

Increasing Screening through Patient Navigation and Community Health Worker Efforts



Call SERIES JUNE 2023



SUMMARY OF INNOVATIONS June 12 – 15, 2023

The Peer-to-Peer (P2P) Learning Program continued its work by offering a learning platform in which National Breast and Cervical Cancer Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP) awardees can discuss programmatic innovations and challenges. The focus of the June 2023 P2P calls was **“Increasing Screening through Patient Navigation and Community Health Worker Efforts”** and is a follow up to the May 23, 2023, P2P webinar “The Power of Patient Navigation to Advance Equity in Cancer Screening Services.” The objective of this call series was to encourage awardees to share their successes, challenges, and solutions for helping people get their recommended cancer screenings, specifically through community health worker (CHW) and patient navigation (PN) support.

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The National Association of Chronic Disease Directors (NACDD) and Strategic Health Concepts (SHC) facilitated a total of four one-hour calls. The format of calls 1, 2, and 3 included a brief “kick-off” presentation by either a NBCCEDP or CRCCP awardee answering the discussion questions listed below. Kick-off speakers were asked to outline PN and/or CHW strategies and approaches in their presentations. During two of the three calls awardees participated in breakout sessions to discuss questions in smaller groups. Participants had opportunities throughout all sessions to ask questions of both the kickoff speakers as well as their colleagues. Call 4 was an “office hour” opportunity, for all programs to ask questions and offer solutions to their peers with no formal kick-off speaker. The focus of each call was:

- Call 1 June 12, 2-3pm ET– CHW focused (NBCCEDP and CRCCP awardees)
- Call 2 June 13, 10-11am ET – PN for CRC screening (CRCCP awardees)
- Call 3 June 14, 11am-12pm ET– PN for breast and cervical cancer screening (NBCCEDP awardees)
- Call 4 June 15, 11 am ET – Office Hour for all program types

Discussion questions addressed during kick-off presentations and breakout discussions included:

- Who is serving in the role of PN or CHW for your program (nurses, non-nurse PNs, others), and what are your recruitment and onboarding processes?
- What strategies have you used to identify funding for PN/CHW programs?
- How do you ensure quality PN/CHW training – especially in decentralized programs?
- What strategies have you used to establish or maintain tracking systems used by PN/CHWs?

Summary of Innovations

Community Health Worker Focused Innovations

CHW Roles, Funding Sources

- Roles of CHWs often include:
 - Assisting patients over the phone with making appointments, understanding results of screening tests, accessing treatment services, and doing paperwork
 - Addressing fears of individual patients related to paying for services, getting to appointments, communicating with providers, etc.
 - Recruiting patients through churches, libraries, and other community settings
 - Translating languages

CHW Training, Certification

- Enabling certification of CHWs to be low-cost – no applicant is paying more than \$1 for certification for 2 years (AZ)
- Offering formal CHW training with annual conferences to refresh training

CHW Use of Tracking Systems

- Tracking varies, based on type of program (centralized versus decentralized) and where a CHW is located, including:
 - Submitting monthly data by CHWs via a secure file transfer system, including demographics of individuals contacted
 - Accessing electronic program data management systems by PNs and CHWs to complete intake forms, track screening completion, etc. and pulling PN reports on a regular basis by data analysts

CRC Patient Navigation Innovations

- Simplifying order “sets” that combine PN and FIT are useful to enable patient screening
- Using a [CRC Calculator](#) can help make the case to hospital systems that joining the CRC program can be a cost savings
- Assessing patient risk to prioritize PN of higher-risk patients is a potential strategy for programs with limited staffing for PN
- Using PNs to help with risk assessment
- Incorporating tools into intake forms, such as the [NCI CRC risk assessment tool](#)
- Encouraging use of FIT and FOBT to screen patients that are lower risk and to help reduce patient wait times for screening
- Creating a culture of PN within clinics/systems:
 - Including PNs in clinical staff meetings to share information about patient needs and to provide feedback on overall clinic staff screening rates
 - Showing benefits of PN through data and patient success stories
- Onboarding of PNs is improved with a single point of contact who can answer any question a new PN might have
- Providing ongoing training for PNs, such as [TeleECHO CRC Screening](#) (GA)

B&C Patient Navigation Innovations

- Taking a “navigate all patients” approach, which works well in individual health systems (e.g., SEARHC) and in centralized programs (e.g., South Carolina Best Chance Network)
 - Note: To find out more about these programs see the following from the NBCCEDP 30th Anniversary event: SEARHC [highlight video](#) and [virtual exhibit booth](#) and South Carolina Best Chance Network [video](#) and [virtual exhibit booth](#)
- Contracting with mobile mammography and/or mobile Pap clinics for rural navigation
 - Pairing mobile mammography with onsite Pap screening (WISEWOMAN)
- Taking a “PN for all” approach at screening sites to identify those in need for screening with a simple chart review and checklist as they come in for other services

PN Funding

- Exploring potential sources of funding or support for PN through the following avenues:
 - NBCCEDP, WISEWOMAN, and state funds
 - Screening partners may offer donated services or support for PNs
 - Managed care organizations may provide quality incentive programs that provide funding for operations/staffing if screening goals are met
 - State Medicaid programs may also provide resources for PN

PN Training

- Providing motivational interview training for all patient-facing staff (e.g., [Wellcoaches](#) intensive online training)

PN Tracking Systems

- Providing EHR-specific (e.g., MedIT) training to help providers use their own data systems to track PN, including lunch and learn sessions, which may allow programs to identify providers that need 1:1 training
- [CareEverywhere](#) allows access to multiple facilities’ EHRs to help with tracking
- Keeping an open dialog with screening partners and PNs to help identify tracking needs and fixing issues as they arise, especially with EHR systems that providers find cumbersome to use in tracking PN
- Working with providers to help write a query that will work with their EHR system to generate reports that track PN services; using the periodic MDE submission requirement is a good time to work with providers to help improve data
- Move the PN “button” to the EHR patient enrollment page so that it is easy to find
- Contacting national organizations like [The American Health Information Management Association](#) (AHIMA) and local health information management associations may be helpful partners in working with EHR systems to optimize PN tracking

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