

Patient Navigation at Work

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REACH 2010

- Racial and Ethnic Approaches to Community Health
 - Goal: eliminate health inequities in racial and ethnic communities by 2010
 - CDC funded projects over 40 communities across USA
- REACH OUT program in Chicago
 - Coalition – churches, federally qualified health center organization, and university
 - Goal: increase breast and cervical cancer knowledge and screening among underserved women

REACH OUT

- Community Characteristics
 - High proportions of minorities & members living at or below the poverty & high incidence rates of cancer
- Educational Curriculum
 - Standard & Flip Chart
 - Culturally specific
 - Breast/Cervical Cancer facts, risk factors
 - Describe screening tests
 - Demonstrations of breast self-examinations

REACH OUT

■ Dissemination

- Advocates from churches trained to educate
- Hold standard sessions at church
- Bring portable flip chart into communities
- Health Fairs, media events, etc
- Educational events publicized by advocates
- Reinforced by announcements from the clergy at the pulpit during church

Patient Navigation

■ Why?

- Reduce disparities in receiving care by helping patients overcome barriers to health care
- Focused on uninsured, underinsured, low income, and/or minority populations
- Low success rates of getting women in for services
 - 25% of referrals completing service

Patient Navigation

- What do they do?
 - Ensure that women whom the advocates refer for breast and cervical cancer screening services actually receive mammograms or Pap tests
 - Improve compliance rates and satisfaction

Patient Navigation

- What do they do? (cont'd)
 - Help patients overcome barriers to attaining services by doing a range of activities:
 - Explaining what cancer is
 - Explaining screening procedures
 - Scheduling appointments
 - Making reminder calls for appointments
 - Helping with transportation/childcare
 - Attending appointments with patients

Why Survey?

- Little known about the efficacy of patient navigation programs
 - Rapid growth in recent years
 - Need to evaluate the efficacy of navigators
- REACH OUT
 - Every participant eligible for navigation
 - Follow-up survey to evaluate their experience with the patient navigator

Survey Questions

- Activities navigators performed
- Screening behaviors
 - Did they have an appointment for a Mammogram or Pap Test?
 - Did they attend the appointment?
- Navigator activities that helped them attend appointment or
- Reasons for not attending appointment

Survey Questions (cont'd)

- Satisfaction with the Navigation team
 - Satisfaction with the activities/confidentiality/etc
- Satisfaction with the tests
- Demographic information
 - Age
 - Race
 - Education level
 - Income
 - Insurance status
 - Place of regular care

Survey Methodology

- Survey Period

 - February 2006-September 2007

- Contacts

1. Original letter & survey with incentive
2. Postcard reminder
3. 2nd Letter & second survey
4. Phone calls (up to 3x)

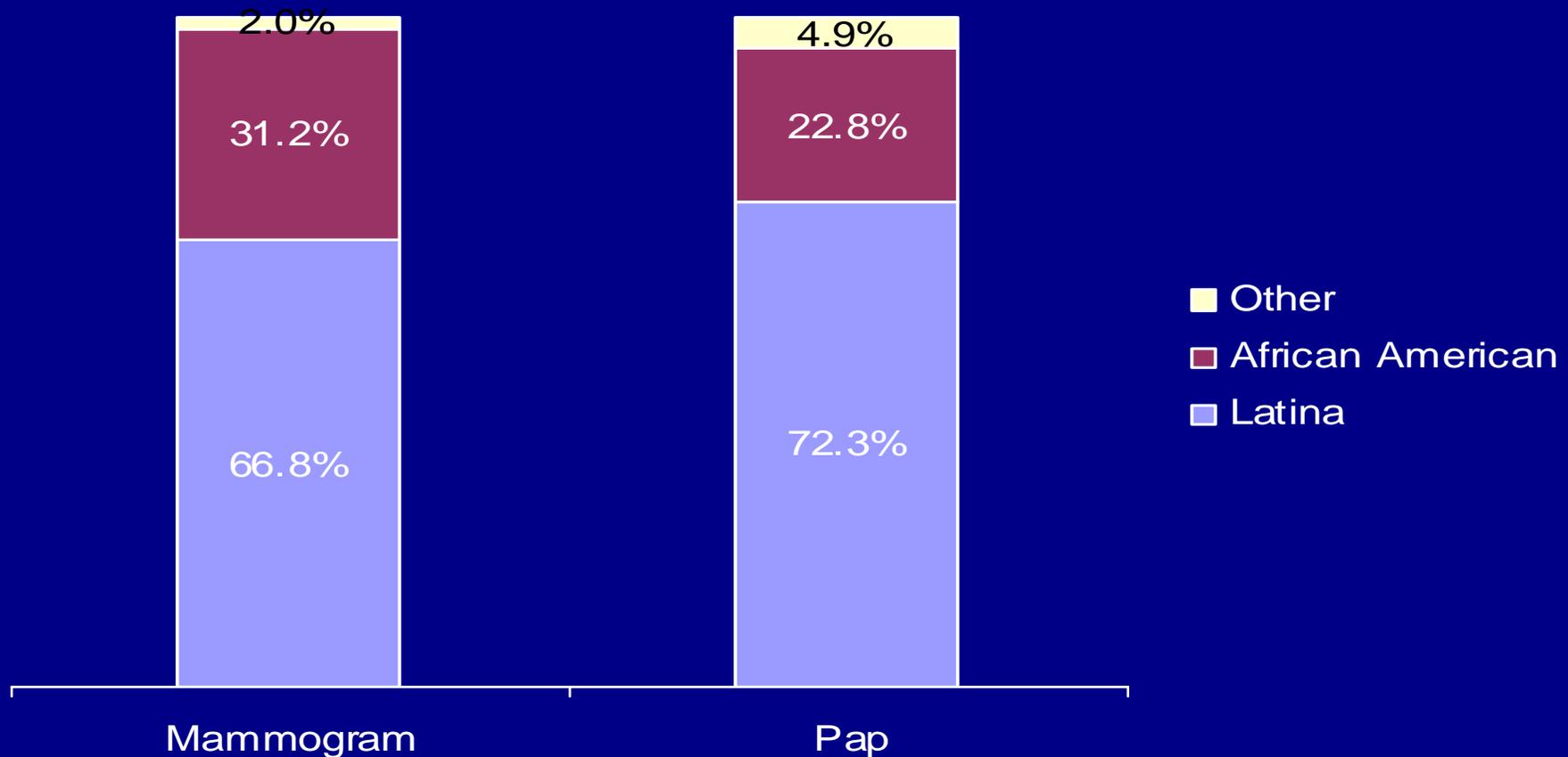
Survey Response

- Contact Rate = 81.2%
 - 1,204 attempts -> 219 incomplete

- Cooperation Rate = 40.2%
 - 985 Contacted -> 396 returned

Results

Breakdown of Completed Surveys Received*



*p<0.01

Results

- Most common activities performed by the navigators

Activity	Percentage of Women
Help Scheduling an Appt	40.2
Reminder Calls for Appt	39.9
Talked about Cancer	28.5
Explained Test	28.3
Follow up call after Appt	23.7
No help received	8.8

Demographics for Respondents

R/E	n	Mean Age*	Marital Status*		Education*	
AA	105 (27%)	53.3	Single:	38.8%	Grade:	4.8%
			Married:	28.2%	High:	17.3%
			Divorced or Widowed:	33.0%	Some College:	50.0%
					College:	27.9%
Lat	270 (69%)	43.0	Single:	15.0%	Grade:	35.0%
			Married:	66.7%	High:	45.9%
			Divorced or Widowed:	18.0%	Some College:	10.5%
					College:	8.6%

* p<.001

Demographics (cont'd)



* $p < .001$

Demographics (cont'd)

R/E	Place of Regular Care*		Insurance Status*	
AA	Clinic/Doctor's Office:	57.8%	Private Insurance:	30.4%
	HMO:	7.8%	Medicare:	23.5%
	Emergency Room:	0.0%	Medicaid:	5.9%
	Hospital Outpatient Clinic:	11.8%	Other:	7.8%
	Do not go for regular Care:	22.5%	No Insurance:	32.4%
Lat	Clinic/Doctor's Office:	60.4%	Private Insurance:	7.8%
	HMO:	4.6%	Medicare:	4.8%
	Emergency Room:	2.7%	Medicaid:	6.3%
	Hospital Outpatient Clinic:	5.4%	Other:	8.6%
	Do not go for regular Care:	26.5%	No Insurance:	72.1%

* p<.001

Results

Women referred for Mammograms

	Total Referred	# Received Test	% Received Test
African American	61	48	78.7
Latino	133	74	55.6
All Races	202	135	66.8

p<0.01

Results

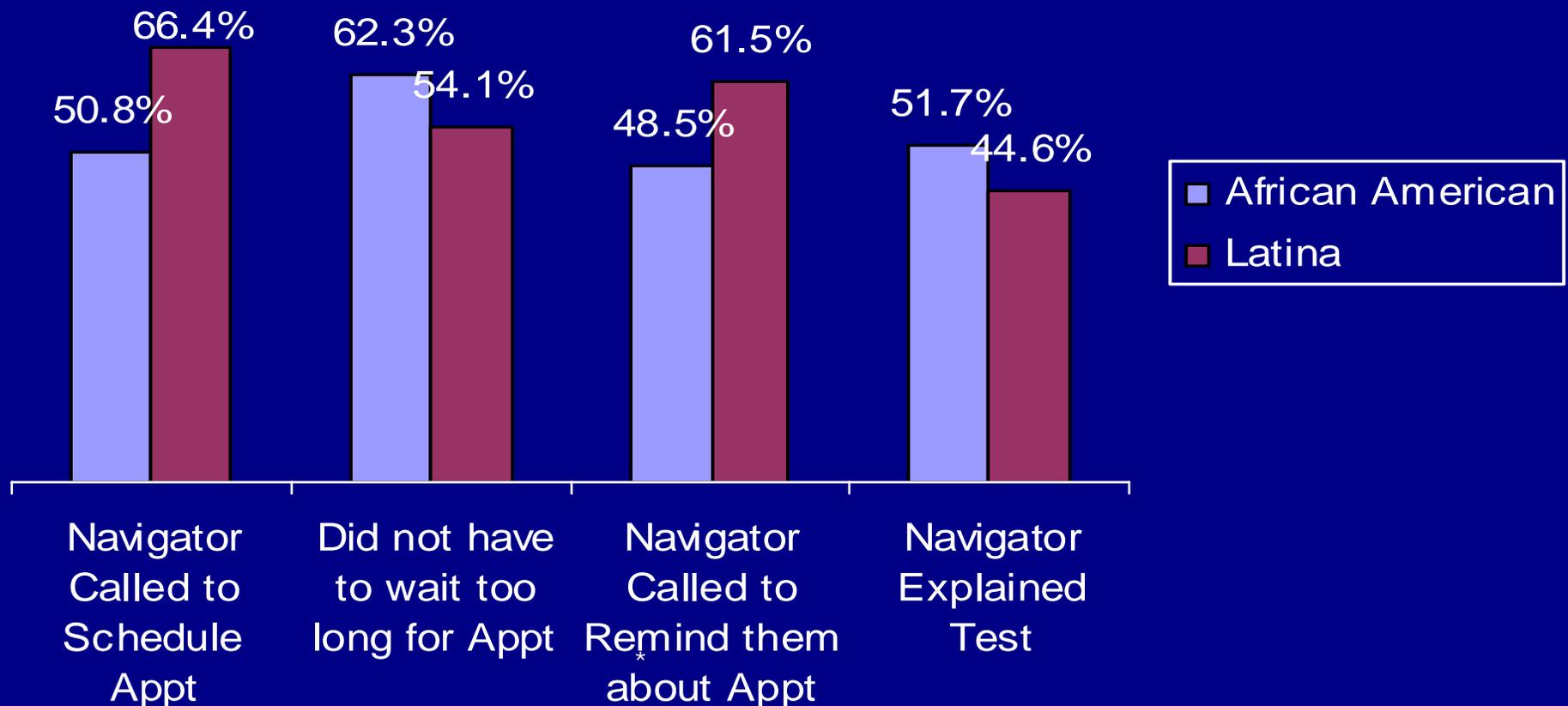
Women referred for a Pap test

	Total Referred	# Received Test	% Received Test
African American	39	27	69.2
Latino	124	84	67.7
All Races	184	114	62.0

$p < 0.01$

Results

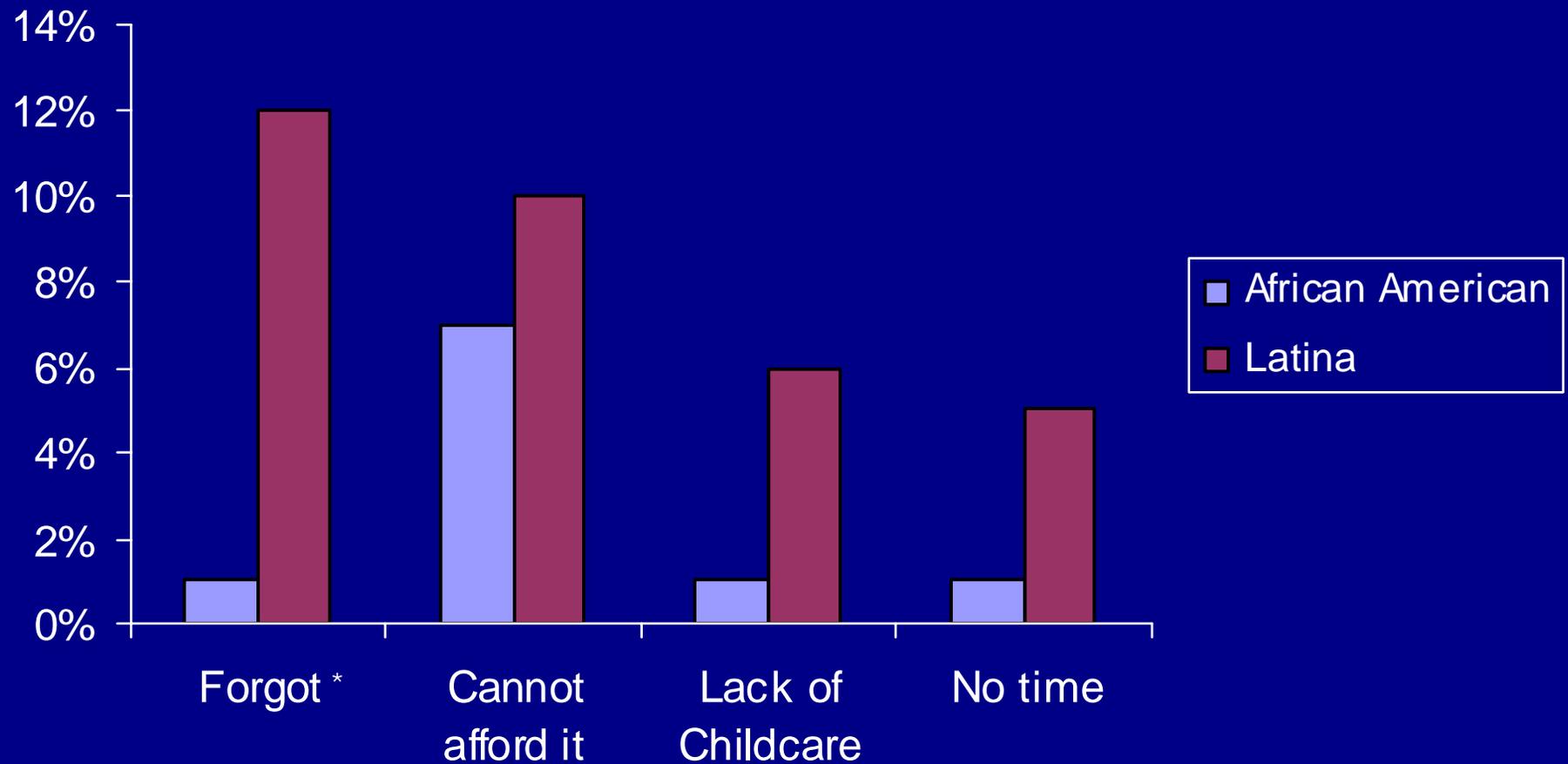
- Most important factors that led to women getting their Mammogram or Pap test



*p=.010

Results

■ Reasons for not getting their screening test:



*p=.010

Results

- African American women were 1.88 times more likely to receive a Mammogram or Pap test than Latina women ($p=0.017$)
- However, African American women were more satisfied overall with their experiences with the Navigator than Latinas (83% vs. 74%, $p<.001$)

Results

- Activities that increased the likelihood of a woman getting a mammogram or pap test:
 - Help scheduling an appt (OR = 3.946*)
 - Reminder calls about appt (OR = 2.999*)
 - Listening to their concerns (OR=3.119*)
- With each additional navigator activity performed, a woman is 1.590 times more likely to obtain a mammogram or pap smear*

*p<.001

Discussion

- The program was more successful with African American
 - Higher completion rates
 - Higher satisfaction rates
- Findings demonstrate that the more intensive the navigator activities, the greater the likelihood of successfully completing a women's health service

Questions

