

## American College of Cardiology Patient Navigator Program

### PROGRAM REQUIREMENTS

#### 1. Participant Responsibilities

##### 1.1. Program Management

- 1.1.1. Upon execution of this Agreement, the Participant must designate and provide contact information for the following Core Team members. See Appendix 1:
  - 1.1.1.1. Patient Navigator Team Facilitator—The Patient Navigator will serve as the primary point of contact for the Program.
  - 1.1.1.2. Physician Medical Director—The Physician Medical Director will serve as the medical staff liaison for the Program.
  - 1.1.1.3. Executive Sponsor—The Executive Sponsor will ensure adequate resources are in place to support Program activities.
- 1.1.2. The Participant shall identify and establish a multidisciplinary team within thirty (30) days of the Patient Navigator start date at the facility. The team may include members from social work, pharmacy, cardiologists, quality improvement staff, and nursing. It is recommended that at least two (2) nurses participate on the team.
- 1.1.3. The Participant is required to provide a valid and unique email address for all designated team members within thirty (30) days of the Patient Navigator start date at the facility. The email addresses will be used to communicate relevant Program specific information. See Appendix 1.

##### 1.2. Reporting Requirements:

- 1.2.1. Complete a pre and post Patient Navigator Program survey.
- 1.2.2. Report quarterly program updates including, but not limited to:
  - 1.2.2.1. Acute Myocardial Infarction (AMI), and Heart Failure (HF) patient readmission rates.
  - 1.2.2.2. Follow-up activities conducted for AMI, HF, and Acute Coronary Syndrome patients discharged from the institution.
  - 1.2.2.3. Patient satisfaction information.
  - 1.2.2.4. Participant acknowledges and agrees that ACCF will use the ACTION Registry-GWTG quarterly aggregate outcomes report to compare the following: STEMI performance composite, NSTEMI performance composite, Overall defect free care, Aldosterone blocking agent for LVSD at discharge, and the ACTION Registry-GWTG risk models for bleeding and mortality as a predictor for readmission.

##### 1.3. Training and Orientation Requirements:

- 1.3.1. At least one (1) representative from the Patient Navigator team will be required to attend ACCF hosted monthly conference calls, ad hoc webinars, and/or ad hoc

calls with all other participating Patient Navigator hospitals. Such meetings shall be at the discretion and schedule of ACCF and ACCF will provide prior notice on scheduled meeting.

- 1.3.2. The Participant’s Physician Leader, Team Facilitator, and Executive Sponsor (together the “Core Team members”) as identified in Appendix 1 will be required to participate in ACCF quarterly site visits. Participant and ACCF will mutually agree upon the visit dates.
- 1.3.3. All Participant individual team members that provide activities under the Patient Navigator must complete Patient Navigator training and orientation program.
- 1.3.4. The hospital shall participate in the Patient Navigator program for two (2) consecutive years after the onboarding process has been completed. See training plan below:

| <b>Navigator Onboarding Process</b>   | <b>Pre-Implementation Months 1-8</b>  | <b>Implementation Months 9-20</b>  | <b>Evaluation Months 20-26</b>   |
|---|---|--|--|
| <b>Key activities and tools to support hospital –</b><br>via site visit, conference calls, webinars, meetings | <ul style="list-style-type: none"> <li>• Conduct kick-off event</li> <li>• Complete online internal survey assessment</li> <li>• Navigator Toolkit available</li> <li>• Baseline data submission</li> </ul> | <ul style="list-style-type: none"> <li>• Develop and implement plan for improvement</li> <li>• Barriers and best practice sharing</li> <li>• Quarterly progress reports</li> </ul> | <ul style="list-style-type: none"> <li>• Analyze baseline data</li> <li>• Lessons learned sharing</li> <li>• Quarterly progress report</li> <li>• Post-implementation data submission</li> </ul> |

1.4. Additional Participant Program Requirements include, but are not limited to:

- 1.4.1. The Participant shall, within ten (10) days of the Effective Date, provide to ACCF three (3) potential dates for the kickoff event.
- 1.4.2. The Participant shall host a celebratory/kickoff event that may include other stakeholders such as referral facilities, skilled nursing facilities, community leaders, and local media outlets within thirty (30) days of the Patient Navigator start date at the facility.
- 1.4.3. Incorporate ACCF’s Hospital to Home quality improvement resources such as assessments, tool kits, and list-serve community.
- 1.4.4. Maintain ACTION Registry-GWTG enrollment for the duration of the Patient Navigator Program.
- 1.4.5. Maintain a green Data Quality Report (DQR) data submission status for the ACTION Registry-GWTG for the duration of Patient Navigator.
- 1.4.6. Adhere to ACCF Marketing/Branding guidelines and AstraZeneca branding guidelines as provided by ACCF.

## 2. ACCF Program Responsibilities

### 2.1. Participant Support:

- 2.1.1. Support via telephone and email during normal business hours; Monday through Friday, 9:00a.m. to 5:00p.m. Eastern Time, excluding major holidays.

### 2.2. Compensation:

- 2.2.1. ACCF shall provide the Participant with eight (8) equal quarterly payments of twenty thousand dollars (\$20,000.00) to help support the activities outlined in this Program Requirements form. Quarterly payments will be distributed over Participant's two (2)-year participation in Patient Navigator Program. ACCF shall provide payment to Participant after all quarterly Participant requirements outlined in this Program Requirements form have been met and an invoice has been submitted to ACCF Financial Contact within thirty (30) days of close of calendar quarter. The invoice to be used is attached as Appendix 2.
- 2.2.2. The first quarterly payment of twenty thousand dollars (\$20,000.00) will be paid at the time the Agreement is fully executed if such execution occurs within four (4) business weeks after receiving this Agreement from ACCF. Subsequent payments shall be provided within thirty (30) of receipt of Participant's invoice which shall be submitted within thirty (30) days of a calendar quarters close.

### 2.3. Resources and training programs to guide Participant activities. These include:

- 2.3.1. Quarterly on site visits, mutually agreed upon dates.
- 2.3.2. Monthly conference calls.
- 2.3.3. Opportunity to participate in ACCF Regional events.
- 2.3.4. Share best practices via ACCF media channels (i.e. blog, social media, Cardiology, and ACCF's Quality Improvement for Institutions website).

### 2.4. Additional ACCF Program Requirements:

- 2.4.1. The Patient Navigator Program has or will develop an interactive map that would allow website visitors to click on their desired participating hospital's name and learn more about the hospital and their involvement in the Patient Navigator Program. The information provided on the interactive map will be:
  - 2.4.1.1. An embedded link to the participating hospital's website,
  - 2.4.1.2. A brief summary about the participating hospital and their involvement with the Patient Navigator Program, and
  - 2.4.1.3. Date and photos of the participating hospital's kickoff event.

### 2.5. Program Evaluation

- 2.5.1. ACCF shall, at the end of the eighth (8) quarter perform an evaluation phase. The evaluation phase shall consist of the following:
  - 2.5.1.1. Analyze baseline data
  - 2.5.1.2. Lessons learned sharing

- 2.5.1.3. Quarterly progress report
- 2.5.1.4. Post-implementation data submission

### **3. Term and Termination.**

- 3.1. The term of this Agreement will begin on the Effective Date of the Agreement and shall terminate twenty four (24) months after the Effective Date, unless terminated earlier pursuant to the terms of the Agreement.
- 3.2. In the event the Agreement is terminated pursuant to Section 5 of the Agreement, the Participant acknowledges that it will not have any rights to receive future quarterly payment(s) from ACCF.

APPENDIX 1

**Patient Navigator Program CONTACT INFORMATION SHEET**

**STEP 1: Please provide the hospital information requested below. (Please print clearly and legibly)**

|  |  |
|--|--|
| Hospital Name (Legal Name)                       |  |
| Hospital Physical Address ( <b>No PO Boxes</b> ) |  |
| City/State/ZIP Code                              |  |

**STEP 2: Please provide Patient Navigator Program Team members contact information**

**Select a Physician Leader, Team Facilitator, Executive Sponsor, and other team members**

Identify the roles that each team member should fill based on the definitions below. Typically, there is one Physician team leader and one team facilitator, but you can assign co-leaders or co-facilitators if desired or necessary.

Physician Leader – *responsible for representing project, primary decision-maker.*

Team Facilitator – *responsible for monitoring progress, primary documenter.*

Executive Sponsor – *responsible for ensuring adequate resources are in place to support Program activities.*

Team Members – *a key contributor as a process owner, content expert, or data analyst responsible for implementing specific project activities. (i.e. pharmacist, social worker, nurse, physician assistant, case manager, data specialist)*

Hospital Billing Contact – *responsible for invoicing and payment process.*

**STEP 3: For each unique individual identified in Step 2, please provide the following contact information.**

(If needed, please use a separate sheet to list all team members)

| Contact Name <i>(First &amp; Last Name)</i> | Position Title           | E-mail Address | Telephone |
|---|--------------------------|----------------|-----------|
|   | Physician Leader         |                | ( )       |
|   | Team Facilitator         |                | ( )       |
|   | Executive Sponsor        |                | ( )       |
|   | Team Member              |                | ( )       |
|   | Team Member              |                | ( )       |
|   | Team Member              |                | ( )       |
|   | Team Member              |                | ( )       |
|   | Team Member              |                | ( )       |
|   | Team Member              |                | ( )       |
|   | Team Member              |                | ( )       |
|   | Hospital Billing Contact |                | ( )       |

APPENDIX 2

**SAMPLE INVOICE**

<<Organization Name>>

<<Address>>

<<City, State, Zip>>

<<EIN Number>>

Invoice #:

Invoice Date:

To: American College of Cardiology  
2400 N Street NW  
Washington, DC 20037

Project Title: Patient Navigator Program (PNP)

| Period Covered   | Account Number | Payment Terms    | Previously Billed | DUE DATE   |
|--|----------------|------------------|-------------------|------------|
|  |                | Net 45           |                   |            |
| Description of Services  |                | Unit Price       |                   | LINE TOTAL |
|  |                |                  |                   |            |
|  |                | Total Amount Due |                   | \$         |
| Authorized Signature   |                |                  |                   |            |
| Total Billed: Inception to date (including this invoice): \$ _____ - _____ |                |                  |                   |            |