# Guide For Digital Distress and Navigation Support Screening

## Purpose of this Guide

Patient navigators and partner providers can use this guide to leverage digital health solutions to support the administration of distress screening tools for financial toxicity and navigation support. It provides use cases for digital assessment and a resource library for action after assessment.

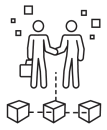
Digital screening equips patient navigation teams to systematically identify and address non-clinical patient needs. These tools support patient navigation teams in triaging patients, prioritizing resources, and, ultimately, in providing navigation support that lowers the total cost of care and improves clinical outcomes.

## Use Case 1: Digitally Screening for Risk of Financial Toxicity

### Digital Financial Distress Screening To Identify High-Risk Patients

Community oncology practices and academic medical centers have successfully embedded portions of the Comprehensive Score for Financial Toxicity (COST) measure and the National Comprehensive Cancer Network (NCCN) Distress Thermometer into their EHRs. These digital screening tools are effective in identifying patients with high levels of financial toxicity.

Implement digital screeners in your setting by following the below steps, which are similar to those in the Columbia University Irving Medical Center case study here.



**Establish a Feasible Workflow:** Engage with key stakeholders, including clinicians, administrative staff, and patient advocates, to identify how screening can leverage existing patient-reported data workflows.

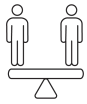
**Select Screening Items:** The 11-item FACIT-COST screener has been shortened in several cases to support screening as part of routine care better. The Columbia program selected two items based on health system stakeholder feedback.

**Defining Financial Toxicity:** The cumulative impact of the economic, health, and psychosocial harm caused by the direct and indirect expenses that accrue to patients and their families as a result of their cancer diagnosis. [adapted from 1,2,3,4].

Financial toxicity is associated with decreased quality of life and increased cancer-related morbidity and mortality [5].

Other researchers have demonstrated that the following four COST items have strong correlations with the overall COST score (derived from the full 11-item screen):

- "I worry about the financial problems I will have in the future as a result of my illness or treatment."
- "I'm satisfied with my current financial situation."
- "I feel financially stressed."
- "My cancer or treatment has reduced my satisfaction with my present financial situation."



**Map the Screening Process:** Engage health system IT stakeholders and consider offering two options to complete the screener:

- One patient-facing option is available in the patient portal at intake
- Another clinician-facing EHR screener that flags patients who have not completed the patient portal screener at the initiating visit.
- Consider offering the screener in multiple languages that match the needs of your catchment

**Evaluate Implementation of Systematic Financial Screening:** Consider developing and measuring key performance indicators such as screening completion as well as patient and clinician satisfaction to gauge the feasibility/acceptability of the digital screener

## Use Case 2: Digitally Assessing Need for Navigation Support

### Calculating a Navigation Assessment Score (NAS): UNC Lineberger Comprehensive Cancer Center

UNC has developed an EHR-enabled NAS program to predict and address patient-level barriers to care access and the ability to continue treatment.

A high NAS alerts the navigation team that the patient may benefit from more frequent active treatment outreach, support service referrals, and health-related social needs interventions.

Based on your proprietary processes and available data, take steps like those below to assess patients' need for navigation support in your setting.

1. Consider incorporating the following **demographic information** populated at patient intake from the EHR: age, preferred language, race, and ethnicity data

2. Consider incorporation of distance from the cancer center based on the patient's address or other proxy for geographic location

Assessing the **need for navigation support** allows patient navigation teams to**:**

- Mitigate immediate needs (e.g., transportation to appointments)
- Initiate proactive interventions (e.g., early financial assistance application)
- Increase access to ongoing support at a level that matches patient needs and preferences

3. Consider administering **Social Determinants of Health (SDOH) screening** questions, freely available through CMS or PREPARE and billable using HCPCS code G0136 for full SDOH assessment. Screening questions often ask about:
    - Financial resource strain
    - Food insecurity
    - Housing/utilities
    - Transportation needs
    - Internet connectivity

4. Consider the incorporation of a **comorbidity index**. UNC uses an institution-specific "Health Composite Score" that gives points for inclusion on comorbidity-specific registries, prior hospital admissions and emergency department visits, and other factors that contribute to increased healthcare costs and decreased overall health

5. Consider pulling metastatic and advanced hematological **disease status** from clinical documentation of cancer staging

6. Consider inclusion of a measure of neighborhood health status, such as the Social Vulnerability Index

7. Consider inclusion of a frailty index to assess underlying vulnerability, regardless of age; UNC uses the G8 Tool originally developed for Oncology Geriatric Screening

8. For your Navigation Assessment Score, you can decide how to weight the different variables above to derive a composite score that guides the delivery of navigation services based on your population characteristics and delivery system priorities

### How Digital Solutions Support Navigation Assessment Scoring

- By compiling evidence-based variables from the EHR, census data, and electronic patient-reported outcomes (ePROs), clinical intake coordinators and patient navigation teams can identify patients who require a higher level of navigation support.
- Navigation Assessment Scoring can be enabled by the EHR and patient portal–automating the early and periodic assessment of potential clinical and social risks that lead to barriers to access to care.

## **Resource Library:** Connecting Patients with Relevant Resources After Screening and Assessment

**Benefits Verification:** Use Association of Cancer Care Centers (ACCC) guidelines for benefits verification, prior authorization, insurance optimization, and financial assistance

**Financial Assistance for Non-Medical Expenses:** Search for and connect patients to immediate and ongoing support with food, housing, utilities, and transportation through Family Reach's Financial Resource Center

**Prescription Drug Assistance:** Use the Oncology Practice Management Guide to Patient Support Services to connect patients with sponsored patient support programs

**Co-Payment Assistance:** Available from several programs. Start with the CancerCare Co-Payment Assistance Foundation to view eligibility guidelines and open funds

**Patient Information to Support Financial Assistance:** To process patient applications, financial assistance programs often need information on patient income (source and amount), household size, and insurance status. Navigators should document this information and obtain patient consent for its use.