

January – December 2019

3.1 Patient Navigation Process Mid-Year Report

A community needs assessment was completed in 2018 by UI Health, which covers the years 2017, 2018, 2019.

The cancer committee reviewed the CNA and reviewed the following findings:

- Breast Cancer Mortality rates in Chicago is the seventh highest in the nation, with African American and Latina women have disproportionately higher rates of mortality compared to white women. These population falls in the Mile Square Health Center catchment area.
 - Identified barriers to care includes cost of screening (insurance needs), transportation, and access to screening.
- Colon cancer mortality rates in the UI Health Patient Service Area are 1.7 times higher than national and state averages.
 - Identified barriers to care include costs of screening, transportation, health literacy, access to screening, and insurance needs.
- The UI Health population has some of the largest burden of lung cancer in the state.
 - Identified barriers to care include access, awareness, health literacy, insurance needs, and transportation needs.
- MSHC and UI Health catchment area, being a priority area for smoking, and other cancers and has identified Head and Neck cancer screening a priority.
 - Identified barriers to care include access, awareness, health literacy, insurance needs, and transportation needs.

The cancer committee noted barriers of transportation, insurance and financial counseling as areas of focus for 2019, particularly for patients with breast cancer, colon cancer, lung cancer and head and neck cancer. As a focus in 2019, patient navigators identified transportation issues and arranged transportation for patients when needed.

After further review the cancer committee evaluated the current navigation process in an effort to eliminate the barriers.

UI Health implemented the following to address the identified populations and barriers:

- 1) Enhance patient navigation via organized meetings with navigators to discuss proposed and established connections between community navigators and nurse/APN/lay navigators in the hospital and clinic setting.
- 2) Better coordination between nurse navigators, APNs and/or lay navigators, so that there is an opportunity for handoff from the community navigator to the hospital/clinic navigator.
- 3) Adaptation of the inpatient PRONTO transportation program (Taxi and/or LYFT) for our outpatient cancer patients in 2019, allowing for navigators to arrange transportation for patients when needed.
- 4) Patient navigators identified transportation issues and arranged transportation to appointments and care for patients when needed.
- 5) Enhancement and utilization of our community partners to address barriers to care.
- 6) Continue collaboration of nurse navigators with the coordinate efforts of UI Health Social Work team and our on-site Patient Navigator. Navigators alert inpatient social work team of patient's admission to hospital so that appropriate attention can be provided to identify barriers and provide assistance to overcome barriers.
- 7) Barriers addressed include coordination of care and appointments, referral to transportation, and assessment and assistance with insurance coverage.

The activities of the navigators in 2019 continue to assure the patients were compliant with the plan of care. The navigators assisted with radiology, oncology and other screening and diagnostic appointments and designed schedules to assure patients' needs were met. In assessing each scheduled patient, the navigator assures that the necessary tests and follow up is completed so that the physician could provide the appropriate care. The navigators are actively involved with coordination of care with all members of the interdisciplinary team from the schedulers to the physicians.

During 2019 (January 1st – December 31, 2019)

Our clinical and hospital based navigation teams continue to work together to address patient barriers to assist the patients with successfully completing each step in the continuum of cancer care. Cancer Center Navigators have assisted patients with the below (data does not include hospital/ACS navigation data):

- 228 Kaizen rides services were provided to 101 unique patients
- 1,631 patients have been navigated through various health prevention programs
 - 234 patients provided with smoking cessation services and 217 patients were referred to QuitLine. 16 patients qualified for LDCT screening, and 8 completed LDCT screening. 1 patient diagnosed with lung cancer. 6 patients completed the Freedom From Smoking program.
 - 991 unique patients received breast cancer screening services. 315 patients received diagnostic services, and 12 unique patients were diagnosed with cancer breast cancer.
 - ACS: 219 patients referred for Colorectal Cancer Screening Services. 201 Kits dispensed to patient in clinics. 124 FIT Kits completed and 12 had abnormal FIT result. Of the abnormal FITs, 4 completed diagnostic colonoscopies, 1 had precancerous polyps and 3 had benign polyps.
 - BMS: 51 community members provided with FIT test at community sites (beauty shops and barbers), and 48 were completed. 7 had positive results and were followed up by navigation.
 - 187 patients screened in Head and Neck Cancer Screening event.
- Participated in 41 community health education and outreach events, engaging with 5828 community member:
 - 844 community members provided with colorectal cancer education using inflatable colon in community health events
 - 824 needs assessment completed between July – December 2019

An additional navigator has been hired to support breast cancer screening, smoking cessation/lung, and colorectal cancer screening initiatives.

It is determined that going forward, UIH would work on obtaining additional breast cancer, lung cancer and colorectal cancer navigators. All community events reported in this summary were done by four navigators, who are supported by an outreach team at the Cancer Center. UIH can reach a larger volume and have a greater impact in community outreach and screening outcomes if funding is secured to hire additional navigators and also support patient barriers.

1.8, 4.1 & 4.2 Annual Community Outreach Summary (January - December 2019) - University of Illinois Cancer Center

Name of Activity: Smoking Cessation Program								
Type of cancer	Rationale/Aims	Meeting date need was discussed	Type of Activity (Prevention or Screening)	National Guidelines used to design activity	Date of Activity	Participants (target audience, # in attendance)	Outcomes/Follow-up process for participants w/positive findings (Screening only)	Effectiveness of Activity * (See description at end of page)
Smoking Cessation and Lung Cancer Prevention Program	<p>Rationale:</p> <ul style="list-style-type: none"> Chicago Department of Health (CDPH) has identified MSHC catchment area as high priority areas for tobacco related issues. <p>Aim:</p> <ul style="list-style-type: none"> Facilitate smoking cessation services in Mile Square and UI Health catchment areas Individuals that want to quit smoking, refer them to QuitLine for assistance to quit Provide education and remove barriers to access to LDCT screening for MSHC patients 	2/21/19	Preventative and Screening	<p>The United States Preventative Task Force (USPSTF) Recommends Annual Screening for Lung Cancer with low-dose computed tomography (LDCT): Adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p> <p>(https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening)</p>	01/01/19-12/31/19	MSHC and UI Health patient population	<ul style="list-style-type: none"> 234 MSHC patients and community members provided with smoking cessation services. 217 navigated to QuitLine 6 patient completed Freedom From Smoking (FFS) program, and 6 quit smoking 16 participants qualified for LDCT screening. 8 completed LDCT screening and 1 diagnosed with cancer. Engaged with over 868 patients/community members 	<p>Effectiveness :</p> <ul style="list-style-type: none"> Target is to engage 220 patients in 2019 and provide one-on-one navigation to 66 patients. Navigation team engaged with over 868 participants and provided one-on-one navigation to 234 patients Completed 2 FFS program. <p>Recommendation:</p> <ul style="list-style-type: none"> Secure funding for more navigators for facilitating FFS programs, & smoking cessation projects

Name of Activity: Breast Program Health Services Program								
Type of cancer	Rationale/Aims	Meeting date need was discussed	Type of Activity (Prevention or Screening)	National Guidelines used to design activity	Date of Activity	Participants (target audience, # in attendance)	Outcomes/Follow-up process for participants w/positive findings (Screening only)	Effectiveness of Activity * (See description at end of page)
Breast Cancer	<p>Rationale:</p> <ul style="list-style-type: none"> MSHC provides services to 51 of Chicago's community areas that includes all the 20 community areas with the highest breast cancer death in South and Westside. <p>Aim:</p> <ul style="list-style-type: none"> Provide free breast cancer screening to uninsured and underinsured women, and coordinate continuum of care Address the low breast Cancer screening rates for patients in the of UI Health and the Mile Square catchment areas Address identified barriers in obtaining breast cancer screening and diagnostic care 	2/21/19	Screening	<ul style="list-style-type: none"> American Cancer Society Breast Cancer Screening and Early Detection Recommendation: Women from ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms if they wish to do so. Women from ages 45 to 54 should get mammograms every year. Women aged 55 and older can switch to mammograms every two years, or can continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 plus years. <p>(https://www.cancer.org/content/cancer/en/research/infographics-gallery/breast-cancer-screening-guideline.html)</p>	01/01/19-12/31/19	<ul style="list-style-type: none"> MSHC and UI Health patient population AA women Latina Women 	<ul style="list-style-type: none"> A total of 991 clients navigated for breast cancer screening services 835 patients provided with screening mammogram 315 diagnostic services completed (156 were patients that presented as symptomatic) 12 new cancer diagnosis Patients with normal screening, results were provided with education for annual screening and navigation as needed Uninsurable patient diagnosed with cancer are referred to a Safety Net Community Hospital (Stroger) for care All patients diagnosed with cancer are navigated into care Provide support groups for survivors and their caregivers both in Spanish and in English (Spanish every 3rd Thursday of the month and English every 2nd Tuesday of the month) 	<p>Effectiveness :</p> <ul style="list-style-type: none"> Have surpassed the goal of screening 400 patients in 2019. <p>Recommendation:</p> <ul style="list-style-type: none"> Mi-mamo is in need of continued funding for sustaining the services provided for breast cancer screening.

Name of Activity: Colorectal Cancer Screening Program								
Type of cancer	Rationale/Aims	Meeting date need was discussed	Type of Activity (Prevention or Screening)	National Guidelines used to design activity	Date of Activity	Participants (target audience, # in attendance)	Outcomes/Follow-up process for participants w/positive findings (Screening only)	Effectiveness of Activity * (See description at end of page)
Colon Cancer	<p>Rationale:</p> <ul style="list-style-type: none"> MSHC clinics are located in neighborhoods carrying a disproportionate burden of cancer mortality disparities. Approximately 74% of MSHC patients are African American. African Americans have the highest incidence and mortality rates of CRC. <p>Aim:</p> <ul style="list-style-type: none"> Provide Colorectal Cancer (CRC) Screening and education to MSHC patients Identify and address barriers in obtaining CRC screening and follow up care 	2/21/19	Screening and Prevention	<p>The American Cancer Society recommends screening for anyone with average risk starting at age 45.</p> <ul style="list-style-type: none"> CRC can be Fecal Immunochemical Test (FIT) or Colonoscopy. Individuals in good health and with a life expectancy of 10 plus years should continue screening through the age of 75. People ages 76 - 85, the decision to be screened should be based on individual care. Anyone over 85 should no longer get colorectal cancer screening. <p>One is considered average risk if they do not have:</p> <ul style="list-style-type: none"> Personal or family history of colorectal cancer, certain types of polyps or personal history of inflammatory bowel disease. A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer (HNPCC)). Personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer <p>https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html</p>	07/01/19-12/31/19	<ul style="list-style-type: none"> MSHC patients and it's catchment area 	<ul style="list-style-type: none"> Bristol-Myers Squibb (BMS) Project was implemented at South Shore. Between November and December 2019, 56 community members provided with CRC education, 51 completed FIT test, and 7 had positive FITs. ACS Southside Colorectal Cancer Initiative project implemented at Englewood, South Shore, and Back of the Yards in July 2019 844 community members were provided with CRC education using inflatable colon. 201 FIT Kits dispensed in clinics 124 FIT completed (62%) and 12 had positive results. 4 received diagnostic colonoscopy, of which 1 had precancerous polyps removed and 3 had benign polyps removed. Navigation is following up and scheduling appointment with all other positives. 	<p>Effectiveness:</p> <ul style="list-style-type: none"> BMS is in target to meet its annual goals. ACS deliverables are providing community outreach and education to 100 community members in community events, and completing 200 FIT Kits in clinics. Cancer Center is surpassing the community outreach and education goals by over 744 members and met over 60% of the screening goal in the by 2nd quarter. <p>Recommendation:</p> <ul style="list-style-type: none"> Clinical FIT test to be changed from 2 stool sample to 1 stool sample at the clinics
Name of Activity: Head and Neck Cancer Screening								
Type of cancer	Rationale/Aims	Meeting date need was discussed	Type of Activity (Prevention or Screening)	National Guidelines used to design activity	Date of Activity	Participants (target audience, # in attendance)	Outcomes/Follow-up process for participants w/positive findings (Screening only)	Effectiveness of Activity * (See description at end of page)

Head and Neck Cancer	<p>Rationale:</p> <ul style="list-style-type: none"> • UI Health (MSHC clinics) are located in neighborhoods carrying a disproportionate burden of cancer mortality disparities. Approximately 74% of MSHC patients are African American. • CDPH identified MSHC catchment area as high priority areas for tobacco related issues and tobacco exposure is a major risk factor for Head and neck cancer. <p>Aim:</p> <ul style="list-style-type: none"> • Provide Head and Neck Cancer Screening and education to UI Health Patients. • Link patients to primary care, dental care and Smoking cessation services. 	2/21/19	Screening	<p>The American Cancer Society does not have guidelines for Head, Neck and Oral cancer screening. UI health saw patients age 18 and older.</p> <ul style="list-style-type: none"> • Heavy tobacco exposure and heavy alcohol consumption are major risk factor for it. HPV virus is a risk factor the cancer • https://www.headandneck.org/types/ 	01/01/19-12/31/19	<ul style="list-style-type: none"> • MSHC and UI Health catchment area 	<ul style="list-style-type: none"> • 187 patients screened for Head and Neck Cancer • 24 participants had abnormal finding, 22 needed follow up with ENT and 2 with Oral Surgery • Patients with abnormal findings referred to ENT at UI Health • Patients with no PCP referred to MSHC, and patients that are smokers referred to IL Quitline • No reported cancer diagnoses 	<p>Effectiveness:</p> <ul style="list-style-type: none"> • In 5 days, 187 patients were seen in 5 locations with less than 6 hours of screening at each location. <p>Recommendation:</p> <ul style="list-style-type: none"> • Sites and patients have requested screening for longer hours and additional dates.
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Effectiveness for a prevention activity:

Measured by the number of participants who changed their lifestyle at the end of the program (e.g. number who stopped smoking).

Include:

Assessment if activities are or are not producing the intended result;
 Assessment if scope of outreach and methods used are effective.
 Present lessons learned, recommendations for improvement.

Effectiveness for a screening activity:

Measured by the rate of diagnosis made in the group screened

Measured by whether there is an increase in screening participation because of a new tool or communication strategy.

Include:

Assessment if activities are or are not producing the intended result;
 Assessment if scope of outreach and methods used are effective.
 Present lessons learned, recommendations for improvement.

Poor or non-attendance of prevention and screening programs should be addressed by examining:

Target audience, communication methods, timing, location of the program.