



Patient Navigation in Breast Health Services: Improving Quality of Services at a Safety Net Hospital in Chicago

An Avon Foundation Safety Net Grant

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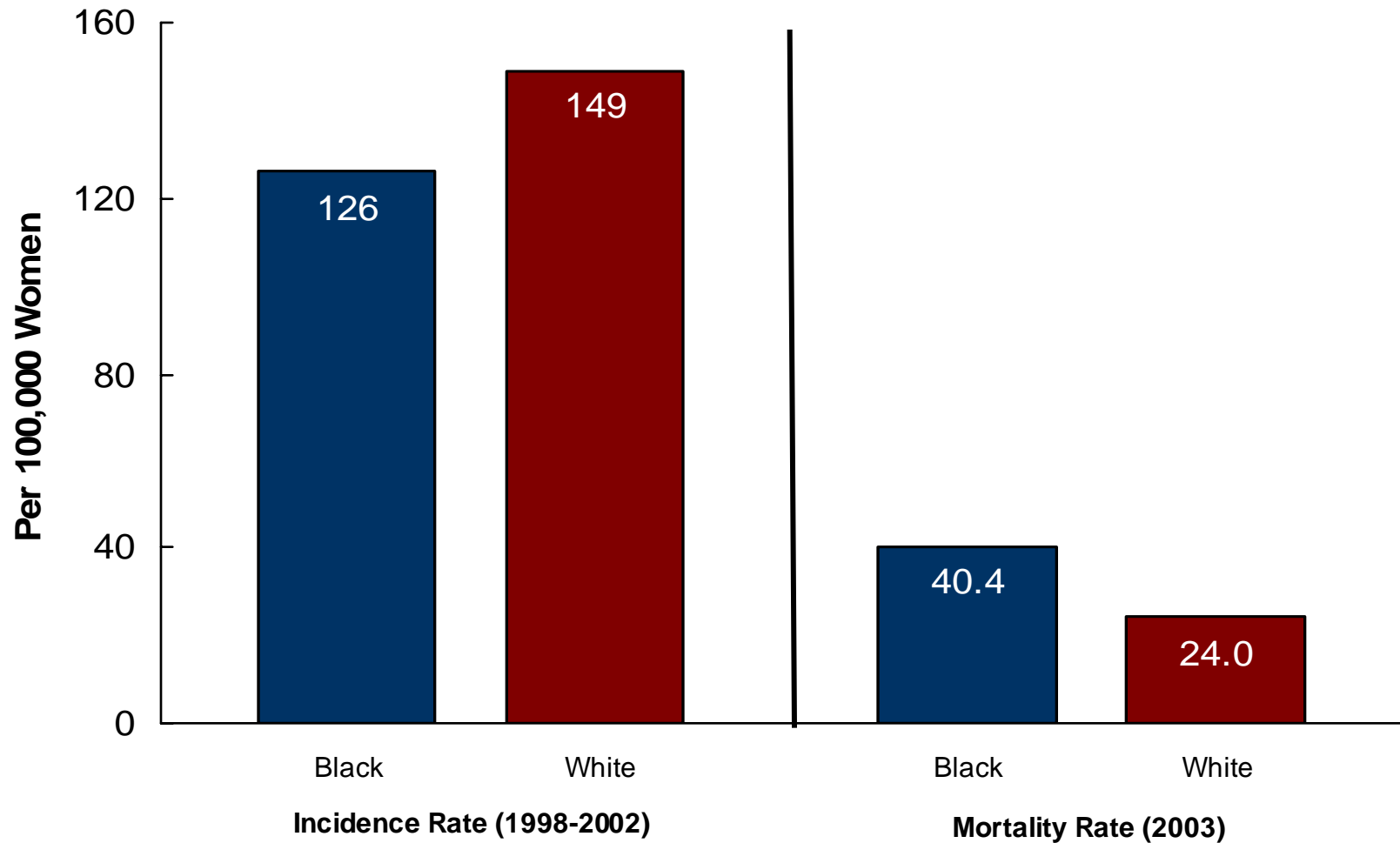


Outline

- Epidemiology of Breast Cancer in Chicago
 - Discuss the Avon Navigation Project
 - Outcomes
 - Conclusions/Next Steps



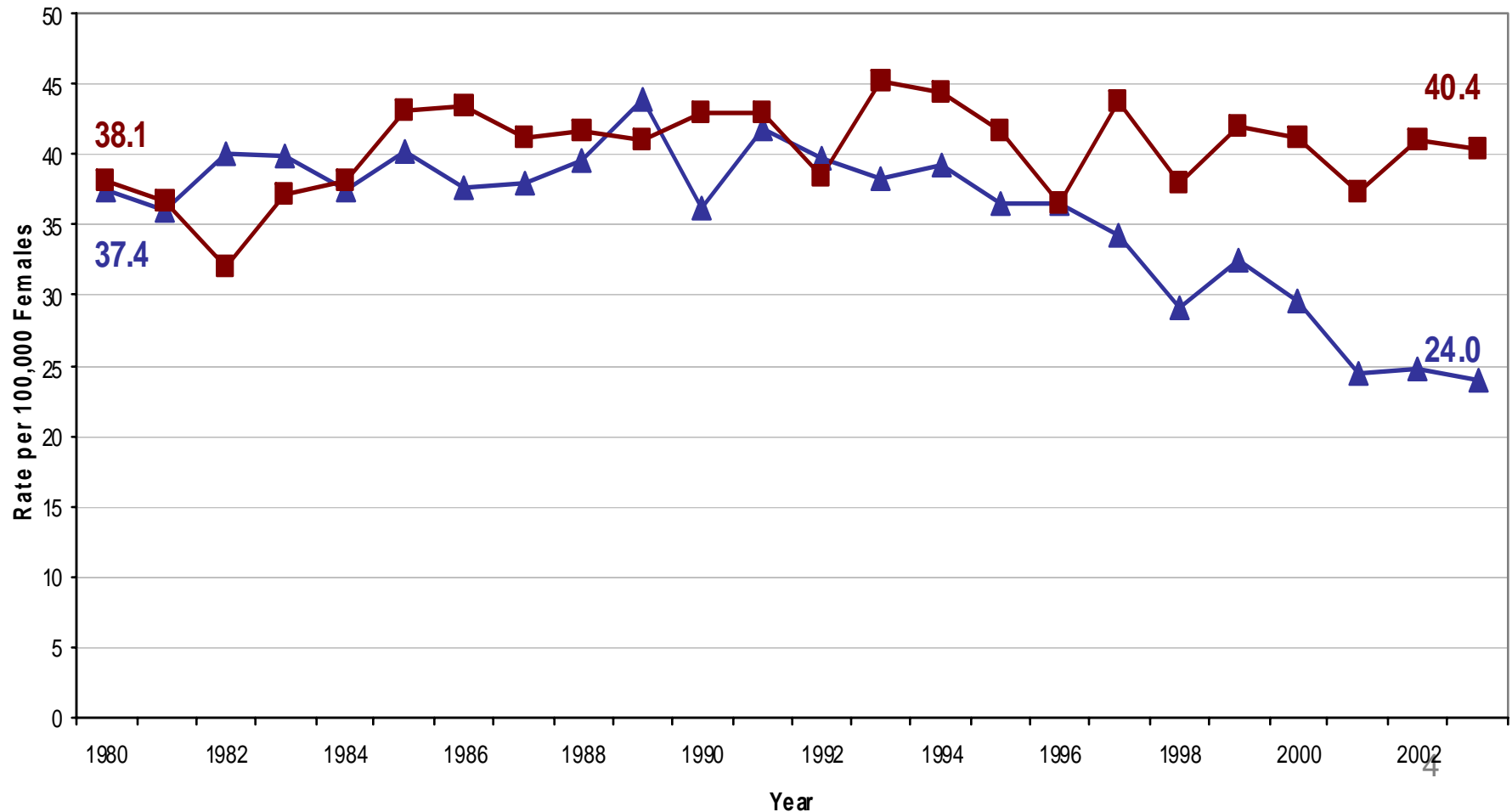
Racial Differences in Breast Cancer Incidence and Mortality





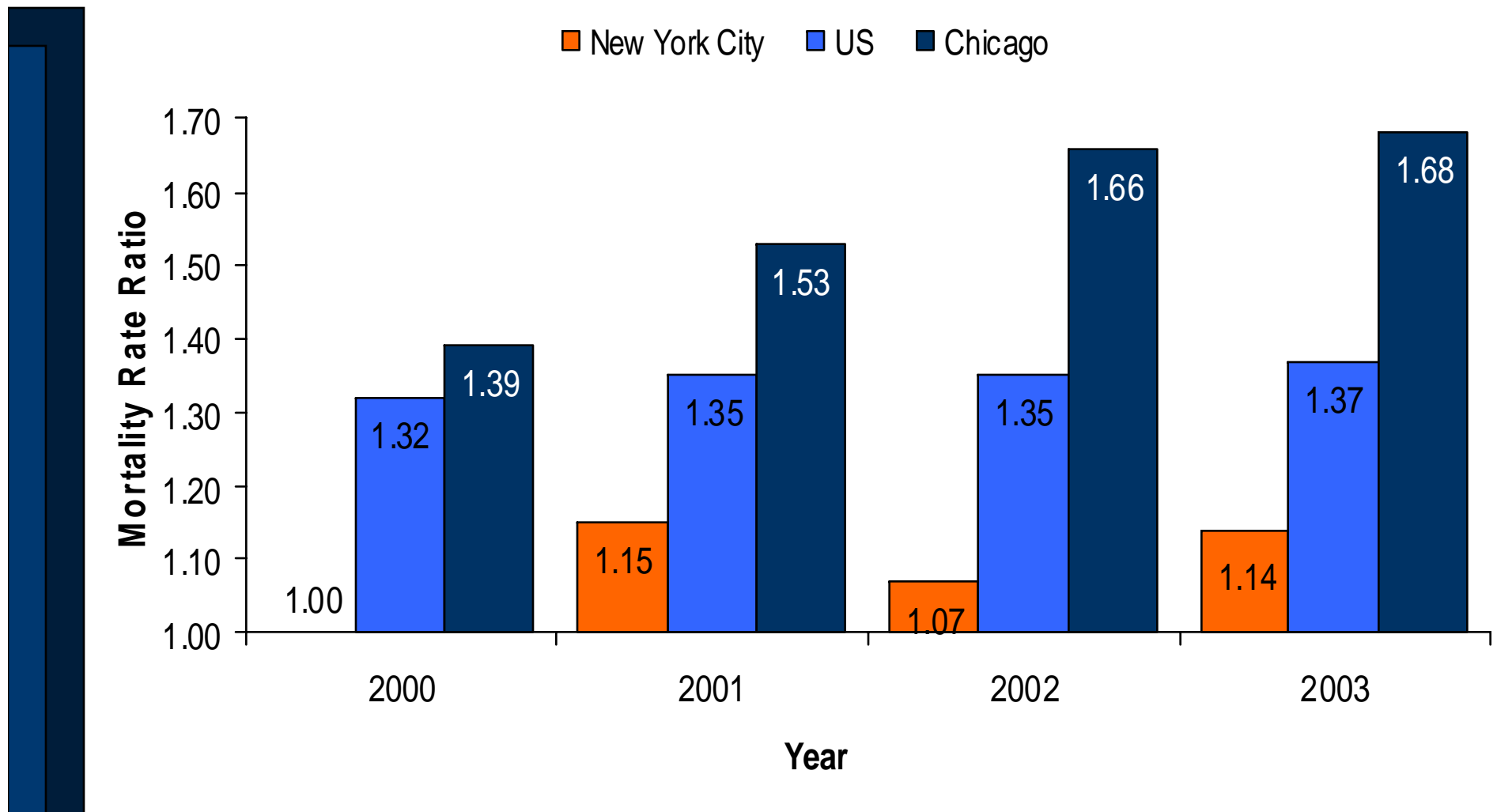
Black & White Breast Cancer Mortality in Chicago, 1980-2003

—▲ White —■ Black



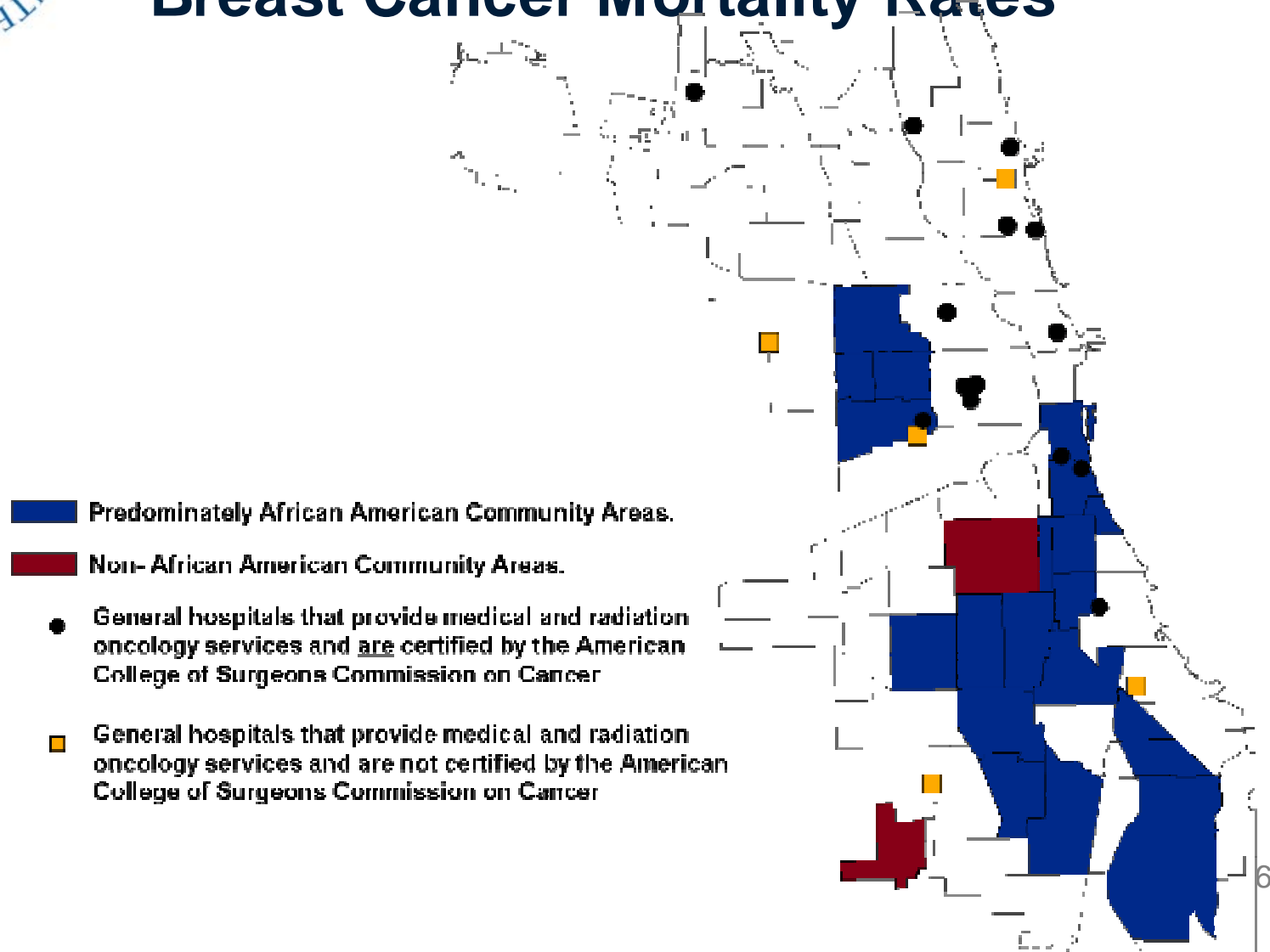


Black:White Breast Cancer Mortality Percent Disparity for New York City, US and Chicago, 2000-2003





Chicago Community Areas with the Highest 2001-2003 Average Annual Breast Cancer Mortality Rates





In Addition...

- Follow-up and Timeliness issues are discovered:
 - 13% of those with suspicious mammograms & did not return for the required follow-up.
 - 23% of cancer patients did not receive treatment within 30 days of diagnosis.
- There is evidence of variable quality of breast health care, in Chicago and nationally.
- Poorly timed follow-up can decrease survival by 12%.



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Patient Navigation

Improving breast health services by using a patient navigator to facilitate imaging, diagnosis and treatment of breast cancer at Mount Sinai Hospital¹.

- Literally walk patients from place to place
- Assist patient during procedures
- Reduce any controllable barriers
- Educate patients
- Facilitate patient centered care
- Acquire comparison films
- Referral assistance



Sinai Health System

- One of the largest Medicaid Providers in Chicago
 - Accepts all patients regardless of ability to pay
 - i.e., a safety-net hospital
- Located in North Lawndale, a community area with one of the highest breast cancer mortality rates in Chicago
- Serves about 50% Black and 50% Latino patients
 - Many Latino patients cannot speak English

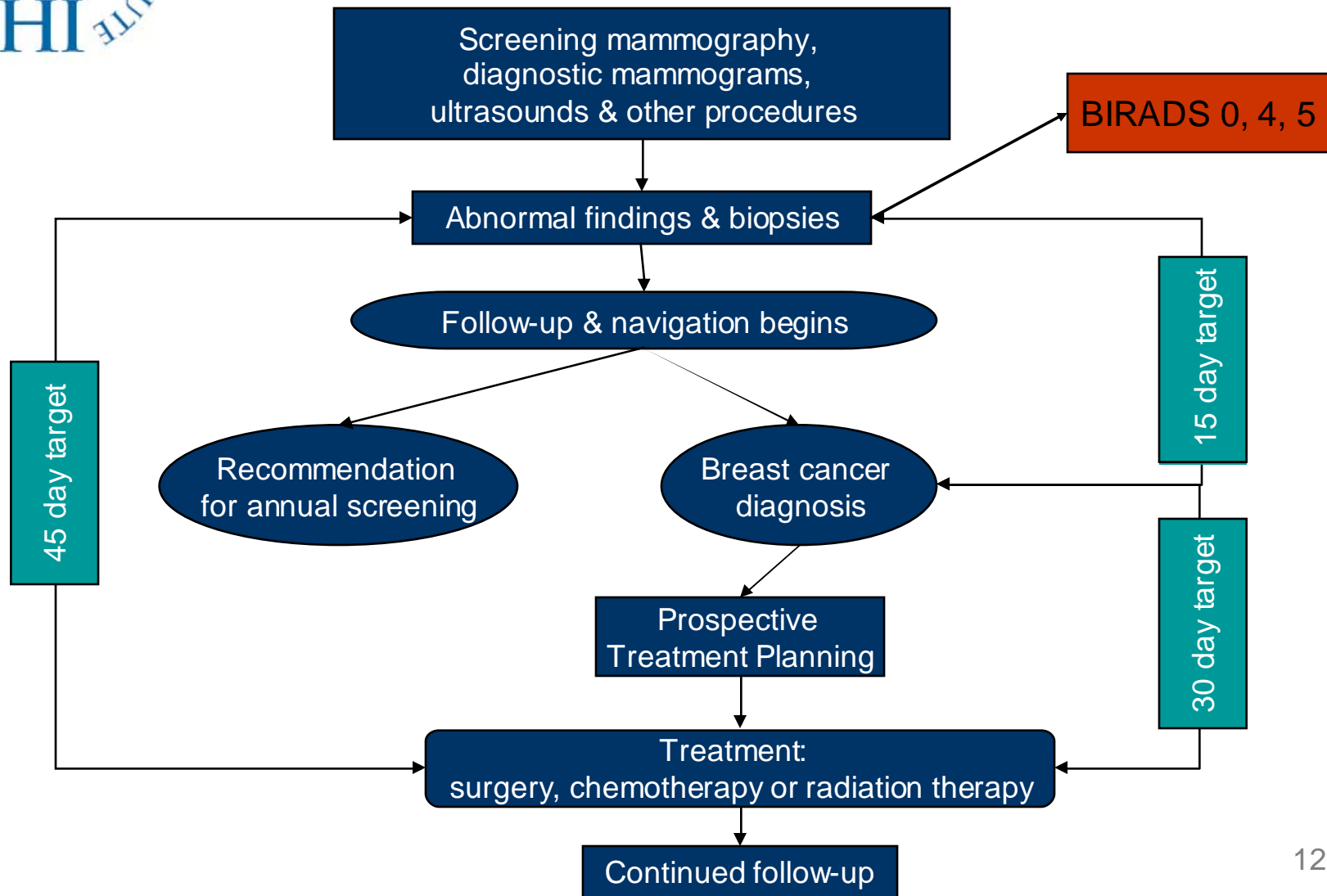


Avon Project Goals:

- Decrease loss to follow-up
- Expedite follow-up for diagnosis & treatment
 - Communicate results to PCP to facilitate the referral process for additional services
 - Ensure a scheduled appointment and communicate this to the patient
 - Contact patients for missed follow-up appointments
 - Acquire comparison films upon request
 - Reduce patient barriers to making appointments
- Navigate patient through diagnosis and treatment
- Implement Prospective Treatment Planning
- Improve quality of services



Navigation Program Project Flow





BIRADS Scores in Mammography

Breast Imaging and Reporting Data System

- Assigns scores to indicate level of suspicion and need for further testing
 - **BIRADS 0: Needs additional imaging - immediate follow-up**
 - BIRADS 1: Negative
 - BIRADS 2: Benign
 - BIRADS 3: Probably benign/short term follow-up
 - **BIRADS 4: Suspicious abnormality**
 - **BIRADS 5: Highly suspicious for cancer**
 - BIRADS 6: Proven Malignancy



Mammography Volume

	2005	2006
Total # Mammograms	8706	9281
Number of screening mammograms	7186	8105
•BIRADS 0: immediate follow-up	7.9%	7.4%
•BIRADS 1-3: annual/long term follow-up	91.5%	92.2%
•BIRADS 4: suspicious for cancer	0.4%	0.2%
•BIRADS 5: likely cancer	0.2%	0.1%



Project Design

- Project Timeline
 - 2005 data is our baseline year
 - 2006 began patient navigation
- Personnel
 - 2006 had 1 bilingual navigator
 - 2007 have 3 patient navigators (2 bilingual)
- Staff sits in Radiology Department
- Assists in surgery and oncology clinics as needed



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Loss to Follow-Up (LFU): Screening Mammograms

Measure	2005	2006
LFU for BIRADS 0 •Recommended Immediate Follow-up	33%	18%**
LFU for BIRADS 4 & 5 •Suspicious for & likely breast cancer	7%	4%

**p<0.0001



Breast Cancer Diagnosis & Treatment

Measure	2005	2006*
Median # of days between abnormal screening and initiation of treatment	40 days (0-266)	45 days (11-356)
Median # of days between diagnosis and initiation of treatment	28 days (3-283)	17 days** (4-365)
Proportion receiving Prospective Treatment Planning	37%	41%

*2006 breast cancer follow-up is still being conducted, these data are preliminary.

**p=0.03



Breast Cancer Follow-Up

	2005	2006*
Treatment		
• Treated at Sinai	60%	83%*
• Deaths	4%	2%
• Treated at other facilities (Lost to Sinai)	12%	6%
• Refused treatment	6%	0%**
• Lost to follow-up after diagnosis: Unable to contact	22%	8%**

*2006 breast cancer follow-up is considered completed on 12/31/2007.

* p=0.054 **p=0.01



Navigation Services, Jan-Aug 2007

Service	# of times
Escorts to various locations	2182
Assistance in setting appointments	1049
Comparison Films	647
Educational Contacts	1040
Assisting the physicians	434
Translation assistance	206
Meal vouchers	252
Referral assistance	150
Support during procedures	86
Transportation assistance	44
Referrals to cancer support groups	8



Case Studies



Patient seen in Emergency Department

- Mom sent to ED after feeling abdominal pain at visit with oncologist, referred for a CT scan
 - Waited several hours and was not seen by the staff
- Daughter calls the navigator, who had been following her mom through her cancer diagnosis and treatment,
 - Navigator coordinated seeing doc in ED & CT scan
 - She also stayed late to ensure that the service was provided
- Mom was admitted, and the navigators paid her a visit in her room the next day



Patient fearful of surgery

- 49 year old, Latina, needed breast biopsy
 - Very nervous of what the doctors would find
 - And that husband would have to miss work
- Met patient in lobby and remained with her for procedure
 - Husband did not have to miss work
 - Held her hand and spoke to her in Spanish about family
 - Patient's daughter told navigator that mom was at ease
- Pathology revealed breast cancer, patient needs surgery—she considered not seeking treatment because she was afraid the surgeon would remove her breast
- Navigator comforts patient for consult appointment and meets in lobby for appointment



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Main Findings: Avon Outcomes

- Decreased loss to follow-up among the following:
 - Among those requiring additional imaging
 - Among those diagnosed with breast cancer
- Improved treatment timeliness
- Improved the numbers treated for breast cancer at MSH
 - Decreased the percent of patients who refused to be treated for breast cancer



Overarching Outcomes

- Patient Satisfaction
 - Patients have personally expressed satisfaction in letters
 - As well as in person
- Easing the burden on the clinic staff
 - Physicians and other clinicians have been able to focus on the patient's direct care rather than coordinating all additional testing needed for procedures.



Moving Forward

- Move Navigation from the hospital to the community
 - In 2 distinct west side community areas of Chicago:
 - North Lawndale (~90% black)
 - Humboldt Park (50% Black, 25% Mexican and 25% Puerto Rican)
 - These 2 community areas will have different assets and needs
- An example of translational research, moving from the hospital to the community



Acknowledgements

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