Center for Cancer Surveillance and Control
Maryland Department of Health and Mental Hygiene
July, 2004

Standards of Care for Handling Results, Client Notification, Case Management, and Suggestions for "Linkage" to Treatment

The Conditions of Award for Cigarette Restitution Fund--Grants to Local Programs require "aggressive case management of positive findings." The Standards of Care, listed below, should be followed by providers and local programs:

- Include provisions in your provider contracts that:
    - The provider/contractor will send results of testing to the local program in order for the local program to reimburse the provider;
    - The provider will notify the local program of the results; and
    - The Medical Case Manager will inform/notify the program of the recommendations for follow up.

- Consider including standard forms with your contracts for the provider to report results back to the program (examples were included in CCSC HOM 03-09—attachments).

- Request that provider (Medical Case Manager) wait for pathology results to come back to the provider (if applicable) before finalizing his/her results and recommendations for follow up.

- Get a copy of the findings and provider (Medical Case Manager) recommendations and determine what the provider told the client about the findings and recommendations.

- Compare the findings and recommendations with the Minimal Elements for the appropriate cancer to determine whether the provider recommendations agree with the Minimal Elements

- If something does **not** agree, contact the provider to discuss the issues; also, contact DHMH for assistance if needed.

- Notify the client of his/her results either verbally and/or in writing.

- If the client has **positive or abnormal** results and the local program **cannot** notify the client verbally, send a certified letter to the client notifying him/her of the results and recommendations. If the certified letter is returned, consider that the client has **not** been notified. Consider home visits.

- If your program does not have sufficient funding to pay for further diagnosis and/or treatment of targeted or non-targeted cancers found during screening for those clients who are eligible for services by their income and insurance, then determine your procedures for "linking" a client to care. Suggestions are outlined below.

- A client who is **not** eligible for further screening, diagnostic, or treatment services because of income or health insurance should be informed of his/her results as outlined above, notified or the program's recommendations, and have one additional call made to assure that the client followed through on the recommendation(s).

- All case management should be documented in the chart and as appropriate, in the Client Database (CDB).

Suggestions for "linking" clients to diagnosis and treatment

The Cigarette Restitution Fund legislation reads as follows:

13-1109 (D) A comprehensive plan for cancer prevention, education, screening, and treatment shall: …

(6) demonstrate that any early detection or screening program that is or will be funded under a local public health cancer grant provides necessary treatment or linkages to necessary treatment for uninsured individuals who are diagnosed with a targeted or non-targeted cancer as a result of the screening process; …

Suggestions for case management and providing "linkages to necessary treatment for uninsured individuals":

For the local program:

- Develop a sheet/pamphlet that explains what your program will, will not, and may cover for diagnosis and treatment (see example in HO Memo 02-26—Att CRF Tools;)
- Document your program's procedures for determining eligibility for payment for diagnosis and treatment (income levels, insurance status, family/personal assets, etc.)
- Before screening, assure that the client understands what your program *will, will not*, or *may* be able to pay for, if an abnormality is found during cancer screening. Document this by having the client sign the appropriate consent form acknowledging his/her understanding.
- Develop a list of hospitals and providers by specialty in your jurisdiction (or possibly in close proximity to your jurisdiction as well)
- Describe your screening program to the providers
- Query the providers as to their willingness to see uninsured clients, what they would provide, whether they would put the client on "uncompensated care" (hospitals), whether they could work out a payment plan with the client, etc.

- Develop a list of the providers and the services they might provide
- Give this list to clients of the program who need further diagnosis or treatment
- If no providers are available in certain specialty areas, consider providers in other jurisdictions

For the client's medical record:

- Document the CRF program's efforts to "link" the client to care in the client's medical record.

Center for Cancer Surveillance and Control
Maryland Department of Health and Mental Hygiene
July, 2004

Case Management Based on Results of Cancer Screening and Eligibility for Services

The goals of case management are to assure that:

- **the client is aware of the his/her results and the recommendations made, and**
- **the client either receives or is linked to appropriate services.**

The charts below give information on the Case Management Group (by results of screening tests), the recommendations for that Group, the Eligibility Group (program eligible for services or not) and the *Minimum* Case Management needed under the Cigarette Restitution Fund Cancer Prevention, Education, Screening, and Treatment Program. Programs may choose to do more, but should at least do the *minimum case management.*

Note: If you cannot reach the client verbally by telephone, then a home visit, letter, or certified letter would be the next step to complete the minimum case management for notification. You may wish to notify the client verbally ***and*** send a letter to confirm the finding(s) and your recommendation for the client. If the client is sent a letter and the letter is **returned**, send a certified letter to assure that the client received the results. If the certified letter is returned, consider the client Lost to Follow-up.

Documentation of Case Management through Data Entry into the Client Database (CDB)

Enter each client's information in the Client Database (CDB) to document your case management, client notification, outcome, and recall.

Colorectal Case Management

Case Management Group	Recommendation*	Eligibility Group	Minimum Case Management
Negative FOBT—Average risk, no symptoms	Complete screening with sig or colonoscopy	Program eligible for more screening	Letter to notify client of results and recommendation and recall for screening, if appropriate
		NOT program eligible	Letter to notify client of results and recommendation and recall for screening, if appropriate
Negative FOBT—Increased risk or symptoms	For screening/work up, need colonoscopy or other work up	Program eligible	Telephone call to notify client of results and recommendation Try to schedule for colonoscopy or additional workup for symptoms
		NOT program eligible	Telephone call to notify client of results and recommendation
Positive FOBT	Complete screening/diagnostic work up with colonoscopy	Program eligible	Telephone call to notify client of results and recommendation Try to schedule for colonoscopy or additional workup
		NOT program eligible	Telephone call to notify results and recommendation Make a second call to client or otherwise contact client to see if the client followed through with your recommendation and the outcome, if available
Sigmoidoscopy negative	Annual FOBT with repeat sigmoidoscopy (or colonoscopy) in 5 years	Program Eligible	Telephone call to client or letter to notify client of results, recommendation, recall
Sigmoidoscopy finding: polyps or other suspicious finding	Complete screening with colonoscopy	Program Eligible	Telephone call to client to notify client of results and recommendation Schedule for colonoscopy or additional workup
Colonoscopy—inadequate (per Colonoscopist, e.g., could not reach cecum; poor preparation so stool obscured view of colon)	Complete screening with additional procedure(s) and at timing interval recommended by colonoscopist/ Medical Case Manager	Program Eligible	Telephone call to client to notify client of results and recommendation Schedule client for colonoscopy or additional workup as indicated by colonoscopist/Medical Case Manager

Case Management Group	Recommendation*	Eligibility Group	Minimum Case Management
Colonoscopy finding: **No colorectal cancer and adenoma** (that is, normal colonoscopy, or presence of hyperplastic polyps, other polyps inflammatory bowel disease, hemorrhoids, and/or diverticular disease but no cancer or adenoma)	Return for screening per Attachment 1 of Minimal Elements and Medical Case Manager	Program Eligible	Telephone call to client to notify client of results, recommendation, and recall Letter to client giving results, recommendation, and recall that client may need to discuss differences between the gastroenterologist's recommendations and the procedures the LHD will pay for and differences in recall dates
Colonoscopy finding: adenomatous polyps/adenoma, no cancer	Removal of polyps; Return for screening per Attachment 1 of CRC Minimal Elements and recommendation of Medical Case Manager based on risk and findings	Program Eligible	Telephone call to client o notify client of results, recommendation, recall Letter to client giving results, recommendation, and recall; may need to discuss differences between the gastroenterologist's recommendations and the procedures the LHD will pay for and differences in recall dates

Case Management Group	Recommendation*	Eligibility Group	Minimum case management
Colonoscopy finding: cancer or other finding requiring surgery	Treatment per Medical Case Manager recommendations	Eligible for additional CRF work-up, treatment, or case management services? **- Yes, and funds available to pay for diagnosis and/or treatment,** **or** **- Yes, eligible, but no funds available (that is, eligible for case management but program will not pay for diagnosis or treatment)**	In person or by telephone, make sure client knows results and recommendations Make sure that client has followed through with a provider for care, or, if not, that you have sent the client the recommendations by certified letter Complete at least the required elements on the Client Database for Eligible Clients including outcome, treatment, stage, notification, cycle outcome, etc. If you are paying for diagnosis and treatment services, you will need to be more involved with assuring that the client got the services for which you are being billed
		NOT Eligible for additional CRF work-up, treatment, or case management services **(for example, client has Medicare or Medical Assistance and program will not do case management)**	In person or by telephone, make sure client knows results and recommendations Make second contact to determine outcome and to make sure that client has followed through with a provider for care, or, if not reached or if client has not. followed through, that you have sent the client the recommendations by certified letter Complete at least the required elements on the Client Database for *Ineligible* Clients

***Recommendation:** See Standards of Care for Handling Results and Client Notification for how to obtain provider recommendations, etc. and Colorectal Cancer Minimal Elements