

## HRSA Patient Navigator Demonstration Program Framework

Evaluation Questions	Information Required	Baseline Indicators/ Benchmarks	Data Sources	Data Collection Methods	Data Analysis Methods
1. Who is the target population of navigation?	<ul style="list-style-type: none"> <li>◆ Age</li> <li>◆ Gender</li> <li>◆ Race</li> <li>◆ Ethnicity</li> <li>◆ Primary language</li> <li>◆ Education</li> <li>◆ Income (mean, median)</li> <li>◆ Insurance</li> </ul>		Site-specific to each grantee. The grantee decides their audience and data sources.	Site Specific	Descriptive statistics
2. What are the socio-demographic characteristics of navigated patients?  Do they match the demographics of the target population?	<u>Patient-level:</u> <ul style="list-style-type: none"> <li>◆ Age</li> <li>◆ Gender</li> <li>◆ Ethnicity Race</li> <li>◆ Primary language</li> <li>◆ Education level</li> <li>◆ HH Income</li> <li>◆ HH size</li> <li>◆ Insurance</li> <li>◆ Pharmacy Assistance</li> </ul>	60% navigated patients are from target population	Patient intake form	Patient intake form	Descriptive statistics
3. What is the incidence and prevalence of diseases (covered by Grantees) in target population (catchment area population)?	<ul style="list-style-type: none"> <li>◆ Disease types</li> <li>◆ Disease incidence</li> <li>◆ Disease prevalence</li> <li>◆ Disease screening rates in catchment area</li> </ul>			Site Specific	Descriptive statistics
4. What conditions are targeted by the patient navigation program?	<ul style="list-style-type: none"> <li>◆ Diseases or condition type(s)</li> <li>◆ Abnormal screens</li> <li>◆ Disease stage</li> <li>◆ Point of entry (Point along care continuum where patient is navigated)</li> </ul>		Site specific – the site determines this based on need  Medical records reviewed by site	Medical record review by PN	Descriptive statistics
5. What barriers to quality health care are experienced by navigated patients?	Structural Barriers (patient) & System Barriers: <ul style="list-style-type: none"> <li>◆ Transportation</li> <li>◆ Housing</li> <li>◆ Social/Practical Support</li> <li>◆ Language/Interpreter</li> </ul>		Patient intake form	Patient intake form	Descriptive statistics

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	<ul style="list-style-type: none"> <li>♦ Literacy</li> <li>♦ Childcare Issues</li> <li>♦ Adult Care</li> <li>♦ Location of Health Care Facility</li> <li>♦ Insurance, uninsured, underinsured, high co-pays</li> <li>♦ Financial problems</li> <li>♦ Employment Issues</li> <li>♦ Communication concerns with medical personnel</li> <li>♦ Fear</li> <li>♦ Medical and mental health comorbidity</li> <li>♦ Patient disability</li> <li>♦ Out of town/country</li> <li>♦ Perceptions/beliefs about tests/treatment</li> <li>♦ System problems with scheduling care</li> <li>♦ Attitudes towards providers No Barrier Identified</li> <li>♦ System proactive navigation needed</li> <li>♦ Other</li> </ul> <p>Community barriers</p>				
6. What are socio-demographic of PNs?	<ul style="list-style-type: none"> <li>♦ Age</li> <li>♦ Gender</li> <li>♦ Race</li> <li>♦ Ethnicity</li> <li>♦ Education</li> </ul>		PN	PN	Descriptive statistics
7. How are PNs recruited?	<ul style="list-style-type: none"> <li>♦ PN job postings/advertisements</li> <li>♦ # PN applicant interviews</li> </ul>			Quarterly Report	
8. What are work characteristics and qualifications of hired PNs?	<ul style="list-style-type: none"> <li>♦ # PNs hired</li> <li>♦ Type (lay/professional)</li> </ul>	100% PN jobs are filled by end of Year 1	Grantee director/coordi	Quarterly Report	Descriptive statistics

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<i>(Report – p.5: PN requirements</i>	<ul style="list-style-type: none"> <li>◆ Training (including PN or CHW certification)</li> <li>◆ Prior work experience</li> <li>◆ Languages spoken</li> </ul>		nator PN		
<b>9.</b> How are PNs assigned? <i>(RFA p.40)</i> <i>What to put in front of grantees?</i>	<ul style="list-style-type: none"> <li>◆ PN Job Descriptions</li> <li>◆ # patients navigated</li> <li>◆ PN caseload (# patients per PN)</li> <li>◆ PN skill match for each of 6 duties (e.g., some PNs do outreach, others coordinate care)</li> <li>◆ Demographic coverage area</li> </ul>			Quarterly Report Workshop Grantee Application	
<b>10.</b> What were the learning objectives of PN training program(s)?  Did PN trainees achieve learning objectives?	<ul style="list-style-type: none"> <li>◆ Training plan (incl. minimum requirement; objectives, description, timeline, culturally competent content, methods)</li> <li>◆ Competency/ Performance incl. client interaction; care management; PN interventions, documentation.</li> <li>◆ Certifications if/when applicable</li> </ul>	100% PNs w/ increased post test score  75% PNs demonstrate competency at 3mo; 90% demonstrate competency at 12 mo	PNs PN trainers & supervisors  Training Plan/curriculum	Quarterly Report/Training Plan	Descriptive statistics, Chi square
<b>11.</b> What interventions do PNs use to eliminate/reduce patient barriers?  Link to the six duties?	<ul style="list-style-type: none"> <li>◆ Enrollment date of navigated patients</li> <li>◆ PN activities addressing barriers</li> <li>◆ Individual structural barriers</li> <li>◆ Individual educational/ emotional barriers</li> <li>◆ System Barriers</li> <li>◆ Community barriers</li> <li>◆ Other PN activities/services provided</li> <li>◆ # patients referred &amp; type referral (treatment, pharma assistance programs, ombudsman programs/ other insurance programs,</li> </ul>		PN Patient intake form	PN Tracking Log incl. barriers, activities to address barriers, and related patient outcome  Patient intake form	Descriptive statistics

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	community orgs, clinical trials) ♦ Intensity of intervention				
12. What are outcomes of PN interventions and services in eliminating/reducing barriers faced by navigated patients?	<ul style="list-style-type: none"> <li>♦ PN activity outcome (e.g., # uninsured who get coverage; # patients where clinical trials discussed)</li> <li>♦ Patient compliance rate for health care appointments (missed appointments)</li> <li>♦ Patient compliance with follow-up exams/tests</li> <li>♦ #, type, and audience for outreach activities</li> <li>♦ Loss to PN followup</li> <li>♦ Loss to chronic disease followup</li> <li>♦ Number community orgs receiving referral for services to navigated patients</li> <li>♦ Number patients participating in clinical trials</li> <li>♦ Decreased ER/hospital utilization rates for condition being navigated</li> <li>♦ Increased knowledge(utilization) of clinical trials</li> <li>♦ Increased use of behaviors to prevent or mitigate chronic disease</li> </ul>	<ul style="list-style-type: none"> <li>♦ 75% patients receive early prevention or screening service (<i>PN duty #1</i>)</li> <li>♦ 75% patients received prompt diagnostic and treatment resolution (<i>PN duty #4</i>)</li> <li>♦ 75% patients notified of available clinical trials (<i>PN duty #3</i>)</li> <li>♦ 8% eligible patients participate in clinical trials (<i>PN duty #3</i>)</li> <li>♦ 75% patients do not miss appointment</li> <li>♦ 75% patients have scheduled exams/tests</li> <li>♦ 75% patients obtained health care coverage (insurance)</li> </ul>	PN Patient intake form Clinic/hospital records	PN Tracking Log incl. barriers, activities to address barriers, and related patient outcome Medical records/ clinic records. Billing records, encounter records.	Descriptive statistics
13. Does reduction of barriers lead to more timely access to quality health care for navigated patients?	♦ Time interval b/t dx or referral & resolution date	<ul style="list-style-type: none"> <li>♦ 75% patients receive diagnosis w/in 60 days of abnormal screen</li> <li>♦ 75% patients begin treatment after diagnosis w/in 30 days</li> </ul>	Clinic/hospital records	Medical record abstraction	Descriptive statistics