



UNIVERSITY of MARYLAND  
UPPER CHESAPEAKE MEDICAL CENTER  
PATRICIA D. AND M. SCOT KAUFMAN  
CANCER CENTER  
AN AFFILIATE OF THE UNIVERSITY OF MARYLAND  
MARLENE AND STEWART GREENEBAUM CANCER CENTER

Patient Navigation  
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# CULTURE OF EXCELLENCE

## Upper Chesapeake Health



Every Patient, Every Encounter, Every Day

# UCH Service Theme

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**We create a healing and compassionate environment by providing the finest in care, courtesy and service to all people with whom we interact.**

**Every patient, every encounter, every day**

# Timeline

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- ❖ August 2006 Cancer LifeNet established
- ❖ October 2007, 2010, 2013 accredited by ACoS
- ❖ 2010 established an affiliation with University of Maryland Medical Systems & Marlene and Stewart Greenebaum Cancer Center
- ❖ October 2013 Opening of the Patricia D. & M. Scot Kaufman Cancer Center
- ❖ December 2013 formally merged into UMMS



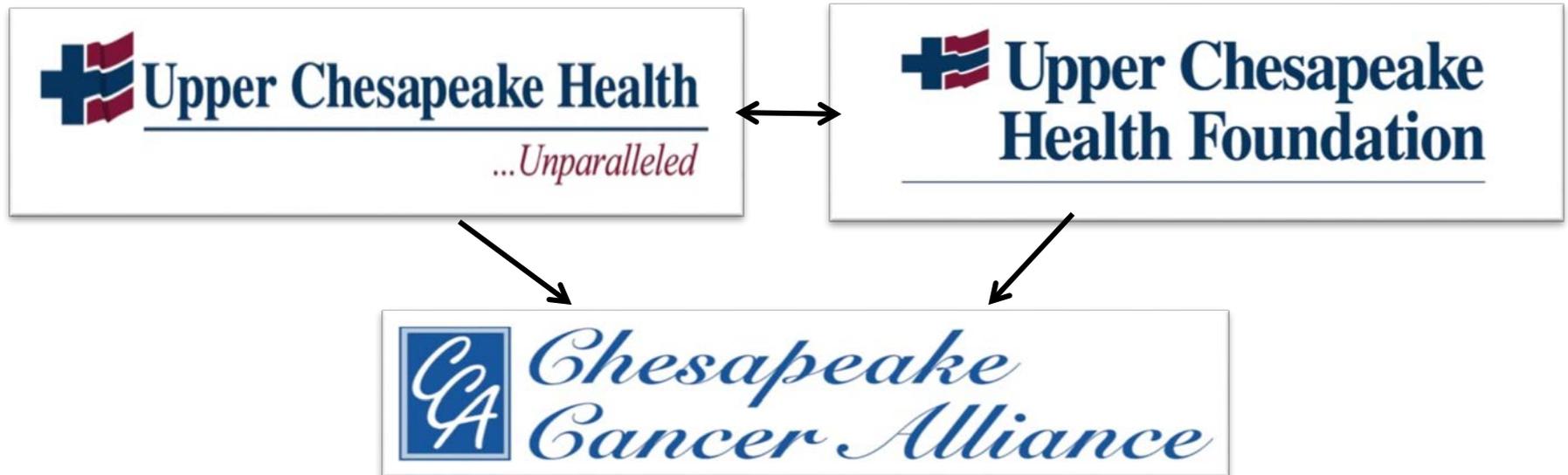


# Upper Chesapeake Cancer LifeNet

*Facing Cancer Together*

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Established in 2006





# Upper Chesapeake Health Cancer LifeNet

*Facing Cancer Together*

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## Our Early Model 2006

- Clinical Director
- Nurse Navigator Coordinator
- Integrative Oncology Care Coordinator (Supportive Care Services)
- Tumor Registry Coordinator & abstractors
- Establishing a cancer committee with goal of ACoS accreditation in 2007
- Upper Chesapeake Medical Center & Harford Memorial Hospital– PCP, Specialty Physicians--Surgery, Medical Oncology, Radiation Oncology, Pathology, Radiology, Community Outreach & HealthLink Primary Care Clinic
- Community Partners—ACS, Harford County Health Department (Cancer & Tobacco Coalition), The Red Devils, DSS, DHMH Office of Cancer Prevention
- UCH Foundation
- Community Members--Chesapeake Cancer Alliance

# UCH Kaufman Cancer Center

## *Scope of Services, 2014*

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### ➤ **Multi-D Providers**

- ❖ *Medical Oncology*
- ❖ *Radiation Oncology*
- ❖ *Surgical Oncology*
  - Thoracic
  - Breast
  - Plastics & Reconstructive
  - ENT (Head and Neck)
  - Urology
  - Gyn
  - General Surgery/GI
  - Neurosurgery
- ❖ *Radiology*
- ❖ *Pathology*
- ❖ *Multi-disciplinary clinics: Breast, Thoracic, Head & Neck*
- ❖ *Palliative Care Services*
- ❖ *Survivorship Clinic (July 2014)*

### ➤ **Breast Center – One Stop Service**

- All Imaging –screening & diagnostic services including: mammography, ultrasound, dexa scans, stereotactic biopsies.; MRI services with MRI bx's
- Dr. Milburn's practice co-located in the Center
- Breast Navigator w/in the Center
- Multi-disciplinary Breast Cancer Clinic w/in Cancer Center

### ➤ **Supportive Care Services**

- ❖ **Cancer LifeNet**
  - ❖ Nurse Navigators
  - ❖ Clinical Social Workers
  - ❖ Volunteer Navigators
  - ❖ Genetic Counseling
  - ❖ Nutritional Counseling
  - ❖ Integrated Therapies
  - ❖ Chaplain
  - ❖ Patient Financial Advocate

### ➤ **State of the Art Treatment**

- ❖ Radiation Therapy – linear accelerator technology
- ❖ High-dose radiation Brachytherapy
- ❖ CT/Simulation
- ❖ Infusion services/Chemotherapy Administration
- ❖ Clinical Research Trials
- ❖ Palliative Care

### ➤ **Diagnostics**

- ❖ Imaging services
- ❖ On-Site Lab

# Cancer LifeNet—Core Services

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Since 2006, Upper Chesapeake Health has offered the Cancer LifeNet Program, a Free support system for all individuals in Harford and Cecil Counties with a cancer diagnosis regardless of where they receive treatment.

## Oncology Nurse Navigators

- There are four site specific nurse navigators who work with the health care team to guide individuals through the health care system.
- We provide ongoing information and education to individuals and their caregivers about their illness and treatment, which includes symptom management.
- Finally, our nurse navigators provide compassionate coordination of care and communication between patients and their healthcare team.

## Volunteer Navigators

- The nurse navigators are supported by a network of specially trained volunteers who have firsthand experience with cancer who provide telephone outreach to patients on behalf of the team for moral support and to follow up on their status.
- They work under close supervision of the professional team and report back any identified patient needs to the nurse navigator and/or social worker.

## Oncology Clinical Social Work

- The Cancer LifeNet supportive care service is staffed by three full time and 3 part time clinical oncology social workers.
- Our oncology social workers provide counseling to individuals and families as they go through their cancer journey as well as facilitate and coordinate our support groups.
- Individualized counseling may also include help in dealing with the maze of insurance issues, social security benefits and prescription drug coverage.
- In addition, the staff is there for the patients and their families to ease the transition to life as a cancer survivor.

# Cancer LifeNet—Educational & Support Groups

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- ❖ Blood Cancer (LLS)
- ❖ Breast Cancer
- ❖ General Cancer—Swan Creek, Havre de Grace
- ❖ Prostate Cancer
- ❖ Head & Neck Cancer
- ❖ Healing Through Support
- ❖ Look Good Feel Better(ACS)
- ❖ Just 4 Me
- ❖ Meditation Classes
- ❖ Yoga
- ❖ CLIMB—Children’s Group
- ❖ Fresh + Local = Health
- ❖ Labyrinth Classes
- ❖ Weekly Chemotherapy Classes

# Cancer LifeNet—Other Services

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- ❖ Genetic Counseling On site from University of Maryland—  
Certified Genetic Counselor
- ❖ Nutritional Counseling-- Oncology certified RD
- ❖ Integrated Therapies—contractors & volunteers:reiki, healing touch, massage therapy, acupuncture, tai chi, yoga, meditation, and others (newly formed relationship with Maryland University of Integrative Health)
- ❖ Patient Financial Advocate

## Cancer LifeNet Summary for 2013

- Total Budget \$800,000
- 1162 people served
- Top 6 zip codes: 21014, 21001, 21078, 21009, 21015, 21040 which represents about 57% of total served
- 56% female 44% Male
- 10% were underinsured/uninsured
- 31% were employed, 46% were retired, 21% unemployed
- Ages:
  - <5% 0-19
  - 9% 20-45
  - 39% 46-64
  - 42% 65-80
  - 9% 81+
  - <5% Unknown

# *UCH Cancer Program Volume*

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|      | UCMC<br>NCDB Submissions | HMH<br>NCDB Submissions |
|------|--------------------------|-------------------------|
| 2005 | 516                      | 146                     |
| 2006 | 414                      | 126                     |
| 2007 | 435                      | 162                     |
| 2008 | 459                      | 106                     |
| 2009 | 513                      | 149                     |
| 2010 | 494                      | 169                     |
| 2011 | 530                      | 147                     |
| 2012 | 595                      | 142                     |



# Incidence Rate Report - Maryland by County

| County                | Annual Incidence Rate(†) over rate period - cases per 100,000 | Lower 95% Confidence Interval | Upper 95% Confidence Interval | Average Annual Count | Rate Period |
|-----------------------|---|-------------------------------|-------------------------------|----------------------|-------------|
| Maryland              | 456.6   | 454.1                         | 459.1                         | 26,414               | 2005-2009   |
| US (SEER+NPCR)        | 465.0   | 464.7                         | 465.4                         | N/A                  | 2005-2009   |
| Wicomico County       | 526.2   | 506.1                         | 547.0                         | 523                  | 2005-2009   |
| Worcester County      | 504.4   | 481.1                         | 528.8                         | 384                  | 2005-2009   |
| Harford County        | 494.8   | 482.2                         | 507.7                         | 1,209                | 2005-2009   |
| Cecil County          | 491.9   | 472.3                         | 512.1                         | 490                  | 2005-2009   |
| Frederick County      | 491.8   | 478.2                         | 505.6                         | 1,038                | 2005-2009   |
| Allegany County       | 484.3   | 464.4                         | 505.0                         | 463                  | 2005-2009   |
| Anne Arundel County   | 483.5   | 474.9                         | 492.2                         | 2,494                | 2005-2009   |
| Somerset County       | 482.1   | 446.5                         | 520.0                         | 138                  | 2005-2009   |
| Baltimore County      | 479.5   | 473.1                         | 486.0                         | 4,327                | 2005-2009   |
| Talbot County         | 475.1   | 448.8                         | 502.8                         | 269                  | 2005-2009   |
| Caroline County       | 474.4   | 442.6                         | 507.9                         | 168                  | 2005-2009   |
| Calvert County        | 474.0   | 452.6                         | 496.1                         | 393                  | 2005-2009   |
| Queen Annes County    | 473.9   | 447.6                         | 501.3                         | 254                  | 2005-2009   |
| Baltimore City        | 471.2   | 463.6                         | 478.8                         | 3,008                | 2005-2009   |
| Kent County           | 467.5   | 431.6                         | 505.9                         | 134                  | 2005-2009   |
| Washington County     | 466.5   | 451.6                         | 481.8                         | 746                  | 2005-2009   |
| St. Marys County      | 466.5   | 446.4                         | 487.3                         | 425                  | 2005-2009   |
| Carroll County        | 464.2   | 449.9                         | 478.8                         | 823                  | 2005-2009   |
| Dorchester County     | 449.0   | 420.4                         | 479.1                         | 191                  | 2005-2009   |
| Howard County         | 432.5   | 420.7                         | 444.5                         | 1,107                | 2005-2009   |
| Charles County        | 431.5   | 414.4                         | 449.1                         | 519                  | 2005-2009   |
| Garrett County        | 418.1   | 389.0                         | 448.9                         | 159                  | 2005-2009   |
| Prince Georges County | 408.1   | 401.3                         | 415.0                         | 2,989                | 2005-2009   |
| Montgomery County     | 406.7   | 401.1                         | 412.5                         | 4,032                | 2005-2009   |

Source: <http://statecancerprofiles.cancer.gov/cgi-bin/quickprofiles/profile.pl?24&001#incidence>

# Standard 3.1

## Patient Navigation Process

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A patient navigation process, *driven by a community needs assessment*, is established to address health care *disparities and barriers* to care for patients. *Resources* to address identified barriers may be provided either *on-site or by referral* to community-based or national organizations. The navigation process is *evaluated, documented, and reported to the cancer committee* annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment

# STANDARD 1.8

## Monitoring Community Outreach

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The community outreach coordinator monitors the effectiveness of community outreach activities on an annual basis. The activities and findings are documented in a community outreach activity summary that is presented to the cancer committee annually

# STANDARD 3.2

## Psychosocial Distress Screening

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The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care

# Harford County Community Health Needs Assessment

❖ The Harford County Community Health Needs Assessment is a reflective assessment of the health status of Harford County done every 3 years.

❖ Assessments meet the local community health needs, and are used to inform decisions about public health strategies to improve the health, safety and environment for Harford County residents.

❖ This assessment builds on previous efforts to identify and quantify public health concerns.

❖ It is a collaborative process that reports health indicator statistics and community stakeholder input in order to identify and prioritize our community health needs.

JULY 2012



HARFORD COUNTY  
COMMUNITY HEALTH NEEDS ASSESSMENT



 Upper Chesapeake Health



Harford County  
Health Department



# Upper Chesapeake Health Community Benefit Report

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## Cancer

- ❖ Cancer is the second leading cause of mortality in HC.
- ❖ Cervical Cancer
- ❖ Breast Cancer
- ❖ Prostate Cancer
- ❖ Skin Cancer
- ❖ Colorectal Cancer
- ❖ Oral Cavity and Pharynx

## Action Plan

- ❖ CLN offers free comprehensive professional supportive & educational services
- ❖ Low income women receiving mammograms through the NFL Breast Cancer Screening Grant
- ❖ Breast Cancer support groups
- ❖ CBNN coordinating and guiding breast care
- ❖ County wide free screenings

# Major Health Issues in Harford County

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- Obesity Prevention
- Tobacco Use Prevention
- Behavioral Health



# Cancer LifeNet Addresses Barriers to Care

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## Need

- ❖ Adult smoking rates in Harford County remain at 20% which is significantly higher than overall Maryland rate of 15-18%.
- ❖ Harford County has increasing rates of obesity and overweight adults
- ❖ Harford's suicide rate doubled from 2004-2009, we higher adult binge drinking rates, a severe shortage of mental health providers

## Response

- ❖ providing **FREE** eight-week tobacco cessation programs by a certified tobacco specialist and **FREE** NRT four times per year
- ❖ Oncology-certified Registered Dietician & "Health + Local= Fresh program offered regularly
- ❖ Distress & Suicide Screening Assessment —robust supportive care services including professional counseling and referral

# Cancer LifeNet Addresses Barriers to Care

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**Need:** Higher than average Breast Cancer mortality rate than the Maryland State Average. Specifically, along the Rt. 40 corridor, which correlates with a lack of health insurance, education and access to healthcare.

**Response:** Awarded \$50,000 NFL (ACS) grant to refer 300 uninsured or underserved women for a mammogram. The Breast Center Nurse Navigator work closely with the women enrolled in this program to help navigate patients in need of cancer services through diagnosis and treatment.

# The Power of Partnership

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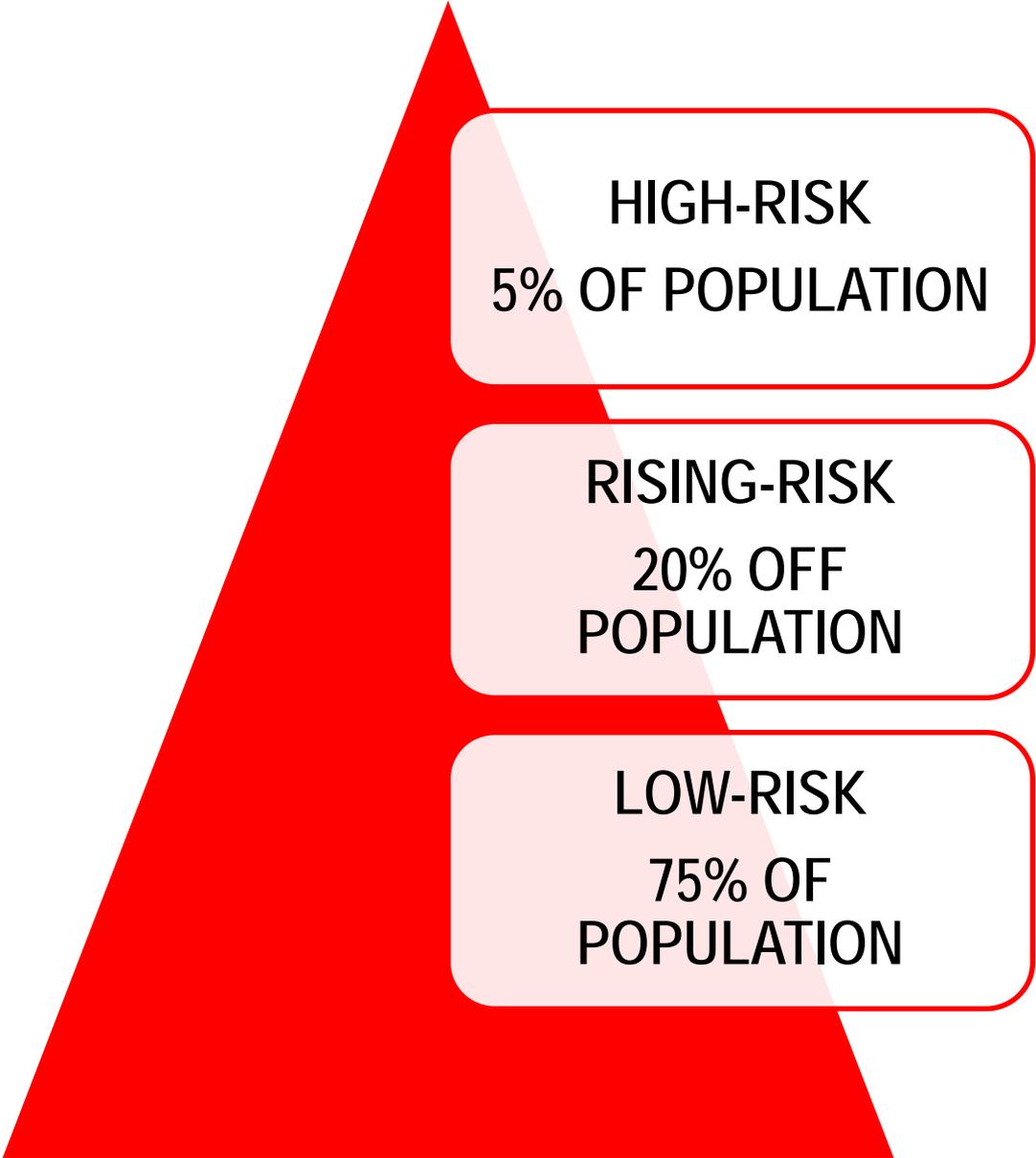
# Navigating the Future

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- ❖ Collaborate with key stakeholders and develop your 1 through 5 year goals
- ❖ Population Health Management
- ❖ Cost-effective, high quality care
- ❖ Measuring your Outcomes—establishing matrixes & dashboards that provide comparison to your community and beyond
- ❖ Collaborate and network with your local community partners in determining how to improve overall outcomes and the health of your community

# Meet Your THREE Patient Populations

- ❖ Creating and delivering comprehensive care, one on one with proactive navigation (i.e. Head & Neck Ancillary Clinic)
- ❖ Multiple risk factors that left unaddressed could lead to high cost then high-risk. (i.e. Distress screening, develop triggers, etc.)
- ❖ Maintain health-keep patient healthy (i.e. survivorship programs, health and wellness coaching, integrative



**HIGH-RISK**  
**5% OF POPULATION**

**RISING-RISK**  
**20% OF POPULATION**

**LOW-RISK**  
**75% OF POPULATION**

# Critical Factors for Success

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- ❖ Think of navigation as an essential part of your program.
- ❖ Collaboration—within your system, your community, through the social welfare and healthcare system
- ❖ Integration—build & incorporate into your current infrastructure, especially early on
- ❖ Look for Passionate Champions—get buy-in from key stakeholders: physician leaders, administration, local officials, community leaders
- ❖ Multidisciplinary—physicians, nurses, rehab, social work, nutrition, and other health care workers
- ❖ Patient & Family Centered Care—include them at the table!!



# Upper Chesapeake Cancer LifeNet

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*Facing Cancer Together*

## Questions

