

Quality and Productivity Commission
30th Annual Productivity and Quality Awards Program
“Heritage of Excellence”

2016 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: IMPROVING CANCER CARE THROUGH PATIENT NAVIGATION

DATE OF IMPLEMENTATION/ADOPTION: APRIL 2012
(Must have been implemented at least one year - on or before July 1, 2015)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Established in collaboration with community and academic partners, the Olive View –
2 UCLA Medical Center Cervical Cancer Navigation Program aims to improve clinical
3 outcomes and the patient’s experience with care by eliminating systematic barriers to
4 care access, facilitating the delivery of vital support services, and reducing preventable
5 delays to the completion of life-saving treatment. Founded on patient-centered principles,
6 the care navigator serves as a compassionate point-of-contact with the sole objective of
7 addressing the patient’s unique circumstances and challenges that may impact the
8 delivery of timely cancer treatment. Since its inception, the program has significantly
9 reduced treatment times, and has achieved a demonstrable survival benefit. The program
10 has been recognized by the American Cancer Society and most recently, as the recipient
11 of a Gage Award for Promising Practices by America’s Essential Hospitals. Established
12 under a collaborative model, the Program incorporates clinical best practices and leading
13 research in partnership with the Society for Gynecologic Oncology (SGO). SGO adopted
14 the survivorship packet for patients developed at OVMC as a component of its official,
15 national care guidelines.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$ 0	\$ 0	\$ 0		<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS

Olive View – UCLA Medical Center
Department of Obstetrics & Gynecology
14445 Olive View Drive
Sylmar, CA 91342

TELEPHONE NUMBER

(818) 364-3222

PROGRAM MANAGER’S NAME

Christine Holschneider, MD
Chief of Obstetrics & Gynecology

TELEPHONE NUMBER

(818) 364-3222

EMAIL

cholschneider@dhs.lacounty.gov

PRODUCTIVITY MANAGER’S NAME AND SIGNATURE

(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER’S NAME)

Gerardo Pinedo

SIGNATURE ON FILE

DATE

6/30/2016

TELEPHONE NUMBER

(213) 240-8104

EMAIL

gpinedo@dhs.lacounty.gov

DEPARTMENT HEAD’S NAME AND SIGNATURE

Mitchell H. Katz, M.D. SIGNATURE ON FILE

DATE

6/30/2016

TELEPHONE NUMBER

(213) 240-8101

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Challenge

A diagnosis of cancer is always a life-changing experience, uniquely capable of producing a myriad of overwhelming emotional responses, including anger, grief, shock, and anxiety. In the current system of care, cancer patients are too often compelled to plot a complicated treatment course through a maze of clinical visits, specialist consultations, and laboratory appointments during a difficult and vulnerable time.

While enduring the physical and emotional effects of cancer treatment, patients must continue to meet the pressures of work, school, or family obligations, and cope with changing, day-to-day needs throughout the course of their therapy. Too often, this balancing act causes important needs to slip through the cracks –cancelled appointments due to incomplete lab-work, delays in initiating treatment for want of insurance enrollment assistance, or interruptions to treatment plans as a result of difficulty maintaining activities of daily life. For patients diagnosed with cervical cancer, these critical, avoidable delays in obtaining care or completing therapy may contribute to increased mortality or future complications, including recurrence of disease.

Recognizing the correlation between timely treatment and improved clinical outcomes, the Department of Obstetrics & Gynecology at Olive View conducted a retrospective review of data for patients undergoing primary radiation for cervical cancer between 1999-2008. As a part of this study, clinical circumstances and treatment factors were evaluated to determine whether there exists a correlation between treatment duration and patient survival.

Following the review of more than 125 clinical cases, the study identified improved clinical outcomes for patients completing chemoradiation in less than 63 days, but found that completion of chemoradiation typically required on average 72 days. The study found that each day of delay in completing chemoradiation increases patient mortality by 1.3%.

Administrative delays were identified as a predictor of treatment duration. Accordingly, the Department sought to implement an intervention that would address potentially modifiable factors related to cervical cancer care, including the resolution of administrative and systematic barriers to care to promote timely initiation and completion of chemoradiation.

Solution

The Department’s pre-intervention study found an opportunity at the crossroads of timely completion of treatment and the elimination of administrative barriers to care. In partnership with the Department of Obstetrics & Gynecology at UCLA and the Jonsson Comprehensive Cancer Center (JCCC), Olive View established a care navigation program for patients undergoing treatment for cervical cancer. Although care navigation was pioneered in the 1990s, there existed minimal precedent within the Department of Health Services for its integration in clinical care delivery. The ultimate primary measurable goal for the cervical cancer navigator was simple: identify specific barriers that could be overcome to enable patients to complete their curative-intent cervical cancer radiation treatment within 63 days.

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The program delivers individualized assistance tailored to the specific needs of patients and their families with the intention of overcoming systematic barriers to care access to facilitate timely care delivery and consistent adherence to treatment plans. In practice, the resources and services secured through care navigation are diverse, and subject to change throughout the course of treatment, and may include providing assistance in state insurance program enrollment (such as BCCTP), arranging transportation and childcare assistance, providing educational materials, coping tools and strategies to patients and their families, and coordinating psychosocial counseling. Acting as an intermediary, the care navigator facilitates communication with the patient’s care team and aligns patient needs with appropriate hospital-based resources.

Care navigation plays an active role in coordinating clinical appointments and ensuring completion of indicated diagnostic and laboratory studies prior to visits, increasing operational efficiency and reducing delays in treatment by eliminating missed appointments. From the patient’s perspective, this trusted, singular point-of-contact provides an effective mechanism for communicating ongoing needs and concerns, seeking guidance for emergent problems, or simply easing the anxiety associated with a diagnosis of cancer. Following successful completion of treatment, the Program provides survivorship guidance and continues to conduct patient surveillance to monitor outcomes and address potential complications.

Benefits

OVMC serves a large community of underserved patients, characterized by low health literacy, and challenged by a number of systematic barriers to obtaining care and clinical services. The Program has been effective in overcoming many of those obstacles.

For patients, care navigation reduces some of the burden associated with cancer therapy by creating a consistent connection that is culturally and linguistically appropriate and trusted, thus contributing to improved adherence to treatment regimens, timely completion of therapy, and improved satisfaction with care.

For clinicians, patient navigation minimizes the loss of productivity due to missed appointments, incomplete workups, and inconsistent adherence to therapeutic plans by patients. System-wide, navigation programs are capable of ensuring well-coordinated care and alignment of patient needs with appropriate levels of care and services, thus promoting operational efficiency and reducing long-term costs associated with disease progression.

To evaluate the pilot project’s effect on clinical care, evidence-based key performance indicators were identified as specific aims of the intervention. The Program has resulted in the following significant achievements:

- A reduction by 24% in the median number of days to completion of primary chemoradiation from 72 days to 56 days (7 days better than the program goal).
- An increase of 167% in the percentage of patients completing radiation treatment within 63 days from 34% to 91%.

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- An improvement in disease free survival from 60% to 90% paralleling the implementation of the cervical cancer care navigation program

Along with this significant improvement to clinical outcomes, the Program allowed for much improved clinical resource utilization. Whereas pre-navigation clinical needs of a patient would have invariably resulted in a visit to Urgent Care or the Emergency Room, navigation successfully resolved 41% of acute patient contacts without a face-to-face physician visit – of these, 48% were addressed through elective clinic visits, while only 11% resulted in an Emergency Department visit.

The peace of mind and responsiveness afforded by the care navigator adequately met the patient’s needs while alleviating the burden on costly emergency resources, resulting in an appreciable cost avoidance to the organization. At the same time, the improved clinical outcomes achieved through care navigation contributes to reduced costs associated with recurrent disease, thus limiting long-term care expenses.

In consideration of the substantial cost of hospital admission secondary to cervical cancer, a significant cost avoidance per navigated patient who does not require long-term disease management due to improved treatment and cure rates is suggested.

According to the National Cancer Institute Cost of Cancer Care Projections, the cost of caring for a cervical cancer survivor is \$50,000 compared to \$127,000 for a patient with cervical cancer recurrence, representing a cost avoidance of \$77,000 per patient. The implementation of the navigation program was accompanied by an observed improvement in cancer-free survival from nearly 60% to nearly 90% in the 104 patients navigated for curative-intent therapy, suggesting potential cost avoidance through reducing the likelihood of disease recurrence.

Strategic Plan Linkage

The Cervical Cancer Care Navigation Program aligns closely with each of the three strategic plan goals of the County of Los Angeles.

Operational Efficiency/Fiscal Sustainability: The Program maximizes the effectiveness of clinical operations and administrative processes with an emphasis on timely delivery of care that is patient-centered, clinically indicated, and financially sustainable.

Community Support & Responsiveness: The Program reflects a spirit of partnership with internal, community, and academic partners, including organizations such as the American Cancer Society, Mama's Neighborhood, and the Jonsson Comprehensive Cancer Center of UCLA. Since its inception, the Program has sought to eliminate systematic barriers to care and to enrich lives by expanding the availability of clinical services, reducing mortality rates, and improving the patient's experience with care.

Integrated Services Delivery: The Program has demonstrated a measurable improvement in clinical quality performance indicators through the effective coordination of care across a diversity of care settings, both within the hospital and the community.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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