Keeping Our Finger on the Pulse to Navigate You Through

2015 ANNUAL REPORT
MISSION

The mission of the Academy of Oncology Nurse & Patient Navigators is to advance the role of patient navigation in cancer care and survivorship care planning by providing a network for collaboration and development of best practices for the improvement of patient access to care, evidence-based cancer treatment, and quality of life during and after cancer treatment. Cancer survivorship begins at the time of cancer diagnosis. One-on-one patient navigation should occur simultaneously with diagnosis and be proactive in minimizing the impact treatment can have on quality of life. Additionally, navigation should encompass community outreach to raise awareness targeted toward prevention and early diagnosis, and must encompass short-term survivorship care, including transitioning survivors efficiently and effectively under the care of their community providers.

VISION

The vision of the Academy of Oncology Nurse & Patient Navigators is to increase the role of and access to skilled and experienced oncology nurse and patient navigators so that all cancer patients may benefit from their guidance, insight, and personal advocacy.
Dear Colleague,

When the Academy of Oncology Nurse & Patient Navigators (AONN) was founded seven years ago it was with a singular goal in mind — to create a professional home for our navigation peers; a metaphorical place where they could find wisdom, rejuvenation, and support.

Over the past year that "home" has expanded significantly. Programmatic additions — including an annual regional meeting — have provided members with more opportunities to meet and learn with their peers face-to-face. New publications, both patient-facing and professional, are ensuring that our members have easy access to the knowledge they need on the job. And a robust new website and social media presence is keeping our navigators up to date on the latest industry advances and Academy news.

The Academy also realized two of its long-standing organizational goals in 2015. The first was being granted membership into the American College of Surgeons Commission on Cancer (CoC) — an achievement that will allow AONN to have a hand in writing and implementing policy that elevates the navigation profession and patient care. Already my role on the CoC Executive and Accreditation committees has afforded me the opportunity to offer the Academy the professional resource for cancer centers that are developing and implementing navigation programs.

The second goal was realized during the Sixth Annual Navigation & Survivorship Conference in October, when nurse navigators from across the country participated in the Oncology Nurse Navigator-Certified Generalist™ (ONN-CG™) certification beta test. This landmark event paves the way for the official exam, which will be administered during the Seventh Annual Navigation & Survivorship Conference in November 2016.

Looking to the future, our focus remains firmly fixed on our profession, practitioners, and patients. Career development continues to be a priority as we work to develop tools and resources that will empower our members to pursue professional satisfaction and recognition. Through our newly formed Evidence into Practice Committee, we are drawing closer to providing standardized measurement for the navigation process. Finally, we stay steadfast in our belief that survivorship planning is a non-negotiable component of the care continuum. To that end, we will work with our members and their organizations to ensure that patients realize the fullest benefit of this process. Of course, none of this growth or success would be possible without the continued support of our faculty, members, and sponsors. As the backbone of our Academy, you are helping to elevate oncology navigation to an unprecedented level of respect and recognition, and, in turn, improving the care of cancer patients globally.

Thank you for your commitment to this effort and to AONN.

Sincerely,

Lillie D. Shockney, RN, BS, MAS
Program Director and Co-Founder, AONN
University Distinguished Service Associate Professor of Breast Cancer, Departments of Surgery and Oncology
Administrative Director, The Johns Hopkins Breast Center
Director, Cancer Survivorship Programs at the Sidney Kimmel Cancer Center at Johns Hopkins
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AN EVOLVING LANDSCAPE

There's a looming crisis confronting our nation’s cancer centers.

While advances in screening, prevention, and treatment have led to a record number of cancer survivors, there are fewer and fewer oncologists entering the field. This means that as baby boomers age and the number of newly diagnosed patients grows, thousands of people will have difficulty accessing timely care for their illness.

Further complicating the issue is the rising cost of cancer care. Current projections indicate that national expenditures could increase by 40% to $175 billion in 2020.

According to the American Society of Clinical Oncology’s 2014 assessment of the cancer care system, the increased use of advanced practice nurses and other non-physician providers could improve quality and value of cancer care and lessen...the impact of projected oncology workforce shortages.1

It’s within this evolving landscape that the value of oncology navigation is being realized.

Navigation’s Role in the Care Continuum

The oncology navigation profession has experienced significant growth in both stature and prevalence over the past decade. Today’s oncology navigators are invaluable members of the cancer care team who help to coordinate care; advocate on behalf of their patients; and build bridges over the social, emotional, and financial barriers that have traditionally stood in the way of treatment.

More than this, oncology navigators provide much-needed education so that patients and their loved ones have a better understanding of the healthcare process, their diagnosis, their treatment — including ways to manage possible side effects — and the importance of adhering to their care plan. Oncology navigators also empower their patients by giving them a voice in their own care. This means that treatment decisions are made with the patient and not for the patient.

It’s important to note that an oncology navigator’s responsibility to a patient doesn’t end with the last chemotherapy infusion or radiation treatment. The effects of a cancer diagnosis and treatment can last for decades, and most oncology navigators will continue to serve as a resource to their patients for the duration of their lives.

This is a fact that was recognized in the American College of Surgeons Commission on Cancer (CoC) 2012 report, “Cancer Program Standards 2012: Ensuring Patient-Centered Care.” This document, which outlines survivorship criteria for CoC-accredited cancer centers, identified patient navigation as one of three components that cancer centers must provide their patients (the other two being psychosocial distress screening and survivorship care planning).
Care That Spans a Lifetime

The term survivorship refers to a unique phase in a person’s life that begins at the moment of cancer diagnosis and continues through the end of life. Within the survivorship phase, there are four stages:

- **Acute** (diagnosis to treatment)
- **Transitional** (completion of treatment to active observation)
- **Extended survivorship** (a period of watchful waiting)
- **Permanent survivorship** (extended remission and return to work, etc)

Each of these stages is characterized by a distinct set of challenges — physical, emotional, social, financial — which can be identified and addressed with the help of an oncology navigator. For this reason, it is largely agreed that oncology navigation should begin at the point of diagnosis and continue through end of life.

A Professional Resource

As cancer centers across the country scrambled to meet the CoC’s survivorship criteria, which went into effect in early 2015, the oncology navigation profession experienced a surge in membership. Unfortunately, many of these navigators were new to the profession — having previously served in other clinical or support roles within the oncology arena — and lacked the understanding or guidance they needed to adequately fulfill the duties of the position.

Enter long-time navigator and thought leader Lillie D. Shockney, RN, BS, MAS. As a three-time cancer survivor, Lillie understands all too well the myriad of challenges that come with diagnosis and treatment. By drawing upon these experiences and her own clinical knowledge, Lillie has helped to advance oncology navigation on a local level through her leadership positions at the Sidney Kimmel Cancer Center at Johns Hopkins, and nationally as Co-Founder and Program Chair of the Academy of Oncology Nurse & Patient Navigators.

Lillie recognized early on that many organizations would struggle to meet the CoC survivorship requirements. After all, navigation is still a relatively young profession, and most education takes place on the job and not in the classroom. Together with the Academy leadership, Lillie helped to position the Academy as a resource for those institutions and individuals who needed help and support with their navigation program. It was a move that has enabled the Academy to emerge as a globally recognized leader in the area of oncology navigation and survivorship care.

A Seat at the Table

In 2015, the Academy solidified its national leadership position when it was granted CoC membership. This allows the Academy to join forces with some of the country’s foremost oncology organizations to help write and implement policy that ensures patients have access to the highest standard of care available for their cancer. It also ensures that there is a continued effort to elevate the navigation profession and its value to the care continuum.

As the Academy’s CoC Fellow, Lillie will spend the next three years attending CoC meetings and serving on both the Executive Committee and Accreditation Committee. She will also spend much of 2016 working with fellow CoC representatives to address issues surrounding survivorship care — an area in which many cancer centers are struggling.
THE VALUE OF NAVIGATION

What is the value of oncology navigation?

It’s a question that oncology programs, national organizations, and even oncology navigators themselves have long sought to answer. Part of the challenge with this question lies in the fact that oncology navigation programs, and the backgrounds of those who serve as oncology navigators, are diverse and appear to be driven by local needs. There is not one type of oncology navigation model that fits the needs of all medical settings or systems. Further complicating the evaluation of oncology navigation is the heterogeneity of study designs and the variation in patient populations...and setting. This deviation makes it difficult to ensure that it is “apples to apples” that are being measured.

Another challenge that researchers face is the fact that the value of oncology navigation can be subjective — particularly as it relates to patients. For example, one person may place greater value on the help the navigator provides with deciphering a bill than on his or her ability to secure a timely appointment. A second patient with the same navigator can have the opposite feeling about his or her experience.

A final challenge is that there are a limited number of measurement tools in the cancer continuum that even take the role of the oncology navigator into account. This being said, researchers have still been able to successfully demonstrate the value of navigation in a number of key areas.

Cancer Screening and Diagnostics

The strongest evidence to date for the effectiveness of oncology navigation is the improvements in cancer screening and outcomes related to cancer diagnostic services. A 2011 literature review found that participants in studies who received assistance from oncology navigators were significantly more likely to complete cancer screenings when compared with those who did not. This is demonstrated in a 2013 study where 66% of participants screened for colonoscopies self-reported that without oncology navigation, they either definitely or probably would not have completed their colonoscopy.

A more recent study revealed that navigation increased the probability of diagnostic resolution after 180 days and 270 days following an abnormal cancer screening test. These findings are similar to a 2014 study published in the Journal of the National Cancer Institute, which showed that the benefit of navigation was seen from 91 to 365 days for both diagnostic resolution and treatment initiation.

Taken together, these findings help to support the theory that oncology navigation is valuable in resolving abnormal cancer screening findings and decreasing the time it takes for patients to receive a diagnostic resolution. Oncology navigation also increases the rates of treatment initiation among patients who typically fail to begin treatment within 90 days of a cancer diagnosis.

Indirect Cost Savings

Although more research is needed, there are some indications that oncology navigation can indirectly ease organizational costs by helping to reduce emergency department visits, inappropriate admissions/readmissions, and unnecessary diagnostic tests. These savings may also come from more standardized treatment protocols, more effective pain management, and increased appropriate use of hospice care.

A localized example of cost savings related to oncology navigation is found in the University of Alabama (UAB) Comprehensive Cancer Center’s Patient Care Connect program. The program was created in 2012 as a means of using oncology navigation to help steer Medicare patients through the healthcare system. The ultimate goal of navigation in this case was to reduce
emergency department visits, hospitalizations, intensive care unit (ICU) visits, and improve care at the end of life by having more hospice admissions.

After three years, early data from the program — which was supported by a Health Care Innovation Challenge Grant Award from the Centers for Medicare & Medicaid Services (CMS) — indicates the following successes:

- Hospitalization rates were reduced by 20%
- Emergency department visits decreased nearly 10%
- ICU admissions saw a 6% reduction

In terms of Medicare claims, there was a considerable reduction in the overall cost in the navigated patient population from $15,091 to $8,269 per patient quarter. Costs in the last six months of life decreased from $23,735 to $16,764 per navigated patient.7

### Increasing Patient Satisfaction

Beyond the financial findings, UAB’s Patient Care Connect program also found that patients demonstrated a high level of satisfaction with navigation as a whole. This is a theme that other studies have also revealed.

One example comes from the National Cancer Institute Community Cancer Centers Program, which recently released the findings of a three-year pilot program. This pilot was aimed at providing high-quality care in the community cancer care setting and identifying the attributes of a successful patient experience. Study participants who were helped by an oncology navigator reported better coordination of care, better communication with their cancer care team, and better access to care. Also, their overall rating of their cancer care experience was higher.8

Another example of how oncology navigation can affect patient satisfaction is found in a process improvement project that took place at Roswell Park Cancer Institute in Buffalo, NY. In an effort to improve patient satisfaction and wait times, the institute formed an oncology navigation program that would address problems with patient communication and misunderstandings related to new patient visits. This initiative, along with increased utilization of educators in the patient resource center, helped to decrease complaints by 40% and increase patient satisfaction by 10%.9

### Reducing Barriers to Care

Without question, the primary purpose of oncology navigation is to eliminate barriers to timely care while virtually integrating the healthcare system for patients. The assumption is that removal of barriers will improve access to care and health outcomes.2

According to one study, oncology navigators represent a potentially powerful tool in the arsenal to target health disparities. Oncology navigators can help bridge the gaps between racial/ethnic groups related to compliance with evidence-based guidelines for cancer prevention and early detection. Oncology navigators can facilitate access to the healthcare system for underserved populations by connecting them to resources most appropriate for each individual’s needs...and oncology navigators can be a critical component in helping racial/ethnic minorities gain access to Federally Qualified Health Centers as well as other safety net facilities, which provide screening, diagnostic, and treatment services as well as education and outreach to facilitate disease prevention. Additionally, navigators can offer individualized advice regarding screening services that may improve compliance by increasing a patient’s cancer knowledge and risk perception.10

This same study also states that navigators have the ability to confront health system and environmental barriers, including financial and insurance issues, paperwork and documentation, cultural beliefs and language barriers, as well as issues related to transportation, childcare, and neighborhood resources.

Finally, patient navigation services have been shown to decrease the anxiety associated with medical treatment and increase patient satisfaction with services received among underserved populations. Underserved populations who receive patient navigation services report fewer disruptions in care and are more likely to complete required treatment.10
David Caldarella of Long Beach Island, NJ, was the recipient of the inaugural Hero of Hope™ Award. A stage IV head and neck cancer survivor, Caldarella founded “David’s Dream and Believe,” a nonprofit dedicated to helping people with cancer in New Jersey address financial barriers to treatment.

The Academy 2016 Goals

- Grow the Academy membership by 25% year-over-year
- Promote the value of certification to navigators and cancer centers
- Increase conference and regional meeting attendance

The Fifth Annual Oncology Nursing Excellence™ Award was presented to Barbara Antolino-Smith, RN, BSN, CPN, Pediatric Oncology Nurse, Penn State Hershey.

The Academy’s Sixth Annual Navigation & Survivorship Conference at a Glance

- 750 participants
- 69 exhibit booths
- 60 posters
- 19 breakout sessions
- 11 general sessions
- 9 corporate sponsors
- 8 travel grants awarded
- 8 N.E.X.T. day programs
- 6 poster awards
- 2 keynote sessions
There’s little question that 2015 was the Academy’s most successful year to date.

In addition to realizing two long-standing goals — the launch of the Oncology Nurse Navigator-Certified Generalist™ core modules and beta exam and acceptance into the Commission on Cancer — the Academy expanded its programming, publications, membership, and, above all, its reach.

Highlights of 2015 include:

- Increased membership to approximately 5,500 navigators
- Established 12 local navigator networks
  - Alabama
  - Arizona
  - Central Indiana
  - Houston area
  - Kansas
  - Missouri
  - North Texas
  - Ohio
  - Oklahoma
  - South Florida
  - Southeast Texas regional
  - Upstate South Carolina
- Increased corporate sponsors to 8 partners
- Launched CONQUER™: the patient voice magazine
- Held first regional meeting (May 2015, Seattle, WA)
- Initiated the patient navigator exam process and core learning modules
- Websites
  - Redesigned Academy website – averaging 25,000 pageviews per month
  - Redesigned Journal of Oncology Navigation & Survivorship® website – averaging 5,100 pageviews per month
  - Launched CONQUER website – averaging 6,100 pageviews per month
1. Almost 80% of the Academy Members Are Identified as Nurse & Patient Navigators

2. Nearly 60% of Navigators Practice in Community Hospitals

3. Navigators Manage a Balance of Patients with Solid Tumors and Hematologic Malignancies

4. Oncologists Consult with Navigators to Ensure That the Patient Receives Access to Care and Adheres to Therapy

5. Nearly 90% of Navigators Participate in Tumor Board Meetings

6. Navigators Attend Tumor Boards to Understand Treatment Decisions and Help Determine the Best Course of Therapy
“Navigation at its best should begin at diagnosis and continue through end of life. If I were starting a navigation program today, I would look to a program that has a full seamless continuum of care because ultimately that’s where we all want to be with our patients.”

- Pamela Ash, RN, MSN, CBCN
  Nurse Clinician, West Virginia University Cancer Institute Clinics, Morgantown, WV

Each year, the Academy surveys its members in an effort to determine the state of the profession.

The results of this assessment are shared with leadership at the annual meeting and used as a guide for planning future activities.

The 2015 member survey demonstrated incremental shifts in oncology navigators’ roles and involvement within their home institutions. More members are participating in tumor boards and decisions regarding prehabilitation and rehabilitation than in 2014. There was also an increase in the perceived value of certification as it pertains to the advancement of the profession and patient care. The number of navigators whose employers are being reimbursed for their services was also up slightly, though overall this figure remains unacceptably low.

For the first time, this year’s survey polled members on the types of educational activities and materials in which they would be interested as well as the tools/resources they rely on most to help them in their profession. Educational roundtables and dinner meetings topped the list of desired activities, whereas patient assistance/access programs and unbranded education were the preferred types of material. The Internet and mainstream media were the tools/resources that members relied on most in their profession.

“I think the Academy has a real opportunity and challenge to help nurse navigators define their role and explain it to others.”

- Julie K. Silver, MD
  Associate Professor, Harvard Medical School, Boston, MA

Other highlights from the 2015 member survey showed that:

- Over 70% of the Academy members have more than 15 years of professional experience. However, the majority have been navigators for less than 5 years
- Navigators are managing an equivalent number of patients with hematologic malignancies and solid tumors
- Oncologists/specialists consult with navigators from diagnosis through survivorship
  o Treatment selection
  o Medication adherence
  o Access to care
- Navigators are an important part of the tumor board team to help determine the best course of therapy for the patient
- Internet and print media continue to be the most valued tools/resources by navigators
  o Journal of Oncology Navigation & Survivorship is the #1 valued benefit of the Academy members
FILLING A GAP

As with any organization that is committed to providing high-quality educational opportunities, the Academy conducts thorough assessments after each of its meetings and conferences.

These assessments use retrospective presurveys, postsurveys, and 60-day follow-up surveys to determine the quality and value of the educational material and presenters as well as the appropriateness of the subject matter as it relates to the conference attendees’ professional duties.

“I’m a fairly new navigator, so I saw the conference as an opportunity to network with other navigators, find out how they’re doing things – best practices – and see what I can take home to benefit my patients.”

- 2015 Annual Conference Participant

Both of the large-scale events hosted by the Academy in 2015 — the inaugural West Coast Regional Meeting and Sixth Annual Navigation & Survivorship Conference — were evaluated using this process, and both were rated by survey respondents as “exceptionally strong and effective activities.”

The Academy 2015 West Coast Regional Meeting

The aim of the inaugural West Coast Regional Meeting was to provide a forum where regional oncology navigation issues could be discussed. There were 200 oncology navigators who attended this program, which was held May 18-20, 2015, in Seattle, WA.

“It’s a fabulous way to network with other navigators, get others’ points of view and learn how others navigate their patients.”

- 2015 Annual Conference Participant
There were 750 oncology navigators who attended the Sixth Annual Navigation & Survivorship Conference, held October 1-4, 2015, in Atlanta, GA.

The primary aim of this event was to deliver education on the various navigation models and best practices to advance the role of navigators throughout the entire continuum of cancer care, for the benefit of improved quality of patient care. Secondary objectives included the assessment of strategies for navigating diverse patient populations by cancer type and environmental factors; defining methods for providing patient support and guidance in the age of personalized medicine; and evaluating best practices regarding survivorship and psychosocial care.

Overall Impact*

- **211**
  - Number of navigators who made a commitment to improve their approach to patients

- **70%**
  - Translated education into care

- **5064**
  - Patients impacted each week by learners in this activity

- **24**
  - Average number of patients with cancer seen per navigator each week

*Based on respondents who answered a question about commitment to change.
CERTIFICATION: A WIN/WIN FOR NAVIGATORS, EMPLOYERS, AND PATIENTS

As healthcare changes, and the value of care becomes a deciding factor for payment, the need for demonstrated clinical excellence grows.

The Academy recognizes that for oncology navigators to excel in this competitive environment they must be empowered with the education and skill sets that are necessary to fulfill the responsibilities of their position. Certification is the answer to this need.

Making History

In 2015, the Academy proudly launched the supplemental modules that would prepare nurse navigators for the Oncology Nurse Navigator-Certified Generalist™ (ONN-CG™) beta exam in October. There were more than 40 nurse navigators who sat this exam, which was administered at the Sixth Annual Navigation & Survivorship Conference in Atlanta. In November 2016, the Academy will make navigation history when it hosts the formal ONN-CG™ exam at its Seventh Annual Navigation & Survivorship Conference in Las Vegas.

The ONN-CG™ certification focuses on knowledge that is pertinent to the navigator’s day-to-day responsibilities, including community outreach/prevention, coordination of care, inpatient and care transitions, patient advocacy and empowerment, psychosocial support services/assessment, survivorship and end-of-life care, identification and elimination of barriers to care, operations management and organizational development, and the navigator’s professional roles and responsibilities.

Why Should Navigators Get Certified?

- Acquire the knowledge and expertise needed to advance their careers
- Garner respect and recognition as an integral member of the multidisciplinary oncology team
- Provide optimized patient care across the healthcare continuum
- Advance the profession through formalized education

84% of the Academy’s members feel that a professional/certification degree will benefit their careers.
As the Academy looks to the future of navigation, organ-specific certifications will become more and more important. Throughout 2016 and beyond, the Academy’s Certification Task Force will be working to develop these offerings for members.

**Partnership with The George Washington University Cancer Institute**

A significant percentage of the Academy’s membership is comprised of oncology patient navigators – non-nurse professionals who provide cancer navigation services. In 2015, the Academy — in partnership with The George Washington (GW) University Cancer Institute in Washington, DC — proudly announced the launch of the Oncology Patient Navigator-Certified Generalist™ (OPN-CG™) certification.

The OPN-CG™ assesses oncology patient navigator core competencies, including the navigation role in patient care, knowledge for practice, practice-based learning and improvement, interpersonal and communication skills, interprofessional collaboration, professionalism, personal and professional development, and systems-based practice.

“Certification shows that a nurse has taken special steps for professional development and growth; that she values what she does and sees it as a profession and not as a job. I think it’s important for patients and providers to know that their navigator has taken these extra steps to be more knowledgeable in the field to help her patients and improve outcomes.”

- Peg Rummel, RN, MHA, OCN, NE-BC
  Oncology Nurse Navigator, Hematology/Head and Neck Services
  University of Pennsylvania, Abramson Cancer Center, Philadelphia, PA

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**Oncology Nurse Navigator-Certified Generalist™ (ONN-CG™) Timeline**

- **February – August 2016:** Supplemental modules available
- **October 2016:** Submit all required documentation to be eligible to sit the exam
- **November 2016:** Notification of exam eligibility sent out.
  ONN-CG™ exam held at the Seventh Annual Navigation & Survivorship Conference on November 17 in Las Vegas, NV
- **February 2017:** Pass/fail notifications sent out

**Oncology Patient Navigator-Certified Generalist™ (OPN-CG™) Timeline**

- **January – April 2016:** Core curriculum learning guides released
- **May 2016:** OPN-CG™ beta exam administered at the Academy’s East Coast Regional Meeting (by invitation only), May 14 in New Orleans, LA
- **June – September 2016:** Supplemental learning guides available
- **October 2016:** Submit all required documentation to be eligible to sit the exam
- **November 2016:** Notification of exam eligibility sent out.
  OPN-CG™ exam held at the Seventh Annual Navigation & Survivorship Conference on November 17 in Las Vegas, NV
- **February 2017:** Pass/fail notifications sent out

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80% of the Academy’s members feel that a professional/certification degree will positively impact patient care.

Core competencies for the OPN-CG™ exam were developed by GW Cancer Institute through a rigorous mixed methods study. These were released in January 2016 to prepare patient navigators to sit the OPN-CG™ beta exam in May 2016 at the Academy’s East Coast Regional Meeting in New Orleans. The formal OPN-CG™ exam will also be given at the Academy’s Seventh Annual Navigation & Survivorship Conference in November.
Formed in 2013, the Evidence into Practice Committee has more than 20 active members from across the organization. Its purpose is to use data and metrics to measure the success of and prove the sustainability of navigation programs in three areas: (1) patient experience, (2) clinical outcomes, and (3) return on investment.

Although navigation programs are not new, standardized national metrics to measure success have yet to be created. To be able to support continuation and expansion of oncology navigation services, cancer programs will need to collect quality metrics in all three of these categories.

The Evidence into Practice Committee brings diverse oncology professionals together to provide interactive opportunities to experience knowledge-sharing, increase innovation, and collaborate engagement using evidence-based practices. The committee’s goals include:

- Increase knowledge related to various roles that oncology navigators perform to improve patient care and outcomes
- Identify areas of research that will provide evidence-based data to support both efficacy and long-term sustainability of the oncology navigator role in patient-centered care and survivorship
- Engage and encourage potential performance improvement, outcomes-based research projects with the assistance of mentoring, and possible collaborations with other organizations

A key issue already identified by the committee is the actual comfort level that navigators have with the various aspects of program evaluation and a fear of the actual research process itself. To address this issue, the committee created “Step by Step: The Four C’s of Research” to help the Academy membership learn.

As the field of patient navigation matures, it is critical that rigorous evaluation and research are implemented to understand the best practices and short- and long-term impacts of patient navigation. All levels of research, from program evaluation to randomized trials, are needed to build this body of knowledge. As more accrediting bodies realize the benefit navigation plays in overall care coordination for all patients, it is predicted that it will become the standard of care.

**KNOWLEDGE FOR THE FUTURE**

*Sometimes the name of a committee perfectly sums up its purpose - Evidence into Practice.*

“Being able to empower the patient and their caregivers with education and access to a coordinated care delivery system is really one of the best ways to give back to the patient so they can start feeling a little more in control as they go through their patient journey.”

- Jennifer R. Klemp, PhD, MPH, MA
  Founder/CEO, Cancer Survivorship Training, Inc; Associate Professor of Medicine, Division of Clinical Oncology; Director, Cancer Survivorship, University of Kansas Cancer Center; Kansas City, KS
A WEALTH OF RESOURCES

Perhaps more than anything, Academy members crave new knowledge. This is no surprise given the fact that oncology navigation is a relatively young profession that is growing and evolving at a breathtaking pace.

Through the Academy’s website, members in good standing can access a vast array of educational resources that cover the full range of navigation and survivorship topics. In addition to interactive learning tools (virtual conferences and patient learning guides), the Academy website offers Continuing Medical Education Modules — including supplements and white papers.

The Academy’s video library provides members with expert commentary on a vast array of topics, while the member homepage offers at-a-glance access to important announcements, job listings, and other useful items.

Perhaps the most popular membership benefit is the free access to the Academy’s many print and digital publications. Each title targets a unique area and audience in the oncology arena.

Our publication library includes:

The Journal of Oncology Navigation & Survivorship® (JONS) features original research, best practices, case reports, and expert interviews that empower oncology nurses and patient navigators with the knowledge they need on the job. JONS also serves as a platform through which these professionals can share new knowledge and ideas. JONS is circulated to 5,500+ members.

www.jons-online.com

CONQUER™, the patient voice features articles written by and for patients with cancer, survivors, nurse navigators, and other oncology team members. CONQUER addresses the issues that patients, their family members, and their caregivers face every day. Content includes human interest stories, information on access to care, and lifestyle topics (nutrition, stress management, personal finance, and legal/employer issues). CONQUER is circulated to 137,500.

conquer-magazine.com
The Oncology Nurse®-APN/PA features articles written by and for oncology nurses and specifically addresses the issues nurses and their colleagues face every day in clinical practice. Content includes news on the latest research findings, results of large clinical trials, interviews with thought leaders, articles of interest to student nurses, and lifestyle features (nutrition, stress management, personal finance, and communication/time management skills). Each issue offers a continuing education activity that readers can complete to earn free continuing education credit through industry partners. The Oncology Nurse is circulated to 20,200 oncology nurses.

www.theoncologynurse.com

Oncology Navigation & Survivorship and its quarterly special issue “Evidence into Practice” is a biweekly e-newsletter written by members of the Academy. Each issue provides Academy members with the latest updates in the world of oncology nurse navigation, including conference highlights, continuing education activities, groundbreaking research, and insights from the Experts.

The Academy's video library helps members gain an expert perspective on a wide range of topics, including case studies, navigation resources, barriers to care, and more.

With the redesign of the Academy website, each member in good standing was provided with a personalized homepage that appears when he or she is logged in. This page provides members with an overview of their basic information (name, address, etc.) and membership status. The member homepage also provides quick access to discount codes for Academy conferences and events, job postings, member database, navigator network listings, and important announcements.
THE ACADEMY LEADERSHIP COUNCIL

The Academy’s Leadership Council is comprised of 11 thought leaders from the cancer community who provide insight and advice to the Academy concerning the educational, research, and professional needs of oncology nurse and patient navigators.

By lending vision and guidance to the Academy, the members of the Leadership Council ensure that the Academy maintains its position as the leading resource for navigation and survivorship in oncology.

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Associate Professor of Medicine
Division of Clinical Oncology
Director, Cancer Survivorship
University of Kansas Cancer Center
Kansas City, KS

Sharon Gentry, RN, MSN, AOCN, CBCN
Breast Nurse Navigator
Novant Health
Derrick L. Davis Cancer Center
Winston-Salem, NC

Mandi Pratt-Chapman, MA
Director, The George Washington University (GW) Cancer Institute
Associate Center Director
Patient-Centered Care and Health Equity
GW Cancer Center
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Pamela Goetz
Oncology Nurse Navigator
Sibley Memorial Hospital
Johns Hopkins Medicine
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Elaine Sein, RN, BSN, OCN, CBCN
Retired Senior Project Manager
Fox Chase Cancer Center Partners
Rockledge, PA

Linda House, RN, BSN, MSM
Executive Vice President
External Affairs
Cancer Support Community
Washington, DC

Julie K. Silver, MD
Associate Professor
Harvard Medical School
Boston, MA
NURSE NAVIGATOR CERTIFICATION
TASK FORCE MEMBERS

Pamela Ash, RN, MSN, CBCN
Nurse Clinician
West Virginia University Cancer Institute Clinics
Morgantown, WV

Danelle Johnston, RN, BSN, OCN, CBCN
Manager of Breast Services Memorial Hospital
University of Colorado Health Colorado Springs, CO

Cheryl Bellomo, RN, OCN, CBPN-IC
Intermountain Southwest Cancer Center
St. George, UT

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Director, The George Washington University (GW) Cancer Institute Associate Center Director Patient-Centered Care and Health Equity GW Cancer Center Washington, DC

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Clinical Nurse Navigator Virtua Fox Chase Cancer Program
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Peg Rummel, RN, MHA, OCN, NE-BC
Oncology Nurse Navigator Hematology/Head and Neck Services University of Pennsylvania Abramson Cancer Center Philadelphia, PA

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Breast Nurse Navigator Novant Health
Derrick L. Davis Cancer Center Winston-Salem, NC

Lillie D. Shockney, RN, BS, MAS
Program Director and Co-Founder, AONN; University Distinguished Service Associate Professor of Breast Cancer, Departments of Surgery and Oncology Administrative Director, The Johns Hopkins Breast Center; Director, Cancer Survivorship Programs at the Sidney Kimmel Cancer Center at Johns Hopkins; Associate Professor, JHU School of Medicine, Departments of Surgery, Oncology, Gynecology & Obstetrics; Associate Professor, JHU School of Nursing, Baltimore, MD
PATIENT NAVIGATION TASK FORCE MEMBERS

Katie Bathje, MA, LPPC
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Kentucky Cancer Consortium
Lexington, KY

Kamilah Konrad, LMSW
Regional Director
Patient Navigation
American Cancer Society
Atlanta, GA

Monica Dean
Program Manager
American Cancer Society
Atlanta, GA

Angie Patterson
Vice President, Georgia Center for Oncology Research and Education (Georgia CORE)
Atlanta, GA

Andrea Dwyer, BS
Integration Manager
University of Colorado
Denver, CO

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Director, The George University Washington (GW)
Cancer Institute
Associate Center Director
Patient-Centered Care and Health Equity
GW Cancer Center
Washington, DC

Linda Fleisher, PhD, MPH
Senior Scientist
Associate Research Professor
Children’s Hospital of Philadelphia
Adjunct, Department of Pediatrics
University of Pennsylvania
Collaborating Member
Fox Chase Cancer Center
Philadelphia, PA

Elizabeth Rohan, PhD, MSW
Health Scientist, Centers for Disease Control and Prevention
Division of Cancer Prevention and Control
Atlanta, GA
PATIENT NAVIGATION
TASK FORCE MEMBERS CONTINUED

Christie Sheffield, BS, MPA
Manager
University of Virginia Cancer Center
Charlottesville, VA

Virginia Vaitones, MSW, OSW-C
Oncology Social Worker
PenBay Medical Center
Rockport, ME

Ashley Varner, LCSW
Manager
Psychosocial Oncology
Anne Arundel Medical Center
Washington, DC
THE ACADEMY
BY THE NUMBERS

A Commitment to Financial Stewardship

AONN values the trust of its sponsors, partners, and members, and works diligently to ensure that all resources and funds are managed responsibly and in a way that will directly benefit members and the navigation profession at large.

Annual revenues — which are comprised largely of membership dues and sponsorships — allow AONN to develop educational materials and programming, build networks, and generate new knowledge and tools that navigators at all stages of their career need to grow professionally. A percentage of these revenues also sustain the infrastructure necessary to support AONN’s robust offerings.

At all times, AONN strives to demonstrate the highest standard of accountability, effectiveness, efficiency, and transparency in its day-to-day operations.

2015 Financial Overview

In 2015, AONN paired an effective financial management strategy with revenues from members and sponsors to grow its program portfolio. Annual revenues were increased by 47.7% in 2015, and AONN finished the year with 4 months of expenditures in reserve. The ratio of current assets ($1,151,484) to current liabilities ($1,127,309) is 1.02 up from 1.0 last year.

A Venue for Knowledge and Engagement

AONN provides its corporate partners in the biotechnology, pharmaceutical, medical device, specialty pharmacy, and other industries with a host of platforms through which they can engage and share new knowledge with oncology professionals and patients.

These include:

- Qualitative and quantitative market research, including advisory boards, surveys, and focus groups
- Live events, including local meetings and webinars (either branded or unbranded), as well as annual and regional conferences with multiple sponsorship opportunities
- Steering committee, focus group, and advisory board management services (either single- or multistakeholder)
- On-demand resources, including web presentations and materials, and downloadable resources
- Marketing support through custom or repurposed patient education materials and unbranded nursing resources, as well as branded custom communications and nonclinical monographs

AONN anticipates that the Academy will continue on this upward trajectory as the demand for navigators increases and the need for professional and educational resources grows.

<table>
<thead>
<tr>
<th>Operating Revenue 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Sponsorships/Memberships</td>
<td>$1,018,428</td>
</tr>
<tr>
<td>Conference RevenueRegistrations</td>
<td>$1,053,780</td>
</tr>
<tr>
<td>Other</td>
<td>$121,490</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$2,193,698</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Expenses 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ConferencesMeetingsTravel</td>
<td>$1,031,795</td>
</tr>
<tr>
<td>Registration Processing Fees</td>
<td>$15,433</td>
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<tr>
<td>Honoraria</td>
<td>$102,450</td>
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<tr>
<td>Marketing Services</td>
<td>$545,000</td>
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<tr>
<td>General Administrative</td>
<td>$338,766</td>
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<tr>
<td>Computer Services</td>
<td>$22,848</td>
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<tr>
<td>Equipment Rental Maintenance</td>
<td>$8,450</td>
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<tr>
<td>Office Supplies</td>
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<tr>
<td>Printing Copying</td>
<td>$50,943</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>$18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,170,912</strong></td>
</tr>
</tbody>
</table>

Operating Profit

Operating Profit $ 22,786
The Academy is grateful for the generous support of its corporate sponsors. Through their contributions, the Academy is able to fulfill its mission of improving patient care and quality of life by defining, enhancing, and promoting the role of oncology nurse and patient navigators.

The Academy would like to thank its 2015 sponsors:

**Corporate Platinum Sponsor**

- Takeda Oncology
- Bristol-Myers Squibb

**Corporate Gold Sponsor**

- Novartis
- Genentech
- Lilly

**Cornerstone Sponsor**

- Pfizer Oncology

**General Sponsor**

- Celgene

**Silver Sponsor**

- Onyx Pharmaceuticals
“The Academy is able to demonstrate the value of oncology navigation during a time when anything that spends money in the healthcare system is going to receive scrutiny. This is an organization that can actually demonstrate not just the value but also the long-term value of navigation.”

- Lillie D. Shockney
Co-Founder and Program Chair, AONN
University Distinguished Service Associate Professor of Breast Cancer
Departments of Surgery and Oncology; Administrative Director, The Johns Hopkins Breast Center; Director, Cancer Survivorship Programs at the Sidney Kimmel Cancer Center at Johns Hopkins; Associate Professor, JHU School of Medicine, Departments of Surgery, Oncology, Gynecology & Obstetrics; Associate Professor, JHU School of Nursing, Baltimore, MD

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