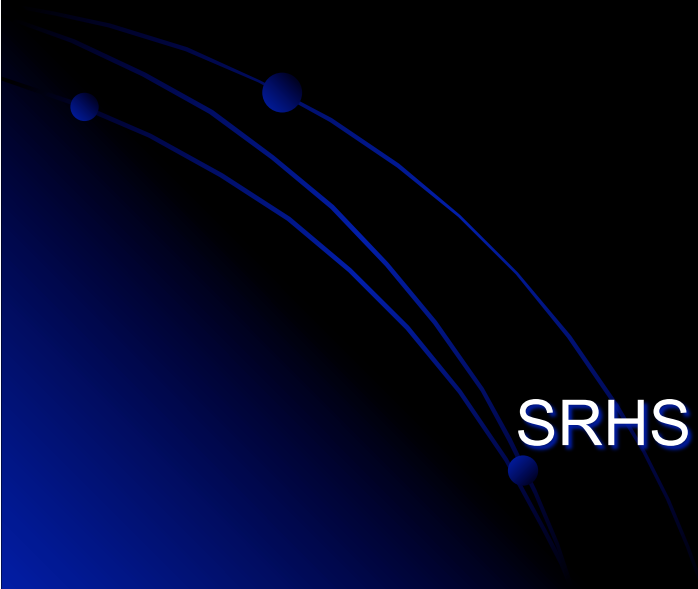# Evolution of Patient Navigation at Singing River Health System Regional Cancer Center: From Demonstration to Integration

Maggie Clarkson
Grants Director
SRHS Regional Cancer Center

Jackson County MS

- Coastal county
- Industry, health care, government
- Population 132,922
- 12.5% elderly
- 70.1% non-hispanic white
- 30% black, asian, latino
- 81% high school educated or less
- 13.3% poverty
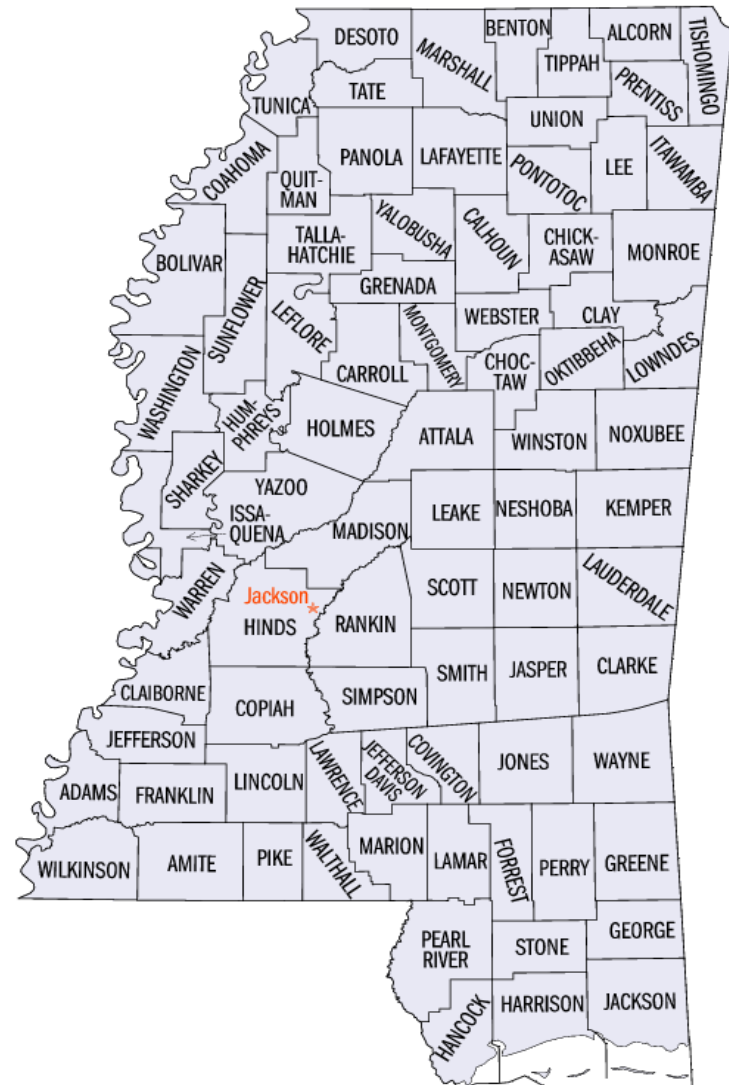
SRHS – Background

- **Singing River Health System**
  - County-owned 2 hospital system with extensive ambulatory care clinics
    - Only acute care provider in Jackson County
    - 4 additional acute care hospitals on MS coast
    - Rebuilding medical staff to pre-Katrina levels with significant increase in surgical specialties, IPS and Emergency Room services (strong referral base for cancer services)
    - Provides significant "free" care to self pay/uninsured
    - 340B designation for drug
  - Recent Expansion to contiguous counties

SRHS - Background

- Cancer Center
  - Med onc + radiation services
    - Same physical space at Singing River Hospital site
  - 2 clinic locations for med onc, 1 for rad onc
  - Population stats
    - 375 + new cases annually
    - Top 5: Breast, lung, colorectal, prostate, lymphoma
  - Accredited via ACOS
  - Staffing description
    - Traditional ambulatory care model with clinic nurses supporting MD's, infusional RN staff, RT therapists, reception staff
    - Expanded post-Katrina to include Financial Counselor, MSW
  - CDRP grant 2003 provided funds to integrate clinical research, community outreach and patient navigation into staffing and cancer services

U56 Patient Navigation Program: Development Phase

- PNP new concept at SRHS in 2003
  - Limited non-medical assessment
  - Non-medical assessment via consultation with inpatient case management (MSW) per MD
- Established as Non-professional level position
- Dual role – assessment/intervention, transportation
- Limited documentation, data collection

U56 Patient Navigation: restructure post-Katrina 2006

- Maintained non-professional level through September 2008
  - Established separate Patient Driver position July 2006
- Implemented PN database and intake assessment forms
- Primary needs identified:
  - Transportation
  - Housing assistance
  - Connection with rebuild resources
  - Pharmaceutical drug assistance programs
  - Insurance
- Focus on resource referrals
- MSW for Cancer Center hired in mid-2007

Transition to MSW Model for PN in Fall 2008

- Staff resignation presented opportunity to revamp job description
  - Maintained separate Patient Driver
- Analysis of PN database
  - Needs assessment limited, interventions limited
  - MSW credentials met need to expand assessment and interventions with non-clinical resources
- Implemented pre-visit phone contact by PN
  - No-show rates declined over 6 month period by 45%
- RT and chemo treatment misses declined with PN transportation
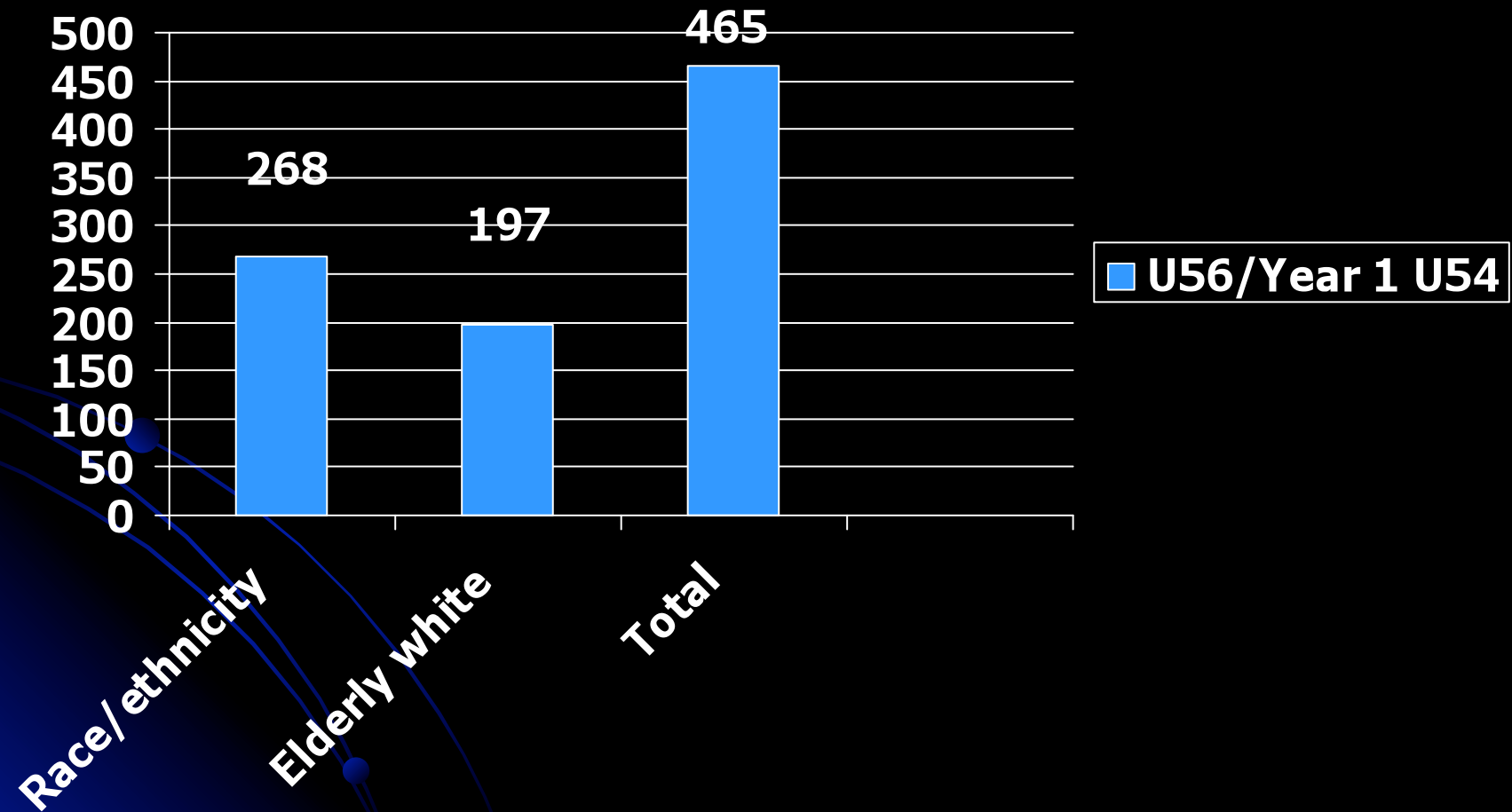- CRT patients: focus for treatment compliance

PN New Cases by Calendar Year
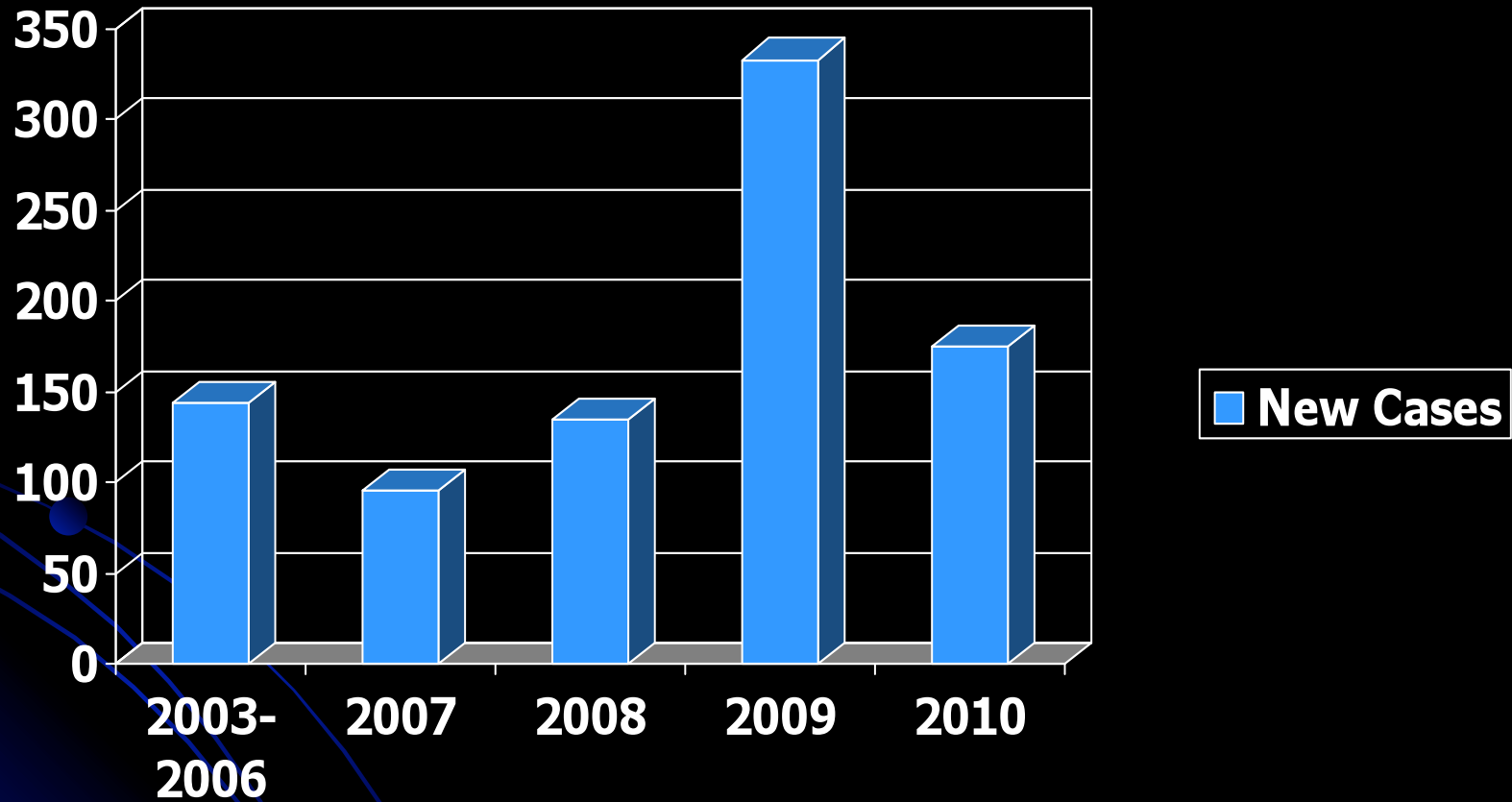
Patient Navigator Monthly Caseloads
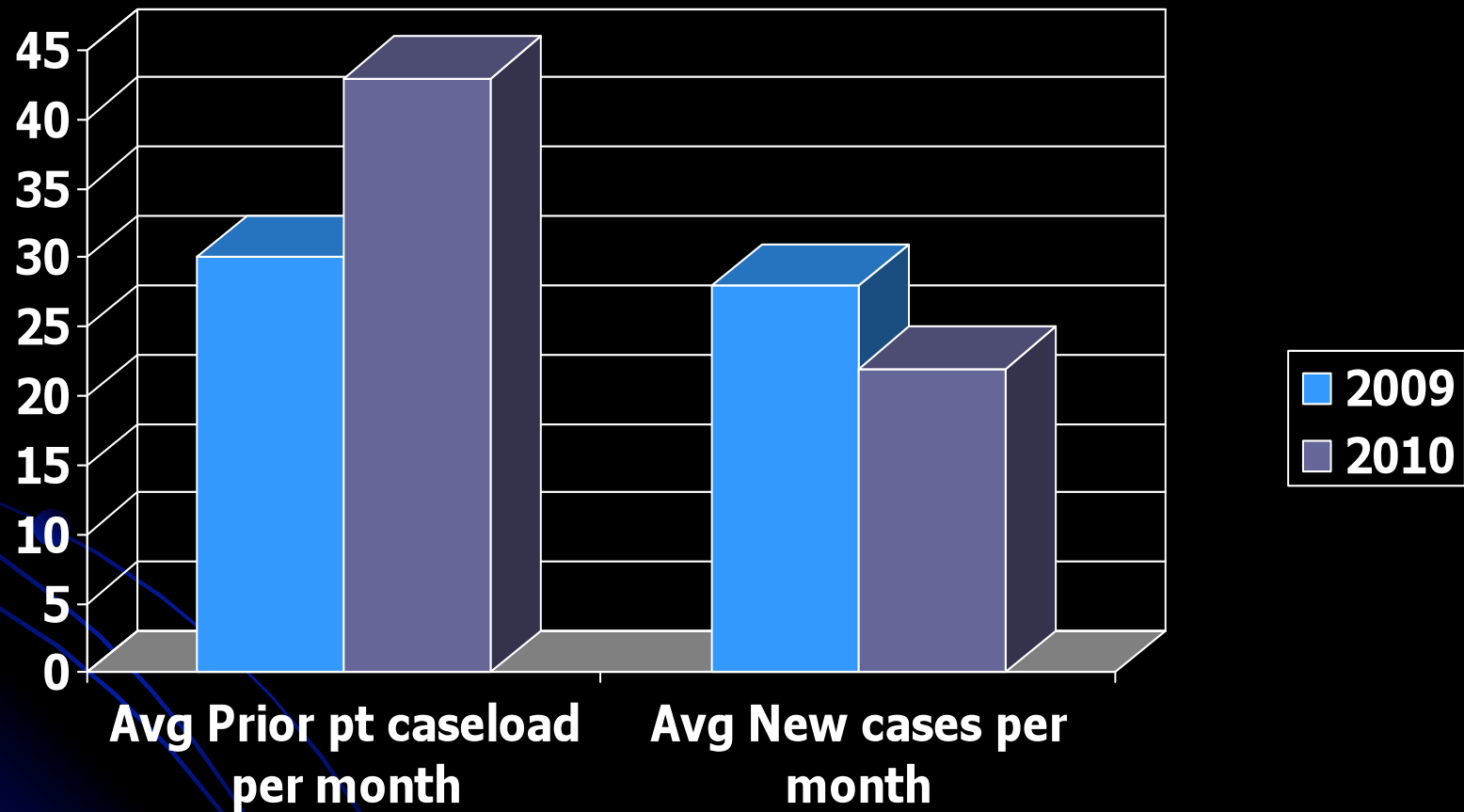
PN Caseload by Disparities

Joint Programming Between PN and Community Cancer Outreach

- **Legacies Program**
  - Cancer "veterans" trained to provide peer support for newly diagnosed patients
  - Matched by gender, age, race, diagnosis, treatment modality, geographic location, expressed needs
- **Clergy Cancer Workshop – Cancer 101**
  - 2 day workshops designed to educate local clergy re cancer, diagnosis, treatment modalities, side effects
  - Includes afternoon sessions to explore psychosocial issues experienced by patients and care givers
  - Significant increase in cancer knowledge post sessions
- **Clergy Cancer Advisory Group**
  - Initiated Sept 2010 with workshop participants
  - Focus – improved communication between clergy, patient/family and cancer center staff

U56 Patient Navigation Outcomes

- Integration into SRHS RCC operational budget and staffing structure
    - Treatment compliance and low no-show rates combined with improved patient satisfaction
- Continuing to maintain PN database
- Expansion to provide PN services at both Cancer Center clinical sites
- Staffing support for Legacies Patient Peer Mentoring program