THE DEVELOPMENT OF PATIENT NAVIGATION CAPACITY-BUILDING DESIGN MODULES FOR THE CANCER AND SUPPORTIVE-PALLIATIVE MEDICINE ACCESS PROGRAM

TERMINAL REPORT

Submitted to:
Department of Health Cancer Control Division

By:
Philippine Cancer Society
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EXECUTIVE SUMMARY

The Development of Patient Navigation Capacity-Building Design Modules for the Cancer and Supportive-Palliative Medicine Access Program (CSPMAP) was a collaborative initiative undertaken by the Department of Health (DOH), Philippine Cancer Society (PCS), and Amang Rodriguez Memorial Medical Center (ARMMC). The project aimed to enhance the expertise of healthcare professionals across CSPMAP sites in the National Capital Region through a structured training and capacity-building program. It was strategically divided into two main phases, each designed to tackle different aspects of patient navigation.

The first phase focused on providing theoretical training through a two-day workshop. Topics ranged from basic navigator roles and responsibilities and communication strategies to essential to in healthcare settings. The effectiveness of this phase was evidenced by significant improvements in pre- and post-training evaluations, which reflected a deepened understanding and heightened readiness among participants to implement these skills.

Building on the foundational knowledge from Phase 1, the second phase concentrated on the practical application of knowledge through regular monthly meetings and on-site training sessions. This phase was crucial for identifying the needs, barriers, and promoters to implementing patient navigation in the CSPMAP. Some identified barriers included resource constraints and institutional support deficiencies, which provided clear targets for future improvements.

The certification of 54 healthcare professionals as patient navigators underscored their capability and preparedness to elevate the quality of cancer care. Additionally, the role of ARMMC as an emerging hub for ongoing patient navigator training emphasizes the project's sustainable impact and its model potential for future initiatives. The project effectively developed and implemented crucial training modules that can significantly advance patient navigation services, enhancing both the skills of individual navigators and the operational capabilities of healthcare institutions.

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LIST OF ABBREVIATIONS

ARMMC	Amang Rodriguez Memorial Medical Center
CSPMAP	Cancer and Supportive-Palliative Medicine Access Program
DOH	Department of Health
DOH CCD	Department of Health Cancer Control Division
EAMC	East Avenue Medical Center
EMR	Electronic medical records
IRR	Implementing rules and regulations
JRMMC	Jose Reyes Memorial Medical Center
NICCA	National Integrated Cancer Control Act
NCPAM	National Center for Pharmaceutical Access Program
NCR	National Capital Region
PNaP	Patient navigation programs
PCS	Philippine Cancer Society
RMC	Rizal Medical Center
ToT	Training of trainers
UP-PGH	University of the Philippines – Philippine General Hospital

BACKGROUND

Cancer represents a significant global health challenge and is a leading cause of death worldwide and the third leading cause of death nationwide. In the Philippines, there are an estimated 184 cases diagnosed in 100,000 patients and approximately 96 cancer-related deaths daily. The burden of cancer is particularly pronounced in low- and middle-income countries (LMICs), where healthcare systems face challenges in providing timely and comprehensive care.

Patient navigation programs (PNaP) are valuable approaches to address the needs of cancer patients facing the complexities of cancer care. These programs help patients overcome barriers to access, ensuring timely and quality care (Gaston, et al., 2021). In 2010, the Philippine Cancer Society (PCS) introduced its Patient Navigation Program (PNaP). The PNaP was manned by highly-trained nurses who provided individualized assistance for diagnostic examinations, chemotherapy, radiotherapy, patient education, and family counseling for patients receiving support from the Department of Health-National Center for Pharmaceutical Access Program (NCPAM) at University of the Philippines-Philippine General Hospital (UP-PGH), Jose Reyes Memorial Medical Center (JRMMC), East Avenue Medical Center (EAMC), Rizal Medical Center (RMC), and Amang Rodriguez Memorial Medical Center (ARMMC). PNaP involvement led to increased compliance to care, improved care quality, improved treatment completeness, and decreased attrition rates. (Philippine Cancer Society, n.d.; Patdu, et al, 2015)

In 2019, Republic Act No. 11215 or the Philippine National Integrated Cancer Control Act (NICCA) was promulgated, recognizing the urgency of addressing the country's cancer burden. Article 1 Section 3v of the NICCA and Section 3ff of it Implementing Rules and Regulations (IRR) define patient navigation as "individualized assistance, through all the phases of the cancer experience, offered to patients, families, and carers to help overcome health care system barriers and facilitate timely

access to quality medical and psychosocial care beginning from pre-diagnosis and extending throughout the continuum of care". The NICCA and its IRR emphasize the need to establish patient navigation standards and guidelines, including mechanisms and platforms among cancer control programs and regional cancer centers (NICCA, 2019). Section 13 of the IRR highlighted the need for collaboration between the DOH, local government units, Technical Education and Skills Development Authority, civil society organizations, and other stakeholders to enhance the competencies of community health workers in cancer patient navigation. (DOH, 2019)

In 2022, DOH Administrative Order (A.O.) 2022-0013 or the Guidelines for the Implementation of Cancer and Supportive-Palliative Medicines Access Program (CSPMAP). provided a mechanism for cancer patients to access free medications that are not yet covered by PhilHealth. Medication would be provided in accredited access sites, such as licensed DOH Cancer Treatment Facilities and government hospitals with cancer control services. DOH A.O. 2022-0013 Specific Guideline A15 required these access sites to have at least 2 designated patient navigators, either registered nurses or allied healthcare professionals with Civil Service Commission eligibility. It stated that these patient navigators should undergo training and continuing professional development to fulfill their roles and functions. (DOH, 2022)

Patient navigation can be valuable for all types of cancer. By following the provisions of the NICCA and its IRR, healthcare systems in the Philippines can embrace patient navigation as an integral component of cancer control. Thus, a tripartite agreement was entered into for a joint project between PCS, as the country's pioneer in patient navigation programs, ARMMC, and DOH to fulfill the directives of the NICCA, its IRR, and the Guidelines for the Implementation of CSPMAP through the design of capacity-building modules for CSPMAP PNaP.

PROJECT OBJECTIVES

The project's vision is to establish sustainable patient navigation programs in all the CSPMAP access sites and to strengthen the existing programs. The objectives of the current project were as follows:

A. Patient Navigation Capacity-Building Design Modules

1. To develop a Patient Navigation Capacity-Building Design Module for training patient navigators across CSPMAP sites and ARMMC
2. To train trainers on the use and implementation of the patient navigation capacity-building design modules

B. CSPMAP sites

1. To train and re-train new and existing patient navigators in CSPMAP sites in the National Capital Region (NCR)
2. Institute regular monitoring of the patient navigators in CSPMAP sites in coordination with the DOH Cancer Control Division (DOH CCD)
3. To conduct research studies in coordination with the DOH CCD and the access sites toward program implementation improvement

C. ARMMC

1. To conduct capacity building in ARMMC with the goal of it eventually becoming a patient navigation hub for training and implementation
2. To assist in streamlining systems and processes at ARMMC so it can become a government model for patient navigation in cancer control and management
3. To conduct research studies with possible agendas on knowledge, attitudes, practices, patient satisfaction, and service utilization

SIGNIFICANCE

Patient navigators play a pivotal role in supporting individuals with cancer by addressing barriers, coordinating care, offering emotional support, and ensuring they comprehend their diagnosis and treatment options. The patient navigation program within the CSPMAP can bridge care gaps and improve overall patient outcomes by reducing delays in diagnosis and treatment, contributing to better survival rates and enhanced quality of life for patients. This project endeavors to ensure that patient navigators in the CSPMAP are thoroughly trained and equipped with the necessary knowledge and skills to effectively and efficiently carry out their responsibilities. Furthermore, the project sought to formalize patient navigation processes in the CSPMAP sites to strengthen recognition and support for navigators at each site. By looking at individual capacity and implementation and processes, the project will contribute to the overall goal of improving cancer control in the Philippines through the CSPMAP PNaP.

METHODOLOGY

The methodology applied for the completion of the project were as follows:

1. Organizing the project management team
2. Development and preparation of the PNaP Training and Capacity-Building Modules
3. Engagement with the Cancer Control Division to identify other training needs, access site set-up, and provisions in sustaining the program
4. Engagement with ARMMC for planning and execution of capability-building activities through the cooperation and collaboration of the ARMMC Ad Hoc Committee for Patient Navigation
5. Execution of the PNaP training and workshops for CSPMAP sites in NCR, ARMMC, and DOH CCD team
6. Execution of follow-up visits to selected CSPMAP access sites

7. Execution of regular monthly meetings of the CSPMAP access site patient navigators and medical coordinators for monitoring and reporting
8. Engagement of the CSPMAP access site navigators and medical coordinators in enhancing the structure and sustaining the PNaP
9. Conceptualization of research papers utilizing project data to enhance program implementation and disseminate the results
10. Organization and reporting of project assessment and evaluation activities through meetings, consultation, assignments, and site visits
11. Writing of the final report and submission of recommendations for the sustainability of the program and the dissemination of the Patient Navigation Capacity-Building Design Module

Training and Capacity-Building of Patient Navigators for the CSPMAP

The training and capacity-building of the patient navigators for the CSPMAP followed a blended learning approach carried out in two phases.

Phase 1: Patient Navigation Training and Capacity-Building Workshop

Participants

Participants of the Patient Navigation Training and Capacity-Building Workshop included CSPMAP medical coordinators, patient navigators, and pharmacists. Other medical personnel identified by the CSPMAP medical coordinators to be essential to the CSPMAP, including other medical doctors, nurses, and patient navigators for the Cancer Assistance Fund were also included.

Methodology

Participants underwent a two-day in-person classroom simulated learning with in-depth discussion of topics. Workshops for skills development were integrated throughout the two-day program. Pre-and post-tests were conducted to evaluate knowledge gained. Checklists and feedback were done during workshops to enhance skills learned. Evaluation of the workshop was also secured from all participants to assess effectivity. Table 1 provides the detailed and approved instructional design for Phase 1 and Tables 2 and 3 provide the official program.

Phase 2: On-Site

Participants

Participants of Phase 2 included the CSPMAP medical coordinators and patient navigators.

Methodology

Participants had an on-site, hands-on application of knowledge and skills. Scheduled monthly meetings were held with the project team, CSPMAP patient navigators, and available CSPMAP medical coordinators to address issues, problems, and questions faced in the field. Assignments were given to facilitate discussions (See Tables 4 and 5). Special lectures were held according to the verbalized needs of the CSPMAP patient navigators.

Table 1 Phase 1 Instructional Design

Specific Objectives of the Instructional Design	Learning Outcomes per Topic	Topics To Be Discussed/ Resource Person	Time Allotment for Each Topic	Teaching Methods and Aids Needed for Each Topic	Evaluation Method or Tools To Be Used to Measure the Program Objectives
1. To develop patient navigators' understanding and views of the program 2. To develop patient navigators' understanding and views of the importance of patient navigation 3. To describe evidence supporting patient navigation	By the end of the session, learners will be able to: 1. Explain the objectives and goals of the patient navigation program 2. Discuss the background and milestones of DOH-PCS Patient Navigation Program 3. Relate case studies and evidence supporting patient navigation	**DOH-PCS Patient Navigation Program/** Dr. Rachael Rosario	45 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired.
1. To discuss the principles of patient navigation 2. To describe the roles of patient navigators 3. To identify the roles, tasks, and procedures of a Patient Navigator 4. To discuss patient navigators' roles in the health care system 5. To identify barriers and promoters to healthcare	By the end of the session, learners will be able to: 1. Explain the principles of patient navigation 2. Describe their roles as patient navigators 3. Analyze the barriers to health care 4. Analyze health care systems in relation to patient navigation 5. Discuss patient-centered care	**Principles of Patient Navigation and the Roles of Patient Navigators** / Mr. Romeo Marcaida	45 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired.

1. To identify and access available local, hospital, and national resources and medical access programs for social and medical patient assistance	By the end of the session, learners will be able to: 1. Discuss and apply resource mapping concepts 2. Discuss and recall resource mobilization concepts 3. List access programs of DOH, related agencies, and other resource providers	**Patient Navigation Resources** / Ms. Daisy Manlangit	60 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired, Feedback on workshop output
1. To provide insight on field experiences of a patient navigator 2. To discuss problems encountered by patient navigators in the field 3. To discuss insights learned from experiences of patient navigators	By the end of the session, learners will be able to: 1. Discuss different problems and challenges faced by patient navigators 2. List the discussed methods to overcome problems and challenges faced by patient navigators	**Lessons and Insights on Patient Navigation** / Mr. Romeo Marcaida	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired
1. To discuss best practices of patient navigators 2. To discuss the work of patient navigation in the Philippine context 3. To discuss challenges of patient navigation in the Philippine context 4. To discuss the best practices employed for successful patient navigation	By the end of the session, learners will be able to: 1. Identify and discuss best practices for patient navigation 2. Discuss how to implement best practices in the Philippine setting	**Best Practices of Patient Navigators in the Philippines** / Ms. Jacqueline Gomez	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired

1. To enhance communication skills 2. To enhance active listening skills	By the end of the session, learners will be able to: 1. Discuss the different active listening skills 2. Identify the components of effective compassionate communication 3. Demonstrate effective use of active listening skills and compassionate communication	**Compassionate Communication 1: Active Listening & Communication Skills** / Dr. Rowena Fatima Galarpe-Pedrajas	60 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a post-test to capture knowledge acquired, Feedback on workshop output
1. To identify situations when primary care counseling is needed 2. To enhance skills in primary care counseling using the CEA method	By the end of the session, learners will be able to: 1. Discuss the steps in Catharsis-Education-Action method in counseling 2. Demonstrate use of effective compassionate communication in Catharsis-Education-Action method in counseling	**Compassionate Communication 2: CEA Method in Counseling/** Dr. Rowena Fatima Galarpe-Pedrajas	90 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a post-test to capture knowledge acquired, Feedback on workshop output
1. To enhance skills in disclosure and breaking bad news 2. To enhance skills in effective communication during disclosures	By the end of the session, learners will be able to: 1. Use effective communication styles during disclosure and breaking the bad news	**Compassionate Communication 3: Disclosure & Breaking the Bad News** / Dr. June Razon	60 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired, Feedback on workshop output

1. To enhance knowledge on cancer 2. To enhance knowledge on cancer diagnostic and treatment modalities 3. To enhance knowledge on cancer facts and figures in the Philippines	By the end of the session, learners will be able to: 1. Describe what is cancer, how it develops, and its risk factors 2. Identify diagnostic and treatment modalities for cancer 3. Discuss adult cancer burden, incidence, facts & Figures 4. Construct responses to the frequently asked questions of patients and families and how to answer them	**Introduction to Cancer** / Dr. Bryan Borja	55 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired; Feedback on workshop
1. To enhance knowledge on pediatric cancer 2. To enhance knowledge on pediatric cancer facts and figures in the Philippines	By the end of the session, learners will be able to: 1.Identify Philippines' pediatric cancer burden, incidence, facts & figures 2. Discuss common pediatric cancers in the Philippines 3. Explain the salient features of pediatric cancers that would be good for a lay person to know 4. Construct responses to the frequently asked questions of patients and families and how to answer them	**Pediatric Cancer in the Philippines** / Dr. Ana Patricia Alcasabas	45 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired; Feedback on workshop

1. To enhance knowledge on gynecologic cancer 2. To enhance knowledge on gynecologic cancer facts and figures in the Philippines	By the end of the session, learners will be able to: 1. Discuss common gynecologic cancers in the Philippines 2. Explain salient features of gynecologic cancers that would be good for lay persons to know 3. Create responses to the frequently asked questions of patients and families and how to answer them	**Gynecologic Oncology** / Dr. Chicanee Alvarina	45 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired; Feedback on workshop
1. To enhance knowledge on palliative care 2. To enhance knowledge on patients who would benefit from palliative care 3. To enhance knowledge on the DOH National Palliative and Hospice Care Program Manual of Operations, Procedures, and Standards	By the end of the session, learners will be able to: 1. Compare the scope and principles of palliative, hospice, and end-of-life care 3. Identify who should receive palliative care and where patients receive it 4. Discuss frequently asked questions of patients and families in relation to pain and other symptoms, psychosocial care, and pastoral care 5. Reiterate the basic concepts of the DOH National Palliative and Hospice Care Program Manual of Operations, Procedures, and Standards in relation to patient navigation	**Palliative Care** / Dr. Agnes Bausa-Claudio	45 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired; Feedback on workshop

1. To orient patient navigators on CSPMAP and its processes To understand the CSPMAP program, policy, criteria, and processes of enrollment, monitoring, and documentation	By the end of the session, learners will be able to: 1. Describe the CSPMAP program and its policies 2. Discuss the CSPMAP criteria and processes of enrollment 3. Discuss the CSPMAP monitoring and documentation requirements	**Cancer and Supportive-Palliative Medicine Access Program**/ Ms. Alyanna Riel Panlilio	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired
1. To orient patient navigators on CSPMAP electronic registry and its use in hospital records	By the end of the session, learners will be able to: 1. Use the CSPMAP electronic registry 2. Identify data entry needs for the CSPMAP electronic registry	**E-Registry & Hospital Records** / Mr. Ishmael Vidal	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired

Table 2 Phase 1 Day 1 Training Program

Activity	Speaker
Registration	-
National Anthem, Invocation	-
Opening Remarks	Dr. Imee Mateo
DOH-PCS Patient Navigation Program	Dr. Rachael Rosario
Principles of Patient Navigation	Mr. Romeo Marcaida
Snacks	
Patient Navigation Resources	Ms. Daisy Manlangit
Patient Navigation Resources Workshop	
Roles of Patient Navigators	Mr. Romeo Marcaida
Lessons and Insights on Patient Navigation	Mr. Romeo Marcaida
Lunch	
Compassionate Communication 1: **Active Listening & Communication Skills**	Dr. Rowena Fatima Galarpe
Compassionate Communication 2: **CEA Method in Counseling**	
Workshop on Compassionate Communication 1 &2	
Snacks	
Compassionate Communication 3: **Disclosure and Breaking the Bad News**	Dr. Dr. June Razon
Workshop on Compassionate Communication 3	
Closing Remarks	Mr. Romeo Marcaida

Table 3 Phase 1 Day 2 Training Program

Activity	Speaker
Registration, National Anthem, Invocation	-
Opening Remarks	Dr. Jan Llevado
Introduction to Cancer	Dr. Bryan Borja
Pediatric Cancer in the Philippines	Dr. Ana Patricia Alcasabas
Snacks	
Gynecologic Oncology	Dr. Chicanee Alvarina
Palliative Care	Dr. Agnes Bausa-Claudio
Best Practices of Patient Navigators in the Philippines	Ms. Jacqueline Gomez
Lunch	
Workshop on Cancer Discussions	
Cancer and Supportive-Palliative Medicines Access Program	Ms. Alyanna Riel Panlilio
E-Registry & Hospital Records	Mr. Ishmael Vidal
Snacks	
Plans and Updates for Phase 2	
Closing Remarks	Mr. Romeo Marcaida

Table 4 Monthly Meeting Assignment # 1

ASSIGNMENT # 1	
CSPMAP PATIENT NAVIGATOR GENERAL DATA	
Roles	
Tasks assigned to the CSPMAP patient navigator/s	
Non-CSPMAP tasks assigned to the CSPMAP patient navigator/s	
Training	
Patient navigator/s received orientation workshop (aside from current workshop) Y/N	
Patient navigator/s underwent patient navigation training (aside from current) Y/N	
Resources	
Office (Dedicated or shared)	
Dedicated phone	
Computer	
Referral network (Please write all)	
Communication access to other CSPMAP sites	
Patient tracking tools	
Resource directory	
CSPMAP PATIENT FLOW	
Patient flow of access to medical care (Please list in detailed steps)	
Patient flow of access to CSPMAP (Please list in detailed steps)	
CSPMAP SITE SELF-ASSESSMENT	
Promoters of CSPMAP delivery and implementation (List all)	
Barriers to CSPMAP delivery and implementation (List all)	
Self-Rated Effectiveness of CSPMAP delivery and implementation (0-100%)	

Table 5 Monthly Meeting Assignment # 2

Assignment # 2	
CSPMAP SITE GENERAL DATA	
Name of Institution	
CSPMAP ORGANIZATIONAL CHART	
*Please draw here or attach to form	
CSPMAP ROLES AND RESPONSIBILITIES	
Medical Coordinator	
CSPMAP Patient Navigator	
CSPMAP Pharmacist	
Other Members Include Here	
CSPMAP AWARENESS	
Was the CSPMAP team and program officially launched in your institution? (Y/N)	
Are there visual CSPMAP reminders/posters along corridors/elevators/relevant areas?	
Are other employees in the institution oriented that your institution is a CSPMAP site? (Y/N)	
Are other employees in the institution oriented on the CSPMAP eligibility? (Y/N)	
Are other employees in the institution oriented on the CSPMAP requirements? (Y/N)	
Do other employees in the institution know where the CSPMAP office is located? (Y/N)	
Do other employees in the institution know how to contact CSPMAP patient navigators? (Y/N)	

OBSERVATIONS, RESULTS, AND OUTCOMES

Project Timeline

Pre-project timeline was successfully followed with drafting and submission of the project's concept note to the DOH CCD. The Memorandum of Agreement between ARMMC and PCS was finalized and signed. The project's budget was successfully downloaded to ARMMC in accordance with DOH Department Order No. 2023-0226-A issued on July 17, 2023.

In January 2024, the project team had its official monthly meeting on January 11, 2024. The project team developed the instructional design for the patient navigation training and capacity-building modules (see Table 1). Lecturers were identified for the face-to-face training and workshop. Timelines were reviewed and finalized with the target date of the patient navigation training for the CSPMAP to be held in March 2024. The project timeline and budget were also reviewed and prepared. The project team's individual members were delegated tasks to accomplish, including invitation of speakers, invitation of electronic medical records (EMR) provider, securing a list of Metro Manila CSPMAP sites and contact persons, and communicating with ARMMC and DOH.

In February 2024, the project team had multiple official monthly meetings on February 12, 13, and 20, 2024. The instructional design was further developed and polished. The two-day training and workshop program was finalized (see Tables 2 and 3). Workshop guides and checklists were also developed. Logistic needs and project member assignments for the event were also finalized. Official letters of invitation were sent out to resource persons.

Difficulties were encountered in communicating with the CSPMAP sites, and necessary changes to the existing CSPMAP directory were noted. CSPMAP personnel and contact numbers were updated accordingly. The project team decided to include an updated CSPMAP directory in the list of project outputs. Regular emails, messages, and calls were conducted with each CSPMAP site to secure the names of the hospital personnel assigned to the CSPMAP.

On February 22, 2024, the project team also met with the electronic medical records provider for the CSPMAP. The details of the electronic CSPMAP registry were secured, and data collected and analyzed by the electronic system were ascertained. A representative from the EMR provider was invited to provide a lecture during the face-to-face training and workshop.

Regular correspondence was maintained with DOH CCD and ARMMC. Budget was utilized according to plan. It was agreed upon that the manual for the CSPMAP patient navigation training and workshop would be finalized once all resource persons submitted their materials and that the document would include the developed workshop guides. The final manual would be submitted to DOH CCD and ARMMC for reference and use in future training activities.

In March 2024, the Department Personnel Order was drafted and released using the existing CSPMAP directory. An agreement was reached to revise the document, per request of the CSPMAP sites, once the different CSPMAP sites submitted the final names of participants. The final instructional design was transmitted to DOH CCD (see Table 1). Slide decks, pre- and post-tests, and evaluation forms were prepared. The official monthly meeting was held on March 14, 2024, and a dry run was done for the face-to-face training and workshop.

On March 16-17, 2024, the Patient Navigation Training and Capacity-Building Workshop was successfully held at Sequoia Hotel, Quezon City. A total of seventy-three (73) participants attended the event including resource persons and secretariat staff. Pre-test, post-test, and evaluation form results were collated (See Appendix D). The venues for the monthly meetings were finalized, and different CSPMAP sites volunteered to be the host sites. The monthly meeting venues and dates were agreed upon pending final confirmation of the CSPMAP patient navigators and the host sites.

In **April 2024,** the revised Department Personnel Order was finalized with the updated list of CSPMAP staff per site, including updated CSPMAP patient navigators and medical coordinators. The project team's official monthly meeting was held on April 10, 2024 for updates and preparation for the meeting with the CSPMAP sites. The monthly meeting with the CSPMAP patient navigators and medical coordinators was held on April 25, 2024 at ARMMC. A special lecture entitled "Self-Care: Caring for the Carers" was given as requested by the patient navigators during the March 16-17, 2024 workshop. A group discussion was facilitated with the answers in Assignment # 1 (see Table 4) as the guide for the conversation. The CSPMAP patient navigators verbalized their preference for a hybrid setup for the May monthly meeting, which was duly noted and planned.

In May 2024, the project team's official monthly meetings were held on May 13 and May 31, 2024. Updates and plans for the CSPMAP May and June monthly meetings were discussed. The monthly meeting with the CSPMAP patient navigators and medical coordinators was held on May 23, 2024, via a hybrid set-up. The onsite venue was EAMC, and the online set-up was facilitated via Zoom. A special lecture entitled, "Institutionalization of Patient Navigation Program in the Philippines" was given as ascertained from the needs of the CSPMAP sites from the April monthly meeting. A group discussion was facilitated with the answers in Assignment # 2 (see Table 5) as the guide for the conversation.

In June 2024, the project team had its official monthly meeting on June 7, 2024. Updates and plans for the final closing ceremonies on June 15, 2024 were discussed. Ongoing plans of the ARMMC Ad Hoc Committee and schedules for the Training of Trainers (Tot) were also discussed. An agreement was reached to schedule the ToT according to the availability of the identified trainers of ARMMC. The ARMMC Ad Hoc Committee would be responsible for identifying the participants of the ToT and finalizing the schedule of training. On June 15, 2024, the closing ceremonies of the project was held at Vikings Venue, Pasay City. Summary and Recommendations were presented and the final Certificate of Completion of Training were given to all qualified participants of the CSPMAP teams.

In July 2024, the project team and the ARMMC Ad Hoc Committee proceeded with the finalization and closure of the project. On July 2, 2024, a meeting was held with ARMMC to complete the documents required for the project team's final financial report.

Figure 1Project Timeline

JAN
- Team meetings: Jan 11
- Finalization of timelines
- Task delegation

FEB
- Team meetings: Feb 12, 13, 20, 22
- Finalization of instructional design and Phase 1 plans

MAR
- Team meeting: March 14
- Phase 1: March 16-17

APR
- Team meeting: April 10
- Phase 2 monthly meeting: April 25

MAY
- Team meetings: May 13, 31
- Phase 2 monthly meeting: May 23

JUN
- Team meeting: June 7
- Phase 2 closing ceremony: June 15

JUL
- Team meeting: July 2
- Finalization & closure of project by ARMMC and PCS
- Submission of final training manuals, terminal report, and financial report

Phase 1 Outputs

Seventy-three (73) participants attended the two-day workshop held on March 15 and 16, 2024, at Sequoia Hotel, Quezon City. This included CSPMAP site delegates, DOH representatives, and resource speakers. All participants were asked to answer pre- and post-test questions to assess the knowledge gained. The results showed improvement in pre-and post-test results for both training and workshop days, with an increase in average test scores by 2-3 points (See Table 6).

The participants answered evaluation forms for the training, and scores showed very satisfactory average ratings for the venue (4.8/5), food (4.7/5), audiovisual slides (4.8/5), and applicability of lectures to practice (4.9/5). Subjective comments were also secured, which showed positive remarks for the training module, including inputs that the course helped visualize actual scenarios. They received knowledge and skills on how to be an effective patient navigator. The participants positively viewed the speakers, the involvement of a multidisciplinary team, and the integration of interactive sessions. Points for improvement included technical aspects like the projector and handouts. Many noted the need for continued training for the CSPMAP teams.

Table 6 Phase 1 Pre- and Post-Test Results

	Pre-Test Result			Post-Test Result		
	Lowest	**Highest**	**Average**	**Lowest**	**Highest**	**Average**
March 16, 2024	3	10	**6**	6	10	**9**
March 17, 2024	4	8	**6**	5	10	**8**

Note:

1. 91% of participants had not received previous training in patient navigation
2. Of the 9% (n = 5) of participants who had attended previous patient navigation training, the hosts of the training were the Department of Health, the Philippine Cancer Society, and the Philippine Society of Pediatric Oncology

Table 7 Phase 1 Evaluation by Participants

Criteria	Score/Remarks
Venue	4.8/5
Food	4.7/5
Audiovisual slides	4.8/5
Applicability of lectures to practice	4.9/5
What worked? (Feedback from participants)	- Everything worked; All things worked - Expertise; Speakers and quality of speakers - Multidisciplinary team is invited - Case simulations; Workshops - Interaction with speakers and other patient navigators; Communication and alliance with other hospitals - The topics and application to practice; - Helps us to visualize the possible actual scenario - How to be an effective patient navigator - Improved the knowledge that we have and learned new things that we need to learn as a patient navigator; Understand the roles and principles of a patient navigator; Learned some different cancer types, stages, prevention, CEA, SPIKES, and Palliative care
What could be improved? (Feedback from participants)	- Include a social service representative as a requirement in the patient navigation workshop; Include donors (private) - More interactive sessions; More of this; More relevant insights - Weekday schedule instead of weekends - Handouts - I want to learn more about different kinds of cancer and their protocols

Phase 2 Outputs

Phase 2 of the project focused on the practical application of skills through on-site engagements at designated CSPMAP locations, namely at ARMMC on April 25, 2024, and EAMC on May 23, 2024. Phase 2 culminated in the certification of trained participants on June 15, 2024, at Vikings Venue, Pasay City. This phase was pivotal in translating classroom knowledge into real-world practice and offered valuable insights into the operational aspects of patient navigation. Group discussions revealed the needs, barriers, and promoters of implementing CSPMAP patient navigation in actual practice. (see Table 8)

Needs, Barriers, Promoters of CSPMAP Patient Navigation

CSPMAP Teams

During the Phase 2 monthly meetings, all CSPMAP participants reported that the training on patient navigation and CSPMAP significantly enhanced the implementation of patient navigation within their respective institutions. All patient navigators demonstrated a thorough understanding of the CSPMAP process, enrollment requirements, and medication coordination processes, all of which play a pivotal role in ensuring streamlined patient support.

Subsequent to the said meetings, requests for supplemental lectures were received and addressed accordingly. There was a demand for lectures aimed at augmenting knowledge and skills pertaining to self-care and fostering organizational support. Lectures entitled “Self-Care: Caring for the Carers,” scheduled for April 25, 2024, and “Institutionalization of Patient Navigation Program in the Philippines,” scheduled for May 23, 2024, were organized. Furthermore, recognizing the fundamental significance of self-care in the role of patient navigators, an additional module focusing on self-care was included in the final training manuals.

While patient navigators demonstrated a sound theoretical understanding of their roles and the fundamental principles of patient navigation, the translation of these concepts into daily practice at certain sites was found to be somewhat limited. For instance, although some navigators effectively managed patient enrollment into the CSPMAP and ensured the timely dispensation of allocated medication, they encountered challenges when required to undertake broader patient navigation responsibilities such as providing psychosocial support, assessing various patient barriers, and facilitating access to additional resources. Upon further discussion, it was ascertained that these limitations stemmed from understaffing and the delegation of overlapping responsibilities to patient navigators. Notably, certain navigators were compelled to assume duties outside the scope of CSPMAP patient navigation, including the preparation of medication and the monitoring of patients during and post-chemotherapy.

Although many sites identified understaffing as a barrier to the effective implementation of CSPMAP patient navigation, it was also reported that the productivity and efficiency of existing staff members facilitated cohesive teamwork within CSPMAP teams. This was particularly evident in CSPMAP sites that had established comprehensive organizational charts for the CSPMAP team, along with clearly defined roles and responsibilities outlined in their job descriptions. These organizational enhancements notably contributed to the institutionalization of the CSPMAP team within their respective hospital settings. Notably, one CSPMAP site with only three hired patient navigators could navigate a heavy patient load efficiently, owing to clear task delegation among the navigators - one assigned to data management, another focusing on patient interactions, and the third overseeing medication inventory and access.

However, job security of patient navigators was tenuous at numerous sites due to the lack of dedicated plantillas. Advocating for permanent positions could provide navigators with job security and improve program stability. Furthermore, CSPMAP sites lacking designated personnel for data entry into the CSPMAP electronic registry encountered difficulties fulfilling this essential task.

Table 8 Needs, Barriers, Promoters of CSPMAP Patient Navigation

	PROMOTERS	NEEDS / BARRIERS
CSPMAP Team	• Patient navigation training • CSPMAP training • Efficient staffing • Organizational chart for CSPMAP Team • Clear and well-defined roles and responsibilities for CSPMAP Team members • Institutionalization of the CSPMAP Team	• Low staffing • Multiple tasks outside of CSPMAP patient navigation (e.g. preparing medication, monitoring patients during and after chemotherapy) • No dedicated personnel in charge of data entry into the CSPMAP electronic registry • No dedicated plantilla
Operations	• Easy CSPMAP process flow • CSPMAP electronic registry • Policies on the schedule of patient enrollment to CSPMAP • Patient navigation tracking tool • High CSPMAP awareness in the institution	• No dedicated office or dedicated area in a shared office • No dedicated phone or communication tool • Limited supply of CSPMAP medications • Storage of CSPMAP medications
Service Provision	• Patient's compliance with the CSPMAP process and schedules • Strategic location of the institution for cancer patients	• High patient-to-patient navigator ratio • Distance of hospital from other CSPMAP sites
External Support	• Dedicated group chat for CSPMAP sites • Doctors' referrals and utilization of CSPMAP services • Support of medical social workers and pharmacists • Additional resources from organizations like WHO, DOH, PCS, Malasakit Program Office, and PCSO	• Broader referral network to include private organizations, nongovernment organizations, and cancer support groups

All navigators reported good integration into their respective CSPMAP teams, fostering interdisciplinary collaboration and enhancing the continuity of patient care within their team. However, it is imperative to underscore that not all CSPMAP patient navigators were seamlessly integrated into their respective hospital settings. Some institutions downplayed the essential role of patient navigators in patient and cancer care, subsequently including these navigators in non-CSPMAP and non-patient navigator tasks.

Operations

The effective implementation of patient navigation is influenced by several factors. Amongst these, the smooth process flow of the CSPMAP and the availability of the CSPMAP electronic registry stand out as crucial facilitators. These elements enable patient navigators to meet their roles effectively within the requirements set by the DOH for CSPMAP implementation. The additional utilization of patient navigation tracking tools at some CSPMAP sites aid patient navigators in providing timely and effective navigation for the patients under their care. However, challenges arise due to the lack of dedicated communication devices and office spaces for navigators, essential for maintaining privacy and efficiency in patient interactions. It is recommended that CSPMAP sites allocate these resources to navigators to support their day-to-day operations.

In certain CSPMAP sites, policies for scheduling patient enrollment are implemented to prevent patient navigators from being overwhelmed by a high influx of patients at different times throughout the week. While this helps to better organize patient navigators' schedules, it could pose a barrier to CSPMAP implementation in some instances. For instance, sites with only one day per week for patient enrollment recorded low utilization of CSPMAP medication. Conversely, sites with high patient loads faced limitations due to the limited supply of CSPMAP medication.

Promoting CSPMAP navigation and utilization involves high awareness in the institution, as evidenced by the official launch of the CSPMAP team and program,

visual reminders/posters in relevant areas, and comprehensive employee orientation regarding CSPMAP site eligibility, requirements, office location, and contact details of the patient navigator. Moreover, the absence of formal introductions for navigation teams at some sites resulted in a lack of awareness among other hospital staff regarding the navigation services. Furthermore, some sites reported the barrier of low CSPMAP awareness in their hospital pharmacy, with some staff classifying CSPMAP medications as donated medications and disallowing storage in the pharmacy itself.

Service Provision

Several factors contribute to the success of the CSPMAP process and schedules. Patient navigators play a crucial role in educating and assisting patients. They provide information on where to obtain necessary requirements for CSPMAP enrollment and help coordinate patient care. Navigators also help ensure that patients are able to follow through with their schedules and provide support if they miss any appointments. Another positive factor identified by the CSPMAP teams is the strategic location of the institution as a CSPMAP site, which allows for better access to care for cancer patients.

However, there are also barriers to providing patient's the services of navigation in CSPMAP. One challenge is the high patient-to-navigator ratio, which can limit the ability of patient navigators to provide comprehensive support. Additionally, the distance between CSPMAP sites can cause delays in accessing medication. When medication is unavailable at a specific site, patient navigators need to coordinate for patients to obtain it from a different site, which can be geographically far and create difficulties for patients in securing the medication.

External Support

Coordination between CSPMAP sites is one of the strongest promoters of CSPMAP patient navigation. The dedicated group chat for CSPMAP sties allows patient navigators to easily identify sites with stocks of needed medication. However, as stated in the earlier section, majority of the patient navigators did not have dedicated communication devices and had to use their own mobile phones and personal communication resources to utilize this chat group.

Non-CSPMAP physicians who were aware of the program also contributed to its utilization and the effective use of navigation for their patients. Referrals for patient navigation and CSPMAP enrollment could be made possible for CSPMAP sites that ensured institutionalization of their CSPMAP teams. The support of medical social workers and pharmacists not part of the CSPMAP team also allowed the CSPMAP pharmacists and patient navigators to do their work well.

External organizations like the World Health Organization, DOH, PCS, Malasakit Program Office, Philippine Charity Sweepstakes Office, and similar organizations gave patient navigators referral networks to help patients overcome the barriers to their cancer care. Patient navigators, however, were noted to need a broader resource directory, including other government agencies, nongovernment organizations, private institutions, and cancer support groups.

Certification of Navigators

Participants were provided a Certificate of Completion of Training and thereby certified as CSPMAP navigators, if they completed the following requirements:

1. Attendance to the Phase 1 training held on March 15 and 16, 2024
2. Submission per CSMPAP site of accomplished Assignments 1 and 2
3. Positive endorsement from the CSMPAP Medical Coordinator or designated point person

A total of fifty-four (54) participants from ten (10) of the eleven (11) CSPMAP NCR sites were officially certified, acknowledging their proficiency and readiness to contribute effectively to the CSPMAP patient navigation team.

Patient Navigation for the CSPMAP Training Manuals

Two manuals – one for trainers and one for trainees – were developed during the project for final endorsement to DOH. Both manuals had eleven (11) comprehensive modules and one additional module reserved for training by the CSPMAP e-registry team. The modules were as follows:

Module 1: Patient Navigation History and Significance
Module 2: Principles of Patient Navigation and the Roles of Patient Navigators
Module 3: Patient Navigation: Barriers, Resources, and Practices
Module 4: Compassionate Communication 1: Active Listening Skills
Module 5: Compassionate Communication 2: Catharsis-Education-Action
Module 6: Compassionate Communication 3: Breaking the Bad News
Module 7:Cancer Facts and Figures
Module 8: Cancer Care
Module 9: Palliative Care
Module 10: Self-Care: Caring for the Carers
Module 11: Cancer and Supportive-Palliative Medicine Access Program
Module 12: E-Registry and Hospital Records

The trainers' manual included instructional design per module, teaching tips, case scenarios, workshop suggestions, and pre- and post- test questions with accompanying answer keys. The trainees' manuals included text content for each module including graphics and examples that could easily be used as handbooks for future trainings.

ARMMC as a Patient Navigation Hub

ARMMC patient navigators, CSPMAP doctors, and other identified possible future trainers for patient navigation actively participated in Phase 1 and Phase 2 of the project. They were officially certified during the Phase 2 culminating activity on June 15, 2024. In addition, the Ad Hoc Committee for CSPMAP Patient Navigation at ARMMC was officially established with the following members:

Dr. Blandina Trinidad Ferrera – Chair
Dr. Karen Fresco-Tadina – Co-Chair
Dr. Dennis Santos
Dr. Agnes Bausa-Claudio
Dr. Marites Boseta
Dr. Ma. Dolores Delos Reyes

A separate Training of Trainers on the use of the Patient Navigation Training Manuals was arranged for a later date to ensure the availability of all identified ARMMC employees who qualify as potential trainers. This would be scheduled at a time that would not conflict with other prearranged activities at the hospital. PCS committed to providing ongoing support to ARMMC to facilitate its development as a patient navigation hub and to meet its specific training needs.

SUMMARY

The project entitled "The Development of Patient Navigation Capacity-Building Design Modules for the Cancer and Supportive-Palliative Medicine Access Program" has significantly advanced the implementation and efficacy of patient navigation across CSMPAP sites in the National Capital Region. Throughout this initiative, 54 healthcare professionals underwent meticulous training and certification as patient navigators, equipping them with the knowledge and skills necessary to enhance cancer care delivery. The project successfully developed educational modules with

practical applications, addressing immediate training needs and broader operational challenges.

Key achievements included a substantial improvement in navigators' competencies, successful application of these competencies within their CSPMAP teams, and the establishment of ARMMC as a prospective hub for future patient navigation training. However, the project also shed light on critical areas for improvement, particularly in resource allocation, institutional support, and the formal recognition of navigators within healthcare settings.

Moving forward, it is imperative to address these challenges by advocating for structural enhancements, such as securing dedicated positions for navigators and better defining their roles within the healthcare framework. By building upon the foundations laid by this project, CSPMAP teams can continue to refine and expand its patient navigation efforts, ultimately improving cancer care outcomes across the Philippines.

HEALTH POLICY RECOMMENDATIONS

The successful implementation and outcomes of "The Development of Patient Navigation Capacity-Building Design Modules for the Cancer and Supportive-Palliative Medicine Access Program" highlight the importance of structured patient navigation training. The CSPMAP can significantly improve the quality and effectiveness of cancer care across the region by addressing these strategic levels—governmental policy, organizational structure, and individual professional development.

Governmental Action

A "Patient Navigation Training Caravan" is recommended to address the training needs of various CSPMAP sites nationwide. Strategic locations throughout the country can be chosen for the training, which may be provided by DOH, PCS, or

ARMMC, using the training manuals developed as part of this project. The training caravan may involve conducting mobile training and workshops at various CSPMAP sites, combined with on-site assessments to evaluate the implementation of patient navigation at those sites, which can lead to the provision of site-specific recommendations for institutionalization. ARMMC may become the future model hub, providing observership opportunities for newly trained patient navigators from NCR. Similar model hubs can be identified in future sites across the country.

Furthermore, it is also recommended that a regular monitoring and support system be established for patient navigation activities across CSPMAP sites, which could potentially be coordinated through the PCS Patient Navigation Network. This will ensure consistent quality and support, helping navigators to maintain effective practices and assisting CSMPAP teams in institutionalizing their programs. It is crucial to have regular training and retraining for current and new patient navigators. These programs will ensure that navigators are well-versed in the latest patient care strategies and navigation advancements while maintaining optimal patient support standards.

Organizational Action

It is recommended that hospital policies and activities formally recognize and integrate CSPMAP teams into the organizational structures, making it essential to holistic and comprehensive cancer care. To enhance operational efficiency and accountability within healthcare settings, it's vital to have formal organizational charts and clear and detailed job descriptions for patient navigators. This will clarify their roles, responsibilities, and reporting lines. Specific tasks should be clearly defined and assigned among the navigation team to optimize workload distribution and improve service delivery. This specialization will enhance efficiency and ensure that navigators can focus on their core responsibilities without being overwhelmed.

CSPMAP sites should allocate dedicated staff and essential equipment for patient navigation tasks (e.g., communication devices and computers) to ensure that

navigators have the necessary tools to perform their duties effectively and efficiently. In addition, the patient navigation program should be promoted across all levels of each institution, from administration to ancillary staff. The CSPMAP team, services, requirements, location, and contact details should be officially launched in the hospital. Appropriate visual aids should be strategically placed across the hospital for patients and employees to quickly know how to avail of CSPMAP patient navigation services. This widespread understanding and support will create a more conducive environment for the program's success.

Individual Action

Continued professional development and educational opportunities should be encouraged and facilitated for patient navigators. Keeping abreast of advancements in patient care and navigation techniques is essential for their professional growth and effectiveness. A detailed resource directory should be developed, providing navigators with easy access to information on available support services, key contacts, and protocols. This resource will be invaluable in enabling navigators to offer comprehensive patient support. Fostering connections with other patient navigators and healthcare professionals within and outside the CSPMAP framework is essential. These collaborative efforts and shared best practices can significantly enhance patient navigation's effectiveness. Partnerships with other healthcare and community organizations should be encouraged. These collaborations can broaden the scope of support and resources available to patients and navigators, further enhancing the overall quality of cancer care.

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