Patient Navigation Research Program (PNRP)

45th Regular Meeting of the Board of Scientific Advisors

Center to Reduce Cancer Health Disparities

March 8, 2010
U.S. Healthcare System Maze Needs a GPS for Vulnerable Populations

- Employment/Loss Wages
- Perceptions and Beliefs
- Language/Interpreter
- Fear
- Transportation
- Comorbidities
- Location of Facility
- Problems with Scheduling
- Communication with Medical Personnel
- Uninsured, Underinsured
- Disability
- Child/Adult Care
- Literacy
Translate medical next steps and what to expect into lay language

Understanding of healthcare system pathways

Increasing access to clinical trials

Coaching and cultural, emotional and psychosocial support

Assistance with physical needs and other barriers to care

Facilitated referrals to community resources and social services

Patient Navigation as a Personalized GPS
Patient Navigation Research Program (PNRP)
# National Navigation Programs Across Cancer Care

<table>
<thead>
<tr>
<th>Early Detection/Screening testing</th>
<th>Abnormal Findings</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Survivorship</th>
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<tbody>
<tr>
<td>NCI Supported Programs</td>
<td></td>
<td>PNRP</td>
<td>NCCCP*</td>
<td>HRSA*</td>
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<td></td>
<td></td>
<td></td>
<td>MB-CCOP</td>
<td>CMS*</td>
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</table>

*Comorbidities

**PNRP**, **NCCCP**, **MB-CCOP**, **CDRP**, **HRSA**, **CMS**, and **ACS** refer to various national navigation programs.
Navigators work with cancer patients to “navigate” the health care system and access appropriate social and financial services.

The most important role of patient navigators is to ensure that individuals with suspicious cancer findings receive timely diagnosis and treatment.
PNRP Grantee Map
## Cancer Types by Site

<table>
<thead>
<tr>
<th></th>
<th>Breast</th>
<th>Cervical</th>
<th>Colorectal</th>
<th>Prostate</th>
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<td>Northwest Portland Area</td>
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<tr>
<td>Indian Health Board</td>
<td></td>
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</table>
PNRP Hypotheses

Will navigated patients...

- Receive **timelier, definitive resolution** following an abnormal finding?
- Receive **timelier treatments** following a positive diagnosis?
- Improve their **satisfaction** with the health care system experience?
Looking Ahead

Current

Initial

PNRP Evolution

Site Specific Design and Analysis

Cross-Site Analysis

Establish Evidence-based Strategies for Navigation

Cost Efficiency

Contribute to Healthcare Reform

Identify Promising Navigation Strategies
PNRP Triad
Enhancing Patient Access

Patient

Navigator

Healthcare System
## PNRP Target Populations

<table>
<thead>
<tr>
<th>Site</th>
<th>African American</th>
<th>Hispanic</th>
<th>Other (AI/AN, API)</th>
<th>Underserved (Low Income)</th>
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<tbody>
<tr>
<td>Northwestern U - Chicago</td>
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<td>Northwest Portland Area Indian Health Board</td>
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</table>
Navigation Delivery

In-Person & Phone

- Chicago- UIC/ACCESS and Northwestern U/VA Medical Center
- Denver Health & Hospital Authority
- Northwest Portland Area Indian Health Board
- University of Rochester
- University of Texas at San Antonio Health Sciences Center
- Moffitt Cancer Center (Tampa)
- George Washington U Medical Center

Phone

- Boston Medical Center
- Ohio State University
Navigator Profile Reflects Community

90% Female
38 years old
24% Spanish primary language
89% education beyond high school
30% professional healthcare training
Healthcare System Settings (n=95)

- **Academic/Small Practices**: 37%
- **Neighborhood Health Center**: 30%
- **Public Hospital Ambulatory Care**: 28%
- **Private Hospital Ambulatory Care**: 5%

58% Public Clinics
PNRP
Recruitment and Training
Enrolled Participants over Time

Cumulative Frequency of Eligible Patients for 6-Month Periods by Race/Ethnicity - Total Sample for All Cancer Sites

Cumulative Frequency

- A-A/Black
- White
- Hispanic
- Other

6-Month Period

Building Trust and Relationships

- Interact with providers and the healthcare systems to identify potential patients
- Engage with the community through participation in cultural events for opportunities to recruit for study participation
- Work with “detailer” to assist in forming relationships and obtaining provider buy-in to increase recruitment
- Meet with or telephone patients to discuss eligibility and what to expect in study participation
Local Training Expanded through National Workshops and Web-based Trainings

1st National PN Workshop n=196
2nd National PN Workshop n=234
3rd National PN Workshop n=350

2005 2006 2007 2008 2009 2010

Barriers and Resources Webinars
PNRP PN Toolkit
Proactive Navigation Webinars n=40
PN Training

- Core Competencies and Local Context -

**National PN Training**

- Standardized training across PNRP sites
- Build core competency
- Address training needs
- Control for training effects

**Local PN Training**

- Orientation training for new PNs/continued education training tailored to local context/patient culture
- Training on research surveys, tracking logs, ethics/IRB, and informed consent
- Small group and one-on-one onsite training to check on current cases, provide cancer specifics, receive feedback, and assess progress

**Strength of PNRP Training**

Shared set of competencies tailored to specific local context and culture
Accomplishments in Support of Science
# Tools and Resources: Researcher

## Data Dictionary

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Characteristics of Care Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Effectiveness</td>
<td>Comorbidity</td>
</tr>
<tr>
<td>Family Medical History</td>
<td>Health Literacy</td>
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<tr>
<td>Patient Coping and Support</td>
<td>Patient Demographics</td>
</tr>
<tr>
<td>Patient Navigator Demographics</td>
<td>Patient Navigator Logs</td>
</tr>
<tr>
<td>Patient Navigator Performance Checklist</td>
<td>Patient Satisfaction</td>
</tr>
</tbody>
</table>

**Client interaction**
- Care management
- Document
- Other intervention aspects

**Geographic location**
- Setting
- Onsite services
- Pts served/yr
- Pt Ethnicity/race

**Impact of Events**
- Scale (IES)
- Comm. & Attitudinal Self-Efficacy (CASE)

**Barriers**
- Actions
- PN encounters

**Satisfaction**
- with care
- with navigator
### File Repository

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Folder</th>
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<tbody>
<tr>
<td>Item 1</td>
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<td>Item 2</td>
<td>Folder 2</td>
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<tr>
<td>Item 3</td>
<td>Folder 3</td>
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</tbody>
</table>

- **Calendars**: Conference Call schedules, meeting minutes
- **Clinical Definitions Committee**
- **Committee & Listserv Information**: Committee roster, descriptions
- **Cost-Effectiveness Analysis Committee**
- **Data Dictionary/Upload Instructions/CDE Issues**: Data Dictionary and Data Utilization studies
- **Database/Web Site Committee**
- **Decision Log**
- **Design and Analysis Committee**
- **Health Policy Committee**
- **Instruments w Interview Guides**: Excerpts from the Data Dictionary / Spanish Translation of Patient CEA Survey
- **navigator narratives**
- **Patient Navigator Training Toolkit**: PNRP Training Resources
- **Patient Navigator Webinar Training**
- **PNRP Meetings**
- **Program Coordinators**
- **Publications and Policy Committee**
- **Publications/Presentations**
- **Regulatory Issues Committee**
# Partners

## National Cancer Institute
- NCI CTROC supports 2 supplements for navigation to clinical trials
- NCCCP uses PNRP instruments and resources
- National Outreach Network supports 4 PNRP community health educators
- CRCHD/DTB funds 17 diversity supplements

## National Institutes of Health
- NCMHD supports HD Research Centers at Chicago (UIC P60) and U So. FL/Moffitt (P20), Chicago NW R24, and Boston RC1
- Office of AIDS Research funds 2 HIV/AIDS-related malignancy supplements

## American Cancer Society
- Supports OH PNRP over 5 years
- Supported 3 National PN Workshops and partnered on webinar trainings
- Supporting the PN Leadership Summit (March 2010)

## AVON Foundation
- Supports task and social network analysis for patient navigation
Site-Specific Partnerships/Collaborations

- CBOs
- Inter-University
- Intra-University
- Government

Number of partnerships/collaborations over time:
- <2008
- June 08
- June 09
Interim Analysis Findings
PNRP Hypothesis - Interim Analysis

Will navigated patients...

- Receive **timelier, definitive resolution** following abnormal findings?
- Receive **timelier treatments** following a positive diagnosis?
- Improve their **satisfaction** with the health care system experience?
Breast
Selected Demographic Characteristics of Study Participants (Breast)

Age
- 65+
- 50-64
- 40-49
- <40

Race/Ethnicity
- African American
- Hispanic
- White
- Other

Insurance
- Uninsured
- Private
- Public

# with Abnormal Finding

Non-navigated (n=2,047)  Navigated (n=1,701)
Median T1 by Racial/Ethnic Group (Breast)

**p < 0.05
Median T1 by Insurance Coverage (Breast)

Uninsured**

Public**

Private

**p=<0.05
Percentage of Diagnosed Cancers (Breast)

<table>
<thead>
<tr>
<th></th>
<th>Navigated (n=1701)</th>
<th>Non-navigated (n=2047)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cancers in Abnormals</td>
<td>9%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Demographic Characteristics of Navigated Participants Diagnosed with Breast Cancer (n=154)

Age:
- <40
- 40-49
- 55+

Race/Ethnicity:
- White
- African American
- Hispanic
- Other

Insurance:
- Public
- Private
- Uninsured
Cervix
Selected Demographic Characteristics of Participants (Cervix)

<table>
<thead>
<tr>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>African American</td>
<td>Uninsured</td>
</tr>
<tr>
<td>25 to 34</td>
<td>Hispanic</td>
<td>Private</td>
</tr>
<tr>
<td>35 to 44</td>
<td>White</td>
<td>Public</td>
</tr>
<tr>
<td>45 and older</td>
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</tbody>
</table>

[Chart showing distributions for age, race/ethnicity, and insurance status]
Median T1 by Racial/Ethnic Group (Cervix)

- African American**
- White
- Hispanic**

**p =< 0.05
Percentage of Diagnosed Cancers (Cervix)

- Navigated (n=909): 7%
- Non-navigated (n=566): 13%
Demographic Characteristics of Navigated Participants Diagnosed with Cervix Cancer (n=66)
Barriers Analysis
Significant Barriers and Time to Diagnostic Resolution (Breast)

- Language**
- System Problems**
- Adultcare**
- Disability**
- Employment
- Exceptions of Tests/Treatment
- Communication
- Fear
- Location of Health Care Facility
- Transportation

Model significance, \( p < 0.05 \)
Impact of Navigation Delivery on Time to Diagnostic Resolution (Breast)

**p<=0.05

- In-person (n=731)
- Phone (n=703)
Navigation may decrease time to diagnostic resolution for
- African Americans
- Hispanics
- Uninsured

For 3 or more barriers, in-person navigation may be a useful strategy for reducing time to diagnostic resolution.

For 0-2 barriers, telephone navigation may be a useful strategy for reducing time to diagnostic resolution.
Select Research Projects Overviews
Enrolling successfully patients from diverse/underserved populations into a patient navigation study

**Delivery:** Assessing models of patient navigation delivery

**Resource Efficiency:** Developing science supported resources and tools for patients, providers, and researchers

**Position:** Understanding how to position navigation based on number of barriers, population, and navigation delivery
Next Steps

Final Data Analysis
- All cancer sites
- Diagnosed cases
- All instruments
- Dissemination of Scientific Information

Next Generation Navigation Research

Delivery:
Benefits and components to Navigation, populations, best practices, and comparative effectiveness

Resource Efficiency:
Navigation and resource efficiency

Position:
Barriers, time, diagnostic resolution and treatment, and cancer survival
PNRP Program Staff

Dr. Martha Hare
Dr. Mary Ann Van Duyn
Dr. Mollie Howerton
Dr. Kenneth Chu
Donald Corle, M.S. (DCP)

http://crchd.cancer.gov