Role of Nurse Navigation in Expanding Access to Colorectal Screening among Underserved Patients

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BACKGROUND

66% of all adults in Georgia have received colorectal cancer screening based on most recent guidelines.

PERCENT OF GEORGIA RESIDENTS WHO HAVE RECEIVED A COLORECTAL CANCER SCREENING BASED ON MOST RECENT GUIDELINES

(FOBT in last year and/or flex sig in last 5 years and FOBT in last 3 years and/or colonoscopy in last 10 years)

STATE CANCER PROFILES, 2010

- **Latinos or Hispanic 57.5%**
- **African American 61.6%**
- **White, Non-Hispanic 68.9%**

Colorectal screening nationally is lower among:

- Uninsured adults ages 50-64 (21.2%)
- Spanish speaking Hispanics (30.6%)
- Men
- Individuals without a regular healthcare provider
- Rural populations

GEORGIA COLORECTAL CANCER INCIDENCE AND AGE ADJUSTED DEATH RATE BY RACE, ETHNICITY AND SEX

State Cancer Profiles, 2013 (2007-2011 data)

	Incidence per 100,000	Death rate per 100,000
Sex		
All Races, Both Sexes	43.3	16.1
Male, All Races	53.0	19.8
Female, All Races	37.6	13.5
Race and Ethnicity		
African American, Both Sexes	52.0	21.8
White, Non-Hispanic, Both Sexes	41.3	14.8
Hispanic (Any Race), Both Sexes	30.3	6.2

Compared to the overall population, African American males in Georgia have the highest incidence (61.1) and death rates (27.6) from colorectal cancer.

There is a need to improve access to colorectal screening, and facilitate timely access to care when indicated, for minority and underserved populations, particularly uninsured blacks and Hispanics ages 50-64 in Georgia.

SETTING

Two clinics providing free primary medical care to uninsured, low-income, predominately African American and Hispanic patients implemented colorectal screening using Fecal Immunochemical Test (FIT)

- Reviewed the U.S Preventative Service Task Force and National Comprehensive Cancer Network cancer screening guidelines.
- Utilized *The Guide to Community Preventative Services* for programmatic interventions to increase screening.

Annual colorectal screening with FIT, and follow-up with diagnostic colonoscopy when positive is an effective colorectal screening modality.

Patients with a +FIT were referred for a diagnostic colonoscopy using nurse navigation.

METHODOLOGY: Program Monitoring and Evaluation

Process Evaluation → Continuous two-way feedback supported:

- Development and implementation of colonoscopy referral algorithm
- Development of written referral protocol.
- Nurse pre-op visit ensured patients were adequately prepped & addressed supportive services
- Nurse post-op visit provided patients with results

Outcome evaluation (January 1, 2014 – December 31, 2014 data)

- Patients with +FIT completing diagnostic colonoscopy
- Number of polyp removals
- Number of other diagnosis
- Number of patients adequately prepped

GOAL

Ensure that all patients from two primary care clinics for underserved populations with +FIT receive appropriate referral and follow-up using nurse navigation.

OUTCOME RESULTS

2014 MEDICAL HOME DIAGNOSTIC COLONOSCOPY REFFERRALS

Total Positive FIT: 27
Total Colonoscopies Completed: 23
For 5 non referrals:

- 3 patients discharged from clinics (1 of these patients no-showed to their colonoscopy appointment)
- 2 patients moved out-of-state
- One +FIT was in 2013, referred and completed in 2014
- One patient had a 6 month repeat colonoscopy.

2014 MEDICAL HOME DIAGNOSTIC COLONOSCOPY PATIENT DEMOGRAPHICS

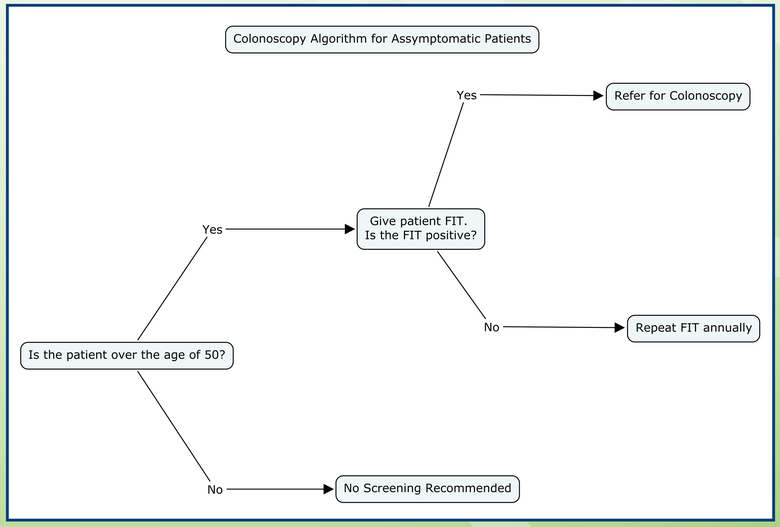
Race	
African American	43.5% (N=10)
White	43.5% (N=10)
Unknown	13.0% (N=3)
Total	23
Ethnicity	
Hispanic	26.1% (N=6)
Non-Hispanic	73.9% (N=17)
Total	23

2014 DIAGNOSTIC COLONOSCOPY RESULTS

Colorectal Cancer	0% (N=0)
Hemorrhoids	69.6% (N=16)
Diverticulosis	21.7% (N=5)
Polyp Removal	21.7% (N=5)
Ulcerative Colitis	4.3% (N=1)

PROCESS RESULTS

Process Results: Algorithm for symptomatic and asymptomatic patients increased appropriate referrals



CONCLUSIONS

- This program demonstrated potential for using nurse navigation to expand access to colorectal cancer screening among medically underserved, minority patients and has the potential to be replicated.
- Vital to the success of this program was health system and anesthesiology support, and collaboration with a local gastroenterologist who provided diagnostic colonoscopy co-management.

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