

**Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies**

Workgroup: Cancer Survivorship

Date: 6/30/2016

Objective: Standardize the use of navigators/care coordinators to connect those affected with cancer with support services and resources needed to navigate the health system, and to improve patients’ timely access to cancer-related care throughout the cancer continuum.

Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?

1. Standardize and make available core competencies/training/certification for navigators/care coordinators in the area of cancer care which includes ongoing knowledge of resources/support services available. This can help to ensure quality outcomes for clinicians and patients/families.
2. Financial reimbursement for navigator/care coordinator services.
3. Standardize the use of navigators/care coordinators to improve outcomes and diminish barriers to care for all cancer patients, especially those of immigrant/under served populations.

Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
George Washington Cancer Institute (GWCI)	Development of competencies for navigators in partnership with ACS
American Cancer Society	Development of competencies for navigators in partnership with GWCI
Academy of Oncology Nurse & Patient Navigators (AONN)	Education and research on navigation, Navigator role development, advocacy
Oncology Nursing Society (ONS)	Navigator role development, education, advocacy
Association of Oncology Social Work	Navigator role development, education, advocacy
National Association of Social Workers	Navigator role development, education, advocacy
Minnesota Healthy Literacy Partnership	Advocacy for navigator role
Native American Cancer Research Corp (NACR)	Advocacy for “cultural” navigators

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)
Minnesota Department of Health	State certification for Navigators/Care coordinators
Insurance companies, MDH	Reimbursement for services/investment in improved patient outcomes
Local chapters of cancer support organizations	Education for clinicians, patients, families
Accreditation Organizations (Commission on Cancer)	Promote the use of navigators/care coordinators as a standard of care.

Strategies

<p>Strategy #1: Work with existing organizations (GWCI, ACS) to offer/develop core competencies/training/certification for clinicians to become navigators/care coordinators in the area of cancer care.</p>
<p>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): Increased number of “certified” cancer care navigators/care coordinators in the state of Minnesota. Increased number of navigators/care coordinators employed by health systems.</p>
<p>Rationale: Offering standardization of competencies desired in a navigator/care coordinator will help to ensure the quality of navigators, as well as the ability to assist patients/families consistently with support services/resources needed.</p>
<p>This is an ___ evidence-based practice ___ promising practice ___ other. Please explain.</p>
<p>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. Yes; research has shown that the use of navigators in cancer care improve outcomes for underserved populations and can help to eliminate cancer related health disparities.</p>
<p>Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank ___ of ___ strategies</p>

<p>Strategy #2: Advocate for financial reimbursement for navigator/care coordinator services.</p>
<p>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): Financial support from the State and from insurance companies to fund or help incentivize the use of navigators/care coordinators.</p>

Rationale:

By providing financial support for the role of the navigator/care coordinator, health systems are much more likely to employ clinicians in this role.

This is an ___ evidence-based practice ___ promising practice ___ other. Please explain.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes; Having navigator/care coordinator services financially supported can help health systems 'buy in' for the use of these clinicians, thereby improving access to navigators/care coordinators by underserved populations.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank ___ of ___ strategies

Strategy #3:

Work with accrediting bodies (CoC) to require navigation/care coordinators as part of the cancer care team at all cancer care facilities/systems.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Increased employment of navigators/care coordinators in cancer centers across the state.

Rationale:

It is much more likely that a health system will adopt this role within their cancer care organizations if recognized as a standard of care, and required by their accrediting bodies.

This is an ___ evidence-based practice ___ promising practice ___ other. Please explain.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes; this can help promote access to navigators/care coordinators.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank ___ of ___ strategies