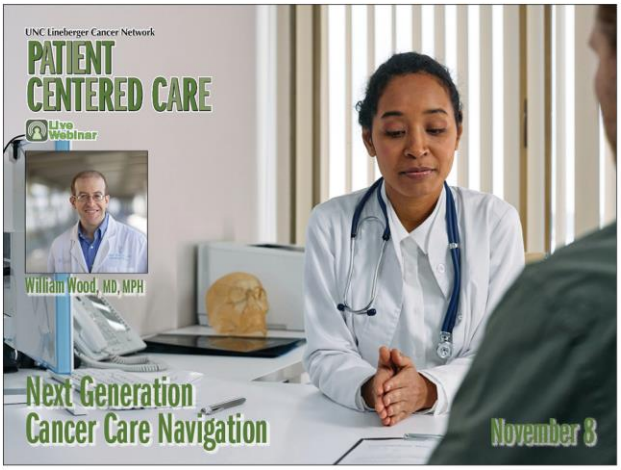

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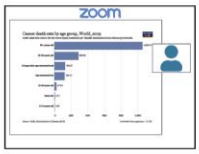

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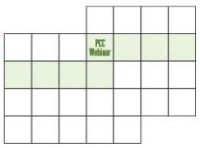

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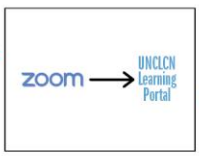

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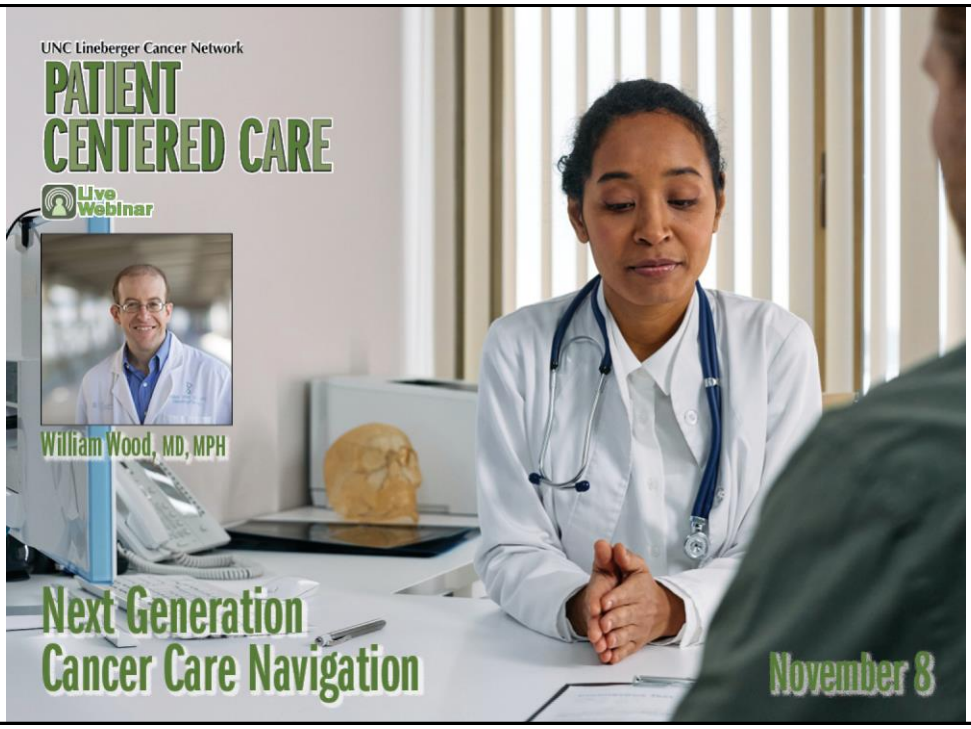

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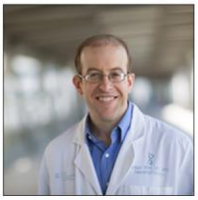

William A. Wood,
MD, MPH

Dr. William Wood, MD, MPH is a hematologist and oncologist with a clinical focus in blood cancers, hematopoietic cell transplantation and cellular therapy. Research interests include novel strategies to measure and intervene upon physical function during and after cancer treatment. Digital biomarker development, physiologic sensor integration, home-based functional assessments, patient reported outcomes implementation, and health coaching are areas of current efforts. A major goal is to leverage emerging technologies to improve the cancer patient experience.

He is involved in a number of local, state-wide, national and international digital medicine collaborations and research initiatives. He is also the current chair of the American Society of Hematology Research Collaborative's Data Hub Oversight Group. The ASH Research Collaborative Data Hub aims to become one of the world's largest repositories of research grade clinical data in selected benign and malignant hematologic diseases, starting with sickle cell disease and multiple myeloma, with expansion expected to other diseases over the next several years.

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OUR PRESENTER

5. William Wood, MD MPH, is a Professor at the University of North Carolina at Chapel Hill in the Division of Hematology in the Department of Medicine.

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4. He graduated medical school from Duke University in 2003 and completed his Hematology/Oncology Fellowship at UNC in 2010.

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3. He is a senior medical advisor to the American Society of Hematology Research Collaborative (ASH RC).

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2. He is the medical director for patient navigation at the UNC Cancer Center.
1. He is the Medical Director for Education and Outreach

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Cancer care navigation is an important component in achieving good patient outcomes.

True 0%

False 0%

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UNC CANCER CARE

Next Generation Cancer Care Navigation

Bill Wood, MD, MPH

UNCLCN Presentation
November 8, 2023

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Objectives

Objective 1 Identify informatics tools that can facilitate population-based cancer care navigation.

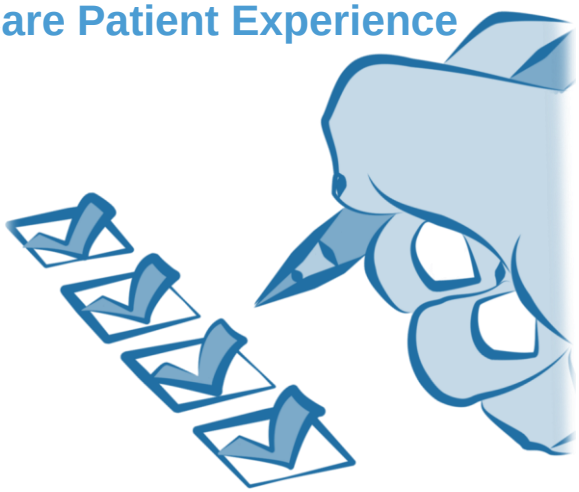
Objective 2 Discuss how population-based cancer care navigation can be designed with equity in mind.

Objective 3 List current national initiatives that have been developed to support the development and sustainability of cancer care navigation.

Background Needs

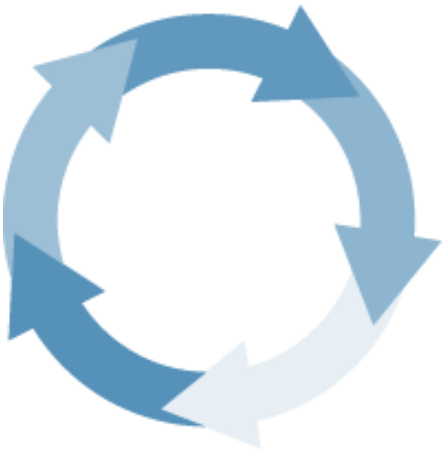
Consistency in the Cancer Care Patient Experience

- Status quo cancer care delivery is fragmented and chaotic
- Our patients are looking for stability and security, comfort and reassurance, equitable outcomes
- We need a consistent connection and data-driven care from the moment of referral through treatment and beyond



Background Needs

- It is easy for patients to become “lost” or to miss scheduled appointments because of non-medical barriers to care (transportation, child care, financial strain, etc)
- Missed visits lead to delays in care, adverse clinical outcomes, and worsened disparities



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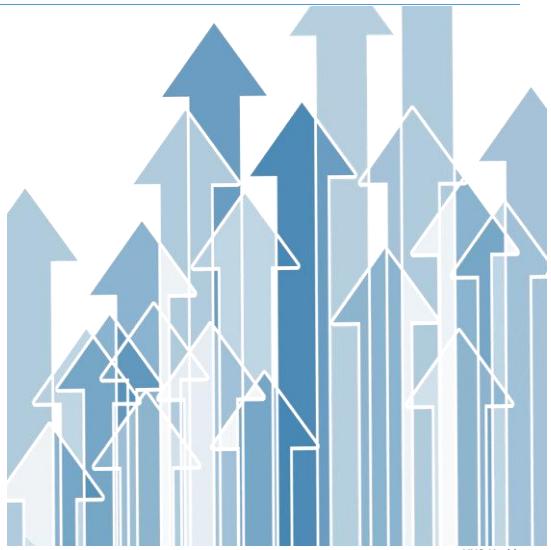
Background Needs

- Patients considering treatment will sometimes reach out to multiple cancer programs
- Programs that provide the best initial experience are the most likely to retain patients
- Retention is a key component of timely treatment initiation



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Background Needs

- An abundance of evidence shows that use of palliative care, psychosocial care, physical rehabilitation, and nutrition are associated with better outcomes and lower costs.
- Current referral processes are not centralized, leading to missed opportunities to delivery comprehensive supportive care.

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Navigation Value Proposition

HEALTHCARE TRANSFORMATION —An effective centralized navigation program can deliver a comprehensive population management experience that is patient-centered and focused on improving health outcomes at lower cost.

RISK STRATIFICATION — We can target resources more efficiently by assessing patients' social and clinical risk to direct the right level of care and services at the right time across the patient journey.

CARE VARIATION —Through designing structured care coordination pathways we can streamline care delivery and referral processes, optimizing access and reducing variation across the oncology continuum

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Central Navigation Program at the UNC Medical Center

Overview

- Centralized and standardized approach to early and frequent outreach
- New personnel (ONNs, OPNs) to complement and integrate with clinic navigators
- Patients are assessed before initial presentation, as treatment planned, and upon treatment initiation to guide implementation of cancer patient navigation services

Existing Components

- Social determinants of health and pre-existing medical needs proactively compiled
- Pathways for supportive care referrals and billable services
- Ability to collect patient reported outcomes

Current Scope (FY 2023)

- 1,910 new patients
- Average 5 touchpoints per patient, 10 interventions per patient

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New Roles and Responsibilities in Navigation

CANCER CARE NAVIGATOR DEFINITIONS		
Oncology VOLUNTEER Navigators	Oncology PATIENT Navigators	Oncology NURSE Navigators
Community or student volunteers who are trained to identify and communicate patients and families' needs to the medical team. From a barrier assessment, they refer patients and families to appropriate resources, while offering emotional support. OVN oversight is provided by a Nurse Navigator who completes EHR documentation, data entry and referral.	Highly trained (and can be board certified) professionals who specialize in working directly with cancer patients and their families to identify and decrease potential non-medical barriers to care. They are resource specialists and their goal is to mitigate challenges by connecting patients with eligible resources and support services available both within UNC Health and in the community.	Experienced oncology registered nurses trained to specialize in identifying and decreasing clinical barriers to care for you and your family through the full continuum of your cancer treatment from diagnosis through survivorship. The ONN is embedded in the multidisciplinary clinical care team as a central point of contact for you and your family to assist in coordinating all components involved in cancer care and connect you to resources to help support you through your treatment.

11/7/2023

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Background and Characteristics of New Personnel

Aligned at system level across entities
Non-Medical Barriers: Virtual/Remote/Hybrid

Existing Clinical Nurse Navigation Program aligned to disease groups at entity level

ROLES & RESPONSIBILITIES

Pillars	Volunteer Patient Navigator (VPN)	Oncology Patient Navigator (OPN)	Oncology Nurse Navigator (ONN)	Clinical Nurse Navigator
Educate	Non-medical	Non-medical	Yes	Yes
Advocate	Yes	Yes	Yes	Yes
Resource	External Only	Yes	Yes	Yes
Referral	External Only	Yes	Yes	Yes
Licensure	No	No	Yes	Yes
Training / LMS	Yes	Yes	Yes	Yes
Certification	No	OPN-CG[sm]	OCN®	OCN®
FTE vs. PRN	PRN	Full-Time	Full-Time	Full-Time
EHR Capabilities	No	Yes	Yes	Yes
Cross-Functional	No	Yes	Yes	Yes
Evaluations/ Audits	No	Yes	Yes	Yes
Research / Data	No	Yes	Yes	Yes

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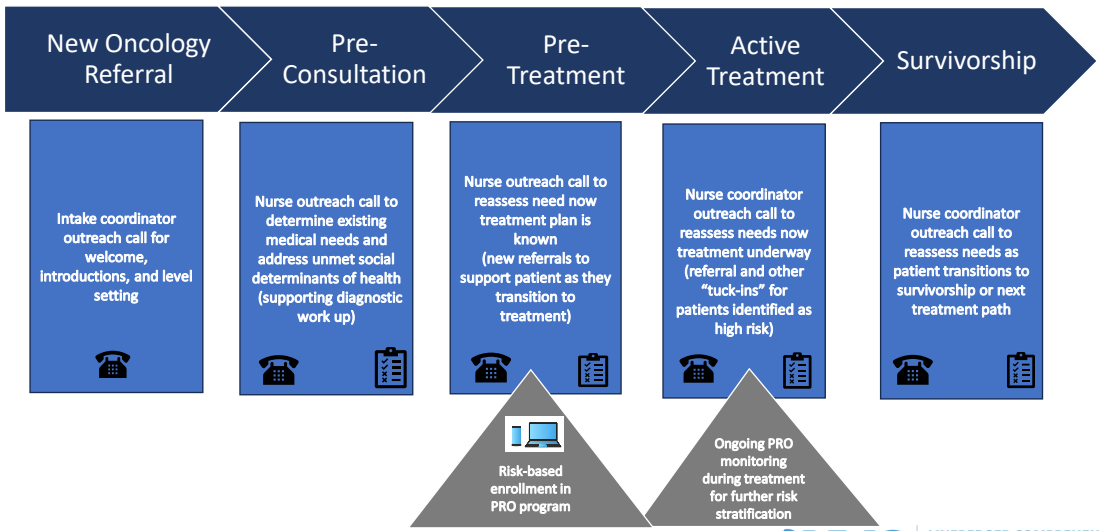
Central Navigation Program designed for virtual longitudinal patient check-ins



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Reach of Central Navigation in FY23

Patients Referred **2,335**	PCAs Completed by Central Nav **1,233**	Number of Interventions **18,838**	Number of Visits **4,877**
New Patients **1,910**	Number of Unique Patients Engaged During Treatment **1,008**	Avg Interventions Per Patient **9.9**	Avg Visits Per Patient **4.97**

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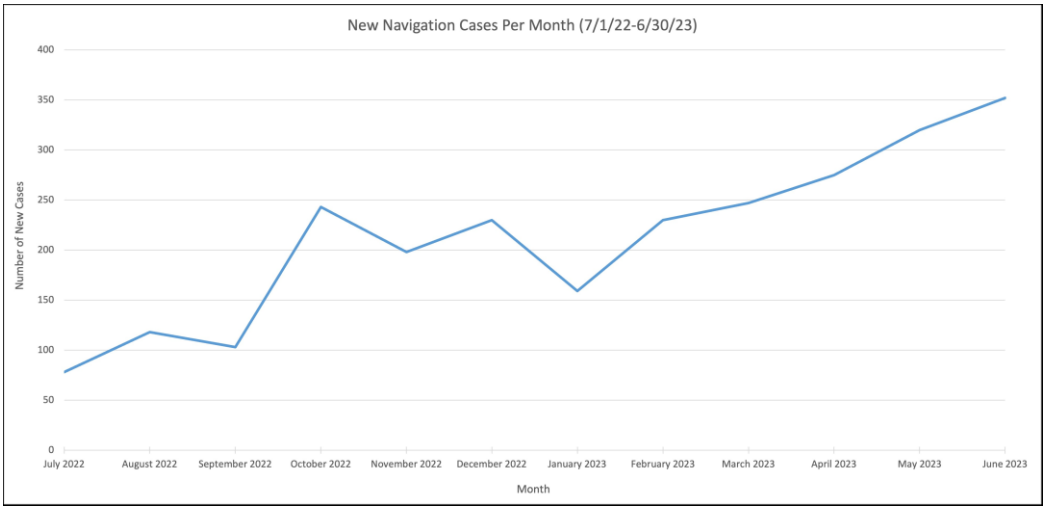
Central Navigation Reach is Increasing Over Time



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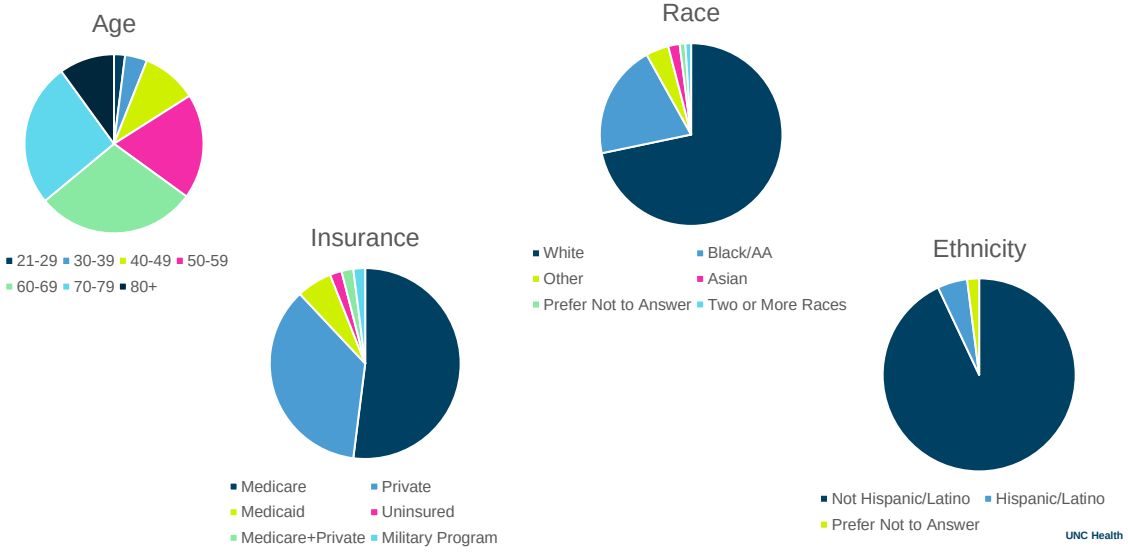
Who Are We Serving?



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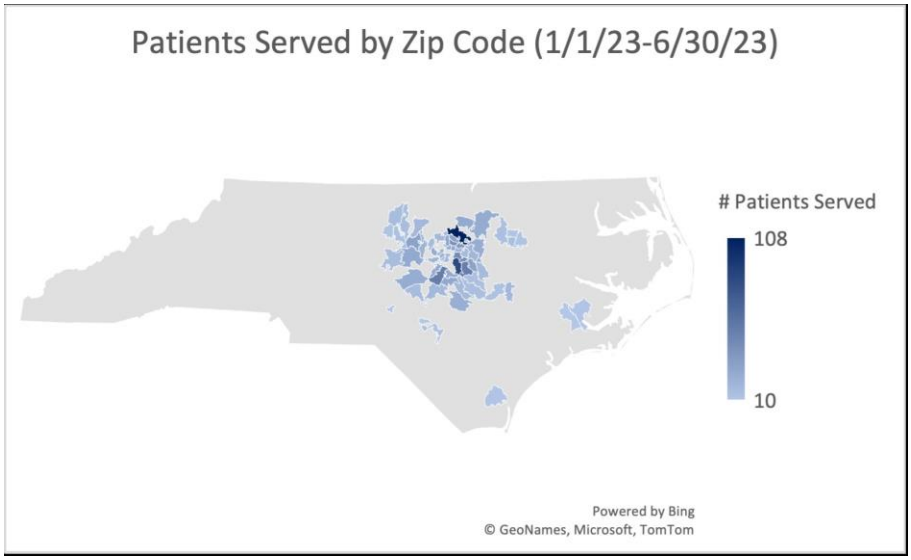
Expanding Reach of Central Navigation



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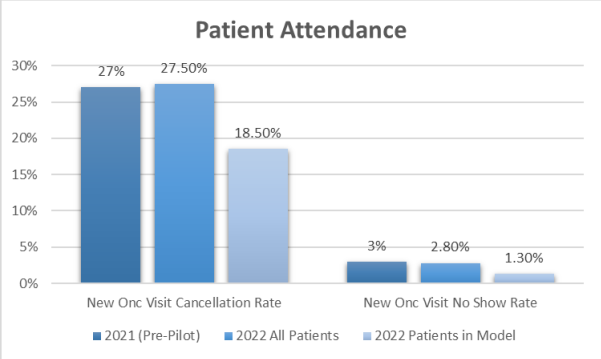
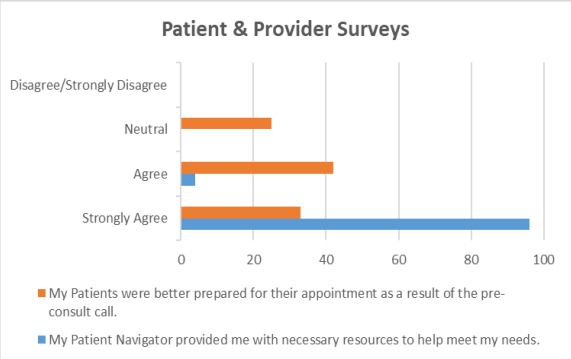
Central Navigation Improves Attendance and Support

New Consult Cancellation Rates decreased by 33%

New Consult No Show Rates decreased by 50%



Providers and Patients report feeling more supported prior to Oncology Consult.



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Central Navigation Supports Health Equity

Identified Black		Identified White
430	Patients	1376
4.2	Visits per Patient	3.5
8.39	Interventions per Patient	7.95
4.12	Risk Factors per Patient	2.93
$113,831	Funds Disbursed	$279,915
17.9%	% of Population w/ Funds Disbursed	10%
$1,478.23	$ per Patient	$2,028.37*
Financial Navigation Transportation Form Literacy	Top Interventions	Consultation Prep Financial Navigation Diagnosis Education

*Reflects higher co-pay assistance due to higher commercial payer mix

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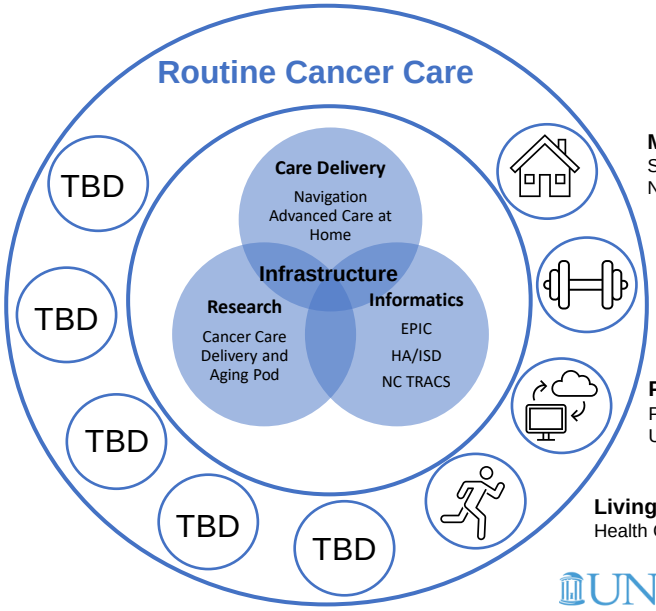
Embedded Cancer Care Delivery Research at UNC

- Research, care, and informatics infrastructure supports intervention development and implementation
- Interventions are supported by grant-funded research
- Program facilitates multistakeholder engagement and career development
- Evidence generation informs the learning healthcare system



Meeting Unmet Needs
Social Determinants of Health
New Patient Screening

Preparing for Care
Cancer Prehabilitation

Providing Treatment Support
Proactive Symptom Surveillance
Urgent Care at Home

Living Well With Cancer
Health Coaching with UNC HealthScore

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Population Health Management in Oncology Care

- **PHM works to improve outcomes among groups of individuals**
  - Identify patients in real time
  - Use risk stratification to proactively target service provision
  - Monitor care quality to support quality planning and improvement
- **Successful PHM infrastructure enables real-time insights for identifying care gaps that can be addressed to improve outcomes among groups of individuals**
- **Requires integration with Electronic Health Record (EHR)**

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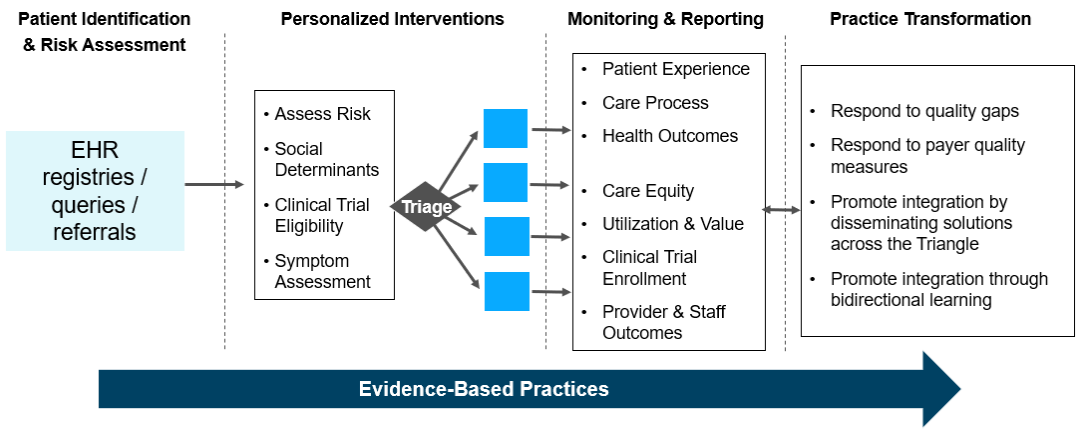
Population perspective useful to improve oncology clinical outcomes



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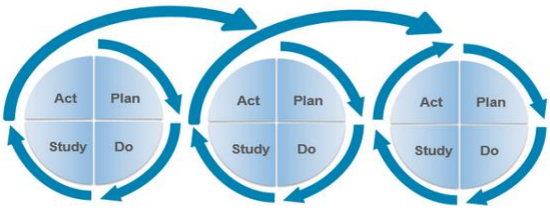
Four Key Steps in Current Build Process

Onc team identifies care gaps and conducts measure development in Business Objects

Measure specs shared with Epic analysts for build within Epic/Healthy Planet

Healthy Planet measure validation (includes testing by Oncology end users)

Measures incorporated In Oncology Tableau Dashboard



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UNC Cancer RWD Powers Tailored Interventions and Embedded Research

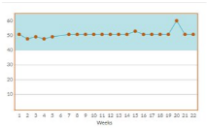
Navigation Assessment Score

Navigation intake
EPIC demographics, SDOH, comorbidities

Health Alliance
ISD

Navigation follow-up frequency, intensity
UNC Cancer Navigation

HealthScore



Patient-reported symptoms and function

PRO-Core
CHAI

Health coaching in movement, mood, meaning
UNC HealthScore

Acute Care Event Risk Score

High Risk

EPIC age, cancer, treatment, prior ED/hosp

NC TRACS
UNC Lineberger

Home-based remote monitoring
UNC Cancer Navigation
UNC Advanced Care at Home

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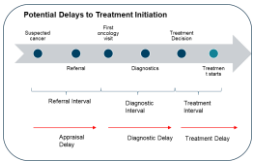
New Decision Support Tools for Navigation

Navigation Assessment Score

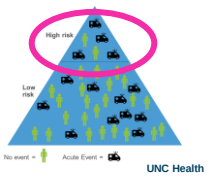
- Currently assessed prior to initial visit and again as treatment initiated
- Identifies pre-existing clinical and social vulnerabilities that often result in barriers to care

Time-to-Treatment Monitor



- Ticker starts after one of 5 triggering events
- Enables identification of patients who cross pre-set time thresholds

Acute Care Event Risk Score



- Update of previously published PROACT model (Grant et al 2019)
- Uses cancer diagnosis, therapy, age, and prior ED/Hosp event to predict risk of unplanned acute care event within 30 days of therapy initiation (Stein et al, JCO JOP)

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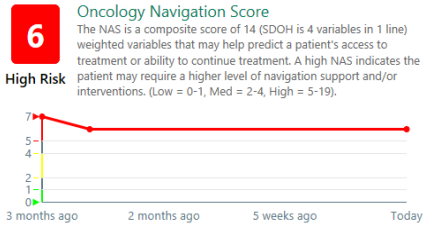
Navigation Assessment Score



Points	Factor	Value
1	Age	72
0	Lives >50 Miles Away From Care Center	Not on file
0	Preferred Language	ENGLISH
1	Financial Resource Strain	Medium Risk
0	Food Insecurity	No Food Insecurity
0	Housing/Utilities	Low Risk
0	Transportation Needs	No Transportation Needs
1	Health Composite Score	9
0	Has No Internet Access	No
0	Has Metastatic Disease	No
0	Advanced Hematological Disease	No
1	Social Vulnerability Index	0.98
1	Geriatric Screening Tool Score	12.5
1	Non-Hispanic African American	Yes

Who: Navigation Team member

What: Risk stratification

Where: Patient in the comfort of own home, away from stressors of first clinic visit

When: Assessed during a pre-consult outreach call

Why: **Immediate needs mitigated** (i.e., transportation to consult appointment), **appropriate early interventions initiated** (i.e., early social work referral, financial assistance application), **ongoing support planned** (weekly check in calls to assess for treatment support needs, unreported symptoms, emotional support, etc), all leading to **better access and ability to continue treatment**

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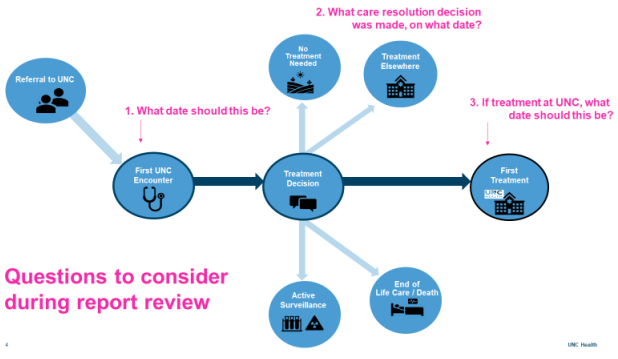
Time-to-Treatment Monitor

- **Goal:** To have a report that navigators/care teams can use to identify patients who may be at risk of having a harmful delay in treatment initiation
- **Time-to-Treatment Report Built and Being Tested**
  - Identifies first encounter with cancer diagnosis and counts each day that passes without indication of treatment
  - Report is being piloted with GI navigation teams
  - Simultaneously identifying ways to automate turning the ticker off (e.g, hospice enrollment, death)



Time to Treatment Monitor Report

Incorporation of triggering events

First encounter with oncology provider, date of first path report, first date with cancer diagnosis, date of inpatient d/c with cancer dx, or central navigation enrollment date

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Unplanned Acute Care Events (ACEs) in cancer care are a problem

ACEs drive poor quality of life and costs.
Some ACEs are preventable with improved supportive care.

ACEs among high-risk cancers
30%

Marginalized (Black, Language-barrier Medicaid) Patients
33%

NC residents diagnosed with Thoracic Cancer
8,810

NC residents diagnosed with Colorectal Cancer
4,740

NC residents diagnosed with Leukemia/Lymphoma
4,660

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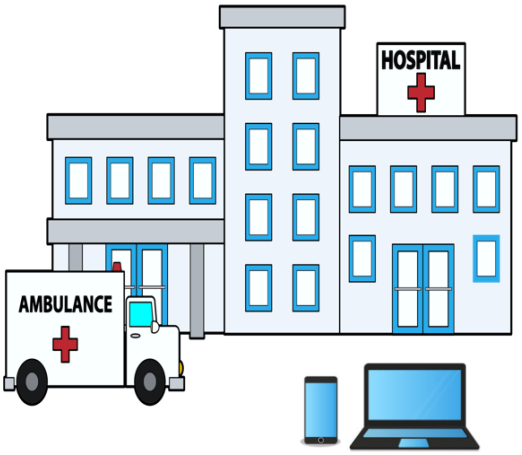
If we reduce ACEs, we can improve outcomes and equity

- Unplanned acute care events (ACEs) are a major driver of patient experience & cancer care costs
  - Well-established disparities in ACEs
  - UNC is no exception
- Implementing a symptom (PRO) monitoring, data-driven approach may equitably reduce unplanned ACEs
  - Improve treatment tolerability
  - Increase effectiveness of care delivery



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Who will benefit?

How can we know if she's at high risk for ED visit/ hospitalization, and avoid these?

If she is high risk, how can we be sure someone can help me watch out for her and help avoid complications?

She lives alone. How can we be sure she gets help when she needs it?

Mrs. Jackson is a 72-year-old healthy woman with metastatic pancreatic cancer. Previously fit, now she has weight loss, fatigue, and pain. She is widowed and lives independently in Clayton. Spending quality time with her family is her main priority. But she also wants to do what she can to live to see her grandchild graduate from NC State next year.

We plan for multiagent chemotherapy. But…

If she needs something, can she get help where she lives?

How can we make sure she gets the treatment she wants, without delays or interruptions?

How can we understand her experience with treatment along the way?

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Our prior, applied academic work provides important foundational knowledge

- **Adapted previously published predictive model**
  - based on 30-day ACE risk
- **Used 4 simple characteristics to predict 30-day risk**
  - Age
  - Prior emergency department/hospital use
  - Cancer type
  - Treatment type
- **Leaned into practice partnerships to**
  - Identify targeted improvement opportunities
  - Establish plausible workflow integrations for care innovation
  - Develop evaluation plans with built in rapid cycle tests of change for sustainment

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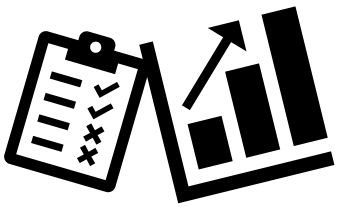
Risk-Stratified PRO Workflow Integration

- **Identifying Opportunities to Enhance Design for Improved Workflow Integration**
  - Predictors included in clinical risk model
  - Care coordination between Clinical and Central Navigation teams as well as care coordination between Navigation and Triage Nurse teams
- **PRO-survey Build Underway**
- **Pilot to begin in before end of year**



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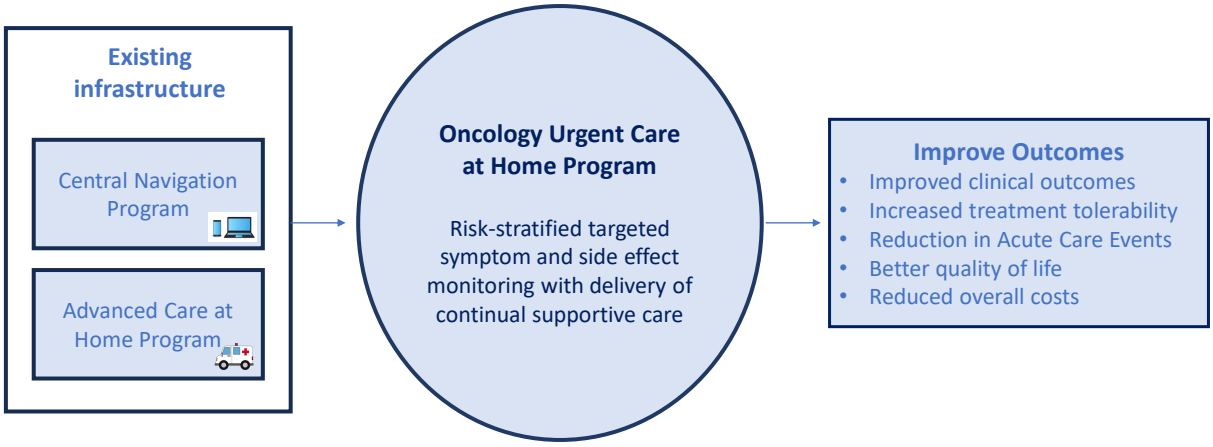
A new navigation-powered initiative to improve patient outcomes



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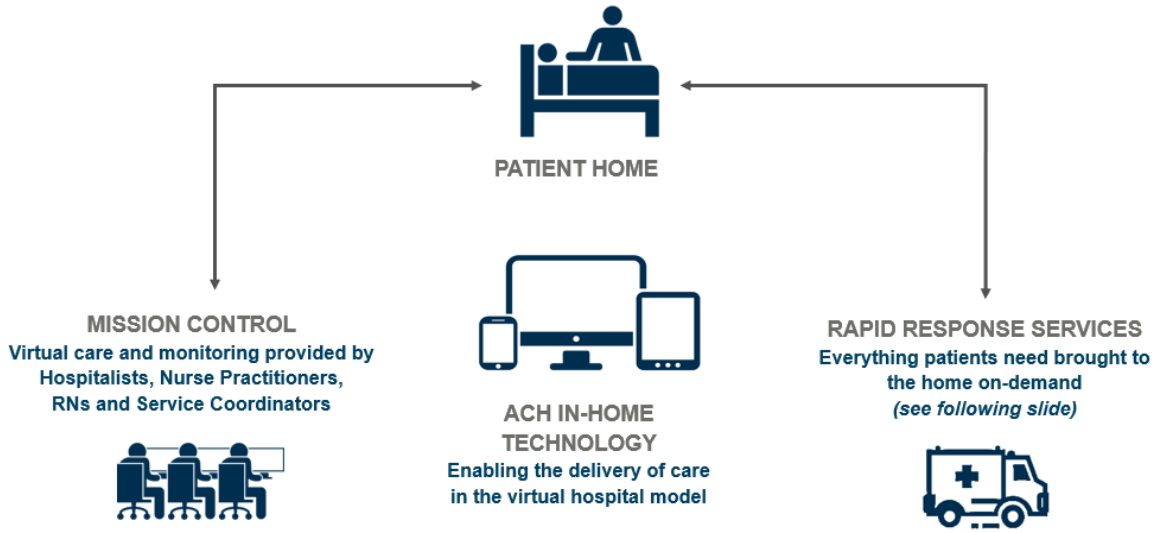
Advanced Care at Home program operational with virtual and in-person care



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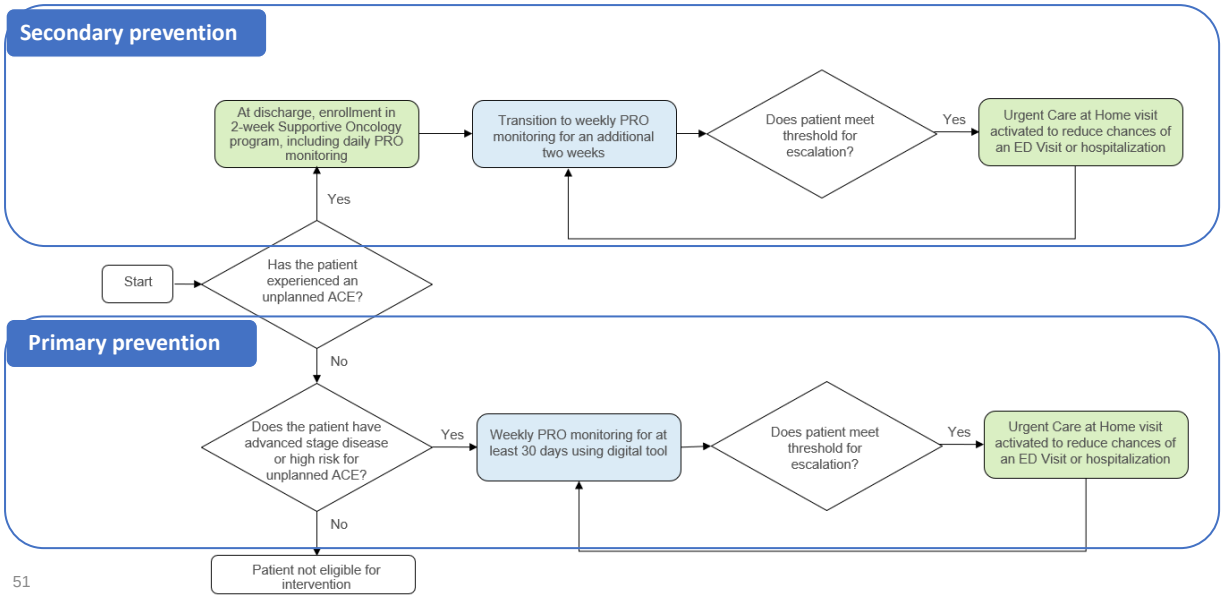
A combined model to help those at highest risk

Intervention supported by:	
	Central Navigation Program
	Advanced Care at Home



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Finalize protocols and infrastructure build with stakeholder engagement

Primary prevention

- Identify high-risk patients via predictive model
- Social determinants of health monitoring
- Symptom and function monitoring weekly for 30+ days
- Escalation alerts for activation of Urgent Care at Home

Secondary prevention

- Identify patients by unplanned acute care event occurrence
- Symptom monitoring daily for 2 weeks, weekly for week 3-4+
- Escalation alerts for activation of Urgent Care at Home

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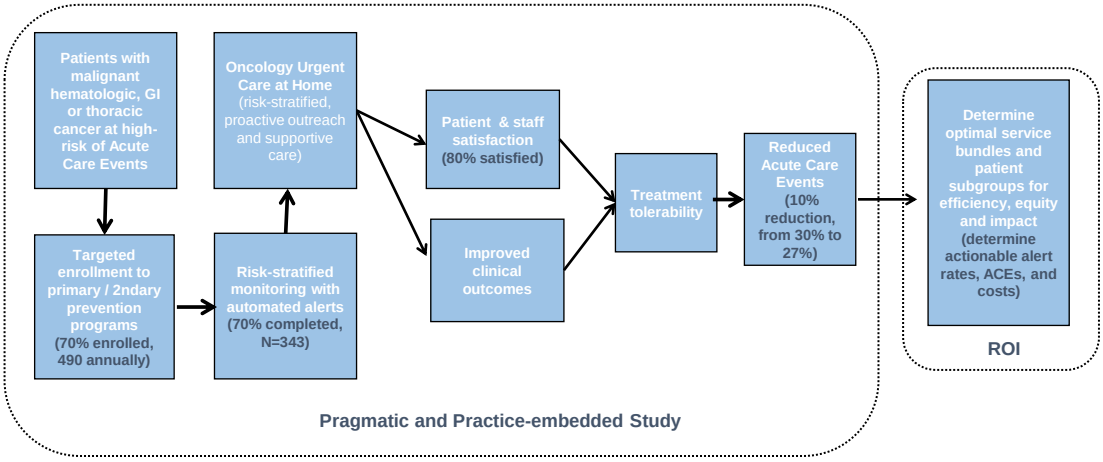
Pragmatic trial with ongoing monitoring for optimization and sustainability



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Navigation Capacity-Building Initiative Grants

Boston Medical Center
City of Hope
Fred Hutchinson Cancer Center
Harris Health System
Harold C. Simmons CCC, UT Southwestern
HIMA San Pablo Oncologico-Caguas
Huntsman Cancer Institute, University of Utah
Markey Cancer Center-University of Kentucky
Montefiore Einstein Cancer Center
Rush University Medical Center
Stanford Cancer Institute
Stephenson Cancer Center, University of OK
University Of Alabama Birmingham
University of Chicago Medicine
University of Colorado Denver
University of New Mexico CCC
University of North Carolina at Chapel Hill
University of Southern California
University of Texas Health
Virginia Commonwealth University, Massey Cancer Center

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Support & Capacity Building Initiative

Key Program Components: Provide capacity building and support to select health systems to advance high-quality cancer care through innovative, sustainable models of oncology patient navigation that address barriers to care for under-resourced populations.

Financial resources and capacity-building support

3-year grants to enhance institutional navigation, especially those from populations traditionally excluded

build upon, innovate & improve existing navigation programs

Learning Community

platform for grantees to share best practices, lessons learned, and access training and expertise.

multi-institutional

Comprehensive evaluation and data sharing

data will be harmonized and analyzed with the intent to:

- share with the larger oncology community and support the development of future programs and policy objectives

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Sustainability: Eight domains of sustainability identified within the Patient Navigation Sustainability Assessment Tool

1. **Engaged staff and leadership** – having frontline staff and management within the organization who are supportive of the practice.
2. **Organization context and capacity** – the practice has the internal support and resources needed to effectively screen and navigate patients/clients.
3. **Funding stability** – the practice has established a consistent financial base.
4. **Engaged community** – the practice has external support and engagement beyond the clinical navigation team.
5. **Communication, planning and implementation** – using processes that guide the direction, goals and strategies of the practice.
6. **Workflow integration** – designing the practice to fit into existing practices and technologies.
7. **Monitoring and evaluation** – assessing the practice to inform planning and document results.
8. **Outcomes and effectiveness** – understanding and measuring practice outcomes and impact of the practice.

Citation: Dwyer, A., Weltzien, E., and Harty, N. (2019). Patient Navigation Sustainability Assessment Tool for Preventive Cancer Screening. Colorado School of Public Health and University of Colorado Cancer Center, Aurora, CO

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UNC Participation in ACS Navigation Learning Community

Aim 1:

- Decision support implementation and tests of change
  - Rapid Cycle PDSAs to optimize builds and implementation

Aim 2:

- Effectiveness evaluation
  - Treatment delays, tolerability, and PROs

Aim 3:

- Impact on navigator staff work-related well-being
  - Job satisfaction, work engagement, and burnout

Aim 4:

- Communication strategy and spread

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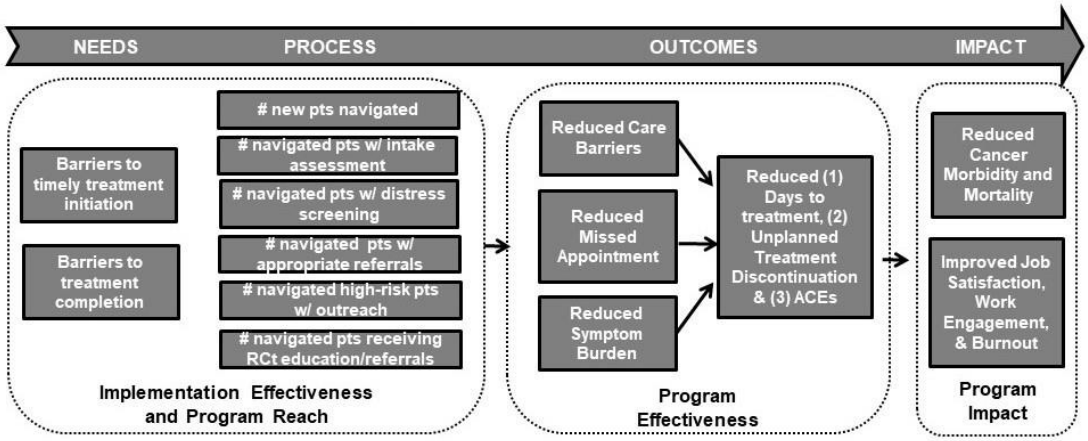
ACS Grant Evaluation Framework



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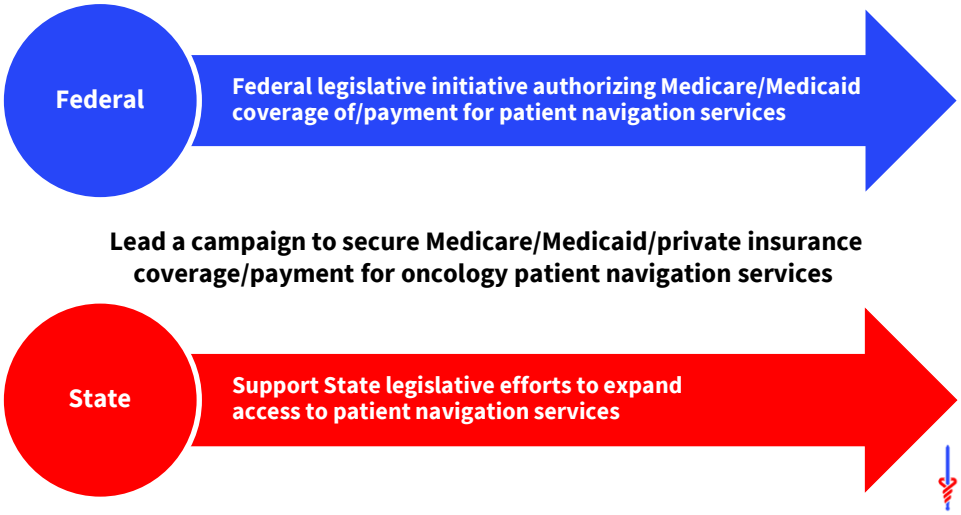
NAVIGATION SUSTAINABILITY & REIMBURSEMENT

Leading Policy Change: ACS CAN



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Coming Soon: EPIC tools and releases

Care Companion

- Digital Assistant throughout the care journey
- Education, PROs, calendar functions
- Available to UNC and used in other disease areas
- Other centers have explored (Ochsner, Mayo)

eSym

- PRO surveillance – tested in multicenter Cancer Moonshot-funded effort
- Included in EPIC Foundation Build in Aug 2023
- Will eventually replace our in-process temporary PRO surveillance solution

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Coming Soon: Navigation Reimbursement Opportunities

Proposed new codes for CMS

- Principal illness navigation
- Social determinants of health risk assessments
- Caregiver training services, community health integration services

Existing codes

- Remote patient monitoring
- Care coordination

Next steps

- Determine necessary workflows and feasibility for implementation

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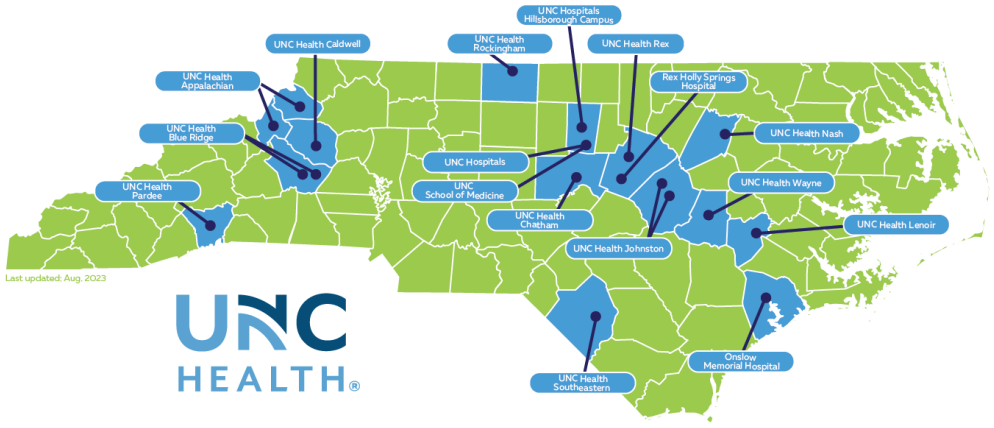
The Future: Potential Navigation Reach Across North Carolina



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Thank you.

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References

- Stein JN, Dunham L, Wood WA, Ray E, Sanoff H, Elston-Lafata J. Predicting Acute Care Events Among Patients Initiating Chemotherapy: A Practice-Based Validation and Adaptation of the PROACCT Model. JCO Oncol Pract. 2023 Aug;19(8):577-585. doi: 10.1200/OP.22.00721. Epub 2023 May 22. PMID: 37216627.
- Dwyer AJ, Wender RC, Weltzien ES, Dean MS, Sharpe K, Fleisher L, Burhansstipanov L, Johnson W, Martinez L, Wiatrek DE, Calhoun E, Battaglia TA; National Navigation Roundtable. Collective pursuit for equity in cancer care: The National Navigation Roundtable. Cancer. 2022 Jul 1;128 Suppl 13:2561-2567. doi: 10.1002/cncr.34162. PMID: 35699616.
- Knudsen KE, Wiatrek DE, Greenwald J, McComb K, Sharpe K. The American Cancer Society and patient navigation: Past and future perspectives. Cancer. 2022 Jul 1;128 Suppl 13:2673-2677. doi: 10.1002/cncr.34206. PMID: 35699608.
- Osterman CK, Sanoff HK, Wood WA, Fasold M, Lafata JE. Predictive Modeling for Adverse Events and Risk Stratification Programs for People Receiving Cancer Treatment. JCO Oncol Pract. 2022 Feb;18(2):127-136. doi: 10.1200/OP.21.00198. Epub 2021 Sep 1. PMID: 34469180; PMCID: PMC9213197.
- Wood WA, Bailey C, Castrogivanni B, Mehedint D, Bryant AL, Lavin K, Tan X, Richardson J, Qian Y, Tan KR, Kent EE. Piloting HealthScore: Feasibility and acceptability of a clinically integrated health coaching program for people living with cancer. Cancer Med. 2023 Apr;12(7):8804-8814. doi: 10.1002/cam4.5625. Epub 2023 Jan 16. PMID: 36647557; PMCID: PMC10134320.

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Which of these statements is most accurate, when it comes to the role of informatics in cancer care navigation?
Most EHR vendors have a cancer navigation module that is easy to turn on and simple to use
0%
Local navigation approaches to data management tools (Excel files, Teams groups, others) are well positioned for long term sustainability
0%
A collaborative relationship among navigators, clinicians, informaticists, and a healthcare delivery system is optimal to develop navigation informatics tools that function well and are built to last
0%
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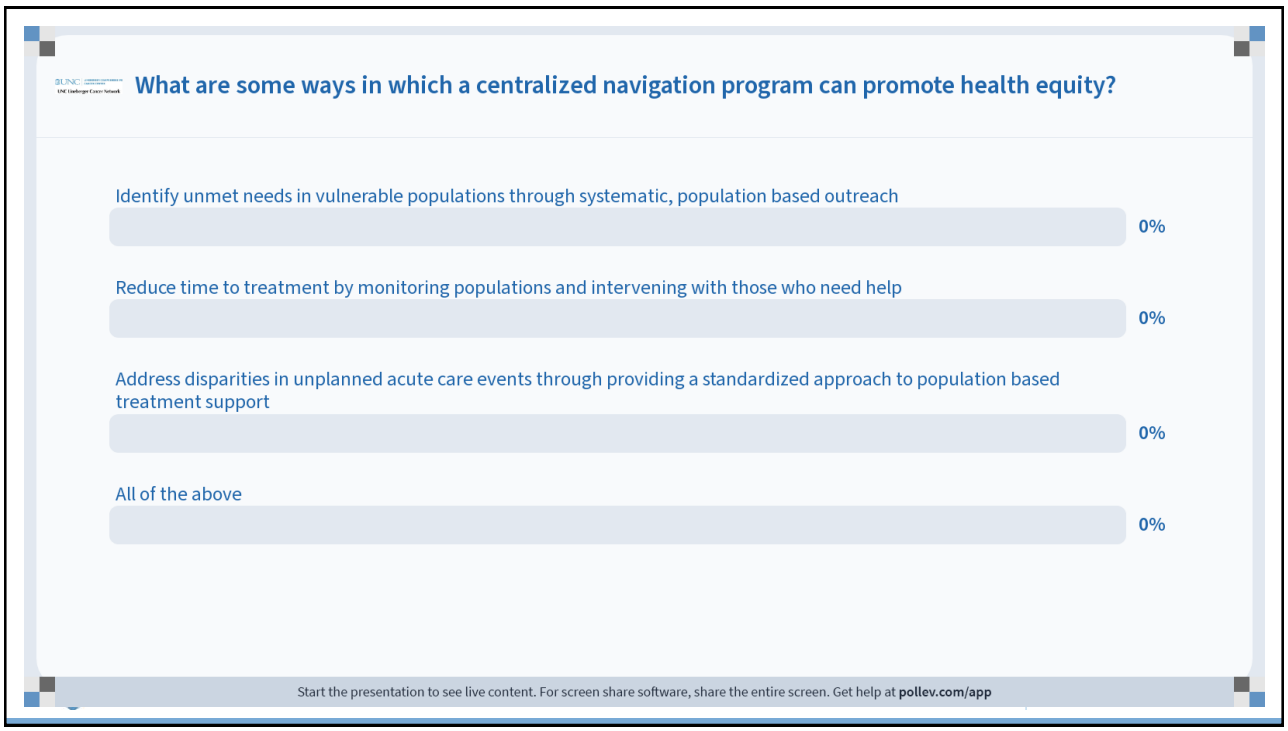
What are some ways in which a centralized navigation program can promote health equity?
Identify unmet needs in vulnerable populations through systematic, population based outreach
0%
Reduce time to treatment by monitoring populations and intervening with those who need help
0%
Address disparities in unplanned acute care events through providing a standardized approach to population based treatment support
0%
All of the above
0%
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What are some examples of initiatives or programs that are supporting availability and best practices in navigation at a national level?

The National Navigation Round Table	0%
The American Cancer Society Cancer Action Network	0%
EPIC Care Companion	0%
Proposed CMS codes for navigation reimbursement, such as PIN	0%
All of the above	0%

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Questions/Comments?

Nobody has responded yet.

Hang tight! Responses are coming in.

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THANK YOU!

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ADVANCED PRACTICE PROVIDER
Live Webinar

November 8
4:00 PM

Lung Cancer Screening Essentials
Jason Long, MD, MPH **Kim Shoenbill,** MD, PhD, MS
Michelle Ottersbach, MS, MS, DNP, RN, CNL, CRCR

RESEARCH TO PRACTICE
Live Webinar

November 15
12:00 PM

Update on Prostate Cancer Screening
Marc Bjurlin, DO, MSc, FACOS

PATIENT CENTERED CARE
Live Webinar

December 6
12:00 PM

Alternative Treatments for Keratinocyte Malignancies
Puneet Singh Jolly, MD, PhD

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Overview of Clinical Trials for the APP
Clarissa Urban, PA-C

RESEARCH TO PRACTICE
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Sarcoma Management in North Carolina: Updates for 2023
Mark Woodcock, MD

PATIENT CENTERED CARE
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Improving Recognition and Treatment of Cognitive Problems in Cancer
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