# Boston University Patient Navigation Research Program

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#### **Boston University PNRP**

- Rationale for study design
- 2. Methods
- 3. Additional analyses
  - Task and Social Network Analysis
  - Navigator–Patient Congruence
  - Primary analyses
- 4. Interim findings

#### Rationale for Study Design

 Findings from our Pilot Intervention study\*

2. Results of our Community Based Participatory Research Process

\*Battaglia, Cancer 2007

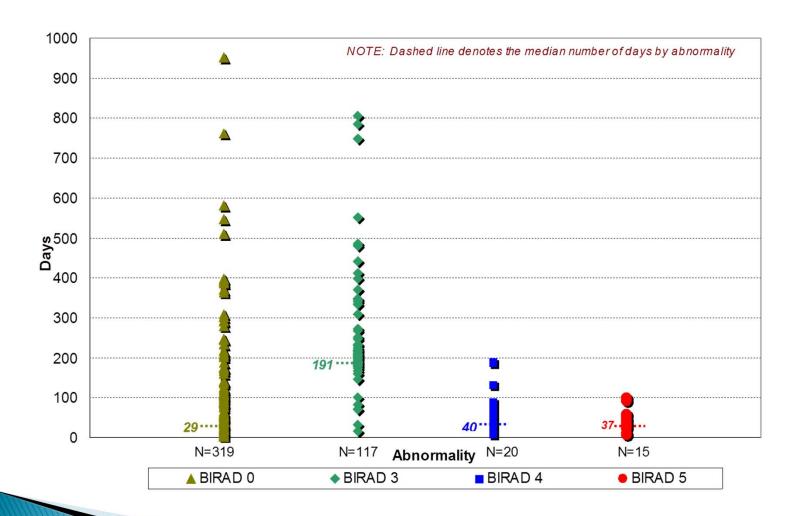
## Patient Navigator Intervention Pilot Factors Associated with Timely Breast Follow-up

Factor	OR	95% CI
Overall Effect:	1.7	1.2-2.2
(Adjusted for age, race, insurance and referral site)		
Referral Site:		
CHC (ref)	1.0	XXX
Hospital	1.4	1.0-2.0
Other	1.5	0.8-2.7

#### Patient Navigator Intervention Pilot Conclusions

- Patient Navigation improves rates of timely follow-up for abnormal breast cancer screening among urban women in all subcategories
- Those referred from Community Health Centers continue to lag behind
- Need for multi-center trial with continuous control group

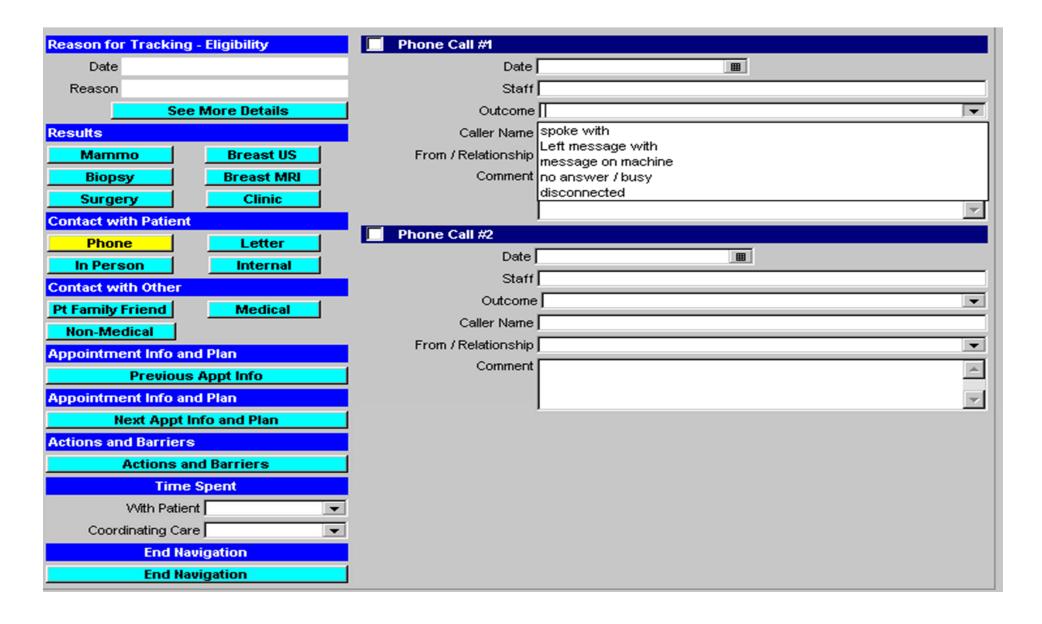
### Baseline Delays in Diagnostic Resolution in Six Community Health Centers (CHCs)



### Patient Navigation as a Systems Intervention

- Organized within the sites of primary care
- 2. Located within the clinical setting
- 3. Care Management Model
  - Case identification
  - Assessment of individual barriers to care
  - Development of individual care plan
  - Tracking through diagnostic resolution

### Patient Navigator Template



### Reasons to Start with Telephone Encounters

- 1. Efficient use of resources
  - 50–100 active cases per FTE/site
- 2. Pilot data suggested many barriers identified by phone
- 3. Focused resources for specific patients
  - Cases with delays
  - Problems identified
  - Phone contact unsuccessful
  - Cancer diagnosis

### Task and Social Network Analysis

Tasks/Network	Patient	Provider	Non- Clinical Staff	Support	EMR
Navigate with specific pt					
Facilitate <u>for</u> specific pt					
Maintain system for all					
Document/					
Review					

Parker, Health Services Research 2010

#### Effect of Navigator-Patient Concordance

Christina Santana, MPH — Diversity Supplement Awardee

Patient Race and Ethnicity	Concordant with Navigator	Discordant with Navigator
	N (%)	N (%)
White non-Hispanic	166 (59)	117 (41)
Black non-Hispanic	159 (65)	87 (35)
Asian non-Hispanic	17 (17)	84 (83)
Hispanic	191 (60)	129 (40)
Total N = 950	533 (56)	417 (44)

### Effect of Race-Ethnicity on Barrier Identification

Christina Santana, MPH – Diversity Supplement Awardee

	White	Non-White	Total
	N (%)	N (%)	N (%)
No Barrier	105 <b>(50)</b>	61 (21)	166 (33)
1+ Barriers	106 (50)	232 <b>(79)</b>	338 (67)
Total	211	293	504

### Time to Resolution for Breast Patients with Resolution 60+ Days

#### Hazards Ratio from Proportional Regression

	HR	95% CL
After vs. Before Patient Navigator		
Intervention Group	2.82	1.97, 4.05
Abnormality		
Clinical Breast Exam	1.00	
Birads 0	1.83	1.15, 2.91
Birads 3	0.85	0.50, 1.43
Birads 4 or 5	3.01	1.51, 6.00

### Diagnostic Time Resolution Comparing Breast Intervention and Control Sites

