

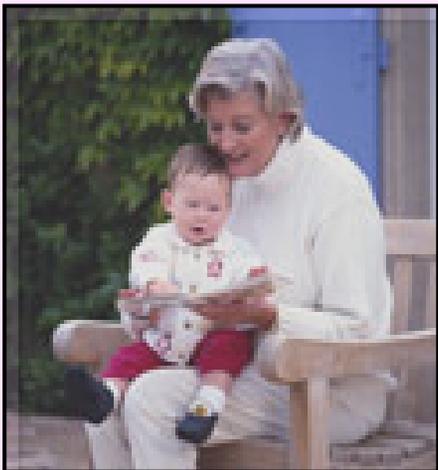


University of Maryland Marlene and Stewart Greenebaum Cancer Center Patient Navigator Program

November 16, 2005



Patient Navigator
Hospital-Based Model & Community-Based Model
Designed with the unique needs of our patients in mind



**University of Maryland
Marlene and Stewart Greenebaum
Cancer Center
Hospital-based Model**

Jessica Turgon, MBA

UMGCC Hospital-based Model

Leveraging the resources of the Cancer Center and the American Cancer Society for the benefit of our patients

- **Partnership with the American Cancer Society (ACS)**
 - First in Baltimore region
 - Provide typical navigation services for patients
 - Increase awareness and expand access for patients to ACS resources
- **Primary focus** – connecting with “at risk” newly diagnosed patients.
- **“At Risk”** – likely to encounter one or more barriers to care.
- **Navigator** – Cancer survivor and author with 5+ years of cancer ambulatory experience in a non-medical capacity.

UMGCC Hospital-based Model

- **Points of entry**

- Referral office
- Multi-Disciplinary Clinics
- Patients in active treatment

- **Finding the “at risk” patients**

- Educating referral office staff on “at risk” triggers
- Building awareness among physicians, nurses, social workers etc.
- Web site
- “Going where the patients are” – ambulatory clinic, infusion center, etc.

UMGCC Hospital-based Model

Off to a Good Start!

- Training/orientation August-September
- Available for patients - October
- October activity:
 - Most from meeting patients in ambulatory clinic and infusion center
 - Personal contact with 84 patients (43 men, 41 women)
 - Results
 - 41 - ACS Service Requests (prescriptions, transportation, image recovery, support groups, etc.)
 - 43 – informational visits – build awareness

UMGCC Hospital-based Model

Benefits Already Realized

- Making more services available for our patients
- Increasing focus on patient satisfaction
 - Increases patient interactions (someone to listen)
 - Ground level understanding of needs
 - Connecting to needed services
 - Support service recovery efforts
- Enhanced partnership with ACS

UMGCC Hospital-based Model

Patient Story

- Patient met by navigator in infusion suite
- Female colon cancer patient on Medical Assistance
- Discouraged, upset about appearance changes
- **Linked with ACS/UMGCC Resources**
 - Received a personal fitting for a wig
 - Received 2 wigs and will participate in next *ACS Look Good, Feel Better* program at the cancer center
- **Patient education** – allayed fears about port procedure



The Baltimore City Cancer Program Community-based Model

Stacey B. Stephens, LCSW - C

Baltimore City Cancer Program

Our Program

- A partnership between the University of Maryland Marlene and Stewart Greenebaum Cancer Center, the State of Maryland and the Department of Health and Mental Hygiene using Cigarette Restitution Funds
- Provides breast and cervical screening, diagnosis and treatment services for underserved women in Baltimore City

Our Mission

- To reduce Baltimore City's cancer morbidity rate for breast and cervical cancer
- To address cancer disparities among minorities
- To assure a medical delivery system for those women who need follow-up care
- To seek opportunities to extend the reach of the program.

Program Accomplishments

- Over last four years, performed over 10,000 free cancer screenings, including:
 - 3,036 oral cancer screenings (for 4 years)
 - 1,996 cervical cancer screenings
 - 2,448 clinical breast exams
 - 2,641 mammograms
- Detected 41 cancers, of which 35 have been breast cancer
- Presently we have 170 patients receiving Navigation Services

Our Patient Population...

- Women between the ages of 40-64
- Income 250th percentile below the poverty line (family size 2 = \$32,075/year)
- 87% African American
- Many are unemployed or are employed with limited health insurance
- 40% have primary care physicians
- 85% have co-morbidities (diabetes, hypertension)
- Many are the sole provider in the household

Patient Navigation, the Basics...

- Assistance to healthcare consumers (patients, survivors, families, and caregivers) to help them access and move through the healthcare system and overcome any barriers to quality care
- Usually an RN or Social Worker
- Key areas of focus
 - Help assure equal access to care for all patients
 - Help patients over barrier issues (initial access and all follow-up care)
 - Reduce time needed to move through medical delivery system

Source: NCI's Patient Navigator Research Program: Questions and Answers

<http://www.cancer.gov/newscenter/pressreleases/PatientNavigator>

Our Community-based Navigation Model, Tailored to our Patient Population

- Navigators are based in a community clinic, not the hospital
- Navigators work as team and provide culturally competent care
- Infrastructure support (medical director, administrative director, clerical support, outreach workers etc.) all community-based
- Navigators have close working relationships with hospital-based and outpatient clinical providers
- Navigators are aware of hospital based and community resources

Navigation begins when an abnormal finding is reported and continues until a patient has successfully integrated into aftercare

Potential Barriers for Patients

- Life demands (work, home, sole provider)
- Lack of understanding and fears about breast and cervical cancer
- Non-existing primary care provider
- Transportation
- Lack of coordinated care amongst providers
- Medical record/information not available at each scheduled appointment
- Lack of translation/interpretive services
- Transient population
- Lack of cultural sensitivity amongst care providers and clinics

Key linkages, some obvious, others not so obvious

- Scheduling appointments
- Referrals for transportation
- Help patients understand treatment plans developed by primary and specialty physicians.
- Medical records forwarded to specialty clinics
- Supportive counseling to patient and their family
- Utilize community outreach workers to locate transient patients

Key Challenge – providing the support needed while at the same time coaching patients on how to become advocates for their own care.

Lessons Learned

- **Ongoing assessment of barriers essential** - must be identified upon entry into the system and frequently reviewed throughout the course of care.
- **Relationships, relationships, relationships** - The Navigator must take the lead in building awareness with patients and members of the healthcare team.
- **Know the business** - Navigator should understand the clinical practice guidelines (CPG's) and disease process for Breast and Cervical Cancer

Community-Based Model

A Patient's Story

