



Improving Colorectal Cancer Screening Rates in North Dakota

Patient Navigation

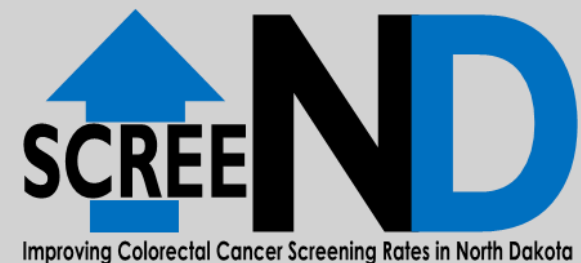
“It’s helping them where they’re at”



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



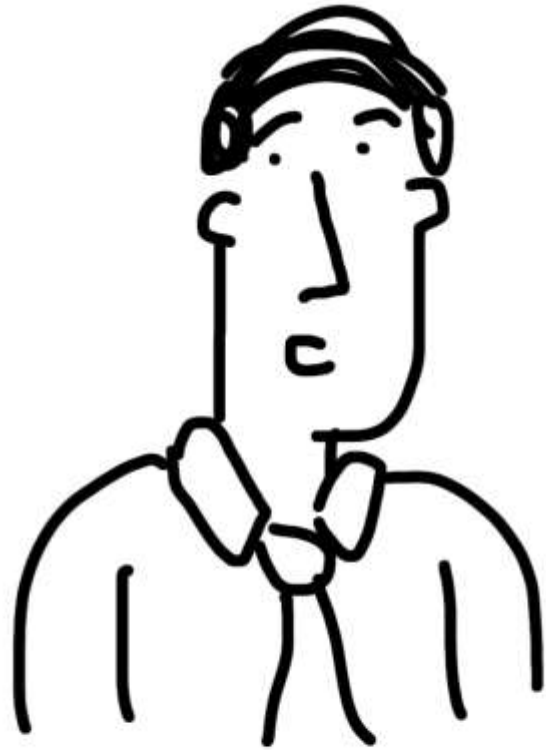


Patient navigation is often considered an overwhelming term. What is your definition?

***Mikisha Longie
QNB Memorial Healthcare Facility
Belcourt***



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



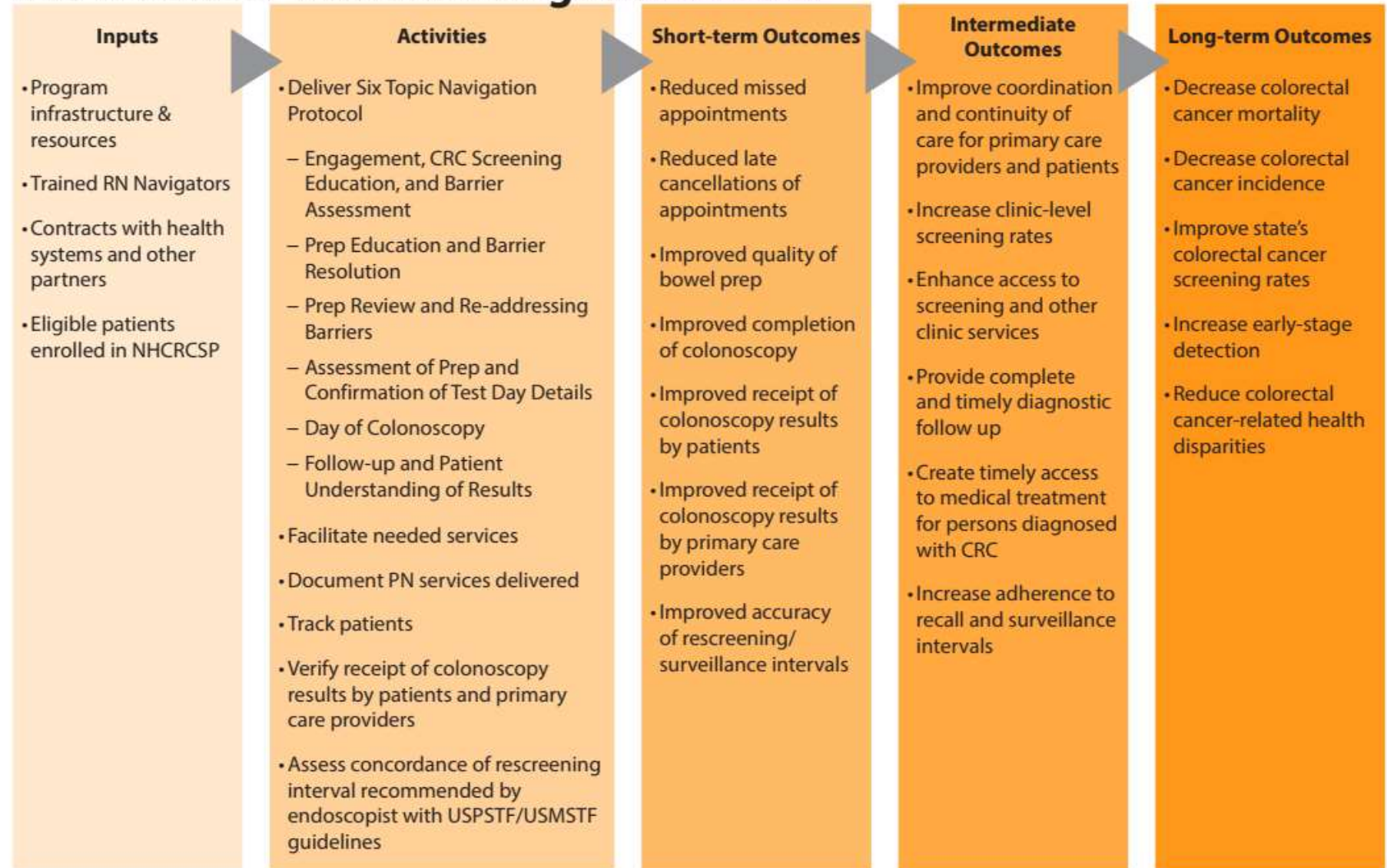
Breaking Down Barriers

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.

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 and discuss the benefits.
- Review program, including PN, purpose, and location.
- Discuss the purpose of a colonoscopy and explain why it is important.
- Ask patient questions to assess understanding of the procedure.
- Review the patient's medical history, make notes, and address any barriers.
- Verify receipt of written colonoscopy prep instructions.
- Have patient fill in the top part of the prep instructions with endoscopy site address and phone number. See [Appendix F: NHCRCSP Sample Colonoscopy](#).
- Discuss pharmacy the patient will use to obtain the prep.
- Confirm the best time of day and best phone number to reach the patient.
- Ask for an emergency contact number and name.
- Assess barriers to colonoscopy, especially phone access. Discuss solutions to overcome them.
- Set date and time for the next call; tell the patient to leave a voice mail with the date and time.
- Ask the patient to leave you a voice mail with the date and time.

Navigator Follow-up

- Update notes in data system.
- Document the patient barriers and determine solutions.
- Address barriers.
- Record all calls and plans in data system.

Prep Education and Barrier Resolution

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

- Continue to build trust with the patient.
- Confirm colonoscopy date, location, and time.
- Discuss arrangements for patient transportation to and from the endoscopy site.
- Address any transportation barriers.
- Review prep instructions in the patient's primary language.
- Review what to have on hand in case difficulties arise, and any barriers.
- Assess understanding of prep instructions.
- Offer link to YouTube prep video ([watch?v=xdl1N0W0cd5A](https://www.youtube.com/watch?v=xdl1N0W0cd5A)). If the patient does not have access to a DVD player.
- Re-address potential barriers to the procedure.
- Confirm patient has someone to accompany them to the endoscopy center if information is not available. See [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 the patient's understanding of the procedure.
- Ask patient to re-read prep instructions.
- Review the patient's understanding of the procedure.
- Re-address any barriers.
- Confirm and from the endoscopy site.
- Confirm needs to cancel or has questions for the center (rather than the Navigator).
- Call the medical center.
- Set the date and time for the next call.

Navigator

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 you back.
- Provide information and support if needed, based on the patient's experience.
- Notify Medical Director of any complications reported.
- Set date of next call and tell the patient to contact you.

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.

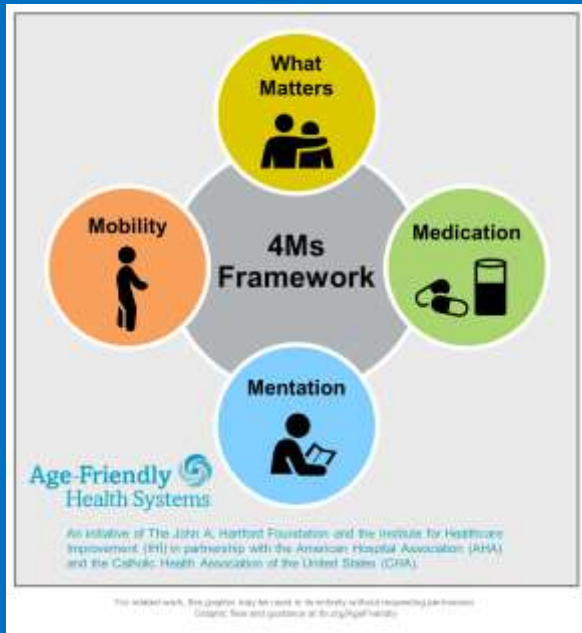


40 times
less likely
to miss the
colonoscopy
appointment.



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

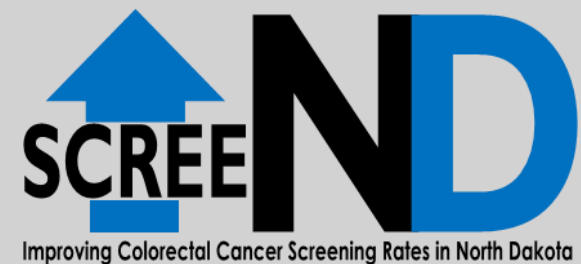
- What special instructions might be needed to prepare someone with limited mobility? Falls Risk Assessment? Do they need an assistant?
- Transportation/Driver day of colonoscopy

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?



Did you know?

Cost Share Update (shared in Dec)

- <https://screend.org/resource/whats-covered-demystifying-cost-sharing-for-colorectal-cancer-screening/>

Medicare has released the new physician fee schedule beginning 1/2023. Major update - a "follow-on" colonoscopy (as a result of a + stool test) is now considered a second step of screening. It is not applicable to cost sharing and now subject to co-pay/cost share. **HUGE WIN!** Other payors expected to follow suit. CPT Code: 45378 Modifier 33 for Commercial Insurance, modifier PT for Medicare.



Resources for the Journey Ahead

Resources: www.ScreenND.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://screend.org/eval/c4m5>

Next Call: March 14, 2023, 1 pm CT | Measuring Practice Progress

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