PATIENT NAVIGATION

Frequently Asked Questions and Scenarios

Frequently Asked Questions (FAQ'S)

QUESTION 1: Will a client lost to follow-up count as a Patient Navigation Only client?

ANSWER: In order to be counted towards **Patient Navigation Only** performance measures, a client should be navigated through completion of screening, diagnosis (if indicated) and through initial treatment (if indicated). The intent of counting clients in the **Patient Navigation Only *Performance Measures*** is to count those who successfully completed Patient Navigation. However, it is understood that at times, patients may be lost to follow-up despite the patient navigation efforts of local programs. In these instances, a client lost to follow-up may count as a Patient Navigation Only client. Additional guidance will be issued regarding handling clients lost to follow-up that is specific to Patient Navigation Only clients. As part of quality review, DHMH staff will review CDB data and documentation during chart reviews related to local program efforts for clients lost to follow-up.

Also note that staff efforts in conducting patient navigation activities for clients that are lost to follow-up will count towards the 60% of the clinical work of FC02N.

QUESTION 2: What clinical data will the program be required to obtain for Patient Navigation Only clients?

ANSWER: 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.

DHMH will review the CDB to ensure that the following information is entered:

- Pre-screening Visit or Physical: Written documentation may include date confirmation from Physician's Notes and/or memo that indicates date of visit and confirmation that client is recommended for colonoscopy.
- Colonoscopy/Screening: Written documentation may include: pathology and procedure reports; copy of letter sent to client by provider; and/or memo from provider with date of screening, findings, follow up recommendation and/or recall.
- Work-up for other findings: Written documentation may include clinical reports and/or memo from provider with date of procedure, findings, follow up recommendation and/or recall.
- Diagnosis/Treatment: Written documentation may include clinical reports and/or memo from provider with date of procedure, findings, follow up recommendation and/or recall.

QUESTION 3: What should a program do if they cannot obtain clinical information for a Patient Navigation Only client? Will the client count towards Patient Navigation Only performance measures?

ANSWER: Programs should make every effort to obtain clinical information for Patient Navigation Only clients. If a program is experiencing issues obtaining clinical information, several steps can be taken:

- Ensure the consent form providing authorization to release information is shared with the provider when requesting clinical information.
- Send the Provider Memo template to the provider requesting they complete minimal information: 1) dates of procedure(s), 2) results, and 3) provider recommendations for follow up.
- Work closely with the patient; the patient should inform the provider that they have approved release of clinical information.
- If the program is not successful in obtaining results from the client or the provider, the program should add notation of their efforts in the client chart and CDB and close the cycle noting the reason. In these instances, a client lost to follow-up may count toward Patient Navigation Only performance measures. As part of quality review, DHMH staff will review CDB data and documentation during chart reviews related to local program efforts for clients lost to follow-up.

Note: Programs will be asked to provide feedback to DHMH regarding their experiences with gathering data from providers. This will be discussed regularly at teleconferences to determine best practices and make modifications to guidance as needed.

QUESTION 4: Should programs update their current contracts to include Patient Navigation Only clients? Do we need to create contracts with providers if we are referring patients to non-contracted providers?

ANSWER: No. For *Patient Navigation Only* clients, CRF funds are not being utilized to reimburse providers for clinical services. Therefore, contracts do not need to be modified. However, relationships with providers (both contracted and non-contracted) will need to be established in order to successfully navigate *Patient Navigation Only* clients. Further guidance/training related to outreach with providers will be provided at upcoming trainings.

QUESTION 5: Can programs provide patient navigation for any of the 7 targeted cancers?

ANSWER: At this time, the focus for *Patient Navigation Only* clients in the CRF CPEST program will be for the navigation of colorectal cancer screening, diagnosis (if indicated) and through initial treatment (if indicated). Programs that use CRF funds to screen for breast and cervical cancer may include Patient Navigation Only performance measures. For these programs, data collection and entry guidance provided by the *Breast and Cervical Cancer Screening Program* should be followed.

QUESTION 6: Can programs use Care 2 Care software for patient navigation clients?

ANSWER: Yes. Programs that have received the software and been trained by the *Breast and Cervical Cancer Screening Program* can use this software to assist in tracking Patient Navigation Only clients.

However, all programs are still required to use the CDB (for colorectal cancer) or CAST (for breast and cervical cancer) to enroll and enter data on clients. Care 2 Care may be used as an *additional* tracking tool.

Question 7: Are programs required to obtain written documentation of income eligibility for Patient Navigation Clients?

Answer: Written documentation is only required for individuals to receive treatment services funded by the CRF/CPEST Program. The method of verification for the eligibility of Patient Navigation Clients may the same as the method of verification for screening based on each program's policy and procedure. According to the Standards of Case Management in H.O. Memo 13-42, each program must decide their methods of ascertaining eligibility and type of documents needed for screening and diagnosis (for example, verbal documentation of income vs. copies of tax forms) If your program currently requires written documentation for verification of income for screening, you may decide to revise your policy and procedures to allow verbal documentation for Patient Navigation Only clients.

QUESTION 8: Should programs include Patient Navigation Only clients in their recall process?

ANSWER: 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.

QUESTION 9: Will programs be required to ensure providers comply with the current Minimal Clinical Elements including the Standardized Colonoscopy Reporting and Data System (CORADS) for colonoscopy results?

ANSWER: 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.

QUESTION 10: Are there other eligibility requirements besides income and insurance criteria for a patient to be eligible for Patient Navigation Only services?

ANSWER: 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 requirement for Patient Navigation Only services. Educating the patient about age and risk factors associated with colorectal cancer screening may be necessary.

QUESTION 11: Can CRF funds be used to pay any services related to Patient Navigation Only clients?

ANSWER: Although direct clinical services cannot be covered by CRF funds for Patient Navigation Only clients, programs may pay for approved client support services provided to Patient Navigation Only clients. These services may include but are not limited to transportation assistance and language interpretation services. Programs should contact the CCPC for review and approval of payment for non-clinical services. If any CRF funds are used to cover part or all of clinical screening services (including copays, co-insurance, and deductibles), the client must be enrolled as a regular screening client. If CRF funds are used to pay for a pre-screening appointment, but NOT for any portion of the screening service, the client should be considered a Patient Navigation Only client.

QUESTION 12: How will programs determine whether treatment initiation is completed?

ANSWER: For both Screening and Patient Navigation Only clients, continue case management/patient navigation until diagnostic work-up for an abnormal screening result has been completed and treatment, if indicated, has been initiated. The fact that a client is referred for treatment is not sufficient confirmation that treatment has been initiated (for example, a surgical or medical oncology consult to develop the treatment plan does not constitute treatment initiation). A client should be classified as having started treatment only after the program has confirmed that a plan for treatment has been developed and started. For colorectal cancer, this may mean that a client has started treatment such as surgery, chemotherapy or radiation therapy.

> Special Notes:
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> If standard treatment is not indicated for a client with a cancer diagnosis (e.g. palliative care or alternative therapies are pursued instead), navigation services may end at the point at which it is determined that treatment is not indicated.
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> If a patient is enrolled in a clinical trial for treatment, the client should be classified as having started treatment only after confirming that the treatment has begun. Enrollment in a clinical trial is not sufficient confirmation that treatment has been initiated.
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> Although case management/patient navigation is only required through the initiation of treatment, programs may choose to continue monitoring the progress of treatment for a client, to link to resources and reduce barriers to the completion of treatment, if needed.

Scenarios: ***Does this client count as Patient Navigation Only?***

SCENARIO #1: A client is not screened in our program and comes in for diagnosis and treatment ONLY. The program helps navigate the client to initial treatment services but does not pay for any treatment services.

Does this client count as Patient Navigation Only?
No. If the client was not navigated through screening services, they do not count towards Patient Navigation Only performance measures.

If the client is eligible for reimbursable Diagnosis and Treatment services, they should be considered a Diagnosis and Treatment Only client.

SCENARIO #2: The program spent time assisting a client to apply for the Maryland Cancer Fund.

Does this client count as Patient Navigation Only?
Clients may only be considered as Patient Navigation Only clients, if they were navigated through screening services. If a client initially qualified for Patient Navigation Only services, was navigated through screening, and was later referred to the Maryland Cancer Fund - this client *would* be considered a Patient Navigation Only client. If a client was not navigated through screening and was only navigated to the Maryland Cancer Fund – this client *would not* be considered a Patient Navigation Only client.

SCENARIO #3: The program staff spent time addressing comorbidities of a client that required referral for clinical follow up before their screening (e.g. cardiovascular clearance through specialist and follow up activities with the specialist).

Does this client count as Patient Navigation Only?
Clients that are assisted with addressing comorbidities prior to a screening will count toward the Patient Navigation Only performance measures if the required Patient Navigation activities listed in the *CRF CPEST Program Guidance on Patient Navigation* are completed. The activities are:

- 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
- Provide 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.
- Patient Navigation is completed when:
    - Client completes screening and has a result that does not necessitate further evaluation
    - Client with abnormal result completes diagnostic testing and recommended follow-up
    - Client diagnosed with cancer *initiates* cancer treatment

SCENARIO #4: A client without insurance completes their pre-screening visit and their colonoscopy. One month later, you learn that the client has received insurance which is retroactive to the date of the pre-screening visit date.

Does this client count as Patient Navigation Only?
Yes. The client was navigated through screening and is no longer eligible for reimbursable clinical

services (CRF funds not used to pay for screening). The client should be followed and linked to appropriate services if they require further work up.