

A CANCER FREE WORLD STARTS HERE

Patient Navigation: How we got here and why it's important

Electra D. Paskett, PhD



Case Presentation

- Mrs. Jones: 33 yo Black woman with cervical abnormality (HGSIL) on routine Pap test. OB/GYN recommended colposcopy within 6 weeks. No other health issues. Has 5yo twins. College education; working.
- Mr. Smith: 51 yo Black man, presented with rectal bleeding and pain. PCP recommended colonoscopy ASAP. Hx of mental health issues, no transportation, difficulty understanding instructions. Lives alone.

Who returned for follow-up?

Barriers to Care Have an Impact

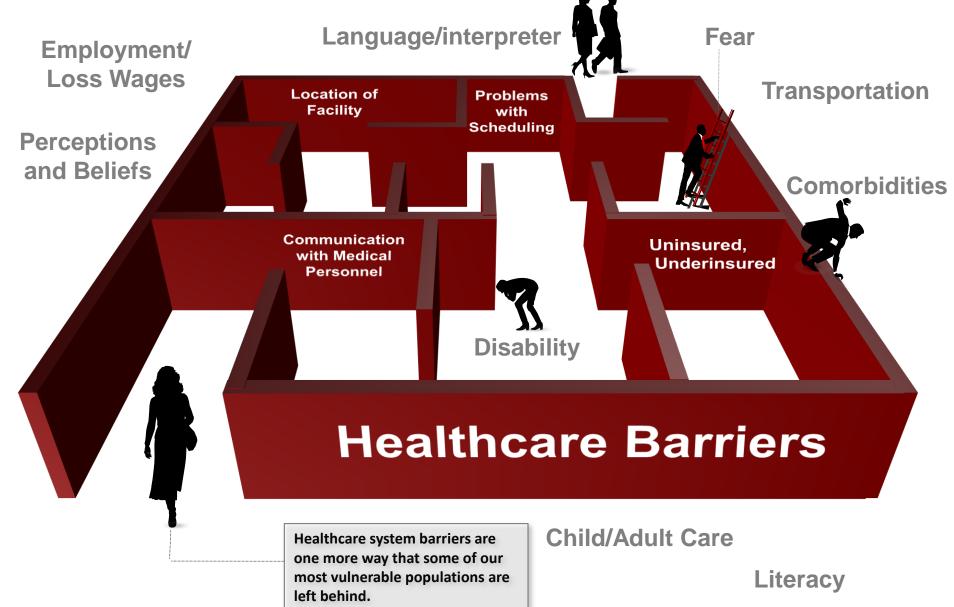
- Barriers patients face:
 - Finances/Health insurance issues
 - Transportation
 - Basic Needs food, shelter, utilities
 - Language literacy; non-English speaking
 - Knowledge, culture, fear
 - Health care system
 - Co-Morbidities
- Impact of these barriers:
 - Cancellations/No shows
 - Failure to receive treatment
 - Non-adherence to preventive health behaviors
 - Poor outcomes







U.S. Healthcare System Maze Needs a GPS for Vulnerable Populations



Patient Navigation as a Personalized GPS

Translate medical next steps and what to expect into lay language

Understanding of healthcare system pathways

Increasing access to clinical trials

Coaching and cultural, emotional and psychosocial support

Assistance with physical needs and other barriers to care

Facilitated referrals to community resources and social services







The Birth of Patient Navigation

The James



THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER

Beginnings of Patient Navigation

- 1990, Harlem, NY: Dr. Freeman noted:
 - In the 22-year period preceding, among lowest income Black women only 6% had stage 1 disease with 5-year survival rate of 39%
 - Commonly experienced barriers to timely care were:
 - Financial barriers, such as no health insurance
 - Communication and information barriers
 - Medical system barriers
 - Fear, distrust, and emotional barriers
 - The intervention consisted of 2 elements:
 - providing free and low-cost examinations/mammograms, according to recommended guidelines, and
 - patient navigation to ensure that all patients received timely diagnosis and treatment.
 - Results indicated: 41% diagnosed at early stage and 5-year survival rate of 70%.

Principles of Navigation

- PN is a patient-centric healthcare service delivery model.
- PN serves to virtually integrate a fragmented healthcare system for the patient.
- The core function is the elimination of barriers to timely care across all segments of the healthcare continuum.
- PN should be defined with a clear scope of practice that distinguishes the role and responsibilities of the navigator from that of all other providers.
- Delivery of PN services should be cost-effective and commensurate with the training and skills necessary to navigate an individual through a particular phase of the care continuum.
- The determination of who should navigate should be determined by the level of skills required at a given phase of navigation.
- PN systems require coordination.

Freeman and Rodriguez, Cancer, 2011

Patient Navigation Across The Health Care Continuum

Patient Navigation









PN will get patients into the health care system ever or faster



Abnormalities will be resolved OR cancers will be treated earlier



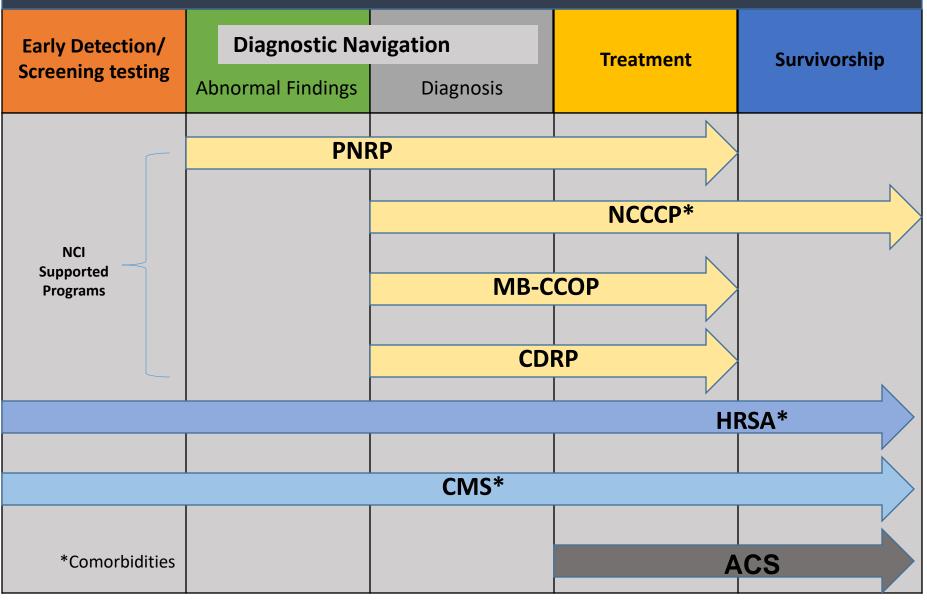
Resulting in better outcomes:

Morbidity and mortality Quality of care/satisfactior

Costs

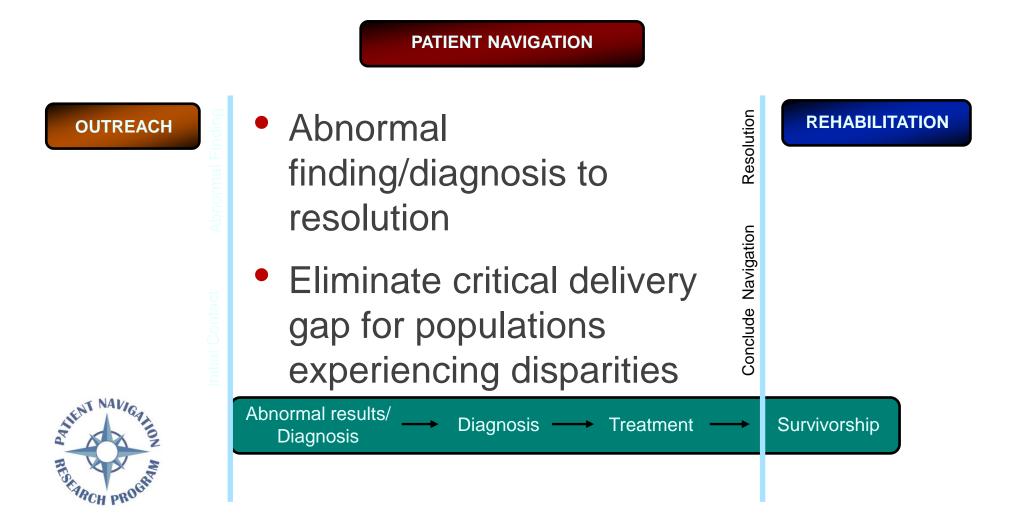
Patient Navigation Research Program (PNRP)

National Navigation Programs Across Cancer Care



The Ohio State University Comprehensive Cancer Center

General Framework of Patient Navigation



Patient Navigation Research Program

Navigators work with cancer patients to "navigate" the health care system and access appropriate social and financial services.







The most important role of patient navigators is to ensure that individuals with suspicious cancer findings receive timely diagnosis and treatment.



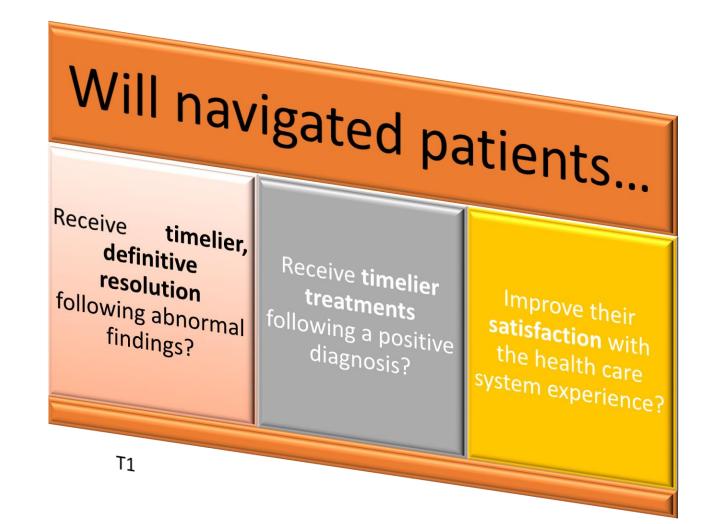
Cancer Types by Site

	Breast	Cervical	Colorectal	Prostate
Northwestern U—Chicago	х	x	х	х
UT—San Antonio	X	x		
University of Rochester	X		Х	
Boston University	X	X		
Ohio State University	X	X	Х	
GWU—Washington, DC	X			
Denver HHA	X		Х	Х
H Lee Moffitt - Tampa	X		Х	
Northwest Portland Area Indian Health Board	X	X	Х	Х

PNRP Target Populations

Site	African American	Hispanic	Other (Al/AN, API)	Underserved (Low Income)
Northwestern U - Chicago	Х	Х		
UT – San Antonio		Х		
University of Rochester				X
Boston University	Х	Х	X	Х
Ohio State University	Х			Х
GWU – Washington, DC	Х	Х		Х
Denver HHA	Х	Х		Х
H Lee Moffitt - Tampa	Х	X		Х
Northwest Portland Area Indian Health Board			Х	

PNRP Hypotheses



Impact on Diagnostic Resolution

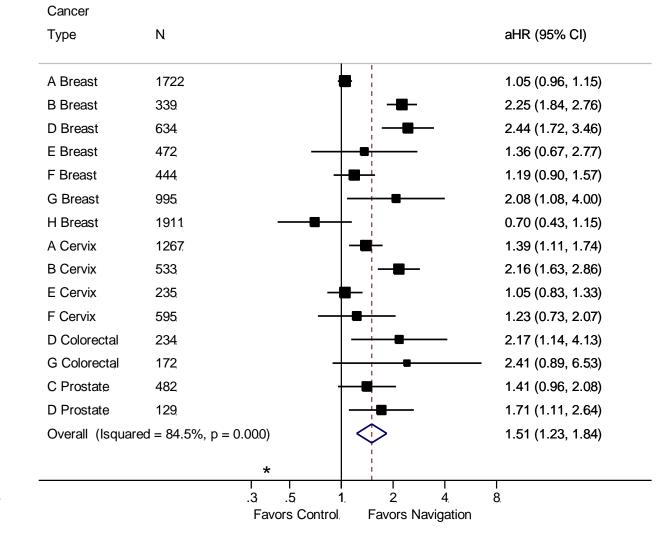
Will navigated
patients...Receive timelier,
definitive
diagnoses
following
Screenings that
result in abnormal
findings?

Navigation may decrease time to diagnostic resolution for •African Americans •Hispanics •Uninsured more barriers, inperson navigation may be a useful strategy for reducing time to diagnostic

barriers, telephone navigation may be a useful strategy for reducing time to diagnostic

F0T U-Z

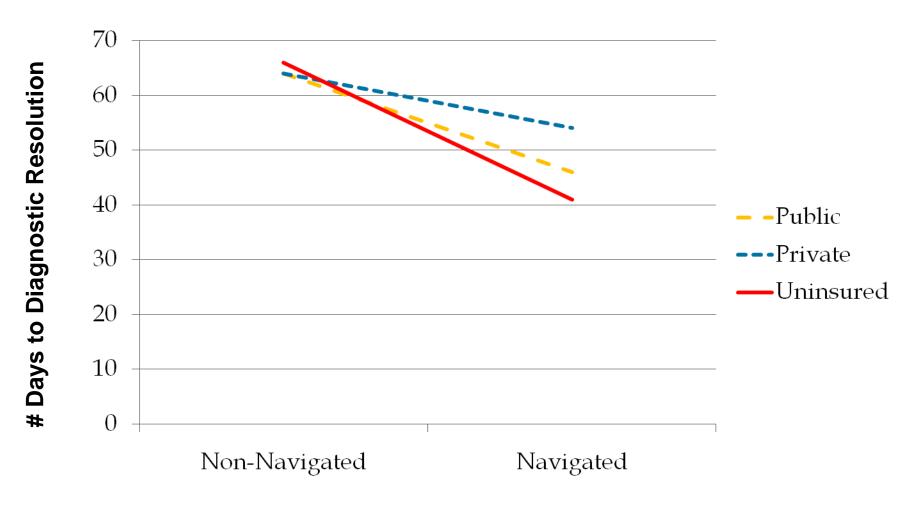
Meta-analysis of Impact of Patient Navigation on Diagnostic Resolution after Cancer Screening Abnormality from 91 - 365 Days



*I squared addresses the heterogeneity of the model, and is not the overall effect of the intervention

JNCI, 2014

Impact of Navigation on Time (T1) (Breast, Fitted Model)



Adjusted for group, age, race, insurance group x race, group x insurance





OSUCCC Experience





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Lay Patient Navigators

- A lay navigator is described as an individual who does not carry a clinical license and who does not have clinical responsibilities. This ensures their ability to focus on non-clinical barriers to care.
 - Examples of non-clinical barriers to care include: communication & informational barriers, medical system barriers, financial, practical barriers and social/emotional barriers.

- Additional training is provided to ensure their confidence to address identified barriers to care and link patients to reliable resources.
 - Core competencies for non-clinically licensed patient navigators were developed along with a certification program from the Academy of Oncology Nurse and Patient Navigators(AONN).
- Patients not only expressed satisfaction with the lay navigator but also with the ability to understand the information that was shared.

Community Health Workers

- Community health workers (CHW) are members of the public health sector who have an understanding of the culture of the community they represent.
 - Their role enables them to serve as a liaison between their healthcare team and community support to ensure they have seamless care.

- There is a certification for this position that goes through the board of Nursing here in Ohio.
 - There are also several Pathway Hubs that exists and CHW's are a part of a fee for service model but there is not a cancer pathway in Ohio.

 CHWs and health system embedded patient navigators are able to work together to address disparities and improve cancer outcomes through ongoing education, ensuring a smooth transition through the health care system, linking to available resources, providing emotional support and addressing financial barriers.

Navigation Continuum

Community Health Worker

Outreach and Education Link to PCP Link to Screenings Link to Community Resources Link to Health Care System Provide Financial Assistance Provide Transportation

Assistance

Assist w/ publicly funded health insurance

Patient Navigator

Link to diagnostic testing and treatment Address barriers to care Link to Psychosocial support Tailor Health Education to patient

May link to support groups End of Life Care Can provide motivation and support



Breast Health Navigation

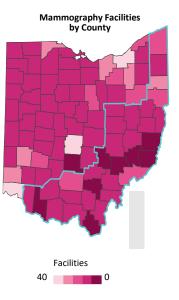




Late-stage breast cancer ratesLimited mammography facilities

 Breast centers; mobile vans; follow-up (2015-2020)
 Over 2,688 Mammograms: 48 Cancers detected

Partnered with:



Community Clinical Linkages



- We hosted 57 mobile events in urban settings in 2023 and 15 in Southeast Ohio.
- Through the mobiles and community outreach we were able to facilitate mammography screening for 1162 women.
- Our PNs then navigated 78 to dx resolution. They were able to enroll 763 in BCCP to pay for their services.
- CCHE referred 138 women to services and cervical screening coverage through the Breast and Cervical Cancer early detection program.
- We have assisted with enrolling clinics in the Breast and Cervical Cancer Early Detection Program, including adding OSU Family medicine and new outpatient facilities to our existing contract.

Return on Investment

Goal	Results
To reduce the "no show' and cancellation rates by 40% in the participating clinics	Baseline NS rate at Rardin = 14.6% for Medicaid patients No-show rates for navigated patients based on overall average for clinic entered in REDCap by Patient Navigators = 4.8% .
To increase adherence with recommended preventative follow-up and treatment tests in Medicaid patients seen at the participating clinics by at least 40%	 Mammography: 93% of navigated patients were adherent to mammogram screenings/kept appointments; Pap Smears: 96% were adherent to cervical cancer screenings/kept appointments; and Colonoscopy/FIT Tests: 95% of navigated patients were adherent to colorectal cancer screening recommendations. In addition, approximately 54 uninsured patients yearly were navigated to assess for eligibility for Medicaid, BCCP, or another programs and connected with funding coverage when possible.
To assess cost savings of the program	Positive return on investment – savings vs. cost of the PN position <u>Rardin PN benefits:</u> \$121,880: \$57,534 = 2.12
	Colposcopy PN benefits: \$20,175: \$7,671 = 2.63

*Funded by a grant from the Wexner Medical Center

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- Because he had a Navigator:
 - Coaching to take prep as instructed
 - Went to the hospital to accompany the patient home
 - Phone calls to his doctor's office, scheduling and transportation at OSU East
 - 5cm polyp removed on successful colonoscopy
 - Encouraged to be his own navigator

Conclusion

- Barriers impact access and adherence to cancer care for many populations
- PN has been evaluated to improve cancer care, especially in minority and vulnerable populations
 - Telephonic, in person, with CHWs as Community Connectors to PN
- PN needs to be implemented into routine care and in survivorship care
 - Focus on disparity populations
 - Payment models need to be explored
 - Implement along the continuum of care little known in survivorship
 - Assess and address barriers related to the Social Determinants of Health
 - Many of our patients have needs in this area that impact treatment receipt and outcomes
 - PN can reduce cancellations and no-shows as well as address issues patients have and facilitate additional testing/visits
 - PN could help get patients back in for needed tests/visits
- PN has a positive return on investment and patients have high satisfaction with PN and care overall
- Can everyone have a PN?

Thank you for your attention!

