

# CANCERX™

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Warm **Welcome**

# Mandatory Antitrust Announcement

For all CancerX discussions, participants must remember that meetings include representatives of companies that compete with one another in the marketplace. Discussions, plans, consensus arrangements, agreements, strategies, etc., may be unlawful if they relate to any of the following topics:

- Current or future prices or bidding information;
- Limits on production or product lines;
- Allocating customers or territories;
- Individual company marketing strategies, projections, or assessments; or
- Establishing a practice of dealing with customers or suppliers

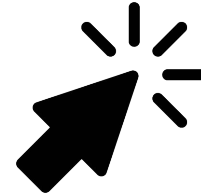
# Housekeeping



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## **Reminder:**

Today's session is  
being recorded



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## **Check Back for Recording:**

Slides and recording will be  
available on DiMe's webinar  
page after the session

# Agenda

## Welcome and Housekeeping

- Sarah Sheehan, Digital Medicine Society (DiMe)

## Introductory Remarks

- Jen Goldsack, DiMe

## “Our Why” and How CancerX Resources Support Scalable and Sustainable Digital Patient Navigation

- Sarah Sheehan, DiMe
- Brian Gonzalez, Moffitt Cancer Center
- Carl Asche, University of Utah
- Jake Centra, DiMe

## Panel 1: Digital Solutions to Identify Patient Need and to Prioritize and Deploy Patient Navigation Resources

### Benefit of Systematic Digital Screening

- Cate O'Reilly, Cancer Support Community
- Linnea Van Pelt, University of North Carolina

### How Existing Technology Can Support Deployment of Patient Navigation Resources

- Jason Wedge, Epic
- Susan Stiles, Oracle Health

## Panel 2: Lessons Learned from Principal Illness Navigation Billing

- Anabella Aspiras, Biden Cancer Moonshot
- Danielle Brown, Florida Cancer Specialists and Research Institute



Advancing Cancer  
Treatment Through  
**DIGITAL INNOVATION**

**CANCERX™**

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## Project Partners



Memorial Sloan Kettering  
Cancer Center



ORACLE



TEMPUS



U.S. Department  
of Veterans Affairs

Members also include the National Cancer Institute



# **Our Why +** The CancerX Resources

# The Context

- >50% of patients face financial toxicity<sup>1</sup>
- 42% exhaust life savings within the first 2 years of treatment<sup>2</sup>
- Disproportionate burden on socioeconomically vulnerable<sup>3</sup>
- Urban areas have approximately 5x the number of oncologists compared to rural areas<sup>4</sup>
- Racial and ethnic minorities are less likely to receive guideline-concordant care<sup>5</sup>

<sup>1</sup>[Han et al. \(2020\)](#); <sup>2</sup>[Gilligan et al. \(2018\)](#); <sup>3</sup>[Smith et al. \(2019\)](#); <sup>4</sup>[Rolleri \(2019\)](#); <sup>5</sup>[American Association for Cancer Research; \(2020\)](#)







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Advancing Cancer  
Treatment Through  
**DIGITAL INNOVATION**

## Advancing Digital Innovation to Improve Equity and Reduce Financial Toxicity in Cancer Care and Research

To advance the development and implementation of digital products and strategies that promote equity and address financial toxicity and disparities in cancer care and research.

# CancerX Resources for Your Digital Oncology Strategy

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## Resources to Support Scaled Use of Digital Health Solutions as Part of Your Health System Oncology Strategy

### [Click through](#) for the–

- CancerX Core Competencies Guide
- CancerX Solutions Catalog
- CancerX Patient Financial Navigation Guide

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## About CancerX

CancerX is a public-private partnership announced by The White House as a national accelerator to boost innovation in the fight against cancer as part of the reignited Cancer Moonshot. You can access more information and resources at [CancerX.Health](https://CancerX.Health)

STEP 1 Initiate Calculator

STEP 2 Set Values

STEP 3 Results

Your results are in! Based on your input, the ROI calculator has subtracted the total cost of investment in the digital navigation solution from the total savings produced by the solution over a 5-year period.



MEDICATION ADHERENCE

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Savings

**\$28,086.53**

This represents the total savings that may accrue to your system after implementing a digital navigation solution. The ROI calculator generates these savings, which are driven by reduced spending on healthcare resources.

Total Costs

**\$24,725.24**

This represents the total cost of investing in a digital navigation solution. These costs are associated with digital navigation solution implementation and are calculated based on your input.

Return on Investment

**114%**

This represents the ROI that may accrue to your organization if you implement a digital patient navigation solution to reduce patient financial toxicity and improve medication adherence.

# Digital Navigation ROI Calculator

- ✓ Easy-to-use
- ✓ Customizable tool
- ✓ Provides clarity for health systems & their partners to make confident decisions regarding investment in digital solutions

# Digitally Enabled Patient Navigation Blueprint



**Digital Program Design**



**EHR Adaptation**



**Workflow + Payment Pathways**

# The Potential for Patient Navigation

Significant benefits for

- Clinical impacts
- Hospital system benefits

# Clinical Impacts

## Patient navigation:

- Expands screening access
- Improves access to timely cancer care
  - Shorter time to diagnosis
  - Faster start of treatment
- Improves access to clinical trials
- Overcomes socioeconomic barriers

*Chan, et al. (2023); Freund, et al. (2014);  
Rodday, et al. (2015)*

# Hospital System Benefits

## Real-world results

- Increased patient retention
  - Greater quality of life
  - Improved patient satisfaction
- Fewer ER visits
- Fewer hospitalizations
- Shorter length of stay
- More providers practicing at “top of license”
- Navigation as cost-effective

*Kline, et al. (2019); Chan, et al. (2023);  
Bernardo, et al. (2019)*

STEP 1 Initiate Calculator

STEP 2 Set Values

STEP 3 Results

Your results are in! Based on your input, the ROI calculator has subtracted the total cost of investment in the digital navigation solution from the total savings produced by the solution over a 5-year period.



MEDICATION ADHERENCE

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# Patient Navigators Can Use the Blueprint to:

## Digitally Enabled Patient Navigation Blueprint

**Engage health system leadership**

to get buy-in for allocation of resources

**Implement best practices** for the design of patient navigation workflows

**Adapt existing EHR platforms** to better support patient navigation

Design patient navigation programs that are **sustained by available reimbursement pathways**

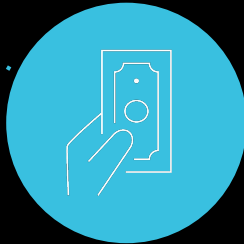
# Digitally Enabled Patient Navigation Blueprint



**Digital Program Design**










**EHR Adaptation**



**Workflow + Payment Pathways**

# Develop Your Workflow & Payment Pathways:


Phase 1	Phase 2	Phase 3
<u>Patient Engagement &amp; Support</u>	<u>Integration of Clinical &amp; Non-Clinical Navigation</u>	<u>Digitally Enabled Patient Navigation Intervention, Management &amp; Monitoring</u>
<b>Phase 1: Patient Engagement &amp; Support</b>		
Step:		
» Patient Intake		
✓ Digital Outreach & Support for Initiating Oncology Visit		
 Navigation Staff	 Other System Staff	 Billing
 Description	<ul style="list-style-type: none"> <li>• SDOH assessment for patients with barriers to accessing their initiating oncology visit</li> </ul>	
 Action	<ul style="list-style-type: none"> <li>• Connect patient to external resources to support successful oncology visit attendance</li> <li>• Initiate time-to-treatment monitoring</li> </ul>	
 Trigger*	<p>*The CY 2024 PFS Final Rule established a new stand-alone G code, G0136, to pay for administering an SDOH risk assessment once every 6 months per practitioner per beneficiary.</p> <p>SDOH risk assessment refers to "a review of the individual's SDOH needs or identified social risk factors influencing the diagnosis and treatment of medical conditions," assessing for housing insecurity, food insecurity, transportation needs, utility difficulty, and related factors.</p>	
 Reimbursement for Publicly Insured Patients (Facility & Non-Facility)		



## Guide for Digital Distress and Navigation Support Screening



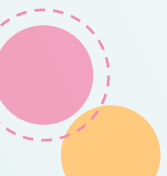
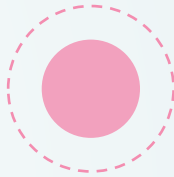
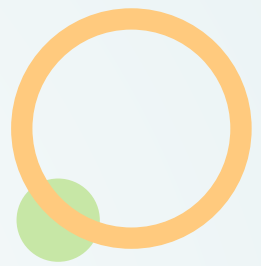
## Reimbursement Guide for Non-Clinical Patient Navigation



**Panel 1:** Identifying  
Patient Need +  
Prioritizing and  
Deploying Navigation  
Resources

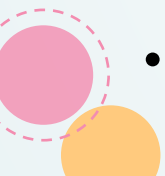
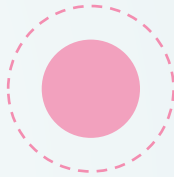
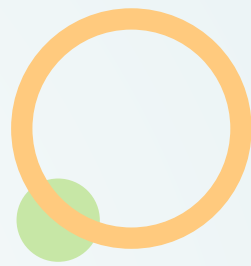
# Oncology Navigation in Epic

- Patient Identification
- Outreach
- SDOH Screening
- Symptom Monitoring
- Task Creation Tracking
- Navigation Billing
- Program Management and Outcome Reporting



# Epic Foundation System Support

- Oncology Navigation Dashboard
- Oncology Navigation Episode
- Episode Checklists and Task Templates
- Patient Outreach Encounters
  - Dedicated workspace for oncology navigators
- MyChart
  - SDOH screening
  - eSyM – electronic symptom monitoring
  - Patient instructions
- Documentation Flowsheets
  - Standard assessments and specific oncology navigation flowsheet
- Charge Capture



# Outcomes - eSyM



Among patients who had access to eSyM, the SIMPRO consortium compared those who used the system (i.e., submitted at least one symptom questionnaire) to those who did not, and found:

IN **30** DAYS

↓ **22%**  
ED visits

↓ **39%**  
Admissions

IN **90** DAYS

↓ **13%**  
ED visits

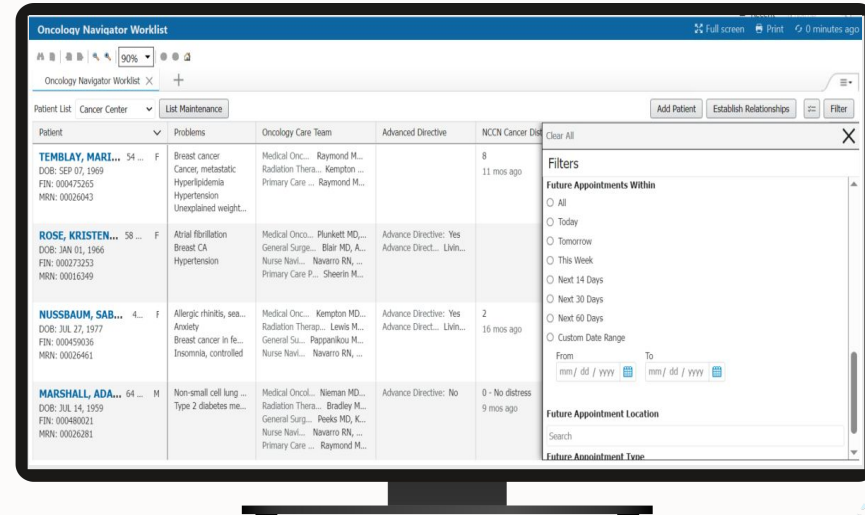
↓ **20%**  
Admissions



# Oracle Health Oncology nurse navigator worklist

Oncology navigators offer individualized assistance to patients, families, and caregivers in overcoming healthcare system barriers and facilitating timely and quality access to care throughout the cancer journey.

- Patient list management enables navigators to track and manage a patient's care, limiting the need to double document in an alternative systems or manual spreadsheets
- Patient worklist displays important information with direct access to the full chart and can be customized to display a specific clinic, disease type, or navigator's needs
- Filtering enables the navigator to focus on specific criteria at any given time
- Navigator workflow MPages are tailored to meet clinical documentation requirements to support CMS billing codes, such as principal illness navigation services
- [Configure Oncology Nurse Navigator Worklist](#)



The materials in this presentation pertain to Oracle Health, Oracle, Oracle Cerner, and Cerner Envida which are all wholly owned subsidiaries of Oracle Corporation. Nothing in this presentation should be taken as indicating that any decisions regarding the integration of any EMEA Cerner and/or Envida entities have been made where an integration has not already occurred.





# Oncology Nurse Navigator Worklist

Oncology Navigator Worklist Full screen Print 0 minutes ago

Oncology Navigator Worklist +

Patient List Cancer Center List Maintenance Add Patient Establish Relationships Filter

Patient	Problems	Oncology Care Team	Advanced Directive	NCCN Cancer Dist
<b>TEMBLAY, MARI...</b> 54 ... F DOB: SEP 07, 1969 FIN: 000475265 MRN: 00026043	Breast cancer Cancer, metastatic Hyperlipidemia Hypertension Unexplained weight...	Medical Onc... Raymond M... Radiation Thera... Kempton ... Primary Care ... Raymond M...		8 11 mos ago
<b>ROSE, KRISTEN...</b> 58 ... F DOB: JAN 01, 1966 FIN: 000273253 MRN: 00016349	Atrial fibrillation Breast CA Hypertension	Medical Onco... Plunkett MD, ... General Surge... Blair MD, A... Nurse Navi... Navarro RN, ... Primary Care P... Sheerin M...	Advance Directive: Yes Advance Direct... Livin...	
<b>NUSSBAUM, SAB...</b> 4... F DOB: JUL 27, 1977 FIN: 000459036 MRN: 00026461	Allergic rhinitis, sea... Anxiety Breast cancer in fe... Insomnia, controlled	Medical Onc... Kempton MD... Radiation Therap... Lewis M... General Su... Pappanikou M... Nurse Navi... Navarro RN, ...	Advance Directive: Yes Advance Direct... Livin...	2 16 mos ago
<b>MARSHALL, ADA...</b> 64 ... M DOB: JUL 14, 1959 FIN: 000480021 MRN: 00026281	Non-small cell lung ... Type 2 diabetes me...	Medical Oncol... Nieman MD... Radiation Thera... Bradley M... General Surg... Peeks MD, K... Nurse Navi... Navarro RN, ... Primary Care ... Raymond M...	Advance Directive: No	0 - No distress 9 mos ago

Clear All X

**Filters**

**Future Appointments Within**

All

Today

Tomorrow

This Week

Next 14 Days

Next 30 Days

Next 60 Days

Custom Date Range

From   To

**Future Appointment Location**

**Future Appointment Type**

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# Oncology Nurse Navigator Workflow MPage

**Patient Information:**

- ANDERSEN, LEIGH** (DOB: 7/4/1960, Age: 60 years, Sex: Female, FIN: 000354060)
- Allergies: Adhesive Bandage
- Care Team: Raymond MD, Opal
- Isolation: No Outside Records
- Resuscitation Status: HealthLife: No
- Clinical Trial: On Study
- Advance Dir: Living will, Me

**Oncology Chemotherapy Review Workflow**

Add Outside Administration:


Current (1)			
Name	Response	Status	Start
ONC BRS20 TCH		Started	10/23/2018
Cycle 5 - ONC BRS20 TCH (Cycles 2 - 6)		Pending	*Est. 11/23/2020
Historical(0)- 01/05/2021 to Current			

**Performance Status & Toxicities**

	MAR 15, 2019 10:34	MAR 04, 2019 13:34	DEC 12, 2018 13:19	DEC 03, 2018 13:18	NOV 27, 2018 13:17	NOV 26, 2018 13:58	NOV 12, 2018 21:26
Anorexia	Grade 1	--	Grade 1	Grade 1	--	--	Grade 1
ECOG Score	--	1	--	--	--	1	1
Fatigue	Grade 2	Grade 1	Grade 2	Grade 2	Grade 1	--	Grade 2
Estimate Score	4	1	6	4	7	0	5

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**Panel 2:** Lessons  
Learned from  
Principal Illness  
Navigation Billing



## **Anabella Aspiras**

*Assistant Director, Cancer  
Moonshot Engagement,  
Biden Cancer Moonshot*

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We'll be in touch!

## Join DiMe's next project to pilot Digitally-Enabled Cancer Navigation.

This project will develop and test a **digitally-enabled model for cancer navigation**, leveraging existing **technology** and new **payment pathways**, to enhance **clinical trial recruitment, enrollment, and retention**



Advancing Cancer  
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Members also include the National Cancer Institute