

Early Care Navigation for Cancer Patients

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Collaborating Partners

- Culinary Health Fund
- Nevada Cancer Institute
- Nevada Tumor Registry

The Nature of Our Population

- Low income/Rich insurance coverage
- Low Literacy (Education level 7th grade)
- Largely Immigrants (43% Hispanic)
- High risk for cancer
- High care gaps
- High cost for cancer care
- Late diagnosis is suspected

Literacy and Health Cost

- Low literacy is the single best predictor of health cost and care gaps.
 - More hospitalizations
 - More emergency room visits
 - Less screening
 - Later stages of disease
 - Lower treatment adherence
 - Poorer understanding of treatment

Prevalence of Low Literacy

- White/Anglo: 39%
- Hispanics/Mexicans: 79%
- African Americans: 75%
- Native Americans: 64%
- Asian/Pacific Islander: 61%

High Health Risks

Risk Factor	Culinary Fund Average	Comparison Population Average
Heart Disease & Stroke	18.0%	8.3%
Diabetes	44.0%	25.4%
Lung Disease	23.0%	10.6%
Breast Cancer	50.%	15.3%
Colon Cancer	25.0%	8.9%
Prostate Cancer	33.0%	10.3%
Osteoporosis	17.0%	7.4%
Hepatitis	3.0%	1.8%
Stress/Mental Health	15.0%	11.0%
Average Age	47	37

Care Gaps

(Rand, NCQA, Nevada Health Division, Culinary Fund)

- U.S./ Nevada Gaps:
 - Breast ca.= 25% / 36%
 - Cervical ca.= 19% / 29%
- Culinary Fund Gaps
 - Breast cancer= 40%
 - Cervical cancer= 43%

Common Solid Tumors- Fund Experience

	Stage 1	Stage 4	Stage Unconfirmed	Cost/yr Per Pt.
Breast	11%	1%	79%	NA
Lung	16%	31%	42%	\$170 K
Colon	11%	17%	69%	\$77 K
Prostate	45%	9%	33%	\$40 K

Incidence of Common Tumors

	Expected Incidence	Expected Fund New Cases/Yr
Breast	1/1386	87
Lung	1/1605	75
Colon	1/1834	65
Prostate	1/1439	83

Patient Care Experience - Cancer

- Intimidating- fearful
- Complex
- Unfriendly
- Long delays
 - Patient denial
 - Overwhelmed providers
 - Insensitive schedulers

Cancer Navigation Services

Navigation help by an experienced oncology nurse and assistants is available to all health fund participants who are diagnosed with cancer.

Services include:

Educational materials from Cancer Information Services and American Cancer Society.

Help in understanding the role of each provider type and treatment options.

Referrals and education to clinical trials that are available.

Referrals to outside agencies, support services, and other resources available in the community.

***Promotora* services to provide assistance for non-English speaking participants.**

Cancer Navigation Services- contd.

- Financial counseling
- Cancer Resource Guide
 - Home health
 - Quality of life services- wigs, prosthetics, etc
 - DME- walkers, wheel chairs, oxygen
 - Transportation
 - Complementary alternative therapists

Case Finding and Referrals

- Pathology reports
- Data warehouse reports
- Hospital discharge planners/ case managers
- Customer service center
- Health promotion center
- Doctor offices
- Patient newsletters
- Word of mouth

Cancer Care Navigation Processes

- NVCI receives monthly pathology reports from the Fund identifying newly diagnosed cancer patients.
- First, a letter is mailed from Dr. Reeves to the provider to confirm that the patient was notified by the provider of the cancer diagnosis.
- NVCI navigator then contacts the provider office to confirm planned communication with patient.
- A letter is mailed from Dr. Reeves to the Fund participants introducing our navigation services.
- Within three days, NVCI calls the cancer patients to assess needs and provide requested information.

Care Navigation Processes

- Once enrolled, patient packet is mailed.
- Outbound calls are based on patient requests.
- Follow-up call is made to all enrollees within two weeks to ensure participants received packet.
- Two months later, a second call is placed to ensure needs are being met.
- Six months, patient satisfaction survey is mailed and completed.
- Ongoing calls occur as needed.

Cancer Navigation Results

- Program was launched October 30, 2004.
- To date, 204 Fund participants have been provided information and referrals to services.
- Fund audience does not necessarily need “heavy” case management because they have insurance.

Most Frequent Service Requests

- **Information on diagnosis and treatment.**
- **Information requests on specific providers**
- **Benefit questions.**
- **Transportation requests –**
 - **Coordinated through American Cancer Society ride program.**
- **Information on social security applications.**

Case Study #1 – Fund Patient

- 68 year old male diagnosed with colon cancer
- Does not have family here
- Requested information on his diagnosis and local support and services
- Referred to colon cancer support group
- Has been called twice and we determined that his treatment is going well

Case Study #2 – Fund Patient

- 36 year old female calling in on behalf of her father
- Father is a lung cancer patient
- She requested information on support for her mother who is the sole care provider
- Also requested information on managing “union” premiums during illness and other sources of financial assistance.
- Was sent resource guide with pages marked for agencies that can provide assistance
- Placed call to Union office to get information on premium payment scale and due dates

Case Study #3 – Fund Patient

- 55 year old Hispanic female non-English speaking with intestinal cancer
- Just went through surgery and in treatment
- Requested information on diagnosis, support groups and needed transportation
- Mailed information in Spanish and worked with American Cancer Society for rides to and from provider appointments
- Continue to follow-up regarding assistance

Case Study #4 – Fund Patient

- 64 year old female with breast cancer (metastatic)
- Patient was misdiagnosed and very angry. Indicated that original provider was not aggressive enough in treatment and therefore the disease progressed
- We referred her to food bank and agency for financial support and local support groups
- Continue to follow-up to discuss needs. So far, there have been 6 phone conversations with this client.

Outside of Union Membership

- More “heavy” case management needed.
- Most are uninsured and need financial assistance.
- 9 patients have been referred to agency that assists with Medicaid/ Social Security application and provides case management assistance.
- Several calls for legal referrals for malpractice.
- Rural community residents are being assisted with lodging, meals and transportation.

Lessons Learned

- Patients are very appreciative
- Using pathology reports in addition to claims information speeds up case finding.
- Sources of delays and care gaps are legion.
- Patient advocacy reduces delays.
- Time will tell whether this saves money.
- Prevention and early identification are important.
- Team based interventions can work.