CANCER PATIENT NAVIGATORS FORUM
NOVEMBER 8, 2012

"Patient Navigation in Kentucky: Then and Now"

Presented by:
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Director
University of Kentucky
Center for Excellence in Rural

Our Mission

Bailey-Stumbo Building, Hazard, KY

Working to improve the health of Kentucky's rural people through education, research, service and community engagement.

UK Center for Excellence in Rural Health
www.kyruralhealth.org

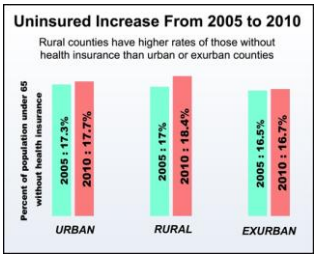
ORGANIZATION OF THIS PRESENTATION

- Introduction
- Problems Identified
- Why Patient Navigation is Needed
- Past/Present Programs Highlighted
- Overview of Progress Made
- Outcomes/Results
- Today's Community Health Workers Navigators Roles
- Q&A/Discussion

PROBLEMS IDENTIFIED

BARRIERS TO HEALTH CARE ACCESS IN RURAL AMERICA

- Access to the Health Care System
- Lack of Understanding of How to Navigate the Health Care System
- Uninsured/Underinsured/Underserved
- Transportation
- Access to Primary Provider
- Access to Medications
- Health Literacy
- Education on Illness
- Communication (culture)



http://www.dailyyonder.com/number-rural-uninsured-grows-recession/2012/10/01/4489

HEALTH STATUS

- High rates of obesity
- Low levels of physical activity
- Poor nutrition
- Lack of preventative health services
- High rates of smoking

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TREATMENT BARRIERS

Transportation
- Out-of-County residents
- No one to bring patient

Medical Bills
- Under-insured or no insurance

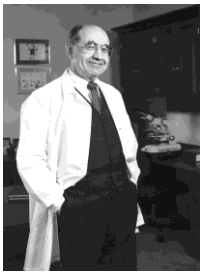
Medication
- Co-Pays
- No Insurance

Availability + Access ≠ Utilization

G. H. Friedell, M.D.
May 2, 1994

OVERVIEW OF PROGRESS

GIL FRIEDELL, M.D., DIRECTOR EMERITUS UNIVERSITY OF KENTUCKY MARKEY CANCER CENTER



Mountain SC-Outs Program

- Specially-trained female staff
- One-on-one interviews
- Counties with high cervical cancer rates
- Informed women about options for early cancer detection services.

KY HOMEPLACE HISTORY

In the early 1990's many rural Kentuckians were going without health care services, and in particular, preventive care.

The Commonwealth's General Assembly took the unique step in 1994 of earmarking taxpayer money for Kentucky Homeplace.

KENTUCKY HOMEPLACE

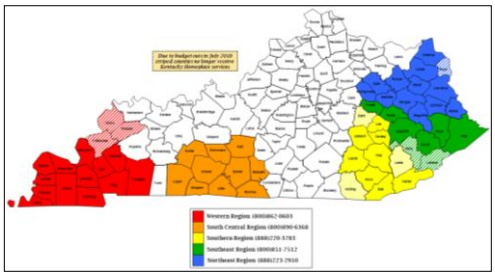
Mission

The mission of Kentucky Homeplace is to provide access to medical, social, and environmental services for the citizens of the Commonwealth.

Vision/Goals Statement

To educate Kentuckians to identify risk factors and use preventative measures to become a healthier people with knowledge and skills to access the healthcare and social system.

SERVICE AREA



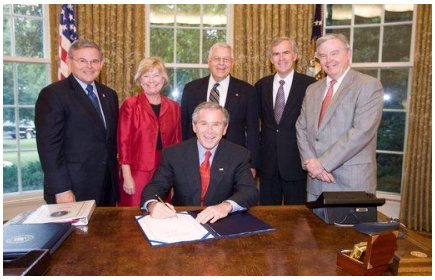
DR HAROLD FREEMAN

"Patient Navigators coordinate a patient's individual care, and serve as invaluable resources for patients and their caregivers, who might otherwise be discouraged by a variety of barriers."

"No person with cancer should be forced to spend more time fighting their way through the healthcare system than fighting their disease."

ROBERT'S STORY

STATEMENT ON H.R. 1812, THE "PATIENT NAVIGATOR OUTREACH AND CHRONIC DISEASE PREVENTION ACT OF 2005"



SOLUTIONS IDENTIFIED…CHWS/NAVIGATORS

C-Change
Collaborating to Conquer Cancer

http://www.cancerpatientnavigation.org/toolkit.html

Gil Friedell, M.D. Who can be navigators?

HEALTH POLICY NEWSLETTER VOL. 22, NO. 2 JUNE 2009

"Patient navigators may be community health workers, lay health educators, peer health promoters, medical assistants or nurses who serve as liaison between patients and providers to promote health among groups that may lack access to adequate health care.

The purpose of a Patient Navigator is to help reduce health care disparities; facilitate communication between patients and providers; assist patients in overcoming barriers to care; shape perceptions individuals may have about disease and specific health-related behaviors; provide outreach services and educational support; and offer culturally and linguistically competent assistance".

PAST AND PRESENT PROGRAM HIGHLIGHTS

- Mental Health Outreach
- Southeast Kentucky Community Access Program
- Health Buddies
- Colon Cancer Prevention and Screening
- Marcum & Wallace Memorial Hospital Emergency Room Navigator
- ARH/UK Markey Affiliate Cancer Center Patient Navigator Program

PAST PROGRAM PUBLISHED

"Outreach and Education for Colorectal Cancer Screening Using CHW's"

- Homeplace CHWs enrolled 637 clients in a colorectal cancer prevention study.
- Results:
  - The mean score of the 637 participants increased from 4.27 at baseline to 4.57 at follow-up ($p<.001$).
  - Clients showed increased awareness and asked physicians about colorectal cancer screening from 27.6% at baseline to 34.1% at follow-up ($p=.013$),

(Fetlner, Ely, Whitler, Gross & Dignan, 2012).

SUCCESSFUL PATIENT NAVIGATION: MAKING A DIFFERENCE IN APPALACHIA KENTUCKY

This joint effort involved
Hazard Appalachian Regional Hospital,
ARH, Affiliate Markey Cancer Center
UK Center for Excellence
in Rural Health
Kentucky Homeplace

HAROLD FREEMAN GRANTEES

- Kentucky-ARH Affiliate Markey Cancer Center
- New Orleans-Mary Bird Perkins Cancer Center
- California-Long Beach Todd Cancer Institute
- Washington-Providence Hospital
- New York-Ralph Lauren Cancer Center

GRANT GOALS

- To implement patient navigation programs in sites across the United States.
- Patient navigation would target the medically underserved
  - with the aim of reducing the time interval between abnormal cancer finding, diagnostic resolution, and treatment initiation.

BREAST CANCER SCREENING RESULTS

Findings	
Benign	5,023
Cancer	26
Follow-up	1,237

- Average time between suspicious findings and diagnostic conformation:
  17.4 days (year prior to navigator-30 days)
- Average time between diagnosis and treatment:
  10.5 days (year prior to navigator-45 days)

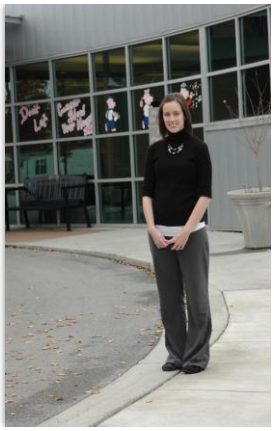
COLON CANCER SCREENING RESULTS

Findings	
Benign	2,157
Cancer	35
Follow-up	1,027

- Average time between suspicious findings and diagnostic conformation:
  1.7 days
  (year prior to navigator - 6 days)
- Average time between diagnosis and treatment:
  10.8 days
  (year prior to navigator- 61 days)

NAVIGATOR INTERVIEW

"…the patients come here with cancer however there are so many other life issues they have such as the electric bill they can't pay, or the food they don't have. In the area we serve, many of our patients are not only fighting cancer, they are also battling poverty."



RESULTS PUBLISHED

"Patient Navigation for Breast and Colorectal Cancer in Three Community Hospital Settings: An Economic Evaluation" (CNCR-11-2298.R2)

- **Conclusions:** Implementing breast or colorectal cancer patient navigation in community hospital settings serving low-income populations could be a cost-effective addition to standard cancer care in the US.

COMMUNITY HEALTH WORKER DIVISION

Current Programs

- Kentucky Homeplace
- Improving Diabetic Outcomes
  - sponsored through a gift from the Anthem Foundation
- Appalachian Lung Cancer Research Initiative of the Markey Cancer Center
- Lotts Creek Community School Wellness Program

IMPROVING DIABETES OUTCOMES IN APPALACHIA KENTUCKY

Determine effectiveness of nurse-led diabetes self management education program (DSME) coordinated by CHWs with client sample population characterized by high rates of diabetes and significant health disparities.

UK University of Kentucky Center for Excellence in Rural Health

Anthem Foundation

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SUCCESSFUL CHW ACTIVITIES

- Recruit study participants
- Administer study instruments
- Support nurse led-DSME
- Enhance DSME curriculum
- Home visit
  - Assess clients' living environments
  - Reinforce role of family members' support for diabetes self-management

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NURSE-LED DSME INTERVENTION

- Initial Assessment/Measurements
  - Body Mass Index (BMI)
  - A1C
  - Random Glucose
  - Blood Pressure
  - Foot Assessment

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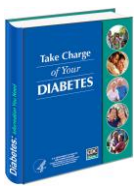
NURSE-LED DSME INTERVENTION

- Education Module- Based on "Take Charge of Your Diabetes", a CDC publication.
  - Overview
  - Nutrition
  - Activity/Exercise
  - Self-Testing Glucose Levels
  - Hypo/Hyperglycemia Prevention
  - Complications/Secondary Diseases



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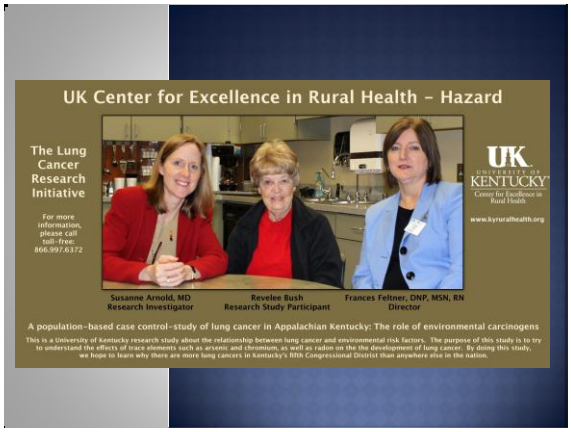
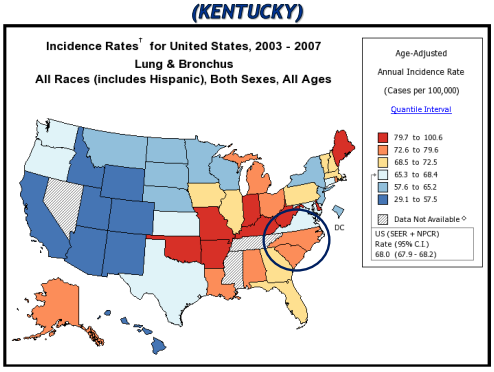
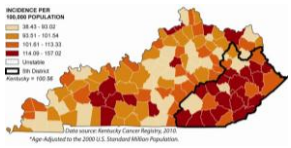


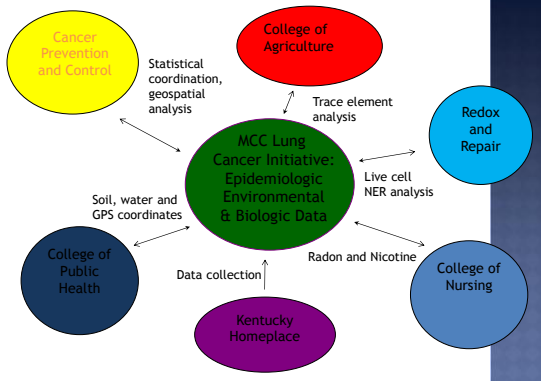
LUNG CANCER IN THE UNITED STATES (KENTUCKY)



LUNG CANCER DISPARITY IN SE KENTUCKY

- Lung Cancer Incidence Rate (age adjusted, 2006)
  - Appalachia (KY) 107.58 per 100,000
  - Kentucky 100.82 per 100,000
  - US 62.5 per 100,000
- Counties with "high" lung cancer rates :
  - 5th Congressional District 83%
  - remainder of Kentucky 38%





TODAY: WHO ARE CHWS/NAVIGATORS?

CHWs are known by a variety of names, including community health worker, community health advisor, outreach worker, community health representative (CHR), promotora/ promotores de salud (health promoter/promoters), patient navigator, navigator promotoras (navegadores para pacientes), peer counselor, lay health advisor, peer health advisor, and peer leader.

Addressing Chronic Disease through Community Health Workers: A POLICY AND SYSTEMS-LEVEL APPROACH

A POLICY BRIEF ON COMMUNITY HEALTH WORKERS National Center for Chronic Disease Prevention and Health Promotion Division for Heart Disease and Stroke Prevention

WHAT IS PATIENT NAVIGATION?

Patient navigation is a process by which an individual—a patient navigator—guides patients with a suspicious finding (e.g. test shows they may have cancer) through and around barriers in the complex cancer care system to help ensure timely diagnosis and treatment.

THE PATIENT NAVIGATOR

•A problem solver and a highly resourceful individual.
•A navigator can be a: Trained health care professional (social worker, nurse)
•Lay individual who can coordinate the needed health care services

COMMUNITY HEALTH WORKERS

- A Community Health Worker, (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.1[p.1]

http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393

NAVIGATORS

- Patient navigation in cancer care refers to the assistance offered to healthcare consumers (patients, survivors, families, and caregivers) to help them access and then chart a course through the healthcare system and overcome any barriers to quality care.
- A patient navigator can be a registered nurse or a social worker who functions as a "guide."
- Navigators help their patients move through the complexities of the healthcare system—getting them more timely treatment, more information about treatment options and preventive behaviors.2[p.1]

http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393

COMMUNITY HEALTH WORKERS EXPANDING THE SCOPE OF THE HEALTH CARE DELIVERY SYSTEM

- "The changing landscape of the U.S. population, which is growing older and more diverse, coupled with other challenges—the increasing complexity of the health care system, rising health care costs, growing numbers of uninsured, more people with chronic diseases, and provider shortages—have policymakers looking for ways to extend the already strained health care system and more effectively reach underserved communities".
- "In response, states are examining how community health workers (CHWs) can connect underserved populations with health and human service providers. Although the CHW concept is not new, states and other health care providers are partnering more often with these workers to help individuals navigate a complex health care system, receive primary and preventive care, maintain healthy behaviors, and manage chronic conditions in culturally and linguistically relevant ways".

BY Kristine Goodwin and Laura Tobler April 2008

CHW JOB CLASSIFICATION

- The United States Department of Labor, Bureau of Labor Statistics now recognizes and has classified the Community Health Worker title in category 21-1094.
- The job duties are described as: community health workers assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).
  http://www.bls.gov/soc/2010/soc211094.htm

TODAY NAVIGATORS HAVE THE ABILITY TO:

- Increase access to dental, behavioral, medical care and social needs
- Increase the rates of screenings and follow-up resulting in better health outcomes
- Reduce health disparities by facilitating communication between patients and providers
- Assist patients to overcome barriers

CHWS/NAVIGATORS

- Affect Health and Social Policy
- Provide Advocacy
- Provide Research Opportunities To Reach Health Disparities/Vulnerable Populations
- Recruit Study Participants
- Administer Survey Instruments

CONCLUSION

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www.kyruralhealth.org

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