

**CASE STUDY**

for U.S. health care providers

# How UNC Health Virtualized Cancer Patient Navigation During Covid-19

---

Restructuring resource center operations to meet the needs of at-risk cancer patients

Published - July 2021 • 15-min read



# Table of contents

Overview .....	pg. 3
Approach .....	pg. 4
1: Develop a system for identifying and triaging at-risk patients. . . .	pg. 5
2: Standardize patient interaction and follow-up .....	pg. 8
3: Prepare navigators to provide virtual navigation services .....	pg. 10
Results. ....	pg. 11
Supporting artifacts. ....	pg. 13
Related content .....	pg. 29

# Overview

## The challenge

When the Covid-19 pandemic hit, cancer programs were forced to provide traditionally in-person services virtually, including patient navigation. Since Covid-19 disproportionately affects the most vulnerable cancer patients, it became especially important to target these newly virtual services toward the patients with the greatest need.

## The organization

The N.C. Cancer Hospital is the clinical home of the NCI-designated University of North Carolina (UNC) Lineberger Comprehensive Cancer Center. For over a decade, the cancer center's hospital-based Patient and Family Resource Center (PFRC) has successfully connected cancer patients and families to support services and resources addressing non-medical barriers to care through a patient navigation program led by three nurse navigators and staffed by many trained volunteers (there were 18 as of March 2021). In addition to the PFRC navigators, UNC Oncology employs 31 tumor site-specific nurse navigators who work directly with its medical teams and focus on medical management.

## The approach

In response to Covid-19, the PFRC's nurse navigators virtualized their patient navigation program and created a process for proactively identifying the patients most at risk for facing barriers to care. They standardized the referral and navigation processes and set up a system for volunteers and other staff to conduct scheduled navigation appointments securely by video and phone.

## The result

The virtual navigation program enabled the PFRC's navigators to reach at-risk patients during the pandemic and provide tailored interventions to the patients with the greatest need. It also boosted volunteer navigator productivity and improved patient engagement with the navigation program. This success has led the cancer center to begin expanding the program to additional sites in the UNC system.

Source: Bigelow SM, et al., "A new proactive virtual resource center navigation model identifies patient risk factors to reduce barriers to cancer care during the COVID-19 pandemic," *Supportive in Cancer Care*, <https://link.springer.com/article/10.1007/s00520-021-06147-3>; Advisory Board interviews and analysis.

# Approach

## How UNC Health virtualized cancer patient navigation during Covid-19

Before the Covid-19 pandemic, the PFRC's volunteer navigators typically assessed patients for barriers to care in the clinic on an ad-hoc basis while they waited for treatment appointments, but the navigators weren't always utilized to their full capacity. When the pandemic hit, the PFRC quickly shifted its cancer patient navigation program to a virtual model in order to safely continue delivering volunteer navigation services to patients, which also provided the opportunity to address other inefficiencies in the program. To implement the model, the PFRC's nurse navigators created new systems for obtaining patient referrals, assessing and triaging patients based on risk level, conducting virtual barrier assessments, and providing and documenting appropriate interventions.

### The three components

The PFRC's method for virtualizing cancer patient navigation included three main components.

**01** Develop a system for identifying and triaging at-risk patients

---

**02** Standardize patient interaction and follow-up

---

**03** Prepare navigators to provide virtual navigation services

---

# 01 Develop a system for identifying and triaging at-risk patients

For the nurse navigators at UNC Lineberger's PFRC to shift navigation services to the virtual setting, they needed to create a standardized method by which patients could be referred to see a volunteer or nurse navigator virtually. Implementing a standardized virtual referral-based system instead of ad-hoc in-person assessments had the added benefit of allowing patients to decide on the most convenient time to speak with a navigator, increasing the likelihood that patients would be engaged during the conversation. It also served as an opportunity to improve the provider referral pathway, as cancer care team members had historically been inconsistent about referring patients to PFRC navigators.

First, the PFRC nurse navigators analyzed over 100 interviews they had conducted with patients and families before the pandemic and reviewed literature to identify the factors most associated with high barriers to care. Then, they used their findings to develop guidelines on which patients would benefit most from navigation and educated the hospital clinicians and staff on referring eligible patients.

## 1. DEVELOP A SYSTEM FOR IDENTIFYING AND TRIAGING AT-RISK PATIENTS (CONT.)

Under the new guidelines, clinicians and staff are encouraged to refer patients to navigation if they have at least one of the following risk factors (though all referrals are accepted):

- Are sixty-five years or older
- Live alone
- Live over one hour from the cancer center
- Need complex care (based on treatment modality, disease stage, and comorbidities)
- Have a malignant hematological diagnosis
- Started a new treatment within the previous 30 days
- Were newly discharged within the previous 14 days
- Require interpreter services (non-English speaker)

To virtualize the referral process, the nurse navigators set up a system where patient referrals are submitted through EHR in-basket messages that are routed to an EHR in-basket pool created specifically for the PFRC navigation program.<sup>1</sup> Referrals can be sent by hospital clinicians, staff, and tumor site-specific clinical nurse navigators or by the PFRC nurse navigators themselves, who review the daily records for scheduled treatments to identify eligible patients.

The PFRC nurse navigators assess the complexity of all referred patients and complete referral forms within the EHR to assign patients to PFRC navigation team members accordingly. The PFRC nurse navigators work with complex patients that may require more advanced education services, while the volunteer patient navigators are responsible for helping address barriers, such as transportation needs and food insecurity. The PFRC also employs a Spanish Liaison who works with all Spanish-speaking patients referred to the PFRC navigation program. In anticipation that Spanish-speaking patients would benefit from additional education and support services during the pandemic, the PFRC nurse navigators recruited three bilingual navigators to support the work of the onsite PFRC Spanish Liaison and conduct proactive outreach to Spanish-speaking patients who have scheduled in-person or virtual appointments.

1. An in-basket is a messaging system in an EHR that allows users to communicate and share patient data and records securely.

Source: Bigelow SM, et al., "A new proactive virtual resource center navigation model identifies patient risk factors to reduce barriers to cancer care during the COVID-19 pandemic," *Supportive in Cancer Care*, <https://link.springer.com/article/10.1007/s00520-021-06147-3>; Advisory Board interviews and analysis.

## 1. DEVELOP A SYSTEM FOR IDENTIFYING AND TRIAGING AT-RISK PATIENTS (CONT.)

Concurrently, the oncologists at UNC Lineberger were developing a separate risk stratification algorithm to aid in referrals for navigation at the same time as the PFRC nurse navigators were redesigning their operations. The physician work group automated an algorithm, adapted from the PROACCT score created by researchers in Ontario, which generates a score that is predictive of early acute care use based on a patient's age, treatment regimen, and whether they have had a recent hospital discharge. They first piloted the algorithm among UNC Lineberger's hematology patients and published the results in *Supportive Care in Cancer*. As of August 2020, the algorithm has been adapted for use among the cancer program's gastrointestinal, thoracic, and malignant hematology patients and incorporated into the PFRC's standardized referral system, which is used for all other patients. The PFRC nurse navigators triage patients with eligible cancer types to the navigation program based on their risk scores; tumor site-specific clinical nurse navigators call patients with risk scores of 8 or greater, while PFRC nurse or volunteer navigators call patients with scores between 4 and 7. Patients with scores below 4 are not currently referred to any navigator. This streamlined referral process ensures that the appropriate navigators reach the patients most at risk for needing acute care in an organized fashion.

## 02 Standardize patient interaction and follow-up

As part of the transition to a virtual navigation program, the PFRC standardized its patient interactions to ensure that all PFRC navigators not only feel comfortable engaging with patients by video and phone but are also delivering consistent support to patients. To do so, the PFRC nurse navigators created a script for themselves and the volunteer navigators to use when performing virtual barrier assessments or education activities (see the Supporting artifacts section for the full script).

The script includes instructions on introducing themselves, providing Covid-19 education, and conducting a 15-minute assessment that identifies financial, logistical, medical, emotional, and social barriers to care. It also has guidelines for leaving messages and scripting for unexpected situations, such as if a patient is in extreme distress, has a major complaint, or is sexually explicit. The script was vetted by leaders from UNC Lineberger's Comprehensive Cancer Support Program, the hospital's Volunteer Services, and other hospital divisions, as well as members of the cancer center's Patient and Family Advisory Council. A Spanish version of the script was culturally and linguistically tailored for the Spanish Liaisons to use with their patients.

Source: Bigelow SM, et al., "A new proactive virtual resource center navigation model identifies patient risk factors to reduce barriers to cancer care during the COVID-19 pandemic," *Supportive in Cancer Care*, <https://link.springer.com/article/10.1007/s00520-021-06147-3>; Advisory Board interviews and analysis.



---

## 2. STANDARDIZE PATIENT INTERACTION AND FOLLOW-UP (CONT.)

The script also standardizes the intervention process. It outlines which interventions PFRC navigators should use to address specific unmet patient needs identified in the barrier assessment. These are the same interventions they would have used during in-person navigation. Potential interventions include education (e.g., instructions on using MyChart), referrals to internal resources (e.g., social workers and dietitians), and referrals to vetted external resources (e.g., transportation funding and food resources). While the PFRC nurse and volunteer navigators use the same script, the PFRC nurse navigators also provide more in-depth disease education and symptom management support to patients with complex needs.

In addition to standardizing the barrier assessment and intervention processes, the PFRC nurse navigators designed a standardized follow-up process. They created a digital report form that all PFRC navigators are responsible for filling out after each patient interaction, which includes detailed patient information, the results of the barrier assessment, and any interventions provided or referrals made (see the Supporting artifacts section for the report form). After the PFRC navigators complete the report, they file it at the PFRC and upload a summary into the EHR so the whole care team can see it. The PFRC navigators also alert the clinical care team about any urgent needs by calling them directly or sending an in-basket message, depending on urgency. When necessary, they schedule follow-up visits with patients to ensure all interventions are completed.

# 03 Prepare navigators to provide virtual navigation services

Before they could begin providing navigation services virtually, the PFRC nurse navigators trained the volunteer navigators and Spanish Liaisons to implement the new standardized virtual navigation process. The volunteer navigators and Spanish Liaisons participated in weekly group meetings for two months to help them prepare for the change. In the meetings, they were taught to conduct virtual visits through the Doximity app, a networking platform for medical professionals that offers telehealth capabilities, and were given UNC domain accounts so they could access limited patient information securely from their homes. The PFRC nurse navigators also trained the volunteer navigators and Spanish Liaisons on using the script they had created and on properly documenting calls.

As the volunteer navigators and Spanish Liaisons became more comfortable with the new processes, the group meetings were shifted to a monthly basis, though they still receive informational newsletters weekly. In addition to the group meetings, the Spanish Liaisons participated in meetings with stakeholders, including a Latinx physician, a social worker, and a representative from Volunteer Services, to help the Spanish Liaisons understand the unique cultural and linguistic needs of the patients they would be serving.

# Results

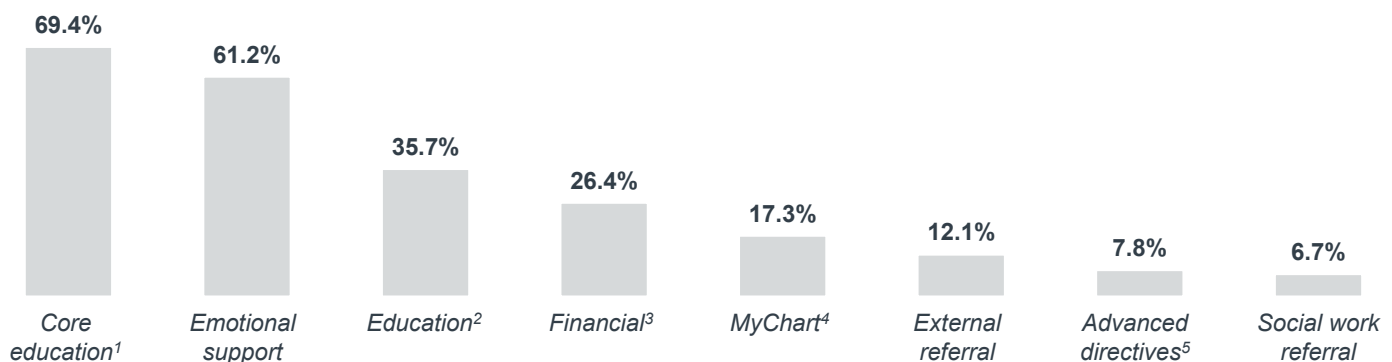
## How we know it's working

UNC Lineberger's PFRC began implementing its virtual navigation program within two weeks of the start of the pandemic and spent about three months improving infrastructure, engagement, and adoption. Between March and October 2020, the program engaged 586 patients in 1,459 visits. The PFRC navigators provided a variety of patient interventions, ranging from education to social work referrals to oncology dietitian referrals.

## Frequency of top navigation interventions

*Percent of visits in which each intervention was used*

n=1,459 completed visits



The volunteer navigators reported that the virtual navigation model allowed them to form stronger relationships with their patients. In addition, patients in the model seemingly demonstrated improved readiness to receive education and participate in interventions, which could potentially lead to improved health outcomes. The volunteer navigators also reported increased productivity and greater satisfaction, as they were able to connect with a larger number of patients from the comfort of their homes.

1. Includes education on the PFRC, Covid-19, and after-hours support.

2. Includes education on food insecurity, pharmacy medications, nutrition, and diagnosis.

3. Includes financial navigation and support related to lodging, pharmacy, Covid-19 relief, and transportation.

4. Includes patient portal education and sign-up.

5. Includes advanced directive education and preparation.


Source: Bigelow SM, et al., "A new proactive virtual resource center navigation model identifies patient risk factors to reduce barriers to cancer care during the COVID-19 pandemic," *Supportive in Cancer Care*, <https://link.springer.com/article/10.1007/s00520-021-06147-3>; Advisory Board interviews and analysis.

---

## RESULTS (CONT.)

Now that reports about each navigation visit are collected, the PFRC nurse navigators can analyze the data to better understand the unique needs of specific patient populations. Interestingly, they have found that although Spanish-speaking cancer patients have fewer risk factors than other patient populations, they require significantly more navigation visits and different types of interventions. The PFRC nurse navigators plan to look further into the drivers of these differences and to continue exploring how the needs of other patient populations differ from the larger cancer patient cohort.

Though some in-person navigation services have returned as Covid-19 prevalence has fallen, the PFRC is committed to maintaining the virtual navigation program due to the flexibility it offers for both patients and volunteers. It is already expanding the program to additional sites in the UNC system. Now, it is working on hiring more PFRC nurse navigators, attracting additional volunteers, and recruiting three full-time employees for a new patient navigator role that will perform similar tasks to the current part-time volunteer navigators.

In the future, the PFRC wants to do further research into the risk factors used to identify eligible patients, the cost-effectiveness of the program, EHR integration, and the program's impact on patient outcomes. The virtual navigation model has been critical in addressing patients' barriers to care during the pandemic and will be an important part of promoting positive care experiences and outcomes moving forward. 

# Supporting artifact(s)

## PFRC navigation script

1

### UNC Cancer Care Navigation Barrier Assessment Script

- Maintain HIPAA compliance and confidentiality throughout the process.
- Use the [REDACTED] App to place the call when working remotely.
- To connect with the patient, you are required to make three attempts, on at least two separate days.
- If you are unsure about anything, please don't hesitate to ask or call for help at [REDACTED].

**Introducing Yourself/ General Information**

**If no one answers, leave this message:** Hello my name is \_\_\_\_\_ and I am a \_\_\_\_\_ with UNC Hospital. I will call you back in 30 minutes and hope you will be available. **To remain HIPAA compliant, do not leave any additional information on the answering machine, especially that you are calling from the cancer hospital.**

**If someone does answer the call:** Hello my name is \_\_\_\_\_ and I am a (Volunteer Patient Navigator / Patient Navigator / Nurse Navigator) with UNC Cancer Care Navigation Team and I am calling for (name of patient).

*It is nice to be talking with you. I want to be sure I have the right person on the line so can you please verify your date of birth? Thank you for that.*

*I am calling on behalf of the UNC Cancer Care Navigation Team to check in with you about a few things and to see how you are doing. It's my job to tell you about the resources that UNC may have for you.*

*Do you have a few minutes right now? I also want to assure you that this conversation is completely confidential and will only be shared with your medical team if necessary.*

**Start the conversation with general open-ended questions such as:** How are you doing? How are things going for you? Tell me your story so I can help you with resources. **Take this time to listen- if they are willing, let them lead the conversation- you may get many of the questions answered without having to ask!**

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

2

### PRACTICAL/LOGISTICAL

(For new NCCH patients) Introduce them to video for new patients that will provide them with much of this information. It is located on the UNC Lineberger website on the “patient page”. The direct link is <https://go.unc.edu/newp>.

There is a wayfinding app called *UNC Health*. It can be downloaded for free and provides GPS navigation from their driveway to the clinic registration desk.

#### New Patient Binder

*Have you received a UNC patient binder during your visit with the doctor? It has a lot of good information that we’re going to talk about today. If you haven’t gotten one, Please ask for one at your next clinic visit on the second floor. Patient binders are stocked in every NCCH clinic on the second floor.*

#### Transportation

*Can you tell me where you live and how long does it take you to get to the hospital? Are you able to drive or do you have someone who comes with you? Do you have any problems getting here and why?*

Explore local options to include public transportation, bus routes and/or who in their life/community/church can help. If the patient has Medicaid, there are county options available. Use this time to brainstorm with patient. Lyft will drop off at the hospital entrance and Uber will drop off at the bus stop at the bottom of the driveway.

#### Gas

If there is a lack of money for gas, think about the gas card program- offered by the cancer hospital for those in active treatment and who qualify. This fund can also help if someone has issues with their car- such as a need for new tires to get them here safely. Please check the box on the report form to refer.

For lung cancer patients: If this patient has lung cancer, they may be eligible for gas cards from the *Lung Cancer Initiative of NC*. Please check the box on the report form to refer.

#### Directions/Parking

If a patient needs directions, there is a UNC wayfinding app for UNCCMC. It is called *UNC Health* and can be downloaded onto a phone for free. It provides GPS directions from their driveway right to the registration desk. Available for free in all app stores.

At UNCCMC, there is handicapped parking available in the parking deck. The second floor of the parking deck has a free shuttle to and from the front door of the hospital.

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

3

**UNCMC Parking fees:** If patients complain about the parking fees, let them know that you will check to see what may be available to help defray parking costs.

### Lodging

*I see that you are coming from a long distance, do you need to stay in a local hotel?*

- **SECU House:** *This is a wonderful homestay located 1 mile from the hospital. It has a shuttle service. It has a traditional room and a suite room. The cost is \$49/night. I would be happy to give you more information about this. The reservation is by application only but we can help you with that. The free shuttle runs every 30 min and drops off at the Radiation Entrance on the Manning Level. The shuttle starts at 9am and ends at 5pm.*
- **MedStay:** *I have a list of hotels in the Chapel Hill area that offer different options at a discounted rate. Some of them allow pets too!*
- **American Cancer Society Hotel Partners Program:** *Hotels provide complimentary rooms for patients on a space-available basis. Sliding scale fees including zero cost – no questions asked. Refer patients to 1.800.227.2345.*

### Mobility Ability

*Do you need help walking? Do you use a wheelchair? Patients can be dropped off at the front of the hospital where there are wheelchairs for their use while in the hospital. The second level of the parking deck has a shuttle that is a continuous loop and will bring you to the front of the hospital. Please document in the report form if the patient has a mobility issue.*

### UNC MyChart

*Do you have MyChart? Do you have trouble using MyChart? I can help you with that!*

**If the patient needs help or is unable to activate MyChart, it will require an access code. You will refer to MyChart support at [REDACTED]. In the meantime, you will have to arrange a time to call the patient back to ensure that they have been able to activate MyChart.**

### Home Life/Work Life/Cultural

*Tell me about your home life. Do you live alone or with others? How are THEY doing? This question will lead to many areas of interest.*

*How is your spouse/partner doing? Do they need some support? Please share information about caregiver support - UNC Caregiver Conversations meets online on Tuesday's at 2 pm or discuss other online or phone support resources from Cancer Support Network or Imerman's Angels.*

*Since you are getting treatments, are you able to take care of yourself? Do you have help to take care of your children?*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

4

*Have you been able to work during your cancer treatments? If the patient reports that they are unable to work or their family income has been affected, consider a referral to the Social Work team who can help them explore FMLA and/or disability options.*

*(ONLY IF APPLICABLE) Do you feel safe with your partner? If they indicate they do not feel safe at home, then give them these resources: **Beacon Program** [REDACTED]. The **Beacon Program** is a UNC program dedicated to helping those experiencing a variety of interpersonal abuse. Beacon availability is M-F, 8am-5pm. On weekends, the number goes to a pager. The **National Domestic Violence Hotline** is available 24/7 and the number is 1-800-799-7233. If this situation arises in your barrier assessment, immediately call the PFRC staff so further follow up can be done.*

### Financial

*Do you have any questions about bills you may have received from UNC? Insurance and bills can be very confusing. I can put you in touch with the Financial Navigators who can help you understand your bills and your specific insurance plan. Refer to the **Financial Navigator Hotline** at [REDACTED] for help in understanding insurance, medical bills and potential enrollment into copay programs to help offset the cost of certain medications. Let them know: When you call the financial navigator you will leave a message and they will call you back in 24-48 hours.*

**You may consider a referral to the outpatient Social Work team. Consider their diagnosis- there may be funds from disease specific resources. Refer to your *Quick Reference List*. Take notes so you can research other areas you can educate them about or connect them to available relief funds. A follow up call is recommended if you think there could be further information about specific funds and grants.**

**Pharmacy Assistance Program:** *Do you have trouble paying for your medicines? Do you have prescription coverage? Use this time to explore if they have been enrolled in our Pharmacy Assistance Program (PAP). UNC PAP is only for North Carolina residents who live below the poverty line and have no insurance that pays for medicines. PAP applications are located in the outpatient pharmacy on the wall.*

**Form Literacy:** *Do you have trouble filling out financial or health forms by yourself? These are confusing! We can help with that! Many patients are unable to complete forms due to vision, decreased cognition, chemo-brain or illiteracy. Let them know that we can arrange for someone (usually the Social Workers) to help them complete medical, disability or financial aid forms.*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021



SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

5

### Medical Home

*How are your treatments going? Although we focus on non-medical issues, we want to make sure you are doing okay and have the things you need.*

#### Medicines

- *Have you been able to get all of your medicines? If they answer no, explore further. Is it an issue of not being able to pick up the medicines? Is it the medical team has not called in the prescription? Is it an issue of money to pay for the medicines? If it is an issue of the medical team not calling in a medication or a refill, provide them the number for triage [REDACTED] and/or encourage them to send a MyChart message.*
- *If they have prescription insurance coverage, refer to a Financial Navigator who may be able to help them further with co-pay assistance programs or drug reimbursement.*

#### Side Effects

- *Are you having any side effects from the treatment that your doctor doesn't know about? (or) Are you having side effects from your treatment that concern you? Refer to triage line [REDACTED] to speak with their medical team. Encourage them to send a message via MyChart if they are a user. You may need to remind them you are unable to give any medical advice.*
- *Do you understand your treatment plan? If a patient expresses a lack of understanding about their treatment plan, help them explore how to ask the right questions for their next visit.*
- *Do you know when and where your next appointment is scheduled? If not, please refer them to the triage line at [REDACTED]*
- *Do you know how to call for help after hours and on the weekends? If not, please refer them to the after-hours line at [REDACTED] and instruct them to ask for the cancer doctor on-call.*

#### Nutrition/Dietitian/Food Insecurity

- *How well are you eating? Are you able to drink enough liquids? How is your appetite? Cancer treatments often change the taste of food or make it difficult to eat the foods we like. Is this happening to you? Tell me more.*
- **Oncology Certified Dietitians are available for our patients. We a limited number of Dietitians so please do not freely offer them for what may be a simple issue. A referral should be considered if they report any of the following:**
  - Unplanned weight loss (5 lbs./one week or 10 lbs./2 weeks or 20 lbs./one month)
  - Nausea, Vomiting, Diarrhea, Constipation

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

6

- Tube feeding
  - Taste changes
  - Difficulty swallowing or chewing
  - Mucositis/esophagitis (swelling, redness, soreness and breakdown of lining of mouth)
  - Questions for healthy eating during treatment and general survivorship guidelines
  - Questions about vitamin/mineral/herbal supplements
- *Is your medical team aware of the problems you are having with eating and drinking? It is important to educate a patient that if they are unable to drink fluids, they need to let their medical team know.*
  - *Then say... Since your cancer diagnosis and all of the bills, many people have trouble getting food or being able to buy food. Is this a problem for you? Do you have enough food in your refrigerator for a week? If food insecurity is present- explore resources for food in their community using [Findhelp.org](https://findhelp.org) to help you search. Also, if not already working with a Social Worker, request a referral for any additional resources to help. If working with a Social Worker, the case will be referred back to ensure that everyone is aware that the situation may have worsened.*

### Cancer-Specific Foundations

It is essential to refer to external foundations that may be able to provide educational materials, financial resources, peer support programs, clinical trial information and conference information. Refer to your disease specific foundation supplement. *Are you familiar with the \_\_\_\_\_ foundation? They have resources that may be helpful to you such as \_\_\_\_\_. Here is their website address/ phone number.*

### COVID-19 Vaccination

*Have you made a decision about getting the COVID-19 vaccination?*

- **If not vaccinated, give COVID education:** *Since you are not vaccinated, please make sure that you wear a mask when out in public, wash your hands frequently, social distance, notify your health care team if you develop a cough, fever, loss of taste or smell and also notify your medical team if someone you have been around has tested positive.*
- **If vaccinated:** *If you are fully vaccinated, please still check with your medical team to see if you should still wear a mask and socially distance to protect yourself.*

### Tobacco Cessation

**This is a good time to inform them of the UNC Tobacco Cessation Program with this exact scripting:** *Also if you are interested in a free program to stop smoking, I can give you the information. Do not ask if they smoke, keep it generic. IF they are interested in further information please see further scripting below.*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

7

### Advance Directives

*Before I finish up, I just want to see if you have any questions about Advance Care Directives. Do you have any questions about what Advance Directives are? I have time today to answer those questions for you today.*

*Advance Care Directives are legal forms that allow you to say how you want to be cared for if you are seriously ill. With these documents you can choose a person to be your Health Care Power of Attorney which is someone who will share your wishes with the health care team in the event you can't make your own decisions. A Living Will tells your family and the medical team what kinds of treatment you want near the end of your life when you can't speak for yourself.*

*These documents require a notarized signature and we can provide these services at the hospital.*

**If they want more information, a packet can either be emailed or mailed to them. If they are coming to the hospital, have them stop in the PFRC to pick up a packet. Include in the report how they would like this information. It is best if they come by the PFRC to pick up a packet because the onsite nurse navigator can answer any questions they have.**

### COPING

- *Because cancer causes a lot of challenges, we want to know how much distress you are having right now. On a scale from 0 to 10, where 0 is no distress at all and 10 is extreme distress, can you tell me what your level of distress is now? \_\_\_\_ Is it this number on most days? How do you feel like you are managing the challenges of the diagnosis and all that is happening these days?*
- **If the patient reports a distress score of 4-7, then please offer educational materials and resources:** *Would you like me to send you information and programs on how exercise, coping, mindfulness or meditation can help lower your stress level?*
- **If the patient states a score of 8 or above then please offer counseling support in addition to the educational materials and resources:** *We have counselors who will be glad to visit with you to give you further support? Would you be interested in an appointment with a counselor?*
- **If the patient wishes to sign up for a therapist or a counselor, provide the following number for the administrative assistant who will arrange a counseling/therapy session. The phone number is [REDACTED]. The patient will need to leave a message. If you have provided the phone number to the patient, please check the box that the patient has been referred.**

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

8

- **\*Important: If they report a distress score of 8 or above and they decline further assistance, check the following box in you report “Declines further interventions for distress”.**

### Special Programs

*UNC has many programs for cancer patients and families. May I tell you about some of them that you may find helpful?*

#### Patient and Family Resource Center (PFRC)

*Do you know where the PFRC is located? It is located across from registration on the ground floor in the cancer hospital in Chapel Hill. The staff provides personalized help and services include a cancer education library, business center, respite area, massage chairs and a boutique.*

#### Coping

***Living Well with Cancer** is a free series of 4 drop-in group sessions that meet online on Thursdays at 3:30 to 4:30. Practice relaxation, learn coping skills and get support. You don't have to commit to all 4 sessions. Call [REDACTED] for more information.*

***Mindful Moments** is a free one-on-one virtual session to use meditation, relaxation and breathing to reduce stress and anxiety. If patient is interested, please refer on the report form.*

#### Caregiver Support

*A support group is available online for caregivers, called **Caregiver Conversations** on Tuesday from 2-3pm. You can provide the patient with the link to register at: <http://go.unc.edu/ccregistration>. If they are unable to register themselves, please note on report form and a referral will follow. You can discuss other online or phone support resources from **Cancer Support Community** or refer to **Imerman's Angels**.*

#### CCSP Resource Newsletter

*Would you like to receive an email on upcoming events and the quarterly newsletter? If so, if you provide me with your email address, I can get you set up to receive them. A listserv will send out program updates and quarterly newsletters.*

#### Exercise Programs

***Virtual Yoga** is offered Monday thru Friday from 10am to 11:30. If patient is interested, please note on report form and the Nurse Navigator will make the referral. No medical waiver is needed.*

***Livestrong at the YMCA** is a free (or low cost) personalized 12-week exercise program. If the patient is interested, please find their YMCA location at [www.ymca.net/livestrong-at-the-ymca](http://www.ymca.net/livestrong-at-the-ymca)*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

9

**Health Coaching** is a free program for patients in treatment who are paired with a health coach who personalizes an exercise plan. For more information, see the special scripting below. If patient is interested, please note on report form and the Nurse Navigator will make the referral.

**Get Real & Heel** is a free 16 week group exercise program for any cancer patient but is located only on the Chapel Hill campus. If you are interested in this program please call [REDACTED]. Not enrolling until January, 2022.

### AYA (Adolescents and Young Adult)

This is a program for those who are 18-39 years of age and are in active treatment. The program provides support, resources, events and connections to other young adults coping with cancer. Refer to website: [uncaya.org](http://uncaya.org) or call [REDACTED] and note on the report form.

### Integrative Medicine

(Requires medical insurance) You can get help to use complementary treatments such as supplements, acupuncture, yoga and other alternative therapies to provide a holistic approach to your cancer care. If they are interested, refer to [REDACTED] and note on the report form.

### Cancer Transitions

Cancer Transitions is a free program for patients and caregivers to move forward after treatment. Topics include nutritional wellness, exercise, coping with stress and medical management after treatment. It is also an opportunity to meet with other survivors. If interested, note on the report form and a referral will follow.

### Support for Children of Parents with Cancer

**KidsCan!** Is a free support program designed for families with children, between ages 6 and 18 who have a parent or family member who has been diagnosed with cancer. The program is at Rex. Kids learn to cope with their emotions in a fun, caring and supportive environment through art, music, games and group discussion. These sessions are held simultaneously in separate spaces to provide family members the opportunity to share concerns and experiences among their peers. Refer to UNC Rex at [REDACTED].

**Camp Kesem** is a free week of summer camp for children who have parents or siblings with cancer. Refer to [www.campkesem.org](http://www.campkesem.org)

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

10

### Closing the call

- *I've given you a lot of information today. Would you like me to email the resources you are interested in? If you are emailing the patient/caregiver, use the official template and attach it to your official UNC email. Please follow the procedure when emailing a patient per the policy manual.*
- *It was so great to talk with you today. Is there anything else that could prevent you from getting the care you need? Do you have any questions for me?*
- **Most cancer patients have complex issues, so many will require a follow-up to see if our interventions are resolving the issues. If there are reasons for a follow-up call, please let the patient know that you would like to stay in touch and follow-up with them. Agree upon a general day/time. I would like to call you next week to make sure that you are \_\_\_\_\_. Would that be okay? How about next week around this general time? Would that work for you?**
- *If something comes up before your next visit, please call us in the Patient and Family Resource Center. Our job is to help you with any non-medical needs. Our phone number is [REDACTED] or visit us in the Resource Center.*
- *Ok then....is there anything else that you can think of as to how I can help you today? Thank you so much for your time. I hope you have a great day!*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

11

### Special Scripting

- **A patient that needs further help:** Depending on the needs identified you may need to say:
  - *You have given me several areas of concerns.*
  - *I would like to reach out to my team to get some more ideas and do some further research.*
  - *When would be a good time for me to call you back to share what I find? If this is the case call the VPN supervisor at [REDACTED] to discuss the issues, problem-solve and plan for the follow up phone call.*
  
- **A patient interested in Health Coaching, a CCSP program:**
  - *We have a health coaching program available to improve the experience of patients with cancer by trying to maintain physical function, reduce cancer-related symptoms, and meet your needs over time.*  
*If you were to participate, you would be assigned a personal health coach who would work with you for six months on physical activity, symptom management and other ways to help with your cancer experience.*  
*The program is currently being provided as a research study under the guidance of CCSP and will require consent in order to participate. Can we send your name and number to the program so someone can contact you? If yes, please note on report form and Nurse Navigator will make the referral.*
  
- **A patient with a major complaint:** If the patient has complaints, be empathic and stay calm. Don't take it personally or become defensive. Use blameless apologies and make statements like:
  - *I wish that didn't happen to you. I hear what you are saying.*
  - *I can't see you but it sounds like you are sad/angry/frustrated. It's unfortunate that happened.*
  - *I wish that had been a better experience for you.*
  - *If you feel you need to talk with someone about this problem, you can call Patient Relations at [REDACTED].*
  - *If this situation happens, call the VPN supervisor ASAP during work hours at [REDACTED] to discuss the issues, problem-solve and plan for the follow up phone call.*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

12

- **A patient that is interested in a tobacco cessation program:**
  - *UNC offers a free coaching program to help cancer patients stop smoking.*
  - *The program is really unique because it is a buddy program and they are having a lot of success. The buddy doesn't have to be a patient here.*
  - *The program is called, Quit Together and you can call [REDACTED] or you can text QT to [REDACTED].*
  - *If they ask about a program for a family member to stop smoking, please refer to a free NC program called QuitlineNC at quitlinenc.com or 1 800 Quit Now or (1 800.784.8669).*
  
- **A patient that is in extreme distress/suicidal: Stay calm and speak slowly and with an interested and empathetic tone. Be attentive, accepting and understanding. Don't be in a hurry to talk. If there is intense affect (crying, yelling etc.) let it quiet down before speaking. You can say:**
  - *I can hear how upset (anxious) (sad) (scared) you are right now and I want to help you. Since I am not a healthcare professional I want to get you to those who are trained to help you in the way you deserve. I really appreciate how open you have been with me about your experiences/how you have been doing.*
  - *Are you willing to call 911 or go the nearest emergency room? Allow time for them to process the information. If they tell you they won't call 911 or go to the nearest emergency room then say: There is help available on the phone with the National Suicide Prevention Lifeline and I want you to call them now. Their number is 1800-273-8255. Call the VPN Supervisor– Nurse Navigator immediately at [REDACTED] to relay the situation to the medical team. You may also reach the Nurse Navigator at [REDACTED].*
  - *Stay on the line and allow them to tell you what they plan to do. When you end the call let them know: I will reach out to my supervisor so she can let the medical team know what is going on. We want you to be safe and to get well.*
  
- **The patient who has died: Our cancer population is very fragile and a patient may have died after the referral has been sent and the medical team is unaware. Apologize to the family member you are speaking with and explain:**
  - *I am so sorry to hear this news. I did not get the notification from the UNC Health Care team yet as I do not have access to the chart and was not aware. If they allow and seem to want to discuss further:*
  - *Would you like to tell me about \_\_\_\_\_? Were you able to be with them?*
  - *Have you been able to have some type of service or closure?*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.



SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation script (cont.)

13


- *Are you alone? Who is your support? UNC does offer bereavement services if you are interested.*
- *I can send you more information on support? If they request further support, indicate this in your report and our team will call to further assess their needs.*
- *End the call: Please accept my sincere condolences and call us in the PFRC if you need any support. (or) Please accept my sincere condolences and know that one of the PFRC staff members will call you with more support information.*
- **The patient/caregiver that is sexually explicit, suggestive or inappropriate:** If inappropriate comments are made, failure to set a clear boundary can be misconstrued as encouragement to escalate the inappropriate language. If the statement is clearly inappropriate then a firm response is required, such as:
  - *Mr. Jones, I would like to continue to work with you but you cannot make comments like that again as it was inappropriate. If it continues, please end the call politely and notify the VPN- Nurse Navigator in the PFRC [REDACTED].*
  - *If the statement was "gray" in nature and could be inappropriate in one way but maybe not in another, then change the subject; try to get the participant to focus on their stated needs. If it continues, proceed as above and inform the participant that the comments were inappropriate and end the call and notify VPN-Nurse Navigator.*

UNC Cancer Care Navigation Script: For Internal Purposes Only- Reviewed: 07/021/2021

Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation report form



### UNC Health Care Navigation Program

## Report Form

**HIPAA COMPLIANCE**

The information in this document is privileged and confidential as it contains patient information protected by federal and state privacy laws. This document is intended for internal use only. If you are not the intended recipient, you are hereby notified that any review, distribution, or duplication of this document is strictly prohibited.

Patient Name: 
 Patient ID: 
 DOB: 
 Initial Visit: ☐
 Follow-up Visit: ☐


Barrier Assessment	Assessed	Educated	Referred
<b>Practical/Logistical</b> ❖ NCCN Patient Binder/ New Patient Video ❖ Transportation ❖ Gas & Parking ❖ Lodging ❖ Mobility ❖ MyChart	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Home Life/Work Life/Cultural</b> ❖ Self-Care ❖ Spouse/Partner/ Caregiver Care ❖ Employment/Disability ❖ Home Safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Financial</b> ❖ Financial Health/Toxicity ❖ Financial Navigation ❖ Pharmacy Assistance Program (PAP) ❖ Financial Assistance (FA) ❖ Form Literacy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Medical/Home</b> ❖ Medication ❖ Side Effects ❖ Treatment Plan ❖ Understanding Next appointment ❖ Work hours, After hours, Weekends ❖ Contacting Medical Team ❖ Team Nutrition/Dietitian/Food Insecurity ❖ COVID-19 ❖ Tobacco Cessation ❖ Advanced Directives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Special Programs</b> ❖ Comprehensive Cancer Support Program ❖ NCCH Patient and Family Resource Center ❖ Living Well with Cancer ❖ Caregiver Support Resource ❖ Newsletter/Listserve ❖ Exercise Programs ❖ Adolescents and Young Adults ❖ Integrative Medicine Cancer ❖ Cancer Transitions ❖ KIDSCAN/Camp Kesem <sup>SM</sup> ❖ Other: external referral	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Coping</b> ❖ Distress Score: <input style="width: 40px;" type="text"/> (1-10) ❖ Provided active, empathetic listening <input style="width: 40px;" type="checkbox"/> ❖ Provided external emotional resource <input style="width: 40px;" type="checkbox"/> ❖ Provided coping education material <input style="width: 40px;" type="checkbox"/> Refer to CCSP: <input style="width: 40px;" type="checkbox"/> Declined Interventions: <input style="width: 40px;" type="checkbox"/>	<b>Distress Score Legend</b> • 3 or less: No Required Intervention • 4 - 7: Provide Educational Materials and Resources • > 8: Offer CCSP services	<b>Intervention(s) &amp; Comments</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

Name:   
 Date:

Follow-up recommend: ☐  
 Visit Duration:  minutes

In Person: ☐  
 Virtual: ☐

**No Patient Response Following:** ☐  
 ✓ 3 Separate Attempts  
 ✓ 2 Separate Days

**Submit**  


UNC Cancer Care Navigation: For Internal Purposes Only — Last Revised: 07/12/2021

SUPPORTING ARTIFACT(S) (CONT.)

## PFRC navigation newsletter

UNC Health Cancer Care Navigation

# Newsletter

July 20, 2021

**Resources:**

<https://www.findhelp.org/>

For community specific resources. This website was formally known as "Aunt Bertha"

American Cancer Society- Road to Recovery Program is still unavailable due to Covid-19 restrictions.

If a patient has Medicaid they may be eligible for transportation for medical appointments.

Many communities also have some type of public transportation – use findhelp.org when helping patients with this barrier.

**Upcoming Events:**

Monthly meeting  
Thursday July 22 at 2:00pm

This meeting will be virtual. Let me know if you did not get the Webex link.

Plan to attend The meeting will be recorded and sent to those who cannot be in attendance.

**On the agenda:**

- Review revised script
- Review revised report form
- Introduction to the UNC Cancer Care Navigation Sharepoint



**Did You Know.....**

The massage chairs located in the PFRC are the perfect place for patients and their caregivers to get a little respite on a long day in our cancer hospital. Make sure you spread the word on this great resource.



Source:  
Advisory Board  
interviews and  
analysis.

SUPPORTING ARTIFACT(S) (CONT.)

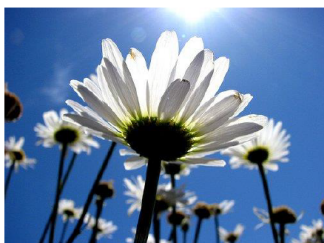
## PFRC navigation newsletter (cont.)

### UNC Health Cancer Care Navigation

#### Learning Opportunities



Download the UNC Health App on your smart phone. This app has many functions from a walking map to finding a doctor. Check it out and educate our patients and caregivers on this tool.



#### Volunteer Spotlight

*"Since joining UNC volunteer services my freshman year I have found volunteering as a Volunteer Patient Navigator one of the best programs for students. This team provides an innovative, collaborative environment for volunteers to initiate their own projects and utilize their unique skill sets to advance the Volunteer Patient Navigation Program"- Ali Khan VPN 7.19.2021*

# Related content

## Advisory Board resources



### WEBINAR

Cancer Patient Navigation

[Watch now](#)



### RESEARCH

Six opportunities to get the most out of your patient navigation program

[Read now](#)



### WEBINAR

How to Get the Most Out of Cancer Patient Navigation

[Watch now](#)

## External resources

*A new proactive virtual resource center navigation model identifies patient risk factors to reduce barriers to cancer care during the COVID-19 pandemic*

## Project director

Ashley Riley

RileyA@advisory.com  
202-568-7081

## Research analyst

Lindsey Paul

## Program leadership

Alicia Daugherty  
Emily Heuser

## Contributors to our work

Sharon Bigelow  
Cancer Support Nurse Navigator  
*UNC Lineberger Comprehensive  
Cancer Center*

Elizabeth Hart  
Cancer Support Nurse Navigator  
*UNC Lineberger Comprehensive  
Cancer Center*

Tina Shaban  
PFRC Program Manager  
*UNC Lineberger Comprehensive  
Cancer Center*

Megan Fasold  
Director Oncology Access &  
Support Services  
*UNC Health Care*

### LEGAL CAVEAT

Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member's situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Advisory Board and the "A" logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

### IMPORTANT: Please read the following.

Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the "Report") are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.
2. Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.
3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.
4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.
5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.
6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.



---

655 New York Avenue NW, Washington DC 20001  
202-266-5600 | [advisory.com](https://advisory.com)