analyzed their tracking data and are pleased to see that, since the transportation program was implemented, more patients are coming in for routine cancer screenings and more cancers are being caught in earlier stages and treated successfully.

However, the numbers are still not meeting the goals set at the beginning of the program. The program staff decide to repeat the “five whys” process to help them identify other things that may be affecting patient outcomes.



Mind Tools. “5 Whys: Quickly Getting to the Root of a Problem.”

http://www.mindtools.com/pages/article/newTMC_5W.htm

The “five whys” is a simple problem-solving technique that can be used to get beyond the first, or most obvious, reasons for a problem’s existence. It is best used in a team or group where multiple perspectives and sources of information are present. The goal of the exercise is to work backwards from an observed problem to find the cause or causes for it, by asking “why” each time a new cause is identified. To avoid getting side-tracked by event- or blame-related answers, it is useful to ask, after each cause is suggested, “Is that the only reason?” FREE

For example..

After repeating the “five whys” exercise, Helpful Health Program realizes that, while transportation was one barrier that kept patients from getting regular screenings and prompt follow-up, there are cultural factors, as well. These include beliefs that cancer is always fatal and that hospitals are places people go to die.

Once you've identified what's not working, you'll need to come up with a plan for turning things around.

For example..

Helpful Health Program now sees that they need a plan for addressing the cultural beliefs that are keeping patients from pursuing follow-up care. They decide that one element of this plan would be outreach to community leaders who could help them craft and deliver some new messages about cancer treatment and its benefits. The plan will also need to include some new measures for evaluating success that would address the new goals related to changing patient beliefs.



Project Minds. “Rescuing projects in crisis – project turnaround pointers.”

<http://www.projectminds.com/Article4.html>

This article outlines through a straightforward, step-by-step approach for working with your project team and your stakeholders to get a project back on track. Offers a list of typical reasons why projects don't go as planned and describes a straightforward, inclusive process for turning the situation around. The focus is on developing a new project planning document to guide offers a constructive way to handle a common challenge. FREE

For example..

Now that Helpful Health Program has a better understanding of their patients' beliefs about cancer and about hospitals, they decide to add community outreach and patient education components to their navigation program. They will continue to work through the remaining steps outlined in Volume 1 of this toolkit to ensure these new components are implemented and integrated into the existing program in ways that will promote success in meeting all the program goals.

As your navigation program goes forward, you should revisit Chapter 7 regularly to make sure you are still on the right path – or to identify a new path in response to changing circumstances. Volume 1 continue to serve as a resource throughout the life of your navigation program.

General Resources for Chapter 7: Getting Your Program Started



Kettner, Moroney & Martin, 2008. *Designing and Managing Programs. An Effectiveness-Based Approach.*

Chapter 12, “Performance Measurement, Monitoring, and Program Evaluation: Data Requirements,” discusses mission statements, goals and objectives. Chapter 13, “Program Impact and Hypothesis Testing,” describes the difference between evaluation and performance measures, and describes various research designs you might use to evaluate your program’s impact. AVAILABLE FOR PURCHASE



Battaglia, Burhansstipanov, Murrell, Dwyer and Caron on behalf of The Prevention and Early Detection Workgroup from the National Patient Navigation Leadership Summit. *Cancer 2011 Supplement.*

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.26267/pdf>

Want to know how to document your program and collect data that will support efforts to identify best practices in patient navigation? Read this article. As described in the abstract, “The Prevention and Early Detection Workgroup of the Patient Navigation Leadership Summit was charged with making recommendations for common clinical metrics specific to the prevention and early detection phase of the cancer care continuum.” The authors recommend clear documentation of “key program characteristics”, “adoption of a set of core data elements to form the basis of... reported metrics”, and giving priority to data collection using methods with the least amount of bias.” FREE

Chapter 7: Review and Summary

You should now have the information, tools and resources you need to you will have the information, tools and resources you need to evaluate your navigation program. When you have completed the tasks in Chapter 7, use the checklist below to summarize what you've learned.



Checklist

- ___ We have a written plan for evaluating our program that includes specific measures we will use to monitor how our program is working.

- ___ We have a written communication plan for explaining the evaluation plan to everyone involved in the navigation program, so everyone knows how success is being measured.

- ___ We have a written plan for how we will use lessons learned to support continuous quality improvement, so everyone can see how the evaluation helps us build a better navigation program.

Notes/Reminders:

CONCLUSION

Congratulations! You've done a lot of hard work to get here, but if you've done it thoughtfully, you are well on your way to a navigation program that will help you provide the care your patients really need. You have:

- Identified the problem you want to solve.
- Identified who should be part of the solution.
- Established realistic goals and objectives.
- Decided on the right design for your program.
- Figured out how to pay for it.
- Figured out how to get your program up and running and keep it going.
- Decided on ways to evaluate and continuously improve your program.

What's next?

If you've determined that a barrier-focused patient navigation program is what you need, Volumes 2 and 3 of this toolkit will provide both the guidance and resources to get you started:

- Materials you can use as is or adapt to support the day-to-day operations of your program and the work of Patient Navigators.
- Tips from experienced Patient Navigators
- Resources for solving problems.

Even if your program will have a different focus, you will still find many tips and tools you can use as is or easily modify to meet your particular needs.

General Resources for Volume 1



Association of Community Cancer Centers. *Cancer Care Patient Navigation: A Call to Action*. 2011.

<http://acc-cancer.org/education/education-patientnavigation-resources.asp>

This web-based resource offers guidelines, tools, a Q&A about navigation, and references, articles and links to other useful materials. There are also 3 online presentations: “Growing Your Patient Navigation Program,” which covers best practices; “Sailing Our Patients to Success,” which covers scope of work and other important issues in launching and sustaining a program; and a panel discussion that covers the essential elements and best practices of several successful navigation programs, as well how the role differs among lay Patient Navigators, nurse-navigators and social worker navigators. FREE



C-Change. “Cancer Patient Navigation Promotional Toolkit”

<http://www.cancerpatientnavigation.org/index.html>

Looking for ways to promote your community-based navigation program? This web-based resource from C-Change, an organization “comprised of the nation’s key cancer leaders from government, business, and nonprofit sectors,” offers a toolkit that provides “marketing tool for promoting the concept and development of community based patient navigation programs.” The FAQ (frequently asked questions) page includes links to a range of online resources, including funding sources and published evaluations of patient navigation. FREE



Association of Community Cancer Centers. *Cancer Care Patient Navigation: A Call to Action*

<http://www.acc-cancer.org/education/education-patientnavigation.asp>

This web-based resource, focused specifically on cancer navigation, offers information and tools that will be useful throughout your planning and implementation process. It includes tools for use at various stages of program development and implementation. The five newsletter-style articles describing different sites’ programs, each authored by someone from that site, offer real-world insight into the kinds of issues and challenges you may encounter at different stages of your program’s development. Specific items from this resource are noted in the chapter-specific resource lists. FREE.



The GW Cancer Institute. Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP)

<http://www.gwumc.edu/caSNP/education.html#Exec>

Visit this webpage describing the Institute's education and training programs. "Executive Training on Navigation and Survivorship: Finding Your Patient Focus" is designed to teach attendees strategic planning skills specifically tailored to establishing and running a navigation program. Each participant will develop a business plan. Contact information includes links to sign up for a listserv and the waitlist for upcoming trainings. FREE



Harold P. Freeman Patient Navigation Institute

<http://www.hpfreemanpni.org/>

This website describes the Institute, the model of navigation used and the work of its founder, Dr. Freeman in developing and promoting patient navigation. It provides information on the Institute's training program for Patient Navigators. The Resources page has links to navigation resources addressing communication, legal and financial issues and navigation at different stages in the cancer spectrum from outreach to survivorship. FREE (**excluding** trainings and some materials)



Kettner, Moroney & Martin. 2008. *Designing and Managing Programs. An Effectiveness-Based Approach, Third Edition.* Sage Publications: Los Angeles.

A popular textbook that walks the user through the entire process of social service program development, from needs assessment and goal-setting, program design and budgets to performance measurement and program evaluation. A good place to start if you are new to program development. You can skim the book and get an overview of the process, then work through the chapters at the level of detail that suits your needs. Also useful to the experienced program designer as a handy reference or a quick refresher and as a source for sample materials. 299 pages. (There is a more recent edition, but the relevant material is covered well in the third edition.) AVAILABLE FOR PURCHASE



The Manager's Electronic Resource Center website

<http://erc.msh.org/>

This website, hosted by Management Sciences for Health, is “sharing management experience through an international network of health professionals.” It offers an extensive collection of materials covering many aspects of project management, including: human resources, leadership development, financial management, information management. There are links to other useful resources, including:

- “The Provider’s Guide to Quality & Culture” may be especially useful to programs working with populations where cultural or language barriers may be affecting health and healthcare access. This site, in turn, offers a “Quality & Culture Quiz” that could make a good exercise for training staff, including Patient Navigators.
- The Health Manager’s Toolkit,” which provides links to dozens of tools for a range of activities in health services delivery. Topics include Financial Management, General Management and Operations, Human Resources Management, Monitoring and Evaluation, and Organizational Planning.
- Current and back issues of *The Manager* online, a quarterly that offers information and tools on management topics relevant to health professionals. Includes case studies, guidelines and other materials for developing and training staff.

This website is available in English, Spanish and French. **FREE**



Mind Tools website

<http://www.mindtools.com/>

This web-based resource has a large collection of free-access articles, tools and video instruction supporting career development and job performance. Categories include Team Management, Project Management, Leadership Skills, Problem Solving and Communication Skills. (Additional resources, including dozens of one-hour, self-study courses, are available to members by subscription for US\$19/month as of late 2011.)

FREE



Nicholas, Farley, Vaiana & Cretin. 2001. *Putting Practice Guidelines to Work in the Defense Military System: A Guide for Action*. Rand: Santa Monica, CA.

http://www.rand.org/pubs/monograph_reports/2007/MR1267.pdf

This guide was written to help U.S. Department of Defense medical facilities be successful in implementing evidence-based medical practices. However, much of the material can be readily applied to civilian healthcare facilities, as well. Useful items include a section on building effective teams to make change happen, a four-step process for developing an implementation plan (summarized on PDF pages 67-73; document pages 57-63), adopting change implementation strategies that work, and measuring outcomes. Forms and diagrams for all phases are included and could be easily adapted for use in navigation programs. FREE



Partners in Information Access for the Public Health Workforce

<http://phpartners.org/howtoaccess.html>

If you are having trouble getting hold of academic or research journal articles you find in this toolkit or in your own online searching, check here for more options. As the website explains, “Partners in Information Access for the Public Health Workforce is a collaboration of U.S. government agencies, public health organizations, and health sciences libraries which provides timely, convenient access to selected public health resources on the Internet.” This website is hosted by the U.S. National Library of Medicine, which is under the National Institutes of Health (NIH). It offers a variety of links and strategies for obtaining journal articles free of charge, plus contact information for staff at the member institutions of the National Network of Libraries of Medicine who can help you with your questions and requests. The website also offers pages dedicated to specific public health topics and general topics such as grants and funding, education and training, conferences and meetings, and health data tools and statistics. Website access is FREE.



The Project Management Hut website

<http://www.pmhut.com/>

If you're looking for an overview of project management, start to finish, take a look at "Project Management Huts." This web-based resource has a large collection of free-access articles, tools and advice on various aspects of project management. Articles can be accessed in several different ways: under "Recent Articles," under "Categories," and in "Project Management Huts." A Project Management Hut is "a collection of articles, covering the whole process to manage a project, from project initiation to project closure, including the necessary templates." Manjeet Singh's "A Quick Guide to Project Management" may be especially helpful to those who are new to project management. FREE



Supplement: National Patient Navigation Leadership Summit (NPNS): Measuring the Impact and Potential of Patient Navigation, Supplement to Cancer. 2011. Volume 117, Issue S15. Pages i-ii, 3535-3623.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.v117.15s/issuetoc>

Articles in this supplement to the academic journal *Cancer* present current thinking on: the principles and history of navigation; ways to measure its effects at various stages of the cancer experience, from prevention through survivorship; its incorporation into palliative care; and the creation of cost metrics for navigation. An article describing the Partnership Approach, which tries to engage the patient's social network, may be of particular interest. FREE