

# COMPREHENSIVE CANCER PATIENT NAVIGATION LANDSCAPE ANALYSIS

## REQUEST FOR PROPOSALS

Jane Bancroft Robinson Foundation (JBRF) is seeking an entity to conduct a landscape analysis to identify the breadth and depth of patient navigation services provided in the District of Columbia. This analysis should include engagement with the variety of stakeholders within this space, data collection, reporting and informational products.

Release Date: May 7, 2021

Due Date: June 4, 2021 by 11:59 pm (EST)

Decision Date: June 24, 2021

Amount Available: \$75,000 - \$100,000 for 6 months

To Apply: Qualified applicants are invited to submit an application package no later than **11:59 p.m. on Friday, June 4, 2021**. Any technical assistance will be available up to 6:00 p.m. on the due date. Please submit to [janebancroftrobinsonfoundation@gmail.com](mailto:janebancroftrobinsonfoundation@gmail.com). In subject line note: *Response to Patient Navigation Landscape Analysis*.

Page Limit: 10 pages, 12 point, Times New Roman, 1-inch margins.

Questions? Please email [janebancroftrobinsonfoundation@gmail.com](mailto:janebancroftrobinsonfoundation@gmail.com) with any questions you may have. No phone calls, please.

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## INTRODUCTION

The Jane Bancroft Robinson Foundation (JBRF) was founded in 2011 through the integration of Sibley Memorial Hospital with Johns Hopkins Medical System. JBRF, grounded in the legacy of the United Methodist Church and Sibley Memorial Hospital, supports nonprofit organizations improving the direct health needs and social determinants of health in communities East of the River. JBRF aims to improve the lives of historically underserved residents of Washington, DC's Wards 7 and 8. Our philanthropic approach is designed to increase opportunities for residents to have a voice on the issues that impact their lives, a leadership role in the development of solutions, and decision-making authority to determine how and to whom resources are provided to implement those solutions. One targeted goal of JBRF is to reduce cancer mortality and create health-related career opportunities for Black women in Wards 7 and 8.

In 2018, JBRF began the Strategic Design Initiative (SDI) in deep partnership with community residents and relevant community-based organizations (CBOs). Overall, the goal of the SDI is to reduce cancer mortality and create health-related career opportunities for Black women in Wards 7 and 8 by transforming the culture of racially-unjust and inequitable systems. The Patient Navigation workgroup is composed of women from Wards 7 and 8 who possess a lived experience that guides and shapes the outcomes of the SDI. Additionally, leaders and advocates from organizations providing services East of the River are engaged as members of the workgroups. During the past 18 months, the Patient Navigation workgroup has been engaged in a process to develop intervention roadmaps that meet the needs of Black women East of the River. Through implementation of various interventions contained in the roadmaps, the SDI seeks to actualize its vision of a city where Black women are thriving in Wards 7 and 8 because they have access to racially-equitable opportunities and resources that lead to optimal health. To that end, JBRF is releasing the first of several requests for proposals (RFP) to support the Patient Navigation Roadmap. More specifically, the Patient Navigation Roadmap seeks to reduce cancer morbidity and mortality disparities for women in Wards 7 and 8 of the District of Columbia. The *Patient Navigation Roadmap* delineates and bolsters existing patient navigation systems in ways that are designed to address the real pain-points in a Black woman's cancer journey. A process of identifying the root causes of these pain points and the development of transformational solutions addressing *misogynoir*, the intersection of anti-black racism and misogyny, have been central to the work of the Patient Navigation Workgroup. The first step along this roadmap is to conduct a Patient Navigation Landscape Analysis to more clearly define the components of service delivery in the District.

### Patient Navigation Roadmap – Landscape Analysis

The District has been at the forefront of developing and testing a robust cancer patient navigation infrastructure. For example, the District was one of nine states to participate in the Patient Navigation Research Program (PNRP). Lessons learned from the DC PNRP later informed a \$1.2-million dollar investment in the District's first Citywide Patient Navigation Network

(CPNN). The CPNN facilitated enhanced communication, training and data collection among the city's patient navigators. In recognition of the District's porous borders, the CPNN was later expanded to include patient navigators from Maryland and Northern Virginia through the Metropolitan Patient Navigation Network. Currently the District's Primary Care Association facilitates monthly meetings of patient navigators.

Over time, it has become clear that a cadre of professionals operate within the patient navigation umbrella. For example, patient navigators, referral coordinators, community health workers, case managers, nurse navigators, lay navigators, oncology navigators, etc., are all part of the critical patient assistance delivery infrastructure in the District. However, documentation about the similarities and differences in these various roles is lacking. Therefore, the Patient Navigation Landscape Analysis seeks to develop a clear understanding and delineation of the various roles, capacity, clinical integrations, titles, and locations for individuals serving in this critical service delivery model.

### Scope of Work:

JBRF is seeking an entity to conduct a landscape analysis to identify the breadth and depth of patient navigation services provided in the District of Columbia. This analysis should include engagement with the variety of stakeholders within this space, data collection, reporting and informational products.

The key elements of the SDI Patient Navigation Landscape Analysis should include the following domains: Actors, Capacity, Methods, and Reporting. A description of each is provided below:

- The **Actors** included in this analysis are the various individuals that make up the patient assistance space, i.e., **patients**, patient navigators, referral coordinators, community health workers, case managers, nurse navigators, lay navigators, oncology navigators, etc;
- **Capacity** describes the range of services available within a given setting as well as the skill sets possessed;
- A myriad of **Settings** where patient assistance is provided including hospitals, primary care settings, oncology clinics, free standing providers, etc., will be included and outlined;
- **Methods** of the Patient Landscape Analysis are based on significant stakeholder engagement through interviews, information collecting from existing available sources (reports, previous landscape analyses, etc.), questionnaires and focus groups, etc.
- **Reporting** of study findings are critical to inform **patients** (i.e., what services can be expected within each *setting*?); **providers** (i.e., what roles can/should be part of the clinical team?); and the **SDI** (i.e., what is the overall capacity of services in the city and how can the SDI bolster that capacity?).

The review should address the following questions, at a minimum, within each domain:

#### *Actors*

- What are the various roles (job titles) for providers of patient assistance?
- What are the functions (job descriptions of the various navigators – referral coordinator, case manager, patient navigator, etc.)?
- How are patients informed about the availability of navigation services?
- What type of data is being collected on patients being navigated? How is data kept (software used, etc.)?
- How are navigators trained? Is there any continuing education for patient navigators? What type of additional training would be useful?

#### *Capacity*

- Who do the navigators collaborate with: are they collaborating within the institution or external? How are patients/patient data transferred from one navigator to the other (i.e., care coordination); are there gaps (i.e., data does not come back to the originating navigator, i.e., were they served? what was the patient's results)?
- Are the navigators connected to other navigators through stakeholder groups?
- Are there special skills/characteristics of patient navigators that match their population (i.e., LGBT navigators working in an LGBT facility), Spanish speaking, etc.?
- What is the average patient navigator caseload – is it too high/too low?
- What are the range of navigator services (what do you typically provide patients); median number of services provided?
- Length of engagement: What is the typical navigation relationship – start point – endpoint?
- What are the typical needs of most patients?
- What do navigators spend most of their time on; are there inefficiencies; can processes be streamlined? How much time do they spend navigating a patient for each type of service (i.e., contacting patients, getting them a doctor's appointment, etc.)?
- Where are the gaps in service delivery such as organizations that don't have navigators but need them? Where are the gaps in navigation "topic" areas i.e., financial navigation?
- Specific service requests from patients (demand) that are not being met by existing patient navigators/patient navigation infrastructure. (What's needed vs. what is being provided?).

#### *Settings*

- Where are patient navigators, and the various other categories of helpers, deployed (i.e., hospital, community clinic setting, etc.)?
- What type of navigator, if any, is part of the care team?
- How are navigators integrated into the care team?
- How are patient navigators funded?

## Eligible Applicants

- Preference will be given for non-profit or for-profit organizations based in the District and/or located East of the River, Black women owned/led.
- National organizations and academic institutions may apply in partnership with community-based non-profit or for-profit groups located East of the River with shared leadership.
- The organization or team must be able to demonstrate diversity within their organization and a significant ongoing connection, commitment and experience with serving Ward 7 and 8 communities.
- Preference will be given to groups that collaborate with other groups to conduct this research.
- Collaborations between organizations and Black women with lived experience with cancer are encouraged.

## Proposal Requirements

It is important to note that stakeholders engaged for this analysis should feel valued, listened to and understood and the finished report should accurately reflect the navigator's experience and outline a map of availability of services in the District. The proposal should be no more than 10 pages, not including attachments.

### A. Cover Page Information

Name of the organization(s)

Full legal name of Point of Contact

Job title or role in community

Email address

Phone number

Organization or business website (if applicable)

Location of your work/service area (i.e., national, regional, specific counties, State(s), District Ward(s))

Name of fiduciary (fiscal) agent (if applicable)

Organization or business website (if applicable) Location of your work/service area (i.e., national, regional, specific counties, State(s), District Ward(s))

### B. Introduction

Provide a summary of your organization, what you are proposing, why you are proposing this approach and why you should be selected for this contract?

**C. Background and Problem Statement**

Provide an overview of Black women’s cancer experience in the District, specifically women from Wards 7 and 8; and the role patient navigation plays in the overall cancer service delivery system.

**D. Organization Description**

Provide an overview of the lead organization including primary location of the organization, type of organization (for-profit, nonprofit, etc.), history of organization, mission and vision, areas of focus and/or services, and any other relevant information that helps provide an overview of the organization. Describe how this work fits in with the overall mission of your organization.

***If applying as a partnership between multiple organizations,*** include how long the partnership has been operating together and provide a brief history of each organization and the role that they will play on this team. Please specify which organization will serve as the lead entity. Additionally, please provide a signed letter of support or Memorandum of Understanding (MOU) between the entities.

Please note: the lead organization does not have to be the fiscal agent.

**Community Relationships:** Describe your or your organization’s history of working in Ward 7 and/or 8; the nature of that work; and the people, networks, communities with whom you collaborate.

**Equity.** Provide the data showing the racial/ethnic and gender composition of the organization’s management, other staff and board members.

Please provide a description of how this diversity assures culturally responsive approaches and community connections and how it informs your work. Additionally, how does equity inform your organizational structure? If the organization’s management, staff, or Board are not majority people of color, what are your plans to achieve this goal?

Please provide number of people (not %)	Male	Female	Transgender	Gender Non-Conforming	White	African American	Latino	Asian/Pacific Islander	Multiethnic	Cancer Survivor/Caregiver	Other
Management staff											
Other staff											
Board of Directors											

## E. Staffing Plan

Describe the staffing plan and management structure clarifying which team members will participate in the delivery of services funded by this RFP. Specify qualifications of each team member as well as their role in implementing the landscape analysis. Previous experience in conducting focus groups, key informant interviews, and other components of a landscape analysis should also be included. Previous team member's experience in health equity should be highlighted. Include resumes for key team members as part of the Appendix.

## F. Project Description

Please outline your approach for conducting this landscape analysis. The description should include a proposed methodology for stakeholder recruitment, data collection, proposed tools, and reporting of findings to various audiences (patients, providers and SDI). Successful applicants will propose creative and effective strategies that are specific to each stakeholder group and audience.

The applicant should provide a summary of your skills and experience that demonstrate your organization's ability in accomplishing the goals and tasks outlined in this RFP. Please give examples of any similar work you have conducted as well as accomplishments, barriers/challenges, steps taken to overcome those challenges and outcomes.

A work plan should be included with your proposal. The work plan should include a timeline for completion of each proposed objective as well as the responsible staff member.

## G. Budget and Funding Information

Applicants may request funding of up to \$75,00-\$100,000 for a period of 6 months. Applicants must adhere to the following budget guidelines:

- Allowable costs include salaries, materials, travel and other meeting related expenses.
- Reasonable compensation of contractors required to perform services beyond staff capability.
- In-State travel costs ARE allowed for meetings specifically related to the proposed Research Project and must be in line with the Applicant's Institution travel policies.
- Visa costs are NOT allowed.
- Indirect costs are capped at 35%