

Evaluating an Urban Community Health Center’s Patient Navigation Program to Improve Access to Colorectal Cancer Screening for LEP Asian Americans

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Background

Colorectal Cancer (CRC)

- 3rd most commonly diagnosed cancer and 2nd leading cause of cancer-related deaths in the U.S.
- Screenings allow early detection and survival.
- In NYC, Asian American Pacific Islanders (AAPIs) are less likely to undergo timely colonoscopies.
- CRC mortality rates among AAPIs:
 - Chinese American women - highest among AAPI women
 - Chinese American men - 2nd highest among AAPI men

Patient Navigation

- Individualized assistance offered to patients to help overcome barriers and facilitate timely access to quality medical and psychosocial care through all phases of the cancer continuum.
- Navigation promotes timely and comprehensive screening, diagnosis, and treatment.

Charles B. Wang Community Health Center (CBWCHC)
CBWCHC is a federally qualified health center in NYC that provides primary care and other enabling services to the community. In 2013, CBWCHC served over 47,000 patients with 258,000 patient visits. CBWCHC’s patients are:

- 95% Asian American
- 89% limited English proficient (LEP)
- 83% low-income (200% FPL or lower)
- 26% uninsured

Patient Navigation at CBWCHC

In 2012, the New York State Department of Health provided CBWCHC funding to increase CRC screening using Patient Navigators. CBWCHC’s 2 Navigators assist patients by:

- Identifying patients not up to date with screening
- Calling patients to schedule screening appointments
- Assessing barriers to screening (e.g. language, cost)
- Navigating patients through the health care system with education, follow up calls, contacting GI specialists
- Documenting patients’ case management and results in the electronic medical record (EMR) and funder’s database

Program staff include:

- an administrator to oversee the project
- 2 Navigators
- a clinical associate
- a clinical informatics staff to support EMR data extraction

Other staff efforts include in-kind support and trainings to Navigators from provider champions and nursing staff. In addition, Navigators link uninsured patients to low- or no-cost CRC screenings provided through community partnerships.

Navigators worked closely with key clinical staff to develop a workflow to ensure effective communication regarding patient care and compliance with existing processes.

Evaluation Objective

The objectives of the evaluation were to:

- assess the program’s impact
- better understand social and demographic factors of patients served by Patient Navigation
- identify barriers, benefits, and challenges to CRC screening
- describe lessons learned from implementing the program

The evaluation covers the first 18-month period of the program.

Methods

We used a mixed methods approach to evaluate the program. Findings from each activity were summarized and results were categorized into main themes.

Evaluation Activities

A patient experience survey was conducted by mail to 1000 patients who had completed CRC screening through Patient Navigation. Surveys were bilingual in Chinese and English. Respondents received a \$10 gift card to a local bakery as an incentive.

Two focus groups with patients who received Patient Navigation to complete CRC screening were conducted in Cantonese and Mandarin. As an incentive, participants received a \$30 gift card to a local bakery.

One focus group with CBWCHC staff involved in Patient Navigation and/or CRC screening was conducted in English.

Four in-depth interviews were conducted with a total of 5 staff from community organizations who partner with CBWCHC to provide free or low cost CRC screenings.

A database of patients contacted by Navigators was reviewed.

Results

Demographic Data

Patient Experience Survey		Patient Focus Group	
N=182 patients Response rate=18%		N=8 patients	
Gender		Gender	
Female	132 (73%)	Female	4 (50%)
Male	49 (27%)	Male	4 (50%)
Mean Age (yrs)	59	Mean Age (yrs)	61
Birth Country		No HS diploma	4 (50%)
China	132 (73%)	LEP	8 (100%)
Malaysia	19 (10%)	Birth Country	
Hong Kong	12 (7%)	China	5 (63%)
U.S.	4 (2%)	Malaysia	2 (25%)
Other	13 (7%)	Hong Kong	1 (13%)
No HS diploma	102 (57%)		
LEP	172 (98%)		

Key Barriers to CRC Screening

Patients, staff, community partners, and a review of the Patient Navigation database identified key barriers faced by patients:

Negative Perceptions toward Colonoscopy

- Negative perceptions, fear, or anxiety toward colonoscopy, especially about the bowel prep process, were commonly noted.
- Stories from family or friends’ negative experiences with colonoscopies (particularly in their countries of origin such as China) and comments often influenced these perceptions.

Lack of Awareness about the Importance of Preventive Care

- A lack of awareness and exposure about the importance of CRC screening as a key barrier, particularly for foreign-born patients who have had little exposure to prevention approaches.

“There were people around [who] told me if I didn’t have anything physically wrong, I should not go. So I made the decision to not go [to the colonoscopy].”
- Patient focus group participant

Lack of Health Insurance

- Being uninsured, cost, and perceived cost of CRC screenings were among the top barriers.

“Before knowing it was free, I was scared to go get the screening. I would not be able to afford it because it was not cheap.”
- Patient focus group participant

Limited English Proficiency (LEP)

- LEP was the top barrier among patients, accounting for over half of all barriers documented in a barrier assessment that Navigators conduct for each patient they assist.

Results (continued)

Useful Aspects of Patient Navigation

In the Patient Experience Survey, patients indicated the types of Patient Navigation they found most useful: appointment scheduling and reminder calls were most frequently cited.

Of the assistance you received from our Patient Navigators, which were the MOST useful? (N=944) Select all that apply.	Count (%)
Appointment scheduling	144 (16%)
Appointment reminder calls	139 (15%)
Explained what to expect during a screening	95 (10%)
Provided education on colorectal cancer or screenings	94 (10%)
Called after the screening to explain results	85 (9%)
Advised me on choosing the type of CRC screening	82 (9%)
Helped me (uninsured) find a way to pay for the screening	82 (9%)
Other	223 (24%)

Benefits of Patient Navigation

Timely CRC Screening Completed

- Navigators successfully helped 76% of the patients they contacted (or 1,662 patients) complete timely CRC screening. The majority (59%) were uninsured patients.
- Precancerous polyps were detected in 26% of patients who had a colonoscopy (147 patients) and cancer was found in 2 patients.
- Community partners and staff agreed completed CRC screenings was the main benefit.

Patient Satisfaction with Patient Navigation

- 88% of respondents said their overall experience with Patient Navigation was “good” or “excellent.”

Improved Knowledge, Attitudes, and Confidence

- Patients reported improved knowledge, attitudes, and confidence regarding CRC screening. (See graph below)

Changes in Knowledge, Attitudes, and Confidence
As a result of Patient Navigation:

Statement	Agree or slightly agree	Disagree or slightly disagree	Don't remember or N/A
I know more about colorectal cancer screenings.	90	4	6
I feel less anxious about getting colorectal cancer screening.	71	13	4
I feel more confident that I can complete a CRC screening.	82	3	5

Social Support

- Navigators provide a non-intimidating person to talk to, give them encouragement and help relieve fears and anxieties about screening, a common barrier. Survey results supported this finding.

“These services are important in making patients feel relieved.”
- Patient focus group participant

Navigators as Catalysts

- Navigators provide the encouragement needed to move hesitant or anxious patients closer toward completing CRC screening who would otherwise fall through the cracks.

“I had wanted to do the exam in the past. But seeing people in my family made me feel it was very inconvenient. I know I had to do the exam but it was very conflicting for me. When I got the phone call, I was very happy. It gave me an opportunity to do the exam and also provided a push.”
- Patient focus group participant

Results (continued)

Lessons Learned

Health Education that Targets Fears and Uses Personal Stories

- Educational messages should emphasize that the colonoscopy is “not so bad” and “worth the discomfort”.
- Positive testimonials about screening or encouragement from family or friends can influence patients’ decisions.

Efficient communication channels through technology

Navigators often need to communicate with other staff and community partners efficiently about referrals, demographics, and progress.

- Secure electronic database facilitated the communication process.
- EMR allowed Navigators and other staff to coordinate patient care efficiently. Example: EMR preventive flow sheet allows Navigators to update patient results. Navigators can also tailor approach to patient by reviewing their history prior to contact.

Culturally and Linguistically Competent Navigators

- Having Navigators with cultural and linguistic competency were critical to success: 96% of enrolled patients had LEP and 99% were Asian American.
- CBWCHC’s 2 Navigators speak 3 Chinese dialects: Cantonese, Mandarin, and Fujianese. Patients communicate questions and concerns to Navigators without language or cultural impediments.

Interdepartmental Collaboration and Teamwork

- Teamwork among departments contributed to success.
- Example: provider champion developed a guide to facilitate Navigator review and classification of colonoscopy reports for accurate documentation in EMR and program database.

Conclusion

Patient Navigators successfully helped 76% of patients they contacted complete timely CRC screening. The evaluation highlighted common barriers toward screening among a predominantly uninsured and Asian American patient population. Patients have benefited from Patient Navigation through early detection of polyps, improved knowledge/attitudes, and providing social support throughout the steps of the screening process.

Lessons learned from implementing Patient Navigation for CRC screening can inform other organizations. Targeted education, cultural and linguistic competence, linkage to care, effective communication using technology, tailored interventions, interdepartmental collaboration, and administrative leadership have been key components of a successful program.

The uninsured rate among the program’s patients was significantly higher (59%) than the overall Health Center’s patient population (26%). At the same time, as more are expected to become insured through the Affordable Care Act, similar efforts to better engage insured but underserved populations should be explored to improve screening rates.

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