

Reducing Cancer Screening Disparities: A Patient Navigation Model in South Georgia

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Best and Promising Practices in Quality Cancer Care November 27, 2012 Atlanta, Georgia

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Cancer Coalition of South Georgia Region



Mission: Prevent cancer and increase survival among South Georgians (32 counties)

Community-based research, outreach, screening and education

In collaboration with other stakeholders dedicated to eliminating the excessive burden of cancer in the region

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Health Disparities in Georgia

32 counties of Cancer Coalition of South Georgia outlined in white

Ranking Key - 1 (green) being the best, 159 (red) being the most in need.

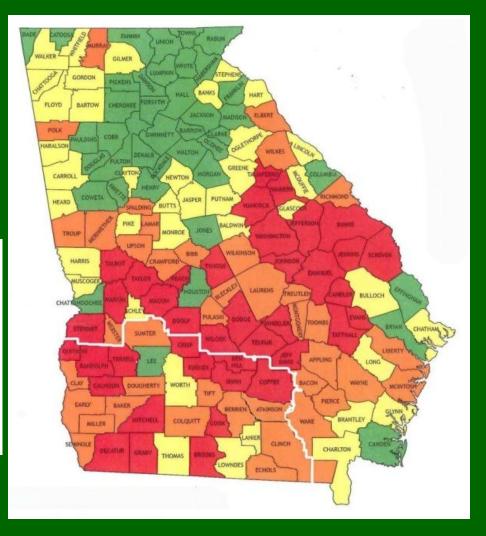
 Green: 1-39
 Ranking is based on 15 health-related indicators, including poverty,

 Yellow: 40-79
 lack of health insurance, unemployment, shortage of physicians, high

 Orange: 80-119
 rates of obesity, diabetes, heart disease and cancer deaths.

 Red: 120-159
 Source: www.togetherwecandobetter.com

Cancer Coalition of South Georgia Green - 1 Yellow - 4 Orange - 13 Red - 14



Source: 2010 Georgia Public Health Rankings Report, Healthcare Georgia Foundation. www.togetherwecandobetter.com/countybycounty.html

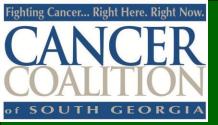
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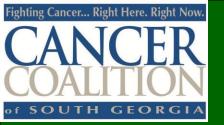


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Community Fighting Cancer... Right Here. Right Now. Cancer Coalition of South Georgia

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CCSP Helps Fulfill STANDARD 3.1 "Patient Navigation Process"

- Community needs assessments to initiate and maintain CCSP, including:
 - County data re: cancer incidence and mortality
 - Health disparities data
 - Assessment of provider practices and resources
 - Baseline screening rates
 - Identified disparate populations and barriers to care
- Identification and coordination of resources
- Ongoing documentation: Patient data and outcomes
- Impact evaluation 2009-2011; use/dissemination of results
- Expansion; quality improvement; establishment of model

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To provide a coordinated system of care... by navigating patients in need of cancer screening... in partnership with community health centers/ primary care providers, disproportionate share hospitals, physician specialists and local public health departments...

thus increasing screening among uninsured and under-insured patients and reducing disparities.

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Patient navigation from the time of RISK of cancer through screening and follow-up care or cancer diagnosis

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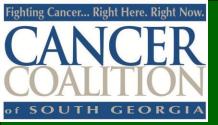


Professional Health Navigators

Core Competencies

- Case management
- Data management
- Experience serving disadvantaged populations
- Detail orientation
- Communication at all levels
- Cultural competency; respect for diversity
 Soft skills
- Compassion
- Patience
- Resourcefulness/Adaptability
- Sense of humor 😊

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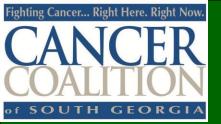
Role of the Health Navigator

Reduce Healthcare Systems Barriers to Care

- Conduct chart audits within CHC
- Identify patients; establish reminder systems
- Enroll patients into CCSP
- Reduce program costs through coordinated care delivery (increase capacity for screening the uninsured)
- Establish and monitor referrals and billing processes
- Assist (overworked) clinical staff with cultural competency and patient education







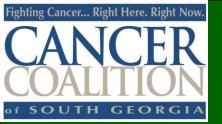
Role of the Health Navigator

Navigate Patients = Educate, Assist and Support 1:1

- *Encourage and facilitate adherence to physician referrals for screening* Address patient barriers:
- Low literacy
- Lack of health insurance
- Competing priorities; limited resources
- Lack of awareness of the importance of screening
- Belief in myths
- Transportation challenges
- Cost of colonoscopy prep solution
- Fear of the unknown/fear of cancer



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Role of the Health Navigator

Document Patient Information and Participate in Program Evaluation

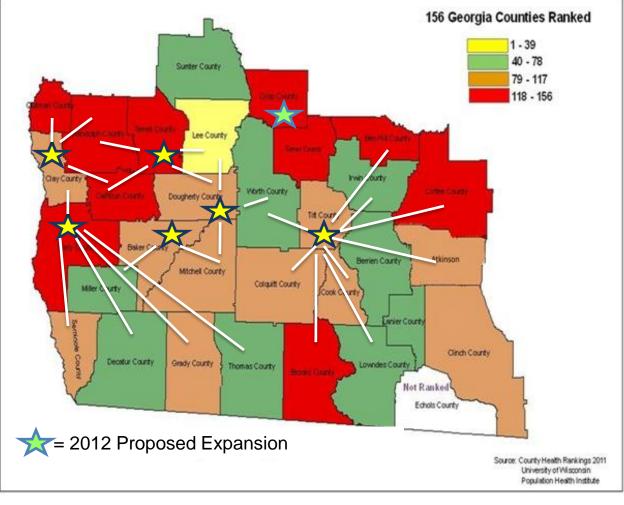
- Collect patient demographic and outcomes data
- Provide performance feedback
 to referring physicians
- Use data to demonstrate need, impact and effectiveness of program



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CCSP Participating Health Centers and Patient Reach



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Colorectal Cancer Screenings: 2008 to June 2012

>1096 colonoscopies
 > 5 cancers detected and treated, all Stage I
 > ~ 30% of patients had adenomatous polyps removed

Patient "no show" rate = 2%
Late cancellation rate = 3%

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Formal Evaluation of the Cancer Coalition of South Georgia's Community Cancer Screening Program

Conducted by Emory Prevention Research Center's Cancer Prevention and Control Research Network

Addressed the need for systematic evaluation of patient navigation programs, specifically those with strategies to promote colonoscopy

Evaluated:

- <u>Differences in colorectal cancer (CRC) screening rates</u> at 4 intervention (navigator) clinics and 9 comparison clinics and
- <u>CCSP (navigator) effectiveness</u> in improving colonoscopy screening rates

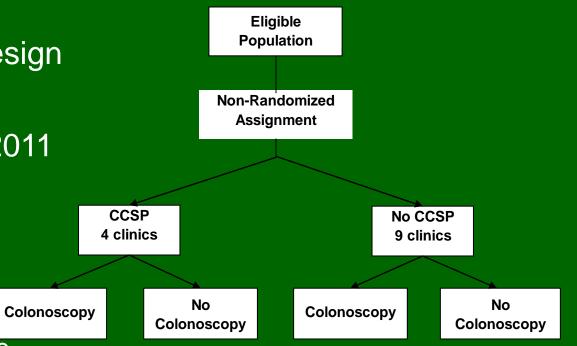
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CCSP Impact Evaluation

- Quasi-experimental design
- Study period: Nov. 2009 - April 2011
- Data abstraction from medical records
 - 4 intervention FQHC's
 - 9 comparison FQHC's
 - Sampled 25% of eligible patients from each clinic
 - Total= 809 patients

(Supported by CDC/NCI Cooperative agreement # 1U48DP0010909-01-1)



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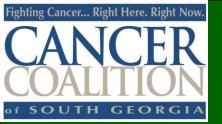


Are rates of colonoscopy screening among uninsured/ underinsured patients age 50-64 at the four intervention clinics significantly higher than at the nine comparison clinics?

Outcome		Intervention	Comparison	Total	p-value
Had colonoscopy referral during study	No	108 (42.0%)	388 (76.1%)	496 (64.7%)	< .0001*
	Yes	149 (58.0%)	122 (23.9%)	271 (35.3%)	
Had colonoscopy exam during study	No	167 (65.0%)	477 (93.5%)	644 (84.0%)	< .0001*
	Yes	90 (35.0%)	33 (6.5%)	123 (16.0%)	
	Total [^]	257	510	767	
Compliant on any CRC screening test	No	166 (57.4%)	464 (89.2%)	630 (77.9%)	< .0001*
	Yes	123 (42.6%)	56 (10.8%)	179 (22.1%)	
	Total ⁺	289	520	809	

* p-values are based on χ^2 test ^ Among patients due for colonoscopy during study † Among all eligible patients

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What is the degree of CCSP effectiveness towards improving colonoscopy screening behavior?

Outcome	Odds	p-value
	Ratio	
Had colonoscopy referral during study (among pts due)	4.8	< .05
Had colonoscopy exam during study (among pts due)	7.9	< .01
Compliant on any test	5.9	< .001

Logistic models adjusted for clustering at the clinic level. All analyses controlled for race and age.

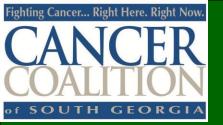
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- Navigated patients were:
 - Nearly <u>5x more likely to receive a colonoscopy referral</u>
 - Nearly <u>8x more likely to have a colonoscopy</u>
 - Nearly <u>6x more likely to be compliant</u> with colorectal cancer screening guidelines
- Patient navigation, delivered through CCSP, can be an effective approach to deliver life-saving, preventive health screenings (colonoscopies) to low-income adults at average risk for colorectal cancer

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Navigation within a coordinated system of care – based within the patient-centered medical home and in partnership with other providers – is essential to overcoming barriers, increasing cancer screening and reducing disparities in underserved communities.

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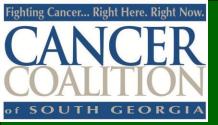


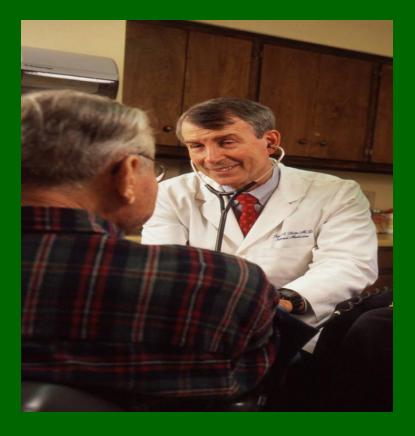
Relevance to CoC Cancer Program Standards

A community-based cancer screening program may address:

- **STANDARD 1.8** Monitoring Community Outreach
- **STANDARD 1.12** Public Reporting of Outcomes
- **STANDARD 3.1** Patient Navigation
- **STANDARD 4.1** Prevention Program
- **STANDARD 4.2** Screening Program

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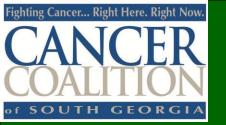




Thank you, Dr. Jim Hotz !

Internal Medicine-Albany Area Primary Health Care Medical Director, Cancer Coalition of South Georgia

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Thank you, Navigators!

- Rhonda Green (also the CCSP Manager)
- Charles Greene
- Beverly Nembhard
- Tarccara Hodge



With oversight by Denise Ballard, MEd Vice President, Cancer Prevention and Control

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Cancer Coalition of South Georgia

www.sgacancer.org

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