“Development, Implementation & Dissemination of a Patient Navigator Program with Hispanic Women from South Texas Community Clinics”

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The Institute for Health Promotion
UT Health Science Center at San Antonio

www.redesenaccion.org
www.ihpr.uthscsa.edu
Purpose

• Two-year pilot project funded by Pfizer to study the efficacy of a patient navigator program that uses a trained community lay health worker to assist Hispanic cancer patients utilize cancer care services
Objectives

• Improve compliance rates after Latinas’ abnormal breast/cervical/pelvic cancer screening results, which will then reduce lag time between screening and treatment initiation

• Improve patient satisfaction with the health care system
Sample Size

<table>
<thead>
<tr>
<th>Study Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
</tr>
<tr>
<td>Clinic</td>
</tr>
<tr>
<td>Participants</td>
</tr>
</tbody>
</table>

Eligibility criteria: Hispanic women; older than age 18; abnormal breast and/or cervical cancer screening results; patients at Southwest or Southeast clinic of the University Family Health Center at The University of Texas Health Science Center at San Antonio
Methodology

<table>
<thead>
<tr>
<th></th>
<th>Intervention Group</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Data</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(Contact info; patient navigation plan; tracking logs; journals and PN observations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Baseline Survey</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Post Survey</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Refusal Survey</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Clinic Chart Audit</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Patient Navigator Services</strong></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
## Recruitment to date

<table>
<thead>
<tr>
<th>Group</th>
<th>Intervention</th>
<th>Control</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment to date</td>
<td>73</td>
<td>53</td>
<td>126</td>
</tr>
<tr>
<td>Lost to follow-up</td>
<td>21</td>
<td>20</td>
<td>41</td>
</tr>
<tr>
<td>Complete recruitment (pre &amp; post surveys)</td>
<td>50</td>
<td>32</td>
<td>82</td>
</tr>
<tr>
<td>Patient expired (due to heart problems)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Lost to follow-up: Intervention

- 21 patients lost: 15 unreachable, 4 always busy, and 2 disconnected phones

![No. Patients Lost Per Month](chart)

Lost point = Post-baseline survey
Lost to follow-up: Control

- 20 patients lost: 12 unreachable, 4 always busy, 4 disconnected phones (post-survey reminder sent months 4-5)

Lost point post-baseline survey
METRORRHAGIA

PRONUNCIATION: Meh-tra-ray-jeh

Metrorrhagia: Uterine bleeding at irregular intervals, particularly between the expected menstrual periods. Metrorrhagia may be a sign of an underlying disorder, such as hormone imbalance, endometriosis, uterine fibroids or, rarely, cancer of the uterus. Metrorrhagia may cause significant anemia.
Most requested PN services

- Serve as liaison between patient and nurse
- Schedule medical appointments (+ reminder calls)
- Obtain financial aid and/or transportation to and from medical center
- Identify local resources (wigs for chemo patients)
- Provide additional health care information in the patient’s preferred language (30% monolingual)

READ SLIDE:

OTHER INFO YOU MAY WANT TO ADDRESS:

Patients most-asked questions:
What is a biopsy/endometrial biopsy?
What is HPV?
What is a colposcopy?
What is considered normal bleeding?
Why does a sonogram have to be done vaginally?
Questions about fibroids
Study challenges

- **Project implementation**
  - Multiple IRBs
  - UHS credentialing to obtain access to patients’ PHI
  - Computer access to medical system

- **Patient Navigation**
  - Clinic scheduling conflicts
  - Loss of referrals/busy Ob/gyn clinic
  - Limited number of techs at the Cancer Therapy and Research Center (CTRC) to perform mammograms

- **Patients’ challenges**
  - Missed appointments
  - Unable to communicate, disconnected phones
  - Family / work responsibilities take precedence
Next steps

• Finalize database for dissemination purposes

• Continue data analysis

• Report data/publish findings

• Disseminate and implement project through *Redes* Regional Network Centers...
Redes PN program

Redes PN inclusion criteria:
--English and Spanish-speaking Latinas
--Older than age 18
--Abnormal mammogram results
    BIRADS-IV
    BIRADS-V
--Receive treatment at the selected clinic

Clinic criteria:
--Hispanic-serving health care facility
--Sufficient abnormal breast cancer screenings to meet our recruitment target
--In need of a patient navigator
    Low adherence rates
    High rate of missed appointments
    Multiple barriers (language, transportation, financial)
--Clinic liaison to work with patient navigator
The American College of Radiology recently introduced a classification for lesions detected by MRM (adapted from the mammographic BI-RADS classification) [11] in five classes:

- BI-RADS I = negative finding
- BI-RADS II = benign finding
- BI-RADS III = probably benign finding
- BI-RADS IV = suspicious finding
- BI-RADS V = a finding highly suggestive of malignancy.

<table>
<thead>
<tr>
<th>Methods</th>
<th>Pfizer</th>
<th>Redes</th>
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</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Objectives</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Study sample</td>
<td>116</td>
<td>50 per six sites</td>
</tr>
<tr>
<td>Inclusion Criteria</td>
<td>Abnormals: Mamm &amp; pap</td>
<td>Abnormals: BIRADS IV &amp; V</td>
</tr>
<tr>
<td>Groups</td>
<td>Intervention/Control</td>
<td>Intervention only</td>
</tr>
<tr>
<td>Study Documents</td>
<td>Patient data, three surveys, clinic audit chart</td>
<td>Slight modifications</td>
</tr>
<tr>
<td>PN Services</td>
<td>Same</td>
<td>Same</td>
</tr>
</tbody>
</table>
## Redes PN timeline

<table>
<thead>
<tr>
<th>Months</th>
<th>Tasks</th>
</tr>
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<tbody>
<tr>
<td>June 2008</td>
<td>• Training Meeting in San Antonio</td>
</tr>
<tr>
<td>June-August 2008</td>
<td>• Obtain IRB approvals</td>
</tr>
<tr>
<td></td>
<td>• Identify clinic for project implementation</td>
</tr>
<tr>
<td></td>
<td>• Recruit, hire and train patient navigator</td>
</tr>
<tr>
<td>June 2008-August 2009</td>
<td>• Establish and document clinic/community connections</td>
</tr>
<tr>
<td></td>
<td>• Promote project in your clinic area</td>
</tr>
<tr>
<td>September 2008-</td>
<td>• Implement patient navigator project</td>
</tr>
<tr>
<td>August 2009</td>
<td></td>
</tr>
<tr>
<td>September 2008-</td>
<td>• Data clean-up</td>
</tr>
<tr>
<td>February 2009</td>
<td>• Data analysis</td>
</tr>
<tr>
<td>April 2009</td>
<td>• Write final report, submit findings</td>
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</tbody>
</table>
End product

- Develop a replicable, cost-effective patient navigator program

- Develop a toolkit
  - Patient Navigator Manual
Acknowledgements

• Research group
  ▫ Amelie G. Ramirez, DrPH — Principal investigator
  ▫ Alexander Miller, MD — Co-PI
  ▫ Kipling Gallion, MA — Project Director
  ▫ Sandra San Miguel, MS — Project Coordinator
  ▫ María Falkenberg, RNC, MSN, WHCNP — Nurse Practitioner
  ▫ S. Veronica Covarrubias, BA — Patient Navigator
  ▫ María Cazares, MA, UHS — Medical Assistant
  ▫ Edgar Muñoz, MSc — Statistician
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  ▫ Patricia Chalela, DrPH, MPH — Investigator
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¡Mil Gracias!

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