



Fundamentals of Patient Navigation and Case Management in Breast and Cervical Cancer Screening

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Learning Objectives

- Define the role of a patient navigator in a cancer screening program
- Expand knowledge of the importance and benefits of patient navigation in cancer screening programs
- Identify tools to improve patient navigation services
- Improve practical application skills

Patient Navigation & Case Management

- New definitions with crossover/blending
 - Confusion between titles, but both are care coordination
 - The new NBCCEDP Program Policy on Patient Navigation goes into effect July 1, 2015.
 - WWC will switch the encompassing title to patient navigation for all activities to align with NBCCEDP
 - Current WWC contracts and reimbursement categories will continue to use the case management definition as written
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- ❑ Patient Navigation systems require coordination
 - ❑ There is a need to define the point at which navigation begins and ends
 - ❑ PN promotes timely diagnosis and tx. and aims to ensure seamless, coordinated care and services
 - ❑ Patient-centered support system

A Timeline of Patient Navigation

- The War on Cancer began with President Richard Nixon signing of the National Cancer Act of 1971
- The concept of Patient Navigation was pioneered by [Harold P. Freeman](#) in Harlem in 1990 for the purpose of eliminating barriers to timely cancer screening, diagnosis, treatment, and supportive care (6)
- Based on the success of the PN model in Harlem, President Bush signed the Patient Navigation and Chronic Disease Prevention Act in 2005.
- The Patient Navigation Assistance Act was introduced to Congress in both 2012 (H.R.6521) and 2014 (H.R.4168). Neither were passed into law. These would've provided payment for PN services under title XIX of the Social Security Act.

Patient Navigation

Often defined by the health outcome of interest:

- Early detection and treatment of cancers
- Reducing readmission to the hospital
- Reducing risk behaviors in pregnancy
- Improving quality of life when living with a chronic disease
- Reducing weight, blood pressure, cholesterol, blood sugar or other chronic disease

Patient Navigation

Utilizes a group of integrated team members and services

- Imaging
- Surgical
- Nutritional
- Spiritual
- Family members
- Hospitals
- Financial
- Psycho-social
- PCP
- Oncology (Medical and Radiation)
- Pathology

Care Coordination Titles

- Care coordinator
- Care manager
- Patient navigator (clinical vs. non-clinical)
- Case manager
- Transitions coach
- Health coach
- Disease manager

NBCCEDP Patient Navigation Definition

For purposes of the NBCCEDP, patient navigation is defined as, “Individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer.”

Importance of Care Coordination

- Scientific literature indicates that cancer care coordination services are linked to:
 - Increased screening rates (2,3,7, 13)
 - Better follow-up on abnormal screening tests (1,5,10)
 - Reduced intervals in diagnostic pathway (4)
 - More timely entry into cancer treatment (12)
 - Little or mixed evidence on organizational outcomes, cost assessments, outcome measures and training programs (9)
 - More cost effective care (16)
 - Effective case management can reduce litigation (14)
- Emerging role with health care reform - RCCO (Regional Care Collaborative Organizations)
- Serves to virtually integrate a fragmented healthcare system for the individual patient.

Role Delineation in Care Coordination

- Clinical: Health professional with a clinical degree and/or licensure such as RN, NP, MD, PA, MSW. Patient navigators are included.
- Non-clinical: Lay health professional such as a community health worker, non-clinical patient navigator, medical assistant, healthcare administrative support position
- Should be a clear scope of practice that distinguishes the role and responsibilities from other providers and should be determined by the level of skill required at a given phase of care coordination

Determining When a Care Coordination Function Requires Clinical Expertise

Core function across the cancer/healthcare continuum

- Barrier assessment and resolution
- Barrier mapping and networking
- Patient education, advocacy and coaching
- Data management
- Program/ contract administration
- **Referral determination: which tests to order?**
- Referral coordination and completion
- Care conferencing

Determining When a Care Coordination Function Requires Clinical Expertise

Core functions for screening

- Outreach, in-reach, and recruitment
- Determine eligibility
- Share normal results

Determining When a Care Coordination Function Requires Clinical Expertise

Core functions with an abnormal screening result

- Assure algorithm compliance and quality assurance
- Next step in diagnostic pathway determination
- Determine clinical concordance
- Share abnormal test results
 - With patient
 - With other health care agencies or providers
 - Compiling all results into one place for patient
 - Clarifying patient understanding of results
- Provides eCaST data entry oversight
- Ensuring coordination and completion of next steps for abnormal results

Determining When a Care Coordination Function Requires Clinical Expertise

Core functions once cancer has been diagnosed

- BCCP enrollment
- Resolve Medicaid Issues
- Schedule initial treatment appointment
- Treatment referral coordination and completion
- **Treatment decision making and referral**

Factors that Influence Compliance with Breast Cancer Screening

- Not sure where to go/not a priority
- No concerning history
- Not sure when to get a mammogram
- Tests are embarrassing, painful, uncomfortable, or anxiety provoking
- Radiation exposure
- Feel healthy and can't "see" that anything is wrong
- Fear of death and cancer treatment
- Routine breast self-exams find nothing
- After several successive normal mammograms, many women do not return

Factors that Influence Compliance with Cervical Cancer Screening

- Lack of knowledge about the link between Human Papilloma Virus (HPV) and cervical cancer
- Stigma associated with having a sexually transmitted infection
- Pap tests are an “invasion” and are uncomfortable
- Past experience with cervical diagnostic care was difficult
- Clients experience many barriers to care

Common Barriers to Care

Health Disparities Report

Significant medical advances have improved health quality of life for many Americans, but those with low socioeconomic status have not shared fully in these benefits. This population continues to have higher cancer incidence, mortality and lower survival rate (10-15% lower).

Principal Barriers to Care:

- Financial (uninsured, underinsured)
- Communication and information (health literacy, lack of understanding, language, cultural)
- HealthCare System (fragmented medical system, missed appointments, lost results)
- Psychological (fear, distrust and emotional)
- Other (transportation/child care)

Can you think of any others?

Health Literacy

The ability to find, understand and use complex information to make choices about health care

Has an impact on routine tasks, such as understanding the instructions on a medicine bottle or consent

Has an impact on more complicated tasks, such as comparing multiple health insurance plans or choosing a medical home

Older adults, recent immigrants and low income individuals (those likely to be uninsured and eligible for coverage through the marketplace) are groups that struggle the most

The National Assessment of Adult Literacy found health literacy to be lowest among adults who are uninsured and who are enrolled in Medicare or Medicaid

Nearly 9 out of 10 adults have difficulty using health information to make informed decisions about their health. (15)

Health Literacy Tools

- <http://www.hrsa.gov/publichealth/healthliteracy/> - Free Online Training
- http://www.enrollamerica.org/hil/?utm_source=Email+news+subscribers&utm_campaign=a83a9112a1-Newsletter_15010_17_2014&utm_medium=email&utm_term=0_b9f62f37ab-a83a9112a1-89814725 -Resources on Health Literacy
- <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html> - Health Literacy Universal Precautions Toolkit
- <https://marketplace.cms.gov/technical-assistance-resources/c2c.html> - From Coverage to Care Resources
- <http://healthliteracycd.org/> - general information
- www.healthstylepress.com -America's Medical Home Guide, Women's health Guide, Diabetes Health Guide, and many more. (Cost involved)
- [Bridges out of Poverty](#)



Practical Skills Application Exercise

Case Study

Practical Skills Exercise #1

A 42-year-old female scheduled an exam at her local health department after noting a lump in her left breast while showering. During that visit she explained to her provider that she was concerned because she just had a friend die of breast cancer. The provider performed a breast exam. Noting the patient complaint of a breast lump but finding no abnormalities on exam, the provider ordered a screening mammogram and provided instructions to the patient on self-scheduling the mammogram.

Three months later, the patient went for her mammogram. Even though she had identified a lump, she completed the radiology questionnaire by marking the "no abnormalities" box, because her provider had not identified any on exam. The screening mammogram results noted the following: "very dense stromal pattern, which reduce the sensitivity of the study for detection of cancer; there is no focal abnormality or other findings suggestive of malignancy - recommendation: annual screening".

The patient next visited her provider three months later, when she thought she might be pregnant and required family planning services. At that time, the provider did not review the results of the mammogram, nor did the provider examine her breasts or inquire as to whether the patient had noticed any other changes.

Six months later, the patient returned to her provider for her routine WWC annual exam. She told her provider that she could still feel the lump in her breast, and that her periods had become irregular. Examining the breasts during this visit, the provider noted a suspicious area in the patient's left breast. The provider ordered a diagnostic work-up which subsequently detected a 2.5 cm mass. A biopsy, MRI and laboratory testing [estrogen receptor (+) and progesterone receptor (+)] revealed a Stage IV, invasive, ductal breast cancer with metastasis to her spine. Upon further investigation it was noted that the patient had a fairly strong family history of breast cancer; her mother was diagnosed at age 50 and a maternal aunt was diagnosed at age 36. Prior to this, a family history of breast cancer had not been documented.

The patient has since undergone a radical mastectomy with axillary dissection, radiation therapy, chemotherapy and a bilateral oophorectomy. She has also sustained multiple compression fractures due to the metastasis to her spine.

List three "red flags" in her care:

- 1.
- 2.
- 3.

Triad of Errors

- The delayed diagnosis of breast cancer is a leading source of error in clinical practice
- The “Triad of Error” involves (8):
 - Young patients
 - Self-discovered breast masses
 - Negative mammograms
- Clinical care coordination can help to significantly reduce missed breast cancers by ensuring that clinical breast diagnostic algorithms are implemented and followed

Cancer Screening Health Outcomes

- The best outcomes in cancer screening occur when:
 - Cancer is found in the earliest stage (11)
 - Treatment is started within 60 days (11)
- When cancer is found early:
 - 98 percent of women survive breast cancer
 - 92 percent of women survive cervical cancer

Cancer Screening Health Outcomes

- Timeliness: The number of days from the initial abnormal screening exam to a final cancer diagnosis
- Completeness: The point in care in which diagnostic follow-up can conclude a definitive cancer diagnosis

Core Program Performance Indicator Report

Colorado

Core Program Performance Indicators from the Data Quality Indicator Guide (DQIG)

April 2014 MDE Submission, Results from July 2012 - June 2013

Refer to the DQIG Report for additional information on these and other indicators

CORE PROGRAM PERFORMANCE INDICATORS				Colorado Results		All Programs Combined Results	
Indicator Type	DQIG Item	Program Performance Indicator	CDC Standard	Percentage	Standard Met ? *	Percentage	Standard Met ? *
Screening	6.a.	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	43.9% (2,053/4,673)	YES	34.5% (47,086/136,377)	YES
	19.e.	Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%	84.5% (9,682/11,460)	YES	84.8% (299,597/353,443)	YES
Cervical Cancer Diagnostic Indicators	11.a.	Abnormal Screening Results with Complete Follow-Up	≥ 90%	94.4% (67/71)	YES	93.7% (4,054/4,327)	YES
	16.d.	Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days	≤ 25%	5.4% (3/56)	YES	11.7% (404/3,461)	YES
	17.	Treatment Started for Diagnosis of HSIL, CIN2, CIN3, CIS, Invasive	≥ 90%	90.9% (50/55)	YES	93.3% (3,370/3,611)	YES
	18.d.	HSIL, CIN2, CIN3, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%	2.2% (1/45)	YES	5.8% (181/3,122)	YES
	18.g.	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	≤ 20%	20.0% (1/5)	YES	8.7% (21/241)	YES
Breast Cancer Diagnostic Indicators	20.a.	Abnormal Screening Results with Complete Follow-Up	≥ 90%	96.1% (3,399/3,538)	YES	95.8% (107,506/112,230)	YES
	25.d.	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	4.0% (137/3,397)	YES	6.4% (6,814/107,176)	YES
	26.	Treatment Started for Breast Cancer	≥ 90%	95.7% (178/186)	YES	98.0% (5,572/5,683)	YES
	27.d.	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%	7.9% (14/177)	YES	7.5% (416/5,535)	YES

*For percentages with a denominator ≥ 10, a one-sided hypothesis test was used in determining if a program failed to meet a DQIG standard.

"Small #": The denominator is less than 10. The one-sided hypothesis test was not conducted.

06/11/14

Managing Abnormal Clinical Findings

Key focus areas:

- Algorithms
- Access to care
- Policy and procedure
- Tracking systems
- Documentation
- Caseload
- Sharing abnormal results

Use of Clinical Algorithms

- Clinical guidelines or algorithms should be used as the primary guide for management of clients with abnormal screenings by medical providers and clinical patient navigators. RN patient navigators can:
 - Follow and interpret clinical algorithms
 - Implement as standing orders

Breast Clinical Resources

- Breast Cancer Diagnosis Algorithms for Primary Care Providers, 2011 <http://www.qap.sdsu.edu/>
- National Comprehensive Cancer Network (NCCN) <http://www.nccn.com/index.php>
- Other sources may include:
 - [United States Preventive Services Taskforce](#)
 - American Cancer Society <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/index>
 - Susan G. Komen Foundation <http://www5.komen.org/BreastCancer/GeneralRecommendations.html>

Cervical Clinical Resources

- American Society for Colposcopy and Cervical Pathology (ASCCP) <http://www.asccp.org/>
- Other sources may include:
 - [United States Preventive Services Taskforce](#)
 - [American Congress of Obstetrics and Gynecology](#) (ACOG)
 - American Cancer Society
<http://www.cancer.org/Health/FindCancerEarly/CancerScreeningGuidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>



Practical Skills Application Exercise

Scope of Practice and Clinical Algorithms



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Practical Application Exercise #2

Case Study #1

You have been given a chart by a clinician who has asked you to contact a client about her colposcopy results. You note that the client is 42 years old and was brought in for a colposcopy for a HSIL Pap result. The colposcopy biopsy result is CIN 1. You note that the clinician has signed off on the pathology report and has written a follow-up plan for HPV testing in one year.

- Consult ASCCP's algorithms and find the recommended follow up options:

- As a case manager, what should your next steps be?

Practical Application Exercise #2

Case Study #2

You have received the results of a routine screening mammogram for a 51 year old woman who had a normal CBE 2 weeks ago. You note that the result was BI-RADS 0 and a diagnostic mammogram was done. The result of diagnostic imaging was BI-RADS 3. The radiologist recommends follow-up imaging in 6 months.

- After consulting the algorithms, is this an appropriate plan?
- You review the clients chart for more information and note that the client does not report personal history that would put her at increased risk for breast cancer. The client is worried and would like some sort of follow-up sooner. As the case manager, what should your next step be?

Practical Application Exercise #2

Case Study #3

You are reviewing the breast imaging report for a client who presented to the clinic complaining of diffuse breast pain to the left breast for one month. The CBE is benign, with tenderness noted during the CBE to the left breast. No other abnormal findings were noted by the clinician. The clinician orders a bilateral diagnostic mammogram. The result of the mammogram was BI-RADS 1. Annual screening mammogram was recommended. The clinician signs off on the mammogram report and recommends annual screening as well. No other recommendations are made by the clinician.

- After consulting the algorithms, is this an appropriate plan?
- What important element of care and follow up planning did the clinician not address in his or her plan?

Practical Application Exercise #2

Case Study #4

A 48-year-old female arrives at the clinic for her annual well-woman exam. The Medical Assistant assists the client with her health history and provides verbal and written breast health education. The provider then enters the exam room and starts the visit by reviewing her health history. Pertinent information in her history includes:

Maternal grandmother died of heart disease, Paternal uncle with thyroid cancer, and last Pap was 6 years ago, no history of abnormalities

The provider then performs a physical exam including a CBE, pelvic and Pap/HPV. The provider notes a small brown lesion at 8 o'clock on her cervix. No abnormalities were noted during the CBE. The provider orders a screening mammogram and encourages the patient to return to the clinic in 3 months for a repeat cervical check. Two weeks later her cytology report is received and is noted as: "Atypical Glandular Cells, Negative for High Risk HPV". # month cervical check and repeat pap was still the follow-up plan

- After consulting the algorithms, is this an appropriate plan?
- What important element of care and follow up planning did the clinician not address in his or her plan?

Clinical Tracking Systems

Tools for success may include:

- Patient tracking spreadsheet
- Calendar tracking, index filing system, accordion filing system
- Patient navigation/case management module in EHR's
- Individual chart tracking tool
- Systematic process for requesting test results
- Reminder system for patient appointments

Essential Elements of a Medical History

- Dates of past procedures
- Detailed family history of cancer, especially breast and ovarian
- Hysterectomy status
- Tobacco use
- Menopause status
- Age at menarche
- Pregnancy history
- Any current symptoms
 - Breast lump, rash, nipple changes, pain, or discharge
 - Vaginal Bleeding

Clinician Documentation

Good clinical breast exam documentation should include:

- Description of the finding
- Shape
- Size
- Margins
- Texture
- Mobility
- Location - needs to be exact, use clock method

Clinician Documentation

Good pelvic exam documentation should include:

- Description of external and internal genitalia
- Findings from the bimanual exam
- Description of any suspicious lesions
- Masses or pain noted during inspection and palpation of the vulva, vagina, cervix, uterus and adnexa

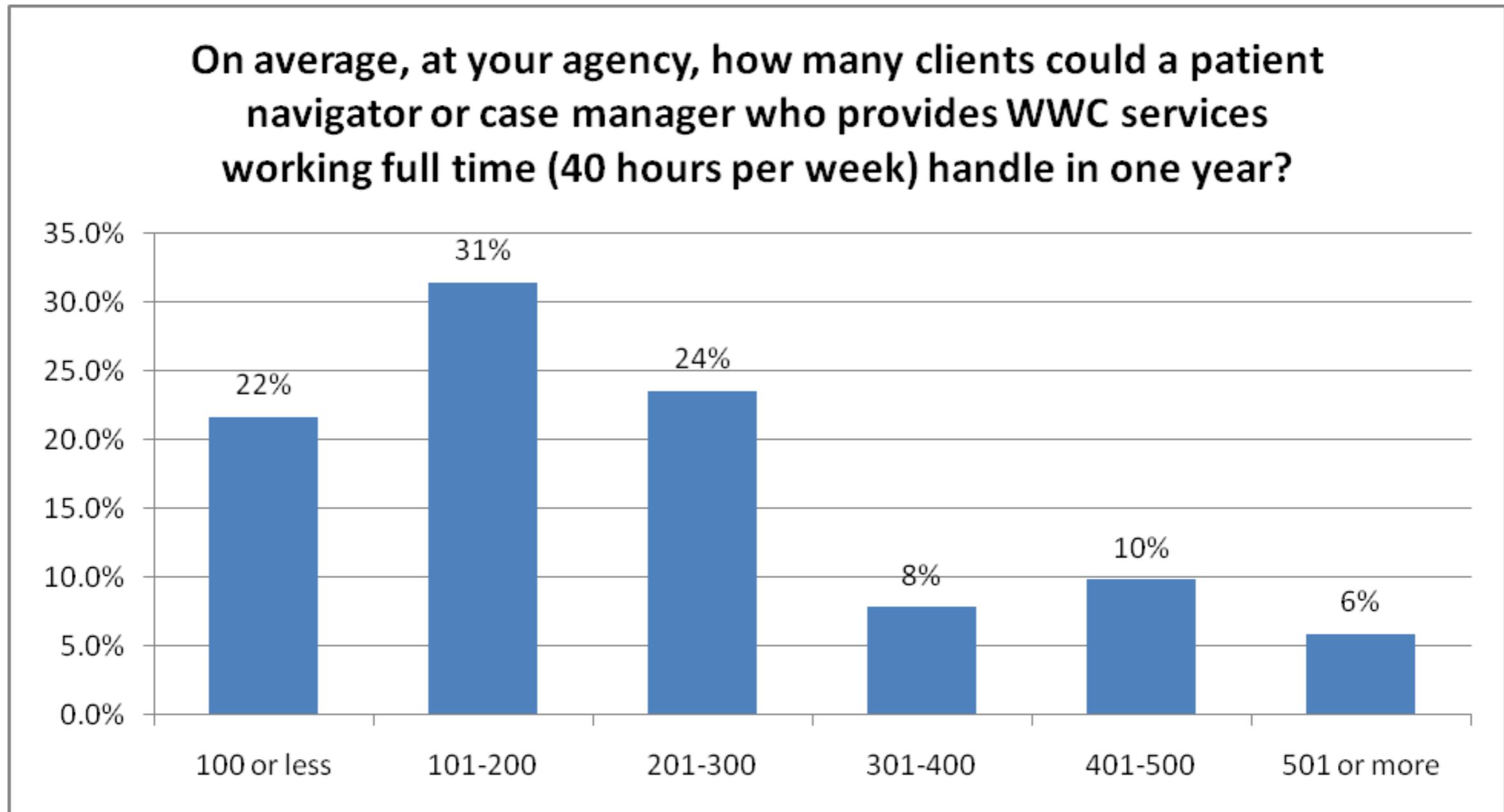
Mammogram Order/Referral

- Health history and physical exam findings
- Procedures authorized
- Client contact information
- Agency contact information provided to client
- Payer information

Patient Navigation Documentation

- Should include:
 - Date and signature
 - Intervention method
 - Detail about services provided
 - Progress notes from start to end of case
 - Case consultations
 - Discharge notes
- Patient navigation and case management notes are part of the patient's official medical record

Patient Navigation/Case Management Case Loads



Source: CDPHE, WWC Needs Assessment, 2011

Case Loads

1. How do you know if the case load assigned to you is appropriate?
1. If your case load is not appropriate, how might you advocate for change in your organization?

Sharing Abnormal Results

Keys for success with sharing abnormal results:

- Leave “important” messages
- Express concern/ share potential consequences
- Keep HIPAA in mind
- Use layman's terms
- Try different intervention methods and times if not getting through



Practical Skills Application Exercise

Sharing Abnormal Results

Practical Application Exercise #3

Overall Motivational Approach

Your overall goals in communicating with your clients are to have them feel listened to and respected. It is important to try and understand and accept the full range of their circumstances, experiences, thoughts and feelings. You may have feelings of disapproval, impatience, frustration, etc., but it is important to recognize these feelings, put the feelings aside and maintain a neutral tone.

It is helpful to try to elicit from women their own “self-motivational statements”, or reasons for, and benefits of, obtaining necessary follow up. Reflecting these with emphasis, and offering further encouragement is crucial. Key skills: patience, listening skills and timing.

The following goals and role playing scenarios should provide guidance and ideas for talking with your clients about abnormal test results and helping them decide to complete recommended follow up.

Practical Application Exercise #3

Five Intervention Goals

Goal One: Establishing Rapport

Let the woman know who you are, your role as a case manager and that you are there to share test results, answer questions, discuss concerns and offer encouragement.

Listen and respond, if appropriate, to nonverbal information (e.g., sighs, hesitation, voice tone). Pay attention to what might be going on in the background.

Express acceptance of positive and negative information.

Ask the woman about herself generally, and share information about yourself when appropriate. Let her know you have something in common.

Show genuine interest in the woman's well-being and life circumstances.

Be cautious and try not to overstep the woman's comfort level with privacy or self-disclosure.

Practical Application Exercise #3

Goal Two: Provide Information about Test Results

Make sure you are communicating test result information in general, non-clinical terms as much as possible.

Communicate both the abnormal findings and the recommendation for follow up.

Assess the patient's understanding of the information you have communicated.

Practical Application Exercise #3

Goal Three: Staging

Find out the client's stage in deciding to complete recommended follow-up. Stages include: not planning to complete, considering completing and planning to complete. This will allow you to strategize the rest of the conversation, address the appropriate issues and provide relevant information.

Ask staging questions in a straightforward, conversational manner.

Practical Application Exercise #3

Goal Four: Identifying Barriers to Completing Recommended Follow-up

Begin with an inviting open-ended question or a “modeling” statement that lets women know that no question or concern is too trivial or silly.

Once you think you have fully discussed a woman’s concern (as outlined in the next section), check it out with her in order to determine if indeed she feels ready to move on to scheduling the recommended follow-up.

After you perceive you have “reached closure” on her concerns, always probe for other issues.

Practical Application Exercise #3

Goal Five: Providing Information and Addressing Concerns

The most crucial component of the goal of providing information will be to reinforce the need for and importance of completing recommended follow-up.

For each concern noted, you should:

Uncover the concern

Explore the concern

Acknowledge the concern

Respond to the concern with reassuring information

Check out how your responses are being received

Goal Five: Transition client to the next step in the diagnostic follow up plan

Praise client

Provide logistical information

Assess the patient's understanding of the plan for follow up

Provide case manager contact information

Case Management & Patient Navigation Resources

Commission for Case Manager Certification (CCM)

<http://www.ccmcertification.org/>

American Case Management Association (ACM)

<http://www.acmaweb.org/section.asp?ssID=16>

Case Management Society of American, Rocky Mountain Chapter

<http://www.cmsacolorado.org>

Colorado Patient Navigation Training Collaborative

<http://patientnavigatortraining.org/>

Harold P. Freeman Patient Navigation Institute <http://www.hpfreemanpni.org/>

Breast Patient Navigator Certification Program

<http://www2.bpnc.org/navigator-certification-programs/>

Georgetown University School of Continuing Studies: Certificate of Patient Navigation

http://scs.georgetown.edu/programs_nc/CE0120/patient-navigation?dID=39

Developing Community Resources

- Create resource list(s)
- Connect with other local healthcare agencies
- Connect with non-traditional resources:
 - Substance abuse/ mental health
 - Financial assistance programs (food, housing, etc.)
 - Community groups/ coalitions

Contact Information

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Questions?

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