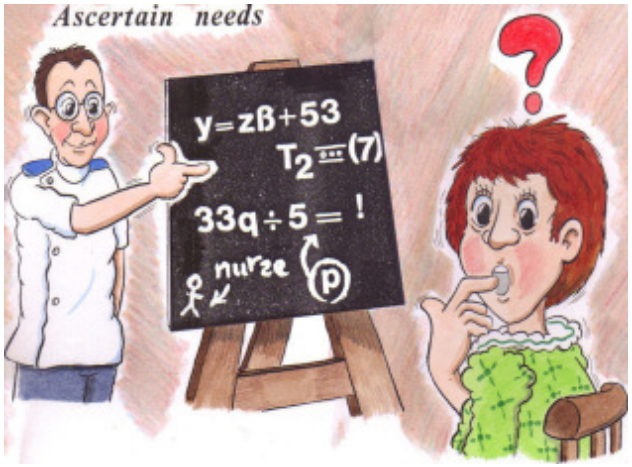
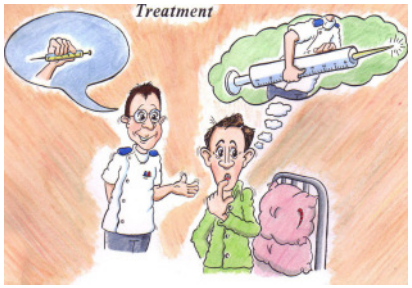
Patient Navigation: A process that starts before a diagnosis.

Maryland Comprehensive Cancer Control
Vinay K. Gupta, MD FACS
Maryland State Cancer Liaison Physician
June 6, 2014


LOST
CONFUSED
UNSURE
UNCLEAR
PERPLEXED
DISORIENTED
BEWILDERED

Current navigator strategies





- American College of Surgeons – Commission on Cancer
- Standard 3.1
- Think community not just individual
- How does the cancer program influence the patients using our services and how can it influence those who are not.

- Health Disparities problem
- Due to race, financials, obligations, etc.

- **Delays in Diagnosis = Poor Outcomes**

Race/Ethnicity by Stage of Breast Cancer Diagnosed in 2000 to 2011

All Diagnosed Cases - All Types Hospitals in State of Maryland - Data from 41 Hospitals

Race/Ethnicity	Stage							Totals	
	0	I	II	III	IV	NA	UNK	N	%
1. White	7620	15756	9975	2936	1308	35	1253	38883	73.72%
	19.6%	40.5%	25.7%	7.6%	3.4%	0.1%	3.2%	100%	
2. Black	2232	3209	3167	1228	537	6	487	10866	20.6%
	20.5%	29.5%	29.1%	11.3%	4.9%	0.1%	4.5%	100%	
3. Hispanic	158	253	167	81	26	1	37	723	1.37%
	21.9%	35%	23.1%	11.2%	3.6%	0.1%	5.1%	100%	
4. Other/Unknown	472	789	627	186	58	1	137	2270	4.3%
	20.8%	34.8%	27.6%	8.2%	2.6%	.	6%	100%	
TOTAL	10482	20007	13936	4431	1929	43	1914	52742	100%
	19.9%	37.9%	26.4%	8.4%	3.7%	0.1%	3.6%	100%	

Race/Ethnicity by Stage of Colon Cancer Diagnosed in 2000 to 2011

All Diagnosed Cases - All Types Hospitals in State of Maryland - Data from 41 Hospitals

Race/Ethnicity	Stage							Totals	
	0	I	II	III	IV	NA	UNK	N	%
1. White	1046	3099	4014	3537	2655	17	1137	15505	73.13%
	6.7%	20%	25.9%	22.8%	17.1%	0.1%	7.3%	100%	
2. Black	418	783	1036	1093	1022	11	404	4767	22.48%
	8.8%	16.4%	21.7%	22.9%	21.4%	0.2%	8.5%	100%	
3. Hispanic	15	28	50	56	62	1	18	230	1.08%
	6.5%	12.2%	21.7%	24.3%	27%	0.4%	7.8%	100%	
4. Other/Unknown	50	117	144	184	120	3	83	701	3.31%
	7.1%	16.7%	20.5%	26.2%	17.1%	0.4%	11.8%	100%	
TOTAL	1529	4027	5244	4870	3859	32	1642	21203	100%
	7.2%	19%	24.7%	23%	18.2%	0.2%	7.7%	100%	

Race/Ethnicity by Stage of Lung, Bronchus Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2011

All Diagnosed Cases - All Types Hospitals in State of Maryland - Data from 41 Hospitals

Race/Ethnicity	Stage							Totals	
	0	I	II	III	IV	OC	UNK	N	%
1. White	47	6115	1697	5461	7663	32	2072	23087	76.25%
	0.2%	26.5%	7.4%	23.7%	33.2%	0.1%	9%	100%	
2. Black	13	1191	411	1588	2373	5	584	6165	20.36%
	0.2%	19.3%	6.7%	25.8%	38.5%	0.1%	9.5%	100%	
3. Hispanic	.	42	11	54	73	1	22	203	0.67%
	.	20.7%	5.4%	26.6%	36%	0.5%	10.8%	100%	
4. Other/Unknown	1	176	54	196	313	1	82	823	2.72%
	0.1%	21.4%	6.6%	23.8%	38%	0.1%	10%	100%	
TOTAL	61	7524	2173	7299	10422	39	2760	30278	100%
	0.2%	24.8%	7.2%	24.1%	34.4%	0.1%	9.1%	100%	

STANDARD 3.1 Patient Navigation Process

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.

Compliance: The program fulfills the following criteria:

Conduct a community needs assessment at least once during the three-year survey cycle to address health care disparities and barriers to care for patients.

Establish a patient navigation process and identify resources to address barriers that are provided either on site or by referral to community-based or national organizations.

Each year, barriers to care are assessed and the navigation process is evaluated, documented, and the findings are reported to the cancer committee.

Each year, the patient navigation process is modified or enhanced to address additional barriers identified by the community needs assessment.

- Navigation is a process not just a person
- Starts before a patient is diagnosed
- Community needs assessment
- Where to begin?
- How do I get meaningful information?

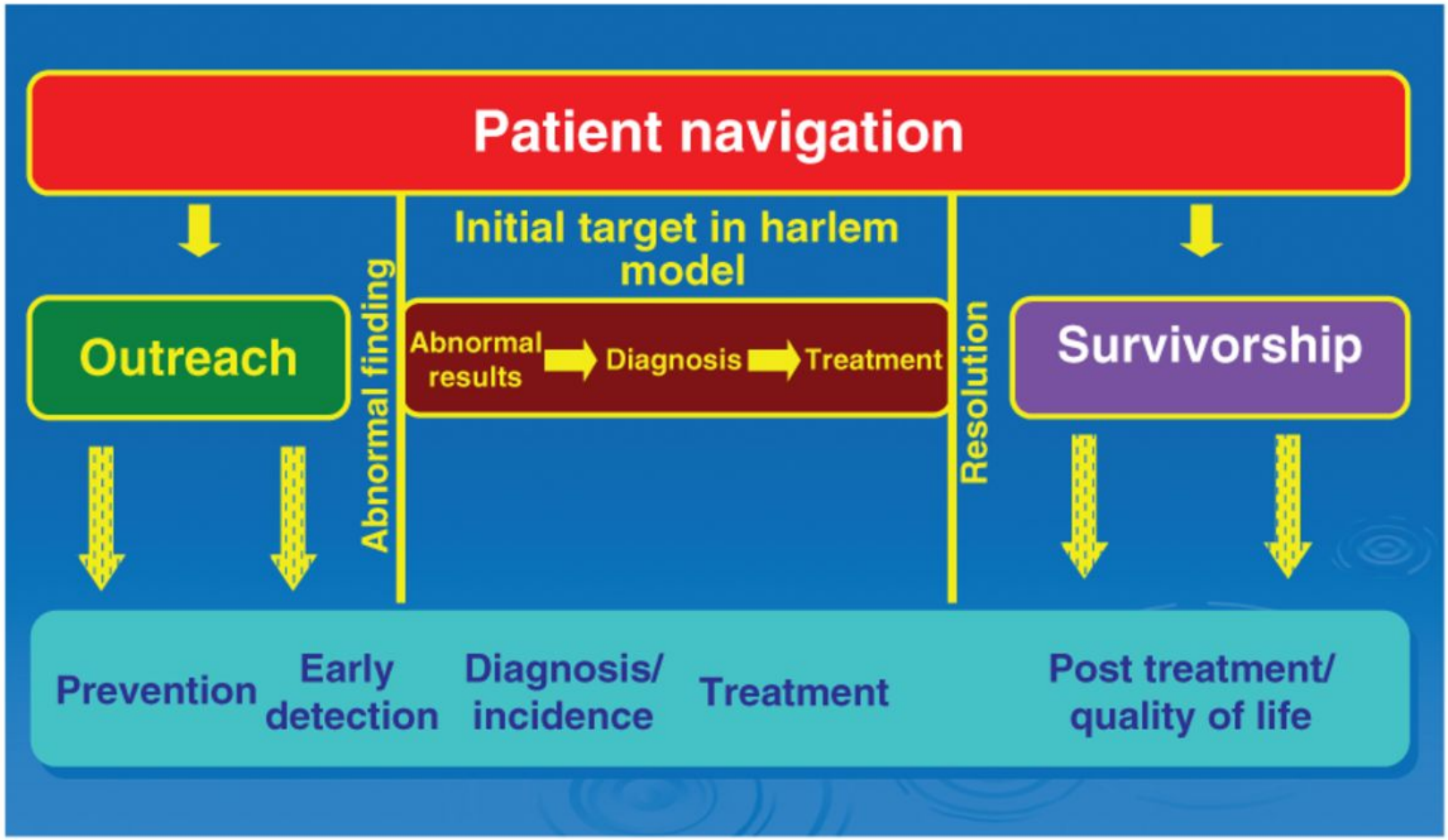
- **DO NOT GET A CONSULTANT**

- Review NCDB data for your hospital compared to state data
- Identify 3 key areas where patients may present in advanced stage of their cancer
- Review barriers that may affect timely diagnosis
  - Education
  - Insurance status
  - Distance travelled to med center
  - age

- Survey patients
  - Adherence to screening protocols
  - Followup strategies
  - Accurate contact information
  - Timing for education
  - Access to health system
- Survey community leaders/pastors
  - What issues have they heard about that may delay patients accessing health care system

- Perform needs assessment every 3 yr
- Identify a new issue each year to address
- Develop a plan how to address the barriers
- Utilize hospital, cancer organizations and neighborhood resources to find solutions
- Clearly indicate in SAR and cancer committee minutes the needs assessment, 3 issues and how they will be addressed and then the results.

- Commission on Cancer
- By Jan 1, 2015, expectation for:
  - completion of community needs assessment
  - Identification of 3 barriers to accessing health system for timely diagnosis
  - Develop plan for addressing the 1st barrier.



Freeman H P Cancer Epidemiol Biomarkers Prev 2012;21:1614-1617