PATIENT NAVIGATION OVERVIEW
CRF-CPEST
4/15/15

Prevention and Health Promotion Administration

What is Patient Navigation?

- Individualized assistance offered to clients to help <u>overcome healthcare system barriers</u> and <u>facilitate timely access</u> to quality cancer screening and diagnostic services as well as initiation of treatment services for persons diagnosed with cancer.

Why is Patient Navigation Important in CRF-CPEST?

You Probably Already Know….

- Maryland is a LEADER in screening for colorectal cancer: 72% of Marylanders (age 50 and older) have had a sigmoidoscopy or colonoscopy compared with 67% nationally. [2012 Maryland BRFSS]

- Insurance status plays an important role in screening. 39% of uninsured Marylanders are up to date with CRC screening, compared to 69% of insured Marylanders.

   [2012 Maryland BRFSS]

Why is Patient Navigation Important in CRF-CPEST?

But Did You Know?

- Even among <u>insured</u> individuals, there can still be barriers to screening.
  - Only about 35% of appropriate-aged Maryland Medicaid enrollees in 2012 were current for CRC screening.
  - Only 37% of age-appropriate clients visiting Maryland Federally Qualified Health Center (FQHC) facilities in 2013 were current for CRC screening.

Why is Patient Navigation Important in CRF-CPEST?

- Following implementation of ACA, programs have been screening fewer clients as traditional clients have become insured

- While there is still a need to provide screening for uninsured clients, we believe there is also a need to assist insured clients with completing screening

- Your program can use patient navigation to help reduce barriers for clients who are insured and increase the percent of Marylanders up to date with colorectal cancer screening

Pilot Process

- During FY 2015, we are piloting implementation of a 'Patient Navigation Only' component to CRF-CPEST

- PLEASE BEAR WITH US! Remember, this is new for all of us. We're working hard to create guidance and welcome your feedback along the way.

What Will Patient Navigation Include in CRF-CPEST?

<u>Required Scope and Activities</u>

- Written assessment of individual client barriers to cancer screening, diagnostic services, and initiation of cancer treatment

- Resolution of client barriers (e.g. transportation, translation services, health insurance access)

- Client tracking and monitoring of client progress in completing cancer screening, diagnostic services, and initiating cancer treatment

- Provision of education and support

- Collection of data to evaluate the primary outcomes of patient navigation -- client completion of cancer screening, diagnostic services, and treatment initiation. Data on clients lost to follow-up are also tracked.

When Will Patient Navigation Services be Considered Complete?

Patient Navigation is Completed When

- Client completes screening and has a normal result OR

- Client with abnormal result completes diagnostic testing and recommended follow-up OR

- Client diagnosed with cancer *initiates* cancer treatment

How is the New Patient Navigation Component Different Than What You Do Now?

- You will navigate 'Patient Navigation Only' clients in a similar way as traditional clients. You just won't _pay_ for the screening.

- You still need to:
  - Enroll the client in the program and obtain a signed consent form
  - Assess barriers to completion of screening
  - Coordinate referrals to screening services, diagnostic services and cancer treatment initiation
  - Provide services to help overcome barriers (transportation, assistance with making appointments, etc.)
  - Monitor progress in completing cancer screening, diagnostic services, and initiating cancer treatment
  - Collect data to evaluate the outcomes of patient navigation (client completion of cancer screening, diagnostic services, and treatment initiation)
  - Maintain client charts and enter data in the CDB

Patient Navigation Process

Determine Eligibility and Enroll Client

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Educate and Assess Barriers

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Coordinate Patient Access to Screening

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Provide Services to Address Barriers

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Monitor Patient Progress

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Obtain Patient Results

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Ensure Patient Receives Notification of Results

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Link to needed follow-up Diagnosis and/or Treatment

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Who is a *'Patient Navigation Only'* Client?

- Low-income populations at or below 250% of the Federal Poverty Level
  - Insured clients, OR clients that *become insured* during a screening cycle

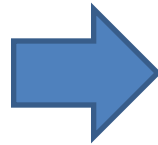- Individuals of appropriate age and risk

Understanding Eligibility

Does the client meet eligibility criteria in your program?

- Age/ Age range
- Residency Status
- Symptomatic
- With Risk Factors

Does the client meet Patient Navigation Criteria?

-Income (below 250% FPL)
-Insurance (client has health insurance coverage)

- Programs should assess the age, risk level, and whether a client is symptomatic upon intake. These criteria should be reviewed according to your current policies and procedures to determine eligibility in your program.

- If these eligibility criteria are met, determine if the patient meets the income and insurance requirements for Patient Navigation Only services.

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Addressing Patient Barriers

- The Patient Navigator works with patients to address barriers so they can successfully complete their screening process.

- Your role as the Patient Navigator:
  - Identify and assess barriers at initial visit
  - Develop a plan of action to help the patient address barriers
  - Work with patients to identify and link them to appropriate resources, referrals and support services
  - Follow up with patients and assess whether they resolved the barriers. Did they access resources provided (referrals, support services, etc)?

- Examples of barriers:
  - Difficulty keeping appointments due to scheduling conflicts (i.e .childcare, work)
  - Financial Concerns (i.e. housing, food, utilities)
  - Transportation needs
  - Language (translation needed)

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Getting Started: Outreach

- Provider Communication
  - Reach out to providers familiar with your program and those that target the same population
    - Providers you are contracted with
    - Providers that participate in your coalition
    - FQHC's, clinics, and those who work with low-income clients
  - Activities
    - Send a Provider Letter to introduce your program's new Patient Navigation services
    - Create a Patient Navigation information packet with materials to put up in the waiting room (i.e. flyers, postcards)
    - Set up a face to face meeting with a providers, nurses or support staff to inform them about the new service.

Outreach Continued

- Client Outreach
  - Reach out to clientele base familiar with your program
    - Recall Client List
    - Discharged Clients (due to insurance)
    - In-reach to BCCP clients
    - In-reach to other Health Department programs who service low-income clients
  - Outreach activities
    - Send a recall letter to clients introducing your new Patient Navigation services
    - Create a Patient Navigation information packet (i.e. letter, brochure, flyer)
    - Update your flyers and brochures to include Patient Navigation services
    - Peer to peer referrals: Encourage your current recall clients to refer a friend
    - Partner with other Health Department programs who service low-income clients

Patient Navigation Clients and Implementing Recalls

- It is recommended that each program include Patient Navigation clients in their recall process for future recruitment of Patient Navigation Only clients.

- Programs will be asked to obtain the recall recommendation from the providers and to enter this in the CDB.

- The Provider Memo Template is a way to capture this. Non-contracted providers are not required to adhere to the Minimal Clinical Elements for recall intervals.

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Data Capture

- You will capture data on 'Patient Navigation Only' Clients in a very similar way to traditional clients, including:
  - Maintaining Clinical Charts
    - Clinical results (results, completed dates of appointments)
    - Communication with Client and Provider
  - Entering data into the CDB (training scheduled for April 20th)
- Wait until after the training on April 20th to complete CDB data entry on 'Patient Navigation Only' clients

Obtaining Clinical Data

- Programs should gather as much clinical information as possible from providers (this will be helpful when navigating and advising clients). Written documentation is required as proof of results.

- Examples of written documentation include:
  - Path/procedure reports
  - Copy of letter sent to client by provider
  - Provider-completed memo
  - Programs will be asked to provide feedback to DHMH regarding their experiences with gathering data from providers.

  - **NOTE:** For non-contracted providers, provider recommendations and reporting are not required to be in alignment with the Minimal Clinical Elements. It is recommended that each program share information with providers on the Minimal Clinical Elements. This information can be provided as part of a Patient Navigation information packet when programs initially inform providers about the Patient Navigators services.

Sharing Patient Navigation Experiences

- Somerset County Department

- Allegany County Health Department

Performance Measures

- Beginning in FY 2016, you will be able to include performance measures for 'Patient Navigation Only' clients, *if desired* (this is an <u>opportunity</u>, not a <u>requirement</u>)

- Recommendations on how to estimate your 'Patient Navigation Only' performance measures will be provided with CRF-CPEST application instructions

Future Trainings

Additional Patient Navigation Trainings

- Recall and Recruitment Trainings (RSVP using information provided)

  April 28th: Western Maryland

  April 29th: Central Maryland

  May 5th: Eastern Maryland

- CDB Patient Navigation Training (teleconference)

  April 20th, 11 a.m. – 12:30 p.m.

Additional Resources

The following resources are also available for your program's use.

- Patient Navigation Guidance and Flow Chart
- FAQ and Scenarios
- Provider Letter Template
- Patient Letter Template
- Patient Memo Template

Feedback Needed

<u>Remember, we are piloting this in FY 2015</u>

- Feedback from you is critical as this effort is implemented
- You will receive requests for feedback, or email any time with feedback as you begin to implement
- Contact for questions/feedback: Cindy Domingo (<u>cindy.domingo@Maryland.gov</u>)
- Note: questions/feedback by email are helpful so that they can be compiled and shared with others easily

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http://phpa.dhmh.maryland.gov