

Handout: ACS Global Patient Navigation Indicators

Background

Patient navigation program indicators are valuable to inform decision-making and program improvement, provide critical updates to stakeholders, and to describe program reach.

The American Cancer Society (ACS) defined a comprehensive set of global patient navigation program indicators to guide program implementation data collection and reporting on an annual basis.

While there are countless measures of interest, ACS prioritized **18 indicators** given their breadth in describing programs' reach as well as their feasibility for data collection and analysis.

ACS identified a subset of **3 essential** indicators that all patient navigation programs in LMIC settings are encouraged to track if applicable and those receiving financial and technical support from ACS for program implementation¹ are required to report. The 3 essential indicators are identified in **bold type** in the table.

ACS recommends tracking the remaining 15 indicators but also understands the variability that exists in program designs, in the availability of specific data, as well as in programs' capacity for collecting and analyzing data. Programs might also identify other indicators for measuring progress based on their program objectives and interests.

***Note:** Your program might identify other program indicators to supplement this set to meet the specific needs and interests of program staff, institutional leadership, or other stakeholders.*

Indicator Categories and Definitions

Each indicator is categorized by domain and type, has a clear definition with notes on calculation, and an explanation of the rationale for reporting. Additional notes are provided in the final column to further clarify or elaborate on the calculation.

This set of ACS global patient navigation program indicators includes measures within the following domains:

- A. Patients Served**
- B. Navigation Services Provided**
- C. Time to Treatment**
- D. Barriers to Care and Actions Taken**
- E. Treatment Adherence**

There is a list of definitions of relevant navigation terminology on the next page. Key terms defined are in ***bold italics*** in the table and if clicked, take you to the term definition.

Further terms included in the table, including indicator types, are defined in handout **5.E.1 Using Indicators to Measure Your Program's Progress**.

¹ This requirement is tied only to patient navigation implementation grants from ACS. Pilot planning grants do not fall into this category.

Please inform ACS of the indicators your program will track by writing to acs.beacon@cancer.org. Questions about the ACS global patient navigation program indicators may be sent to the same email address.

Key Terms

Clinical Navigation: A type of patient navigation that typically addresses health system barriers, health literacy and communication barriers, and psychosocial barriers that impede timely and appropriate diagnosis and/or treatment. This type of navigation is provided by professional registered nurses with oncology-specific clinical knowledge. It is also called nurse navigation.

Navigation Encounter: A structured, usually planned, interaction with a patient that involves assessing the patient's needs and developing an action plan or taking actions to address one or more barriers to care. Can be further defined by the type of navigation (i.e., clinical navigation encounter, resource navigation encounter) or by type of encounter (first encounter, second encounter, follow-up encounter).

Navigation Touchpoint: An umbrella term used to capture any other type of interaction a patient has with a navigation program, that is not a structured navigation encounter, whether it is planned (e.g., a missed treatment appointment follow-up call) or ad hoc (e.g., an informal drop-in visit with a navigator). A touchpoint can be provided by the different navigators (e.g., clinical or resource) and through different modes (e.g., in person, by telephone, or virtual). It can be disaggregated by both type of navigation and mode.

New Patient: A cancer patient who enters the system for the first time and has his/her first clinical navigation encounter.

Physical Navigation: A type of patient navigation that addresses physical and language or literacy barriers within a health system that impede timely and appropriate diagnosis and/or treatment. This type of navigation is typically provided by non-licensed or non-clinical personnel who may speak more than one commonly spoken language.

Physical Navigation Service: Any assistance a physical navigator provides to a patient.

Resource Navigation: A type of patient navigation that addresses logistical, financial, and other resource-related barriers that impede timely and appropriate diagnosis and/or treatment. It is also called non-clinical navigation, lay navigation, or patient navigation. This type of navigation is typically provided by non-licensed or non-clinical personnel.

Service Point: A physical location in a health facility where services are provided to patients (e.g., pharmacy, laboratory, outpatient clinic, etc.).

Unique Patient: Any patient who receives one or more navigation encounters (clinical or resource) on their treatment journey during a specific reporting period. Regardless of the number of encounters that patient has had, the patient is only counted once.

Global Patient Navigation Indicators

Indicator No.	Indicator	Type	Definition	Rationale
A. Patients Served				
A1	Total number of new cancer patients navigated annually	Output <i>Period-specific</i>	Total number of patients with a first <i>navigation encounter</i> per year	Provides an overview of the volume of new cancer patients entering in the system and benefitting from the program each year. Annual trends can inform whether <i>new patients</i> are increasing or decreasing.
A2	Total number of new cancer patients navigated to date	Output <i>Cumulative</i>	Total number of patients with first navigation encounter since program launch	Provides an overview of the volume of cancer patients served by the program since its inception over the life of the program.
A3	Total number of unique cancer patients navigated annually	Output <i>Period-specific</i>	Total number of <i>unique patients</i> who have had at least one face-to-face navigation encounter per year	Provides an overview of the volume of cancer patients served by the program each year. This will also assist with calculating program cost per patient per year and over time. <i>Navigation encounter will be defined by each program (i.e., <i>clinical navigation, resource navigation, etc.</i>).</i>
A4	Total number of unique cancer patients navigated to date	Output <i>Cumulative</i>	Total number of unique patients who have had at least one face-to-face navigation encounter since program launch	Provides an overview of the volume of cancer patients served by the program since its inception over the life of the program.
B. Navigation Services Provided				
B5	Total number of navigation encounters provided annually	Output <i>Period-specific</i>	Total number of face-to-face navigation encounters provided annually	Provides an overview of the number of face-to-face navigation encounters provided to patients and an overall snapshot of the services provided at the program level. <i>Navigation encounter will be defined by each program (i.e., <i>clinical navigation, resource navigation, etc.</i>).</i> <i>Can be disaggregated by navigation type.</i>

Indicator No.	Indicator	Type	Definition	Rationale
B6	Total number of face-to-face navigation encounters provided to date	Output <i>Cumulative</i>	Total number of face-to-face navigation encounters recorded since program launch	Provides overall program snapshot since inception over the life of the program. Important for describing program's reach to stakeholders. <i>Navigation encounter will be defined by each program (e.g., clinical navigation, resource navigation, etc.)</i>
B7	Percentage of patients to date receiving target number of navigation encounters across their care journey	Output <i>Cumulative</i>	Number of patients receiving [target number*] of navigation encounters to date/ Total number of unique cancer patients navigated since program launch	Provides information on the progress of a clinical navigation-focused patient navigation program in terms of the proportion of clinically navigated patients who have had completed the target number of clinical navigation encounters. <i>*Target number to be determined by each program. This indicator can only be used if a program or institution has set a target number of encounters. The KNH and UCI programs have set targets for number of clinical encounters.</i>
B8	Total number of physical navigation services provided annually	Output <i>Period-specific</i>	Total number of physical navigation services recorded per year	Provides overall program snapshot of physical navigation services provided by the program each year. Important for describing program's progress to stakeholders. <i>The scope and type of physical navigation services are defined by each program. Can be disaggregated by type of service offered.</i>
B9	Total number of physical navigation services provided to date	Output <i>Cumulative</i>	Total number of physical navigation services recorded since program launch	Provides overall program snapshot of physical navigation services provided since inception over the life of the program. Important for describing program's reach to stakeholders. <i>The scope and type of physical navigation services are defined by each program. Can be disaggregated by type of service offered.</i>

Indicator No.	Indicator	Type	Definition	Rationale
B10	Average number of physical navigation services provided annually per physical navigator	Output <i>Period-specific</i>	Total number of physical navigation services recorded per year / Total number of physical navigators	Provides overall program snapshot of physical navigation services provided on average by a physical navigator. <i>The scope and type of physical navigation services are defined by each program.</i>
B11	Total number of <i>navigation touchpoints</i> provided annually	Output <i>Period-specific</i>	Total number of navigation touchpoints documented by navigators per year	Provides a sense of the frequency of this type of navigation support provided by the program in the reporting period. <i>Can be disaggregated by type of navigation and mode. Phone call navigation touchpoints include both calls made to and received from patients or caregivers by any navigator.</i>
B12	Total number of navigation touchpoints provided to date	Output <i>Cumulative</i>	Total number of navigation touchpoints documented by navigators since service data was first collected	Provides overall sense of this type of navigation support provided by the program. <i>Can be disaggregated by type of navigation and mode. Phone call navigation touchpoints include both calls made to and received from patients or caregivers by any navigator.</i>
B13	Average number of navigation touchpoints provided annually per navigator	Output <i>Period-specific</i>	Total number of navigation touchpoints documented by navigators during the reporting year / Total number of navigators who provided navigation touchpoints during the reporting year	Indicates a navigator's workload focused on providing navigation touchpoints in the given period.
B14	Percentage of navigated patients who receive a referral to palliative care services annually	Output <i>Period-specific</i>	Total number of navigated patients receiving a referral to palliative care during the reporting period / Total number patients navigated during the reporting period*100	Tracks the proportion of patients referred to palliative care.

Indicator No.	Indicator	Type	Definition	Rationale
C. Time to Treatment				
C15	Average number of days from date of diagnosis to date of first treatment for navigated patients annually	Outcome <i>Period-specific</i>	Total number of days* / Total number of navigated patients *Total number of days = Difference between date of first treatment and date of diagnosis for patients diagnosed during the reporting year, summed for all navigated patients	Tracks trends (difference from year to year) in time from diagnosis to the start of treatment to see if wait time or other delays decrease. Tracks the magnitude of reduction in wait time or other delays over time. <i>Can be disaggregated by treatment type.</i> <i>Can be tracked only if a program is documenting timestamps of the patient journey and can access that data.</i>
D. Barriers to Care and Actions Taken				
D16	Top 3 barriers to care identified by the program annually	Output <i>Period-specific</i>	(Frequency of top priority problem identified in face-to-face navigation encounters during the year / Total number of face-to-face navigation encounters provided annually)*100 ¹	Provides an overview of the program's most frequently identified priority problems. This indicator also shows if the priority problems identified vary across years. This indicator includes the frequency (%) of each of the top 3 priority problems. <i>Steps to calculate this indicator are provided in footnote 1.</i>
D17	Top 3 navigator actions taken by the program annually	Output <i>Period-specific</i>	(Frequency of top action taken during encounters during the year / Total number of encounters provided annually)*100 ²	Provides an overview of the most frequent actions taken by the program. It can be compared with actions taken across years. Can select different number of 'top' actions. <i>Steps to calculate this indicator are provided in footnote 2.</i>

Indicator No.	Indicator	Type	Definition	Rationale
E. Treatment Adherence				
E18	Percentage of scheduled treatment appointments missed annually	Outcome <i>Period-specific</i>	(Total missed treatment appointments per year / Total scheduled treatment appointments per year)*100	Tracks trends in missed treatment appointments over time as a proxy for patient treatment adherence. <i>Disaggregated by treatment type</i>

² Steps to calculate Indicator **D16**:

- i. Total the frequencies of each priority problem identified across all encounters for the reporting period. For example, 80 out of 100 patients identified Problem A in the 1st encounter, 50 out of 80 patients identified it in the 2nd encounter, and 30 out of 50 patients identified it in the 3rd encounter. In total, Problem A was identified 160 times (80 + 50 + 30), and the total number of encounters (patients who were navigated) was 230 (100 + 80 + 50).
- ii. Repeat Step 1 for each of the priority problems identified in the reporting period.
- iii. To calculate the percentage, divide the total frequency for each priority problem by the total number of encounters and multiply by 100. Using the example above: $(160/230)*100 = 70\%$, or Problem A was identified in 70% of encounters during the reporting period.
- iv. Sort the percentages of all priority problems identified in descending order. Select the top three percentages of priority problems identified.

² Steps to calculate Indicator **D17**:

- i. Total the frequencies of each action taken across all encounters for the reporting period. For example, let's say for 90 out of 100 patients, Action A was taken in the 1st encounter, for 65 out of 80 patients, Action A was taken in the 2nd encounter, and for 25 out of 60 patients Action A was taken in the 3rd encounter. In total, Action A taken was taken 180 times (90 + 65 + 25), and the total number of encounters (patients who were navigated) is 240 (100 + 80 + 60).
- ii. Repeat Step 1 for each of the actions taken in the reporting period.
- iii. To calculate the percentage, divide the total frequency for each action taken by the total number of encounters and multiply by 100. Using the example above, $(180/240)*100 = 75\%$, or Action A was taken in 75% of encounters during the reporting period.
- iv. Sort the percentages of all actions taken in descending order. Select the top 3 percentages of actions taken.