

Patient Navigation: An efficient method of enhancing participation in screening colonoscopy among urban minorities

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Barriers to CRC Screening

- **Physician barriers:**
 - Problems: Failure to recommend (any) CRC screening; difficulty arranging colonoscopy
 - Solution: Open Access Endoscopy
- **Organizational barriers**
 - Problems: Systems for scheduling; Insurance
 - Solution: Open Access Endoscopy
- **Patient barriers:**
 - Problems: Fear; distrust; fatalism; language; inconvenience; literacy; education
 - Solution: Patient Navigation



Open Access Endoscopy (OAE)

- Definition: PCPs refer average-risk patients *directly* for screening without a prior GI Clinic consultation
- Advantage:
 - More convenient for patients
- Disadvantage:
 - Potentially less understanding by patient of the procedure indications/prep than with initial GI Clinic visit



Patient Navigation (PN)

- Definition: Patient Navigator is someone who guides the patient through the process of completing colonoscopy after PCP referral.
- Roles of the Navigator:
 - Assist with scheduling, transportation, patient education re: colonoscopy (rationale, importance, prep)
 - Remind patient about their appointment
 - Help allay fears



Mount Sinai Screening Colonoscopy Demonstration Project

Hypothesis: *“If we build it, they will come.”*

- Reduce barriers for referring physicians:
 - Nov. 2003: Open Access system started
- Help patients complete their colonoscopy:
 - April 2004: Patient Navigator hired
 - Bilingual Hispanic female health educator
- Remove insurance as an obstacle:
 - Medicaid patients (directly referred from Internal Medicine Associates and GYN Clinic).



Approach

- Open Access Endoscopy
 - Direct Referral Form faxed by Primary Care Provider
 - Reviewed by Gastroenterologist
 - Appropriate cases given to Patient Navigator
- Patient Navigator then does the following:
 - Step 1: Scheduling Phone Call
 - Step 2: Reminder Postcard
 - Step 3: Two Week Phone Call
 - Step 4: Three Day Phone Call



Step 1: Scheduling Phone Call

- Review the following with the patient:
 - Reason for referral
 - Importance of having a colonoscopy
 - Review current medications
 - Review and mail prep materials
 - Ensure escort
 - Answer all questions
 - Address concerns



Step 2: Post Card

GET
SCREENED



DOCTORS'
ORDER

Dear _____

Your Colonoscopy Appointment is scheduled for _____

Please come to the Warren Alpert Pavilion
1184 5th Avenue
(Between 98th & 101st Street), 7th Floor at

To reschedule your appointment or to ask questions please contact:
Anabella Castillo at 212-659-5415 or Yira Duplessi at 212-659-8212

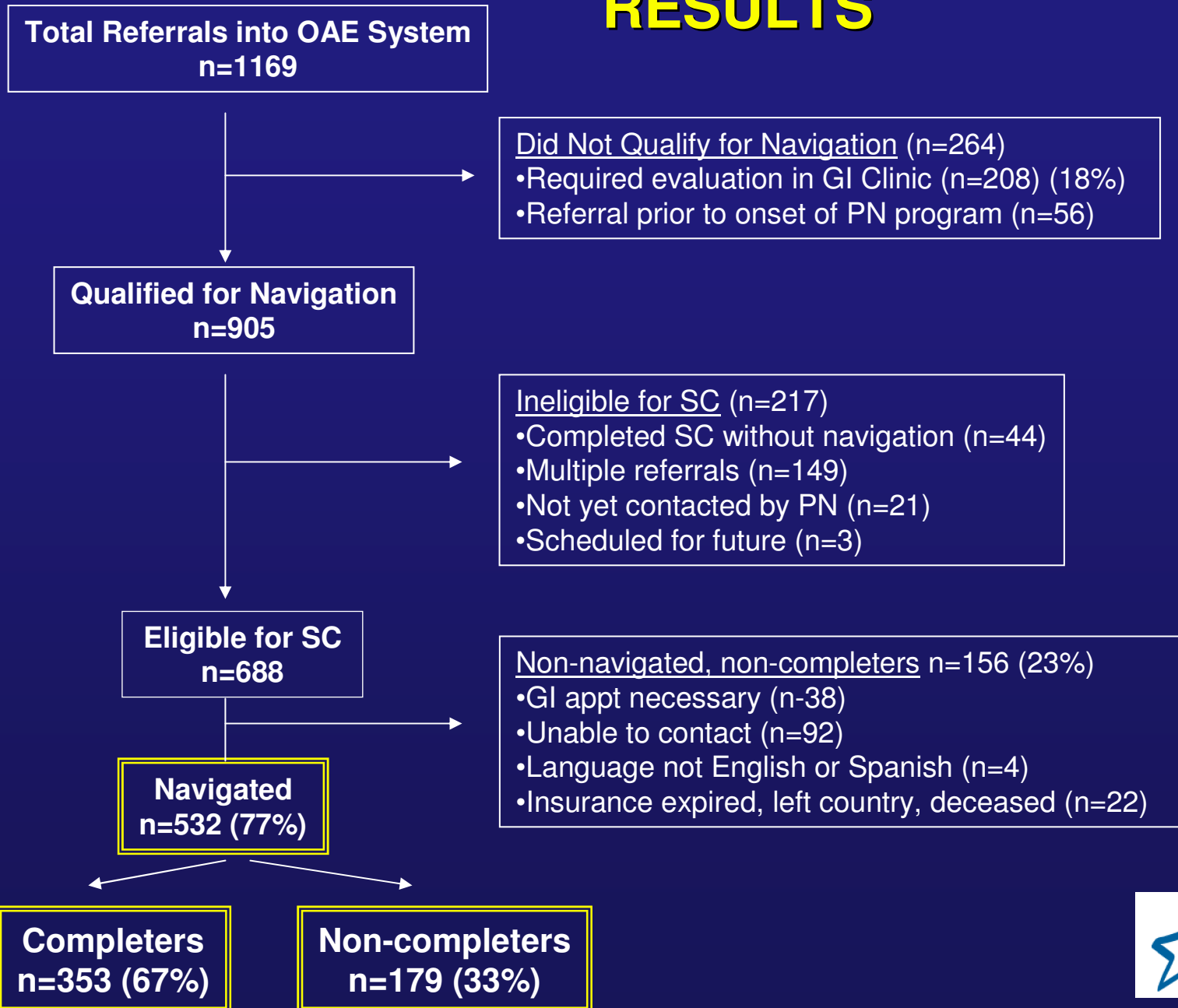


Steps 3 & 4: Repeat Phone Calls (2 weeks, and 3 days prior to procedure)

- Confirm receipt of prep and how to perform prep
- Confirm appointment time and location
- Confirm escort
- Review importance of having a colonoscopy
- Answer all questions
- Address concerns



RESULTS



Demographics of Study Population

	Navigated Patients (n=532)	East Harlem Population (Year 2000) *
Hispanic	295 (55%)	55%
African-American	164 (31%)	33%
Other	73 (14%)	12%



* New York City Department of Health and Mental Hygiene



Predictors of Completion

	Completers (n=353)	Non-Completers (n=179)
Mean Age; yrs	56.1 ± 5.3	56.7 ± 5.6
Female; n	291 (69%)	130 (56%) *
Ethnicity		
•Hispanic	211 (60%)	84 (47%) *
•African-American	98 (28%)	66 (37%)
•Other	23 (12%)	9 (16%)
Clinical Indications or Family History	28 (8%)	21 (12%)



* p<0.05



Predictors of Completion

- **Women were more likely to complete than men.**
 - OR = 1.31 (95% CI 1.11-2.63)
- **Hispanics were more likely to complete than African Americans.**
 - OR = 1.67 (95% CI 1.11-2.50)
- **Multivariate: Hispanic women were more likely to complete than Hispanic men.**
 - OR = 1.5 (95% CI 1.23-4.21)



Pathology Detected

- Pts w/ adenomas 58/353 (16.4%)
- Pts w/ advanced adenoma 7/353 (2.0%)
 - 2 cancers (Stage I)
 - 1 HGD
 - 1 villous adenoma

Patient Satisfaction

(amongst completers)

- 64% of patients would not have completed colonoscopy without the assistance of the Patient Navigator
- Felt the procedure had been explained:
 - by PCP: 84.2%
 - by PN: 92.1%
- Understood bowel prep:
 - by PCP: 34.9%
 - by PN: 58.5%
- Satisfied with bowel prep explanation:
 - by PCP: 83.0%
 - by PN: 99.1%



Remaining Issues

- How do we improve upon the 33% non-completion rate?
- What behavioral and/or cultural issues define patients who complete navigation versus those who do not?
- Is there a possible role for peer navigation?
Culturally targeted interventions?
- How do we get physicians at voluntary hospitals to scope underinsured/uninsured patients?



Reasons for Not Wanting Colonoscopy: Mount Sinai Focus Groups (Dec. 2008)

	Women (n= 11)	Men (n=5)
Age range	54-74	54-68
Annual income:		
• <\$10,000	6	4
• <\$30,000	5	1
Education level:		
• <High school	5	1
• High school graduate	3	3
• College (some or graduate)	3	1
Marital status		
• Married	0	1
• Separated/divorced/widowed	7	2
• Never married (has partner)	3 (1)	2
Insurance:		
• Medicaid	8	5
• Medicare	2	2
• Employer-provided	2	1



Reasons for Not Wanting Colonoscopy: Mount Sinai Focus Groups (Dec. 2008)

- No family history of cancer, so not relevant to me
- Don't hear about c'scopies often
- Doctor does not make c'scopy mandatory
- Afraid of prep; too difficult
- Procedure too invasive
- Men:
 - if prostate exam is WNL, I don't need CRC screening
 - my friends haven't had c'scopy, why should I?
- Women:
 - want someone else in room during c'scopy



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