SCREEND

Improving Colorectal Cancer Screening Rates in North Dakota

Patient Navigation

Quality Health Associates *of* North Dakota

In my many years as a gastroenterologist, navigation is the only approach I have seen that resulted in colonoscopy completion by over 96% of patients….in an underserved, low-income, uninsured population, many of whom did not speak English, some of whom were homeless…the importance of the work that you are doing cannot be overstated.

Lynn F. Butterly, MD

Principal Investigator,

New Hampshire Colorectal Cancer Screening Program

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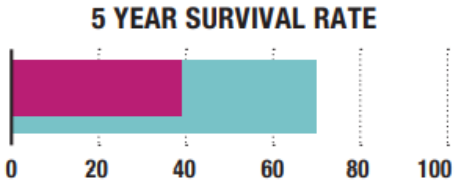
USING MULTIPLE EVIDENCE-BASED INTERVENTIONS INCREASES SCREENING RATES

24% Increase in adults **up-to-date with colorectal cancer screening** after using patient navigators + client reminders + provider reminders.[7]

Patient navigators at a major urban health system:[8]

- **Reduced no-show/cancellation** rates by **3%**
- Generated revenue that paid for **2 navigator salaries** after 3.5 months.
- Generated **$150,000** in **additional hospital revenue** (per Navigator).

Patient navigators and increased access to screening at an urban hospital center[9] increased **five-year survival rates in breast cancer** from **39% to 70%**



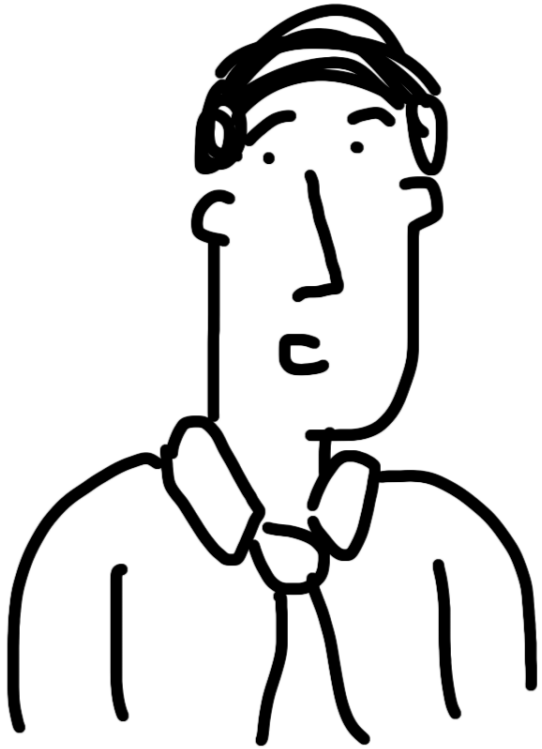
Early Detection Reduces Costs

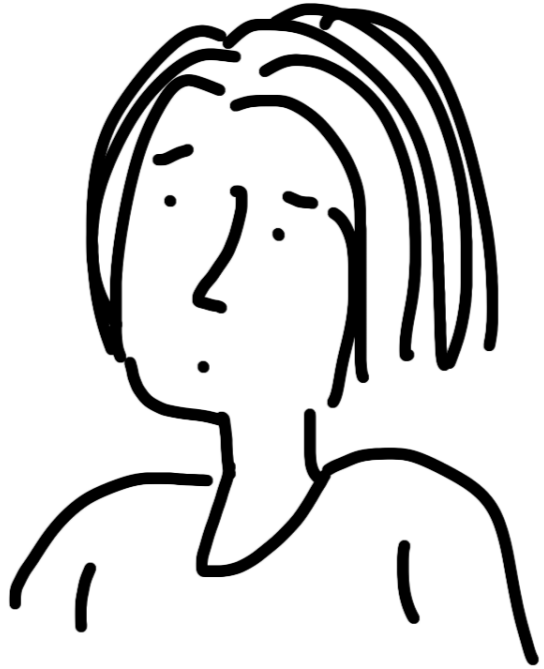
Stage 1: $
Stage 4: $$$

Late-stage cancer requires more expensive treatment. Colon cancer stage 4 treatment is three times more expensive than stage 1 treatment costs.

No Time For Guesswork (cdc.gov)

We have a high conversion rate. 98% of our visitors exit the site confused.





freshspectrum.com

Breaking Down Barriers

A complex mix…(alphabetical – no order)

- Belief that screening is not needed (no sx, no family hx)
- Bowel preparation unpleasant/Not understanding how to take the bowl prep.
- Challenges r/t child or elder care
- Difficulty getting time off work for prep/procedure
- Discomfort or fear of procedure
- Embarrassment/Modesty
- Fear of results/fatalism about cancer
- Geographically too far from endoscopy site.
- Homelessness
- Inability to identify someone to accompany the patient home on test day
- Lack of knowledge about colonoscopy
- Lack of knowledge about CRC and need for screening
- Lack of transportation to and from the procedure
- Mistrust of the medical system
- No insurance or being unaware that most insurance covers CRC screening with no out-of pocket costs under the Affordable Care Act.
- No medical home
- Other priority health issues
- Provider did not recommend screening.

NHCRCSP Patient Navigation Replication Manual

Implications of the Covid-19 Pandemic on CRC

Reigniting Colorectal Cancer Screening as Communities Face and Respond to the Covid-19 Pandemic (June 2020)

Reigniting colorectal cancer screening in response to the Covid-19 pandemic: A Playbook (NCCRT)

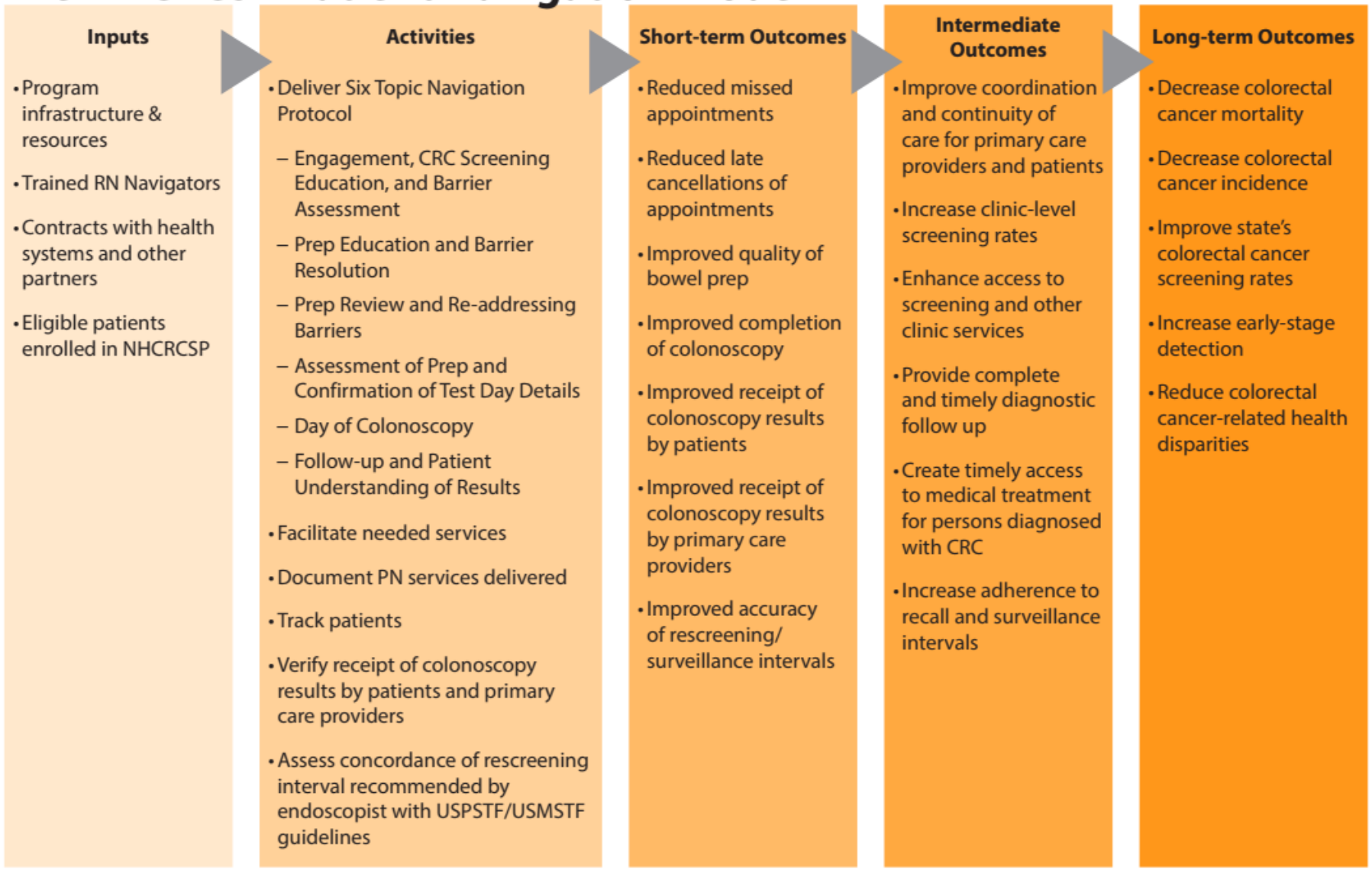
Overarching Messages to Guide Our Response to Delays in Screening:

1. **There are several safe and effective tests to screen for colorectal cancer,** including stool tests (fecal immunochemical test [FIT], guaiac fecal occult blood test [FOBT], multi-target stool DNA [mt-sDNA]), and tests which provide a structural exam of the colon and rectum including colonoscopy, sigmoidoscopy, and CT colonography (also called virtual colonoscopy).
2. **Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic.** Efforts to promote screening in populations with low screening prevalence must be at the forefront of our focus and accelerated immediately.
3. **For those at the highest risk, access to colonoscopy should be prioritized.** While multiple screening options are now available to those at average risk, people at above average risk or high risk for colorectal cancer due to family history or a positive initial screening test should be given priority to complete colonoscopy.
4. Overcoming the screening barriers and delays resulting from the pandemic is urgently needed and will demand that organizations work creatively to find new solutions. **Close collaboration between every partner in the health care system and critical policy changes will help us accomplish this critical preventive health goal.**

- https://nccrt.org/resource/a-playbook-for-reigniting-colorectal-cancer-screening-as-communities-respond-to-the-covid-19-pandemic/

Sustainable Solution: Patient Navigation

The NHCRCSP Patient Navigation Model

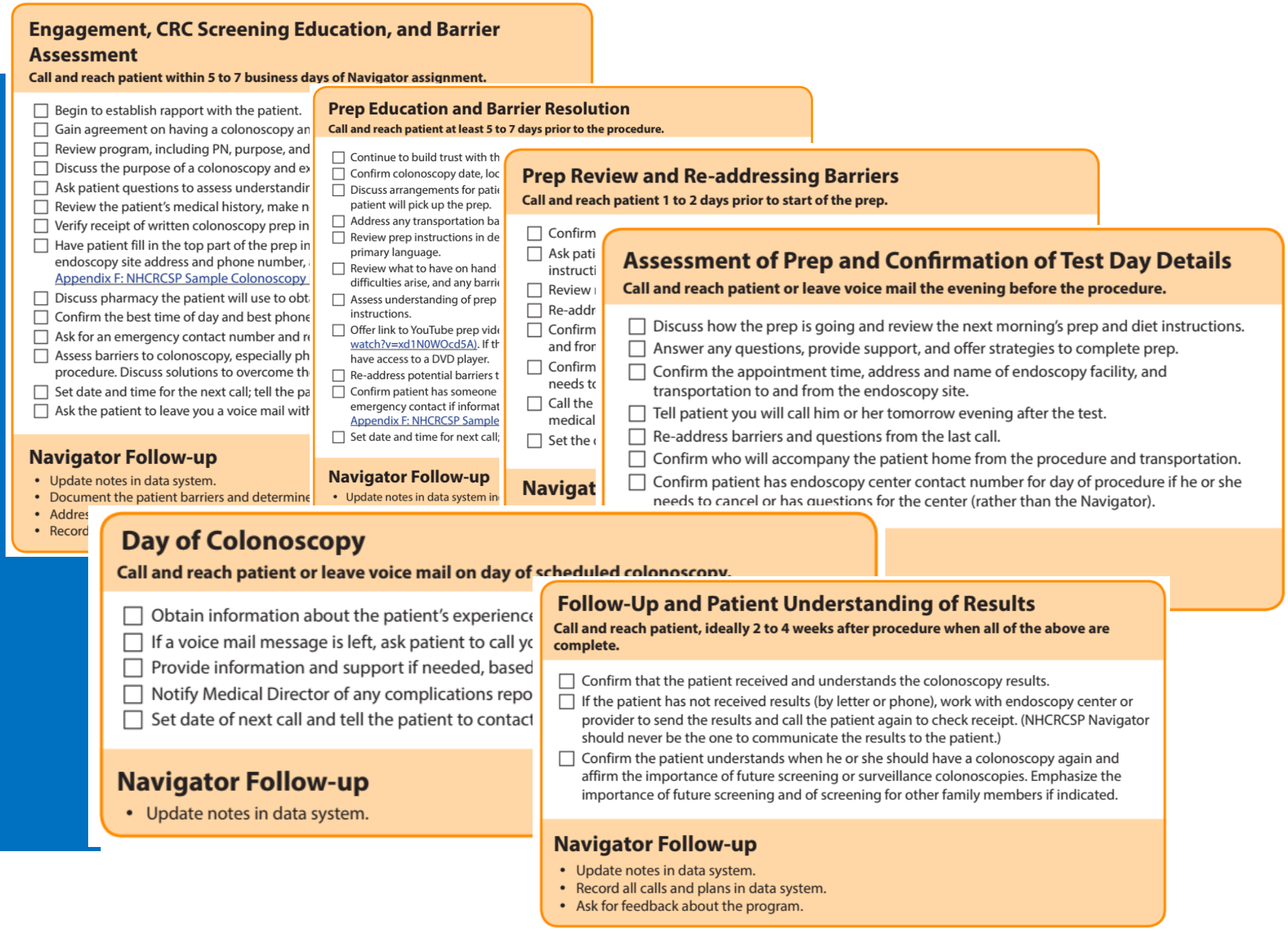


(NHCRCSP Patient Navigation Replication Manual)

Core Elements of the NHCRCSP Patient Navigation Model

1. Nurse Navigators
2. Patient navigation champion with clinical expertise
3. Medical Oversight of the Navigation Intervention
4. Partnerships
5. Navigation Protocol – established topics at defined time intervals
6. Effective Data System
7. Philosophy of Shared Success

Six-Topic Navigation Protocol



Engagement, CRC Screening Education, and Barrier Assessment

Call and reach patient within 5 to 7 business days of Navigator assignment.

- ☐ Begin to establish rapport with the patient.
- ☐ Gain agreement on having a colonoscopy an
- ☐ Review program, including PN, purpose, and
- ☐ Discuss the purpose of a colonoscopy and ex
- ☐ Ask patient questions to assess understandir
- ☐ Review the patient's medical history, make n
- ☐ Verify receipt of written colonoscopy prep in
- ☐ Have patient fill in the top part of the prep in endoscopy site address and phone number, Appendix F: NHCRCSP Sample Colonoscopy
- ☐ Discuss pharmacy the patient will use to obt
- ☐ Confirm the best time of day and best phone
- ☐ Ask for an emergency contact number and r
- ☐ Assess barriers to colonoscopy, especially ph procedure. Discuss solutions to overcome th
- ☐ Set date and time for the next call; tell the pa
- ☐ Ask the patient to leave you a voice mail with

Navigator Follow-up

- Update notes in data system.
- Document the patient barriers and determine
- Addres
- Record

Prep Education and Barrier Resolution

Call and reach patient at least 5 to 7 days prior to the procedure.

- ☐ Continue to build trust with th
- ☐ Confirm colonoscopy date, loc
- ☐ Discuss arrangements for patie patient will pick up the prep.
- ☐ Address any transportation ba
- ☐ Review prep instructions in de primary language.
- ☐ Review what to have on hand difficulties arise, and any barrie
- ☐ Assess understanding of prep instructions.
- ☐ Offer link to YouTube prep vide watch?v=xd1N0WOcd5A). If th have access to a DVD player.
- ☐ Re-address potential barriers t
- ☐ Confirm patient has someone emergency contact if informat Appendix F: NHCRCSP Sample
- ☐ Set date and time for next call;

Navigator Follow-up

- Update notes in data system in

Prep Review and Re-addressing Barriers

Call and reach patient 1 to 2 days prior to start of the prep.

- ☐ Confirm
- ☐ Ask pati instructi
- ☐ Review
- ☐ Re-addr
- ☐ Confirm and fror
- ☐ Confirm needs to
- ☐ Call the medical
- ☐ Set the

Navigat

Assessment of Prep and Confirmation of Test Day Details

Call and reach patient or leave voice mail the evening before the procedure.

- ☐ Discuss how the prep is going and review the next morning's prep and diet instructions.
- ☐ Answer any questions, provide support, and offer strategies to complete prep.
- ☐ Confirm the appointment time, address and name of endoscopy facility, and transportation to and from the endoscopy site.
- ☐ Tell patient you will call him or her tomorrow evening after the test.
- ☐ Re-address barriers and questions from the last call.
- ☐ Confirm who will accompany the patient home from the procedure and transportation.
- ☐ Confirm patient has endoscopy center contact number for day of procedure if he or she needs to cancel or has questions for the center (rather than the Navigator).

Day of Colonoscopy

Call and reach patient or leave voice mail on day of scheduled colonoscopy.

- ☐ Obtain information about the patient's experience
- ☐ If a voice mail message is left, ask patient to call yo
- ☐ Provide information and support if needed, based
- ☐ Notify Medical Director of any complications repo
- ☐ Set date of next call and tell the patient to contact

Navigator Follow-up

- Update notes in data system.

Follow-Up and Patient Understanding of Results

Call and reach patient, ideally 2 to 4 weeks after procedure when all of the above are complete.

- ☐ Confirm that the patient received and understands the colonoscopy results.
- ☐ If the patient has not received results (by letter or phone), work with endoscopy center or provider to send the results and call the patient again to check receipt. (NHCRCSP Navigator should never be the one to communicate the results to the patient.)
- ☐ Confirm the patient understands when he or she should have a colonoscopy again and affirm the importance of future screening or surveillance colonoscopies. Emphasize the importance of future screening and of screening for other family members if indicated.

Navigator Follow-up

- Update notes in data system.
- Record all calls and plans in data system.
- Ask for feedback about the program.

NHCRCSP Outcomes

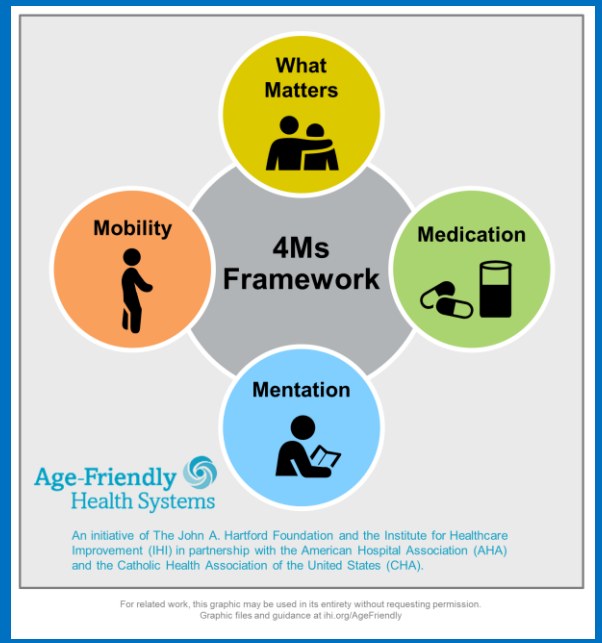
Results of the comparison study showed that the navigated patients were:

11 times
more likely
to complete colonoscopy than non-navigated patients.

40 times
less likely
to miss the colonoscopy appointment.

6 times
more likely
to have adequate bowel prep than non-navigated patients.

How Does the Age Friendly 4- M's Framework Fit In?



What Matters: (Refer to module 3)

- Choice of test
- Understanding of risks
- Clear instructions to complete the chosen screening test.

Medications:

- Colonoscopy consideration of altering/stopping meds before procedure and resuming following procedure
  - Blood thinners, diabetes meds, iron supplements
  - Prescription pain meds (do not stop)
- Colon prep instructions

Mentation: 3 Biggest Fears About Getting a Colonoscopy - Ask Dr Nandi

- Fears:
  - It's going to be embarrassing
  - It's going to be painful
  - I'm afraid to get the results
- Colonoscopy and dementia? Experts agree it's a bad idea.

Mobility

- What special instructions might be needed to prepare someone with limited mobility? Falls Risk Assessment? Do they need an assistant?
- Transportation/Driver day of colonocopy

Using Medicare Annual Wellness Visits

- Visit to develop or update a personalized prevention plan and perform a Health Risk Assessment
  - ✓ Covered once every 12 months
  - ✓ Patient pays nothing (if provider accepts assignment)

A Framework for Patient-Centered Health Risk Assessments- Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries (cdc.gov)

Do you currently provide patient navigation services?

- How much time did it take to get running efficiently?
  - Purpose/Mission/ Processes/roles
  - What were key lessons learned?
  - Who were your partners?

- Did you set goals or expected outcomes for your program?
  - How do you track your progress?
  - Team communication?

- How and who did you select as your patient population?
  - Is this reassessed on a regular basis?

- How did you secure leadership support?
  - Funding sources?
  - ROI/Reduce lost revenue?
  - Philosophy of population health?

News Flash!

- Medicare Loophole Bill has PASSED (12/22/2020)
  - Legislative process began in 2012
  - Gradual phase out of the out-of-pocket cost over time, rather than removing it immediately. Patients will be responsible for a decreasing coinsurance with the cost being completely phased out by 2030.

News Flash!

- May 18, 2021

Resources for the Journey Ahead

Resources: www.ScreeND.org

- NCCRT Playbook
- NHCCSP: Patient Navigation Model Replication Manual
- https://fightcolorectalcancer.org/
- Dr. Nandi: 3 Biggest Fears...colonoscopy

Next Steps

- Consider reserving a team meeting agenda to discuss the barriers list and see how many of those you can resolve.
- Discuss with your team who may be the most appropriate patient's for navigation services.
- Evaluation: https://www.surveymonkey.com/r/ScreeND_Module_4_042221

Next Call: June 16th, 12 noon. Topic: Crappy Communication (pun intended), with Guest: Beverly Greenwald!

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