Patient Navigation to Promote Health Equity: The Case of Chicago

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I have nothing to disclose

Note: I am a member of the USPSTF and the content of this talk does not reflect the views of the USPSTF

The Hand Off

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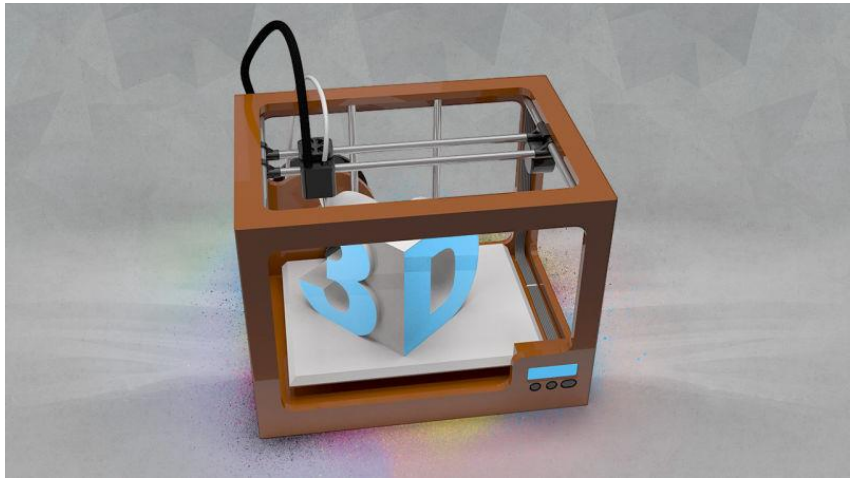
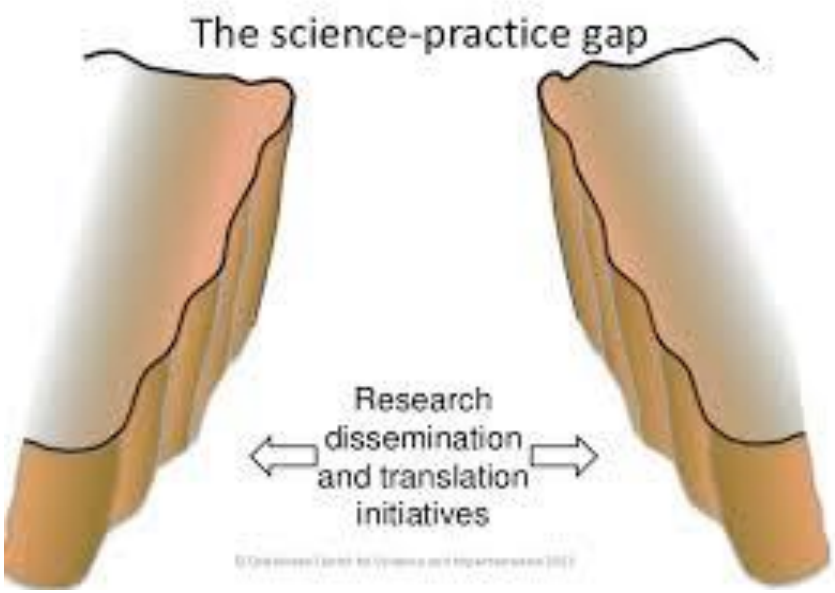
Does Architecture & Design Matter?



Implementation Science

What Works?
Where?
Why?
Across Multiple Contexts



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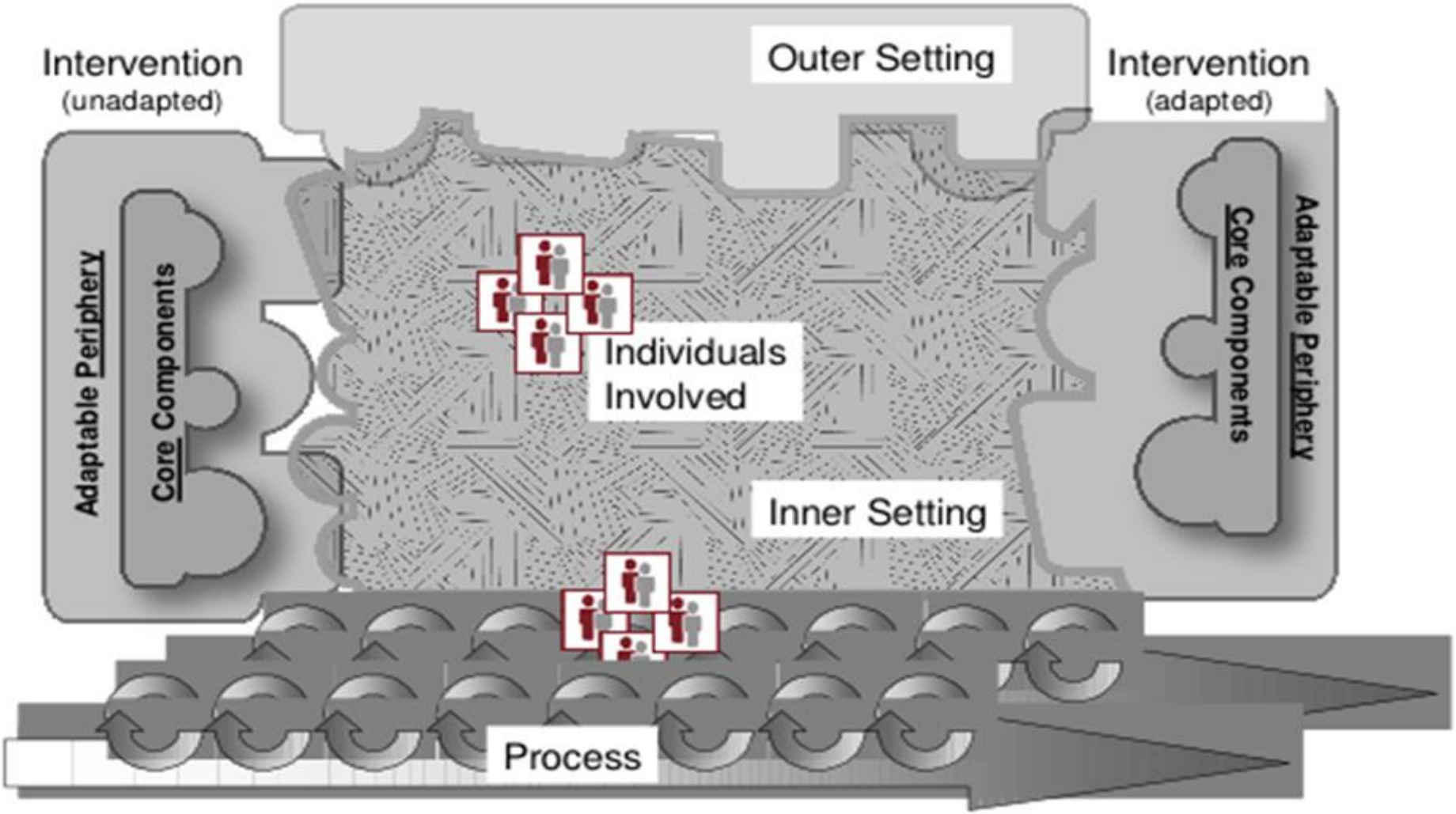
Need, Fit, Capacity, Evidence, Resources, Readiness

Consolidated Framework for Implementation Research (CFIR)



Dramscrhoder LJ, Aron DC, Keith RE, Kirsch SR, Alexander JA, Lowery JC. Fostering Implementation of Health Services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science 2009;4:50.

U.S. Health Inequities- a Quick Overview

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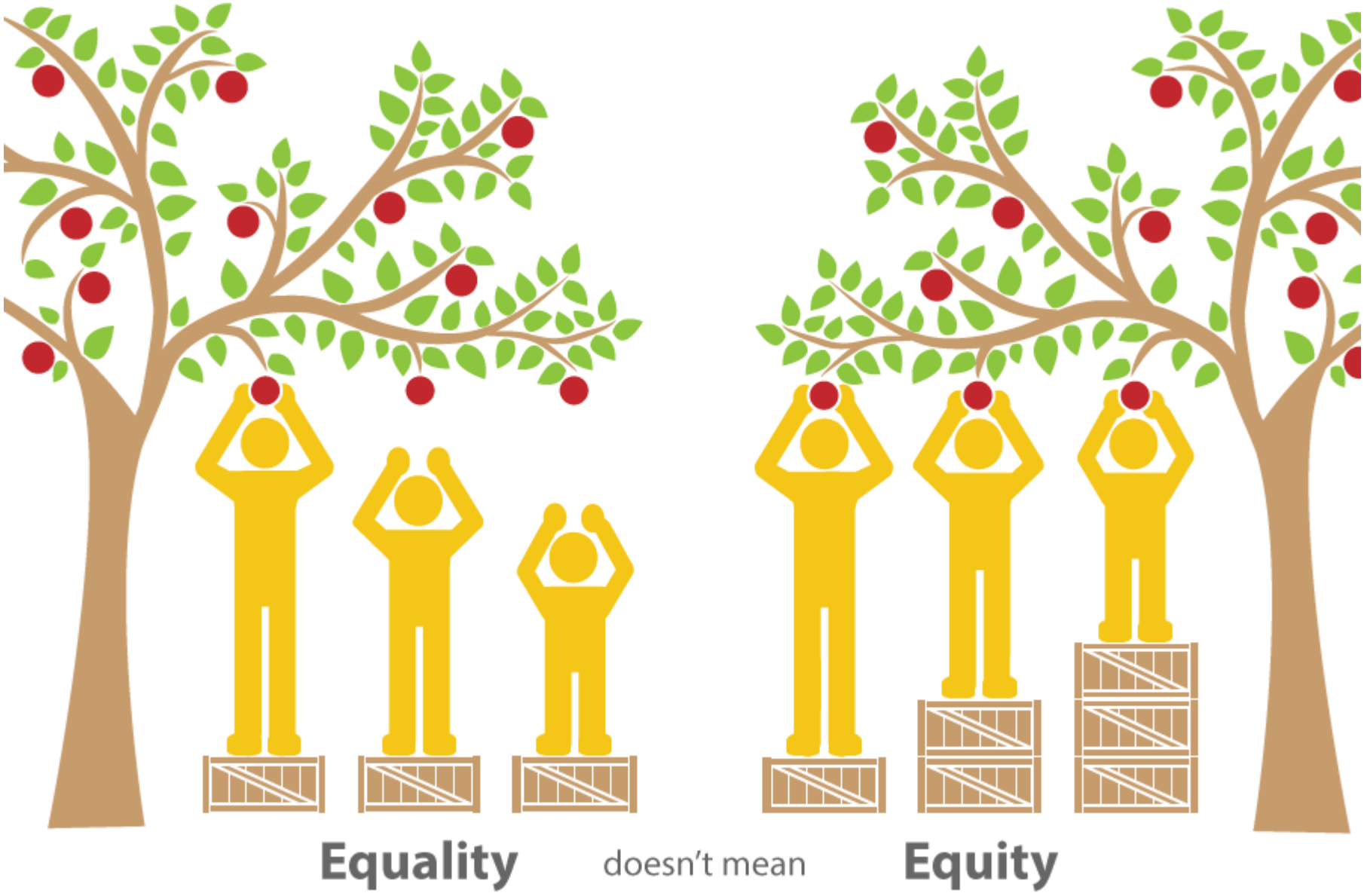
What is *inequity* ?

A system of structuring opportunity and assigning value based on *[fill in the blank],* which

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities

Many axes of inequity

- “Race”
- Gender
- Ethnicity
- Labor roles and social class markers
- Nationality, language, and legal status
- Sexual orientation
- DisAbility status
- Geography
- Religion



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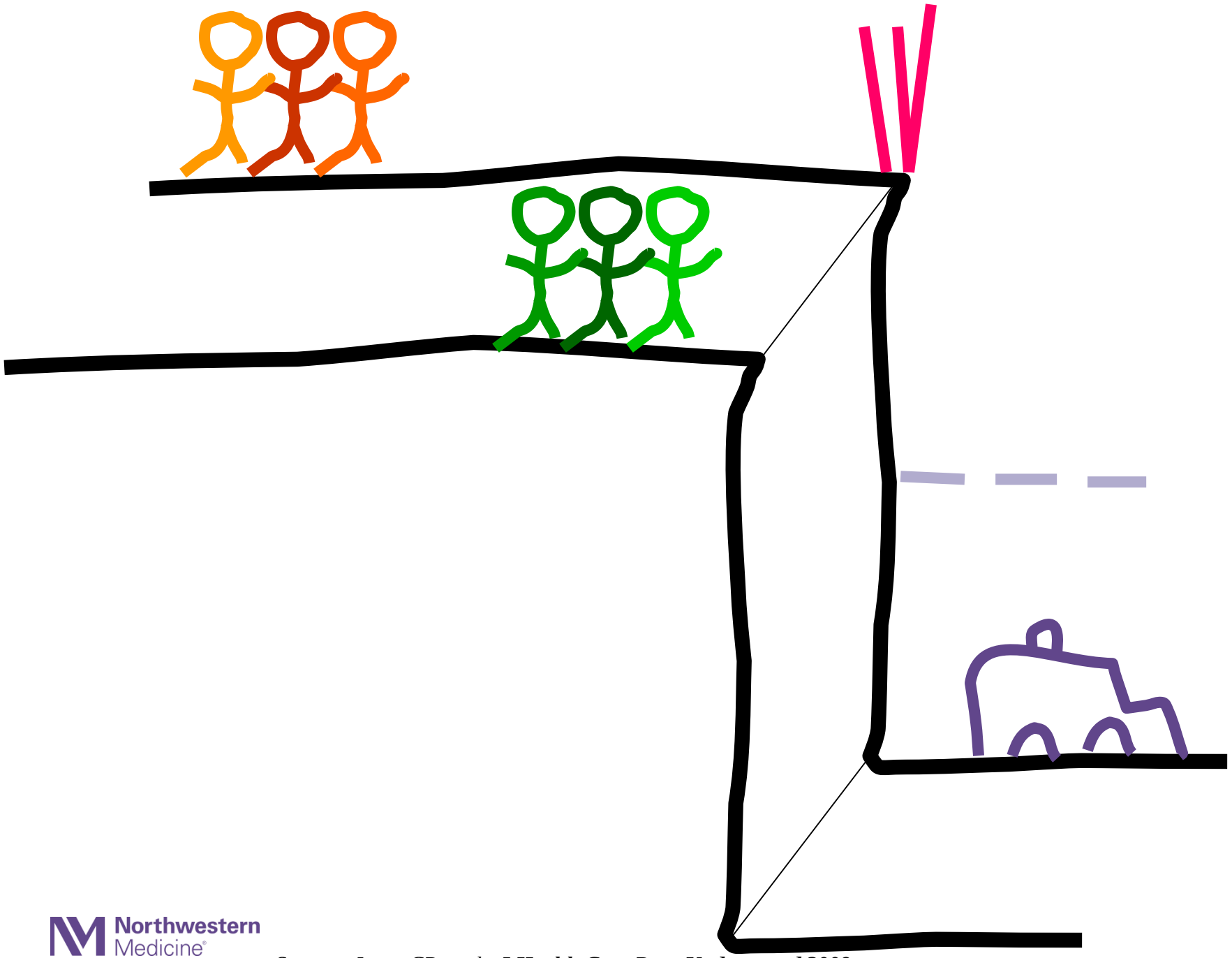

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Source: Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

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These are HUGE issues to tackle!

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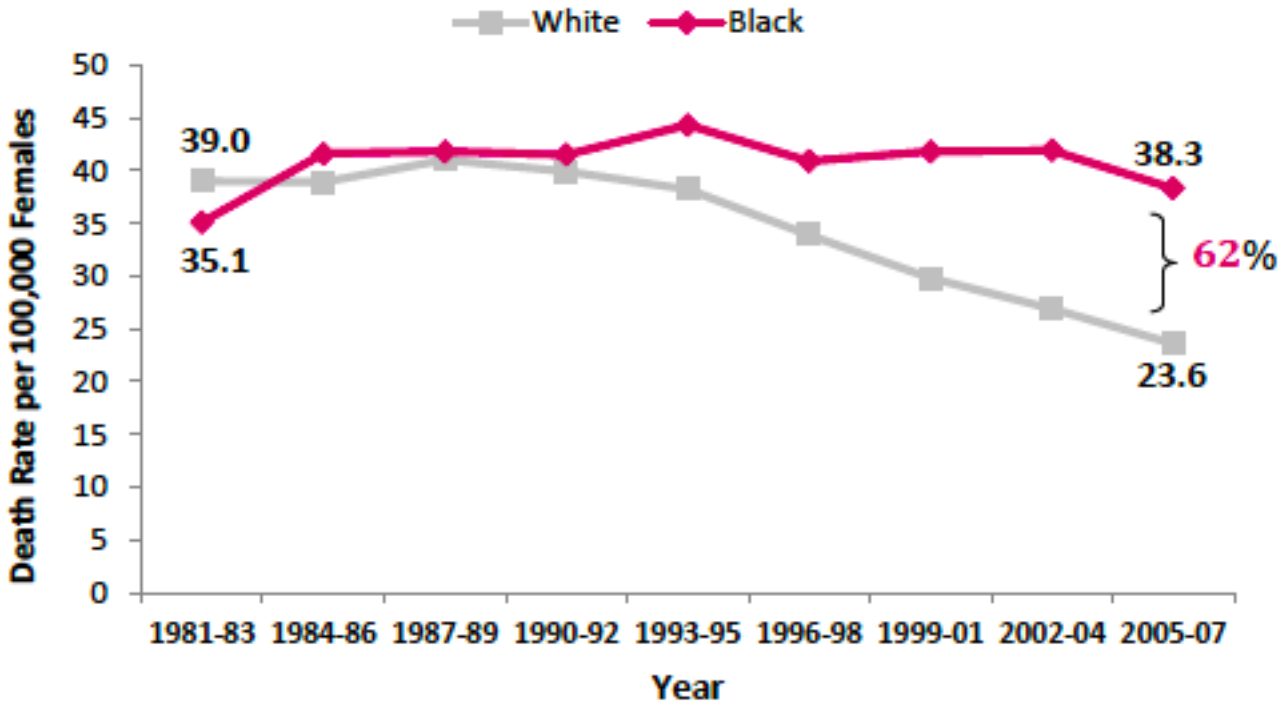
Applying Architectural Elements and Implementation Science to Move the Needle in Cancer Health Equity in Chicago

Breast Cancer Disparities in Chicago

Figure 1. Black: White 3 Year Age-Adjusted Aggregate Breast Cancer Mortality Rates in Chicago, 1981-2007

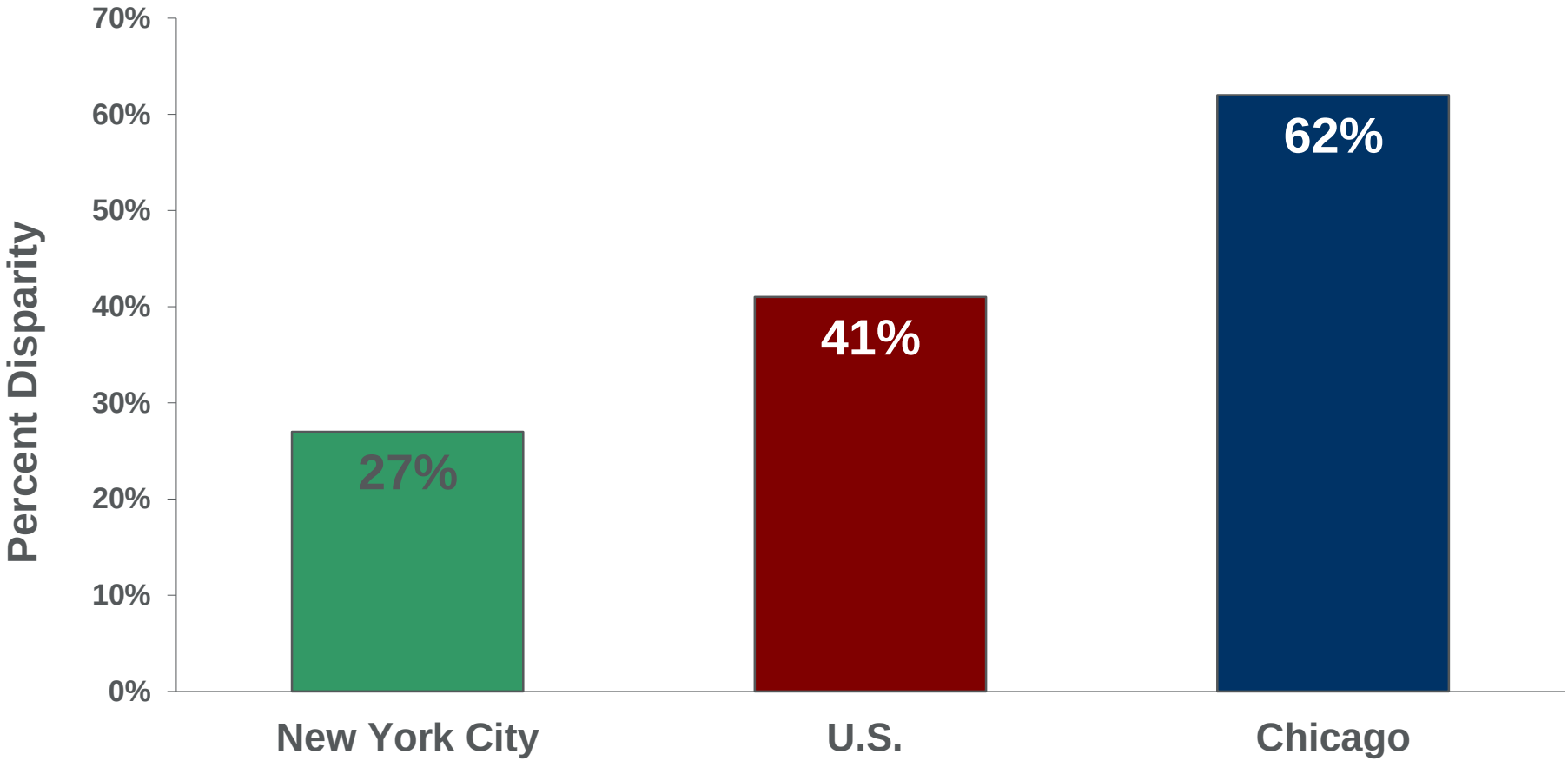


Data Source: Illinois Department of Public Health Vital Statistics

Data Prepared By: Sinai Urban Health Institute

By 2007, Black Women in Chicago were dying at a rate 62% greater than White women.

Black and White Breast Cancer Mortality Disparity (3-year averages) New York City, U.S. & Chicago, 2005-2007



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Prepared by The Sinai Urban Health Institute

Where Does the Problem Predominantly Reside?

Inside the Woman?

- Biology
- Genetics
- Psychology

Outside the Woman?

- Access to Mammography
- Quality of Mammography
- Quality of Treatment

What are the Possible Solutions?

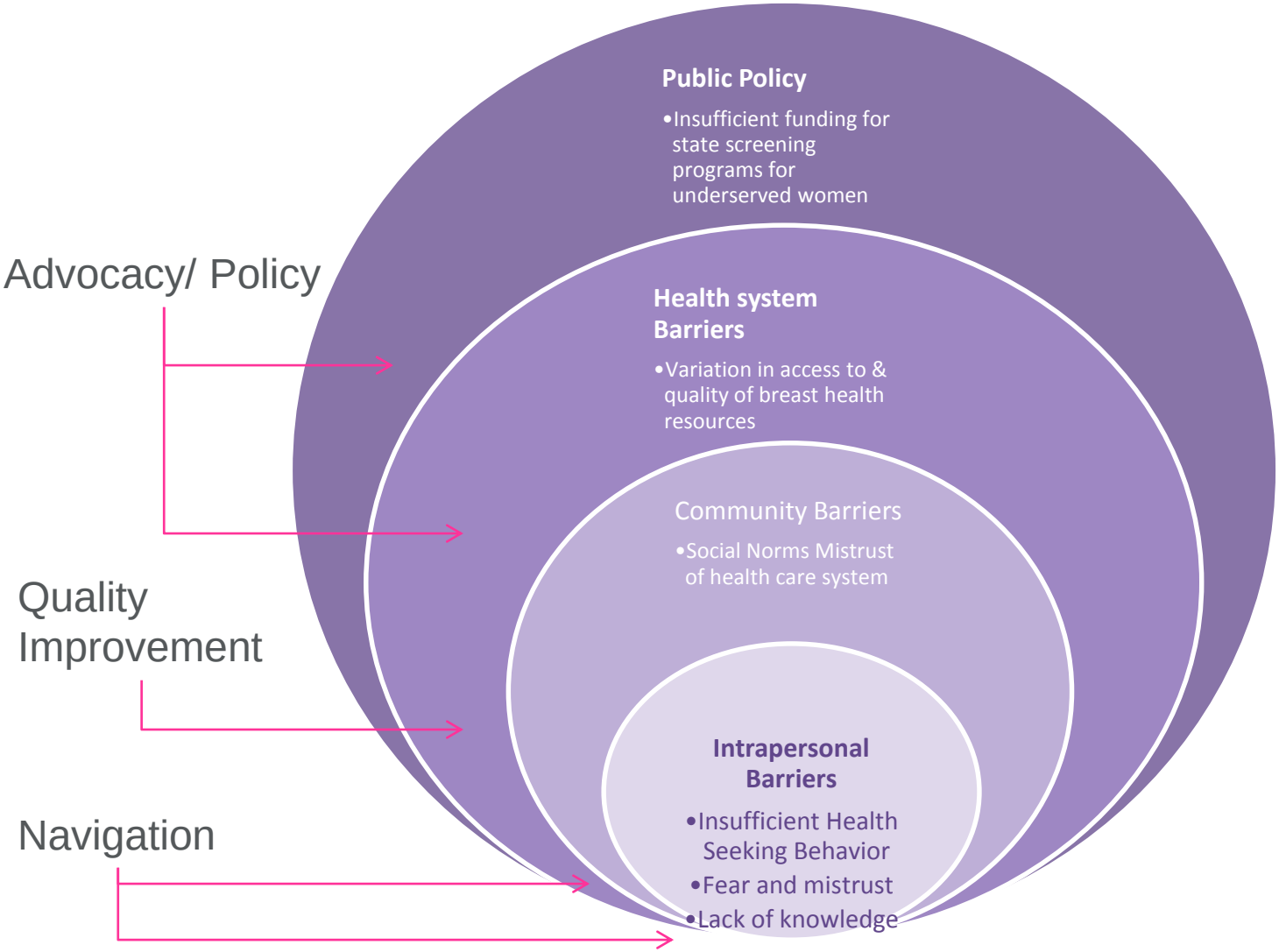
Fix the Woman?

- Biology
- Genetics
- Psychology

Fix the System?

- Access to Mammography
- Quality of Mammography
- Quality of Treatment

Structural Elements of the Ecology of Breast Cancer Disparities and Strategies



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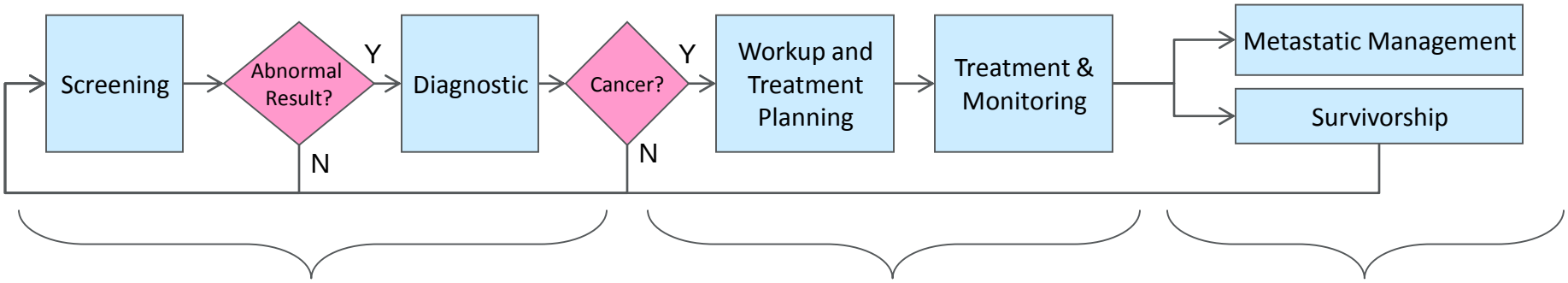
Re-Engineering How Women and Their Families Interface with health care- Patient Navigation

"The quality of care you get from a public health clinic is not going to be the same quality of care you get from a private physician. You can walk in the Board of Health and it's a completely different atmosphere than the Lynn Sage Breast Cancer Center, where you got nice lights, you got TV going and soft jazz playing and you got coffee and snacks, and "can I help you" as soon as you walk in the door. They are going to take care of you - and if you go to the Board of Health Center, there are 30 people all at the same time, and you got to sit there and wait."

Problems to be Addressed

Patient reality - Gaps and Delays in Care

Identified in our assessment of care processes at 53 Chicago breast imaging sites



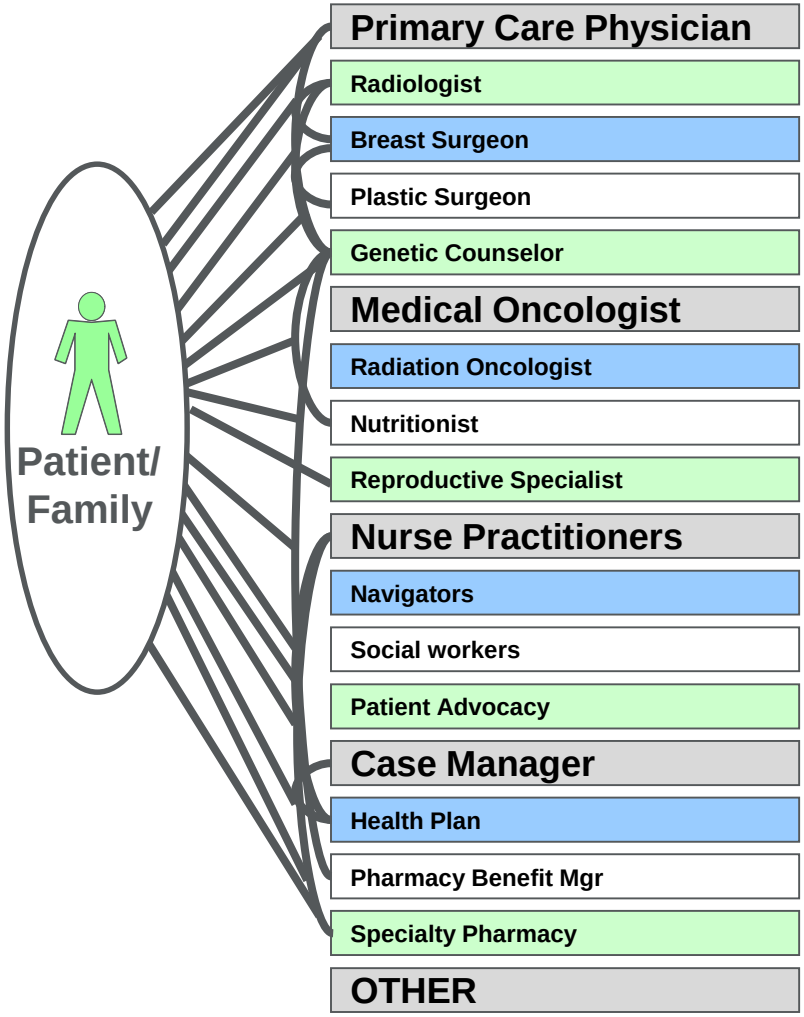
Gaps Addressed*

- *Low screening uptake; cumbersome care process of screening*
- *Patient no-show to screening*
- *Loss to follow-up of patients with abnormal results*
- *Delays in diagnostic imaging after abnormal results*
- *Delays in biopsy, lack of tracking of patients indicated for biopsy*

- *No patient tracking or follow-up after diagnoses*
- *Loss to follow-up of diagnosed patients*
- *Delays in initiating therapy after diagnoses*

- *No breast cancer survivor plans*
- *No patient tracking after cancer treatment is completed*

Patient view of cancer care

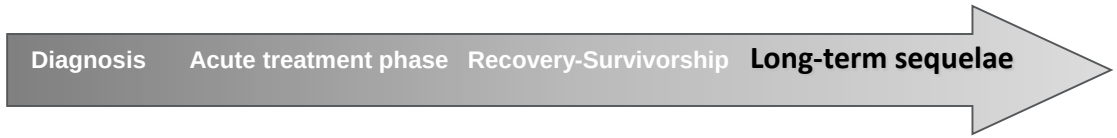


Care domains for one patient exist in different setting, organizations, localities

Complexity and fragmentation of care across domains and institutions

Significant efforts to improve cancer care coordination, but challenges remain

Complexity at all disease phases



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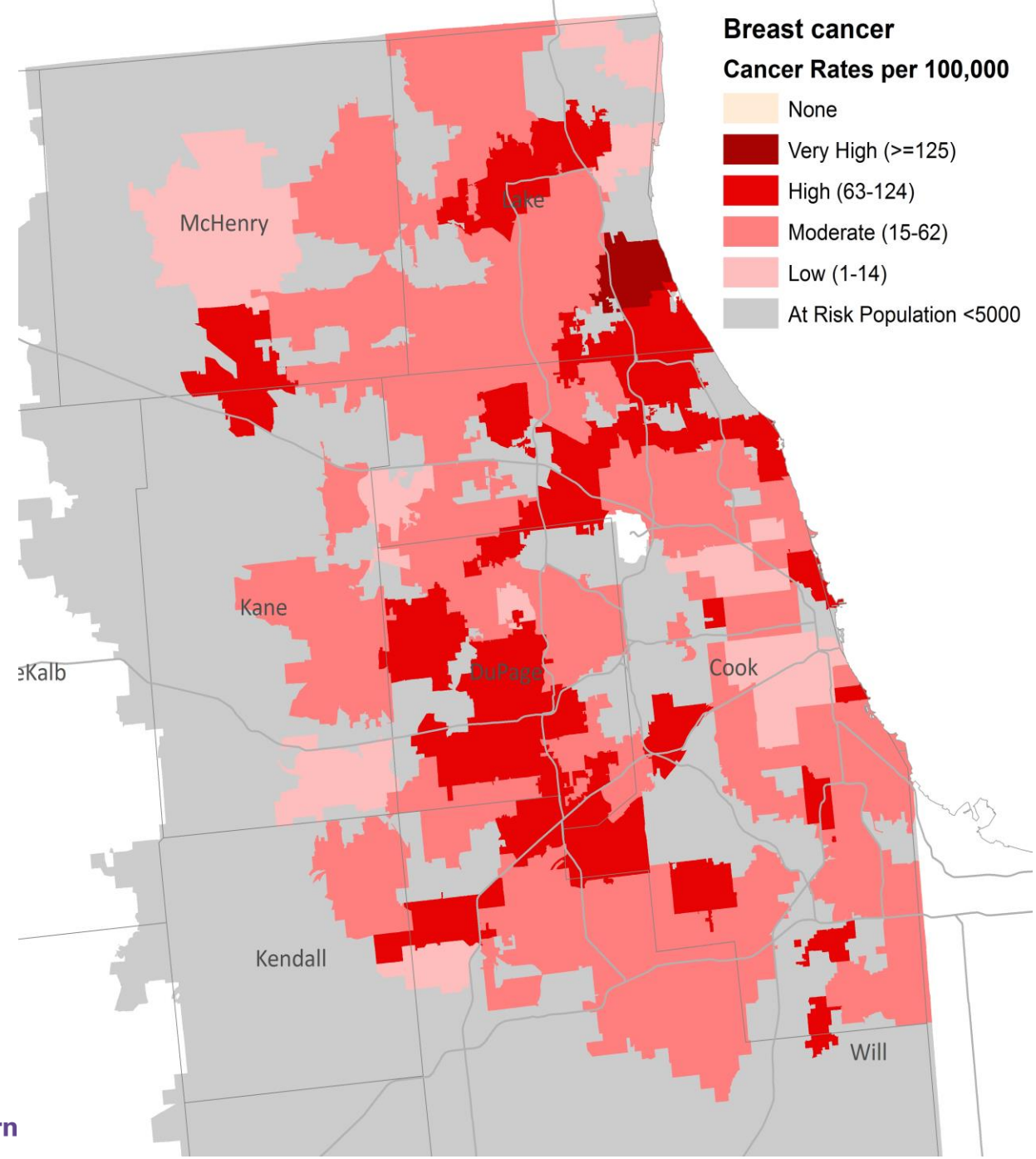

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DuPage Patient Navigation Collaborative (DPNC)

- Objectives:
  - Evaluate the Patient Navigation Research Program (PNRP) navigation model for uninsured women receiving free breast or cervical cancer screening through the Illinois Breast and Cervical Cancer Program (IBCCP) in DuPage.
  - Examine the extent navigators mitigated community-defined timeliness risk factors for delayed (>60 day) follow-up, focusing on Spanish-speaking participants.
- Methods:
  - Medical records review & patient surveys of N=477 women
  - Semi-structured interviews w/ N=19 DPNC stakeholders

Patient Navigation

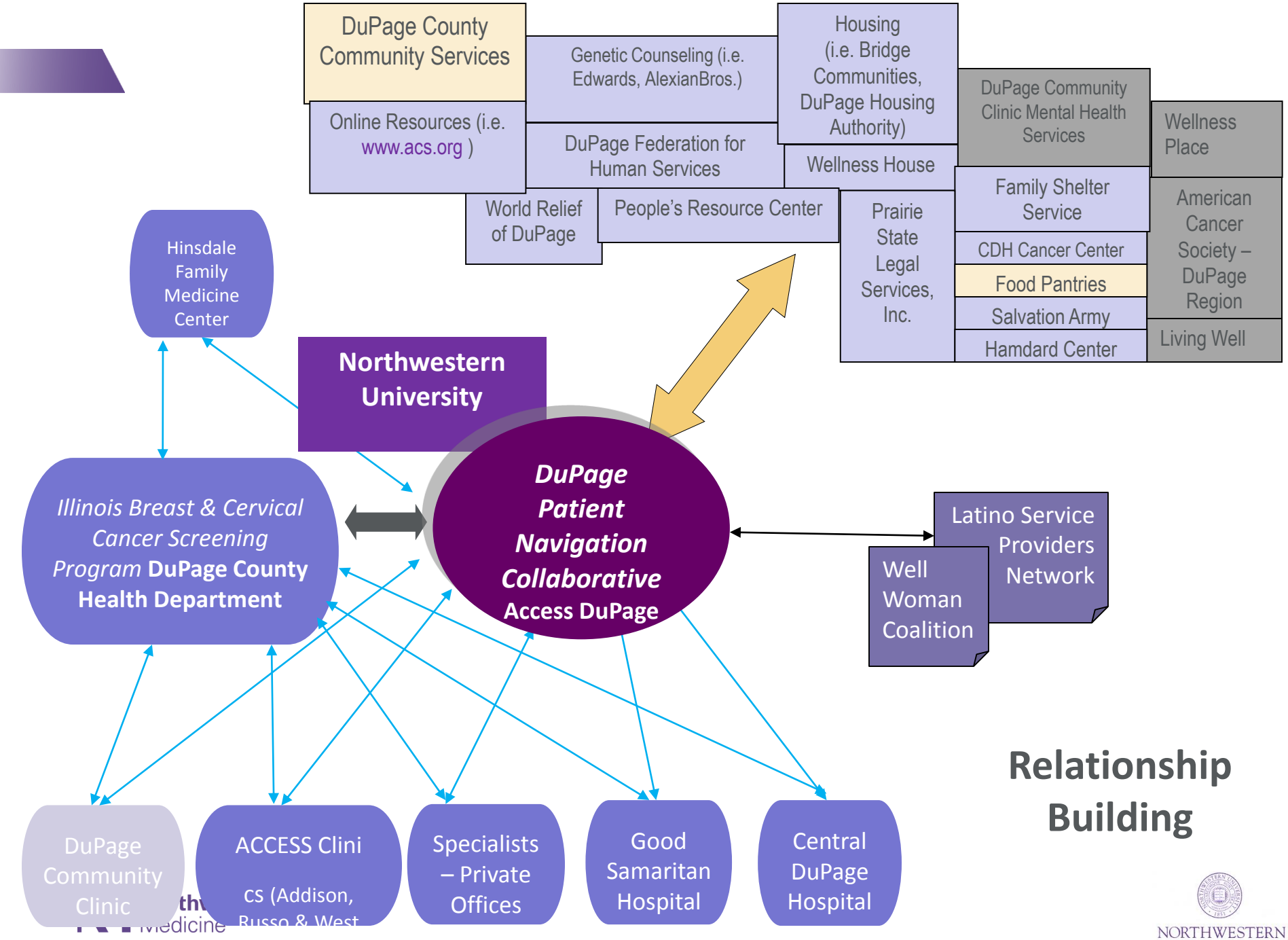
DuPage Patient Navigation Collaborative (DPNC)

- Results:
  - Compared to English-speaking patients, Spanish-speaking patients had:
    - Lower income
    - Lower health literacy
    - Lower patient activation
    - Were more distrustful of the health care system
  - No differences in likelihood of delayed (>60 day) follow-up by language
  - Patients entering the study with higher health care system distrust had *lower* likelihood of delayed follow-up time after abnormal cervical screening.
  - DPNC strengthened community partnerships & enhanced referral processes, communications, and service delivery among clinical teams

Snapshot quotes from DPNC stakeholders

"When I get a new patient who has already been working with a patient navigator, the navigator is able to give me a lot of insight as to the family dynamics, the home situation, language barriers, etc. It makes my job much easier."

"I don't believe I could have done my job effectively without the assistance of the patient navigators […] We had a patient who did not have money for food, shelter, the children were having problems in school…. the patient navigator advocated for the patient at the school and at the homeless shelter to help minimize the obstacle of that woman getting to this and that medical appointment."



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Cultural adaptation of Navigation

Community-level adaptation and implementation of patient navigation to Chicago's Chinatown with Mercy Hospital and Medical Center

Sinai Urban Health Institute and Northwestern breast cancer navigation program

- Helping Her Live (HHL) program addresses three keys to breast health:
  - routine mammography,
  - timely resolution of abnormal mammograms, and
  - timely treatment for women with cancer
- Variety of outreach methods
  - conducting workshops,
  - attending events like community forums and health fairs,
  - one-on-one canvassing at local churches, schools, food pantries, etc.
  - CHW's living in the communities we serve are recruited to act as navigators, helping women overcome any barriers to care
  - hotline and a referral system to enable women to reach us

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HELPING HER LIVE/APOYÁNDOLA A VIVIR

SINAI URBAN HEALTH INSTITUTE
SUHI
A proud member of Sinai Health System

LYNN SAGE CANCER RESEARCH FOUNDATION

Community Level Navigation Benchmarks

- Conduct 24 community outreach activities (e.g. health and resources fair, food pantries, churches, etc.) per year, a goal of two per month.
- Meet 850 women in the community to provide breast health education and offer mammogram navigation per year.
- Navigate 280 mammograms living in these southwest side communities per year, with a goal of 23 mammograms per month.
- Successfully navigate 70% of all women who sign up for HHL services to a completed mammogram.
- Sign up 50 women per year to receive a reminder card in the mail for their next mammogram.

Improving Breast Cancer Quality of Care

Study: Collaborative breast cancer care process improvement for medically underserved

Background

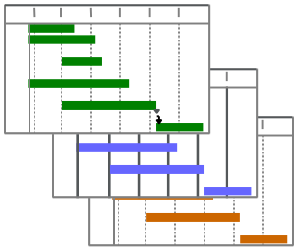
Both national and Chicago-specific data suggest that differential quality of breast health care between the two groups plays a role in the disparity; therefore delivery system interventions that improve quality of care is a logical tool to examine whether such quality improvement changes can reduce this racial disparity in breast cancer outcomes.

Objective

To improve the process of breast cancer (BC) care in facilities in Chicago, caring primarily for low income women, using a collaboratively developed educational program.

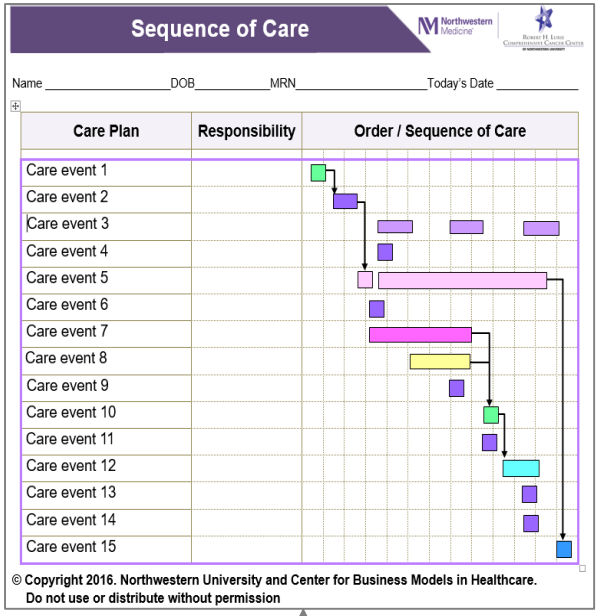
4R Model Conceptual Model

Pre-developed 4R Templates for Patient sub-groups

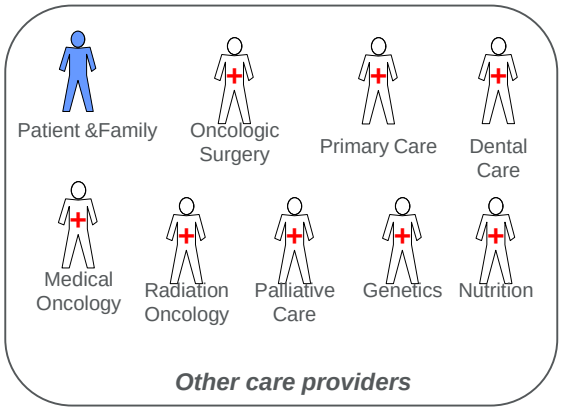


4R Care Sequence, as **patient's personalized care project plan**

Spans the cancer care episode, from diagnosis into survivorship or hospice



Cross-domain, Cross-organizational, "virtual" 4R care project team, including patient



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Like I said…
It really does take a village
and it is about modifying architecture

METROPOLITAN CHICAGO
Breast Cancer Task Force
Uniting to End Disparity

The Task Force's work is concentrated in 3 areas

- **Public Education and Awareness** around breast cancer disparities and breast health
- **Advocacy** to change our healthcare system and to increase funding for and the quality of healthcare in general and state healthcare programs in particular
- **Patient Navigation, Research and Quality Improvement**

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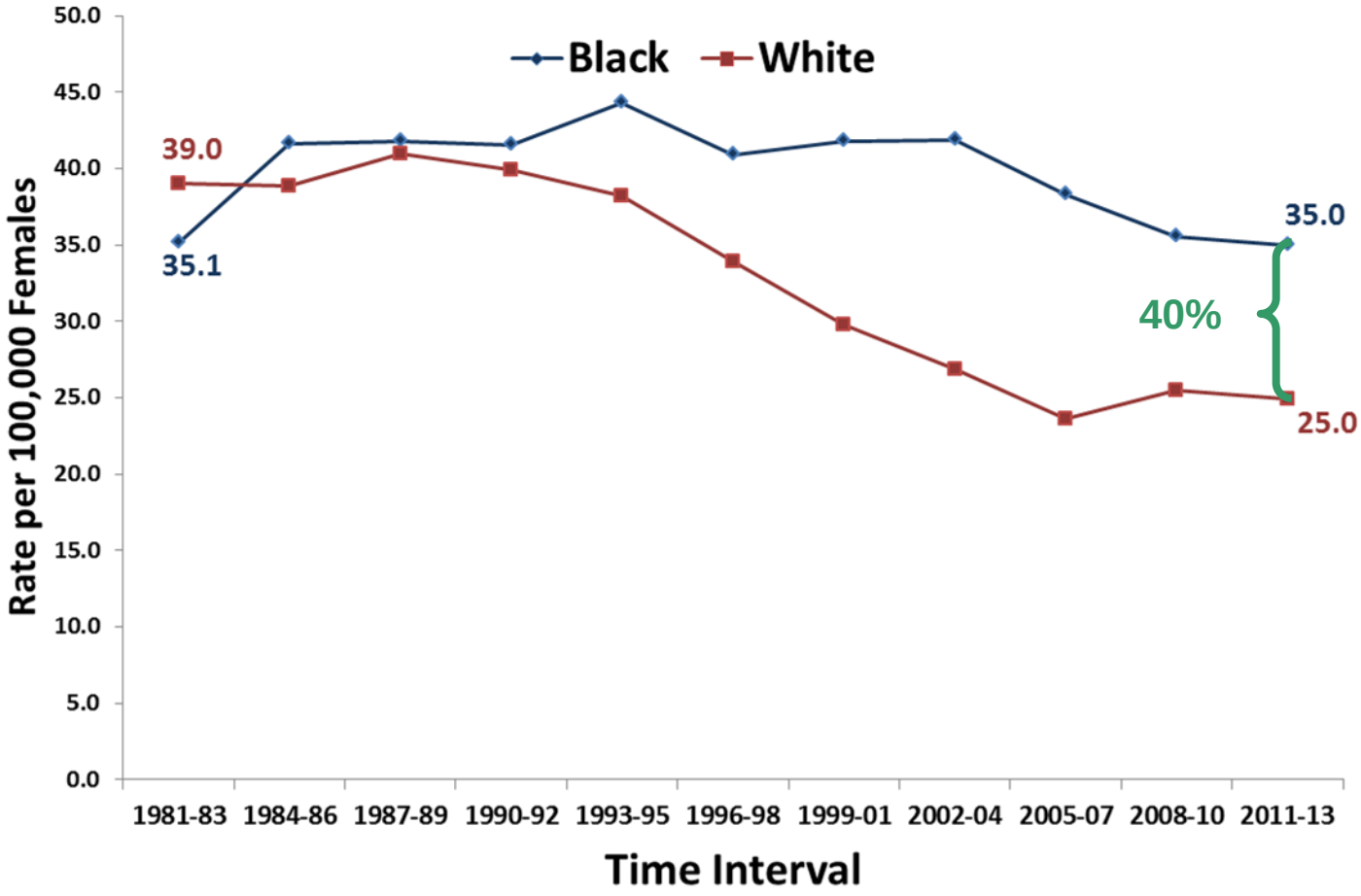
Black and White Breast Cancer Mortality Chicago 1981-2013



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Sinai Urban Health Institute, 2010 and Metropolitan Chicago Breast Cancer Task Force, 2016

Conclusions

RESOURCE + WILL = CHANGE

- Health Inequities do NOT just happen
- Architecture and Design -Applies to many things we do in public health and medicine- to improve our practice processes, care of people, and to be true champions of health and patient navigation does promote cancer health equity.
- Bridging Research to Practice- Knowledge translation not just to the bedside but to the community and then knowledge from the community back to the bench- what we learn from our various on the ground, community patient navigation implementation experiences needs to inform “the bench”/ future implementation
- Resources are required and challenging.
- It takes a village- it is the WE not the ME
- We have to think outside the box-- how can we better integrate real life into our care delivery and research worlds?

Thank You

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Pritzker Foundation
Merck Foundation/ NCCN
Pfizer Foundation
Avon Foundation
Komen Foundation
Lynn Sage Cancer Research Foundation
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Illinois Department of Health and Family Services
Illinois Breast and Cervical Cancer Program
American Cancer Society

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