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The Patient Navigator Program at MGH

Improving Compliance with Colorectal Cancer Screening Guidelines in Underserved Populations

Overview of the Program

The Colorectal Cancer Patient Navigator Program at Massachusetts General Hospital (MGH) in Chelsea is widely recognized as a best practice for increasing colorectal cancer screening rates and reducing healthcare disparities among low income patients and those with low English proficiency, especially Latinos. Launched in January 2007 by the MGH Center for Community Health Improvement (CCHI) and the MGH Cancer Center, the program works to overcome patient perceived barriers to screening in people who have been identified as at-risk for not making or keeping appointments (MGH Colorectal Cancer Screening Program; About This Program 2011). What began as a pilot project funded by a single Clinical Innovation Award has grown into a successful program which is now exclusively funded through philanthropic donations (MGH Cancer Center News 2011). This paper will discuss 1) some of the reasons why patients fail to make or keep endoscopy appointments and how the Patient Navigator Program addresses those concerns; 2) the value of the program to patients and providers; 3) documentation of program results and conditions that have led to success; and 4) predictions for the future.

Reasons for Non-Compliance with Screening

Lack of patient education about colonoscopies as well as anxiety about the procedure itself are key reasons why patients may not get screened for colorectal cancer when recommended to do so by their doctor. These two reasons are inter-related because patient anxiety is often caused by a lack of knowledge or misguided information. Often, people are reluctant to undergo a colonoscopy because they do not understand its value, they are unaware of the screening guidelines, or they have false schemas of what a colonoscopy is like based on unattractive portrayals in the media.

Diverse, underserved populations such as those served by MGH Chelsea are at especially high risk for not following through with preventive screenings. Research conducted at MGH prior to implementation of the Patient Navigator Program confirmed that colorectal, cervical, breast, and lung cancer are more common and/or more deadly in surrounding communities than in other parts of Massachusetts (MGH Cancer Center News 2011). These findings are consistent with the literature. In a study of endoscopic procedures in the University of Pennsylvania Health System, Barbara J. Turner et. al. found that women, blacks, those with incomes below $25,000 and those with Medicaid or unknown insurance were less likely than whites, males, those with higher incomes and those with private insurance to keep their first or reschedule their colon study appointment (Turner et. al. 2004, p. 530). Patient navigators identify these types of patients and ensure that they follow through with the procedure that has been deemed in their best medical interest.

Value for Patients and Providers

To borrow terminology from the Lean method of management developed by Toyota, the Patient Navigator Program offers value for patients by navigating them along the "value stream" of getting a colorectal cancer screening beginning with the physician referral and culminating in completion of the procedure (Graban 2009). Navigators schedule and remind patients about appointments, help patients access health insurance and financial assistance, explain instructions for gastro-intestinal preparation, translate written materials and physician instructions, and provide emotional support. If requested, navigators will even accompany a patient to their appointment (MGH Colorectal Cancer Screening Program; About This Program 2011). All of these services can be classified as "value added activities" that improve the patient's experience.

A value stream is defined as "a set of specific actions required to bring a specific product… through the three critical management tasks of any business: the program solving task, the information management task, and the physical transformation task" (Graban 2009, p. 58). By facilitating "physical transformation" or the physical treatment path through the hospital, navigators are also expediting the "problem solving task" (finding out what is wrong with the patient by helping them get an endoscopy) and the "information management task" (using diagnostic information that guides or assists treatment). As they work with different offices and departments, navigators keep the process flowing smoothly, removing obstacles that might delay or prevent a patient from showing up for their appointment.

The Patient Navigator Program provides "value-added activities" to other patients who are on waiting lists for endoscopic procedures and to the hospital as well. When patients fail to keep their appointments, this has implications for non-compliance not just for the no-shows, but for patients who cannot receive a procedure because slots have been claimed by people who are missing appointments. Colonoscopies require considerable resources including equipment, a physician, anesthesiologist, and other hospital staff. Consequently, missed appointments have a negative impact on a hospital's bottom line and contribute to the rising cost of health care which in turn makes colonoscopies more inaccessible for patients who need and want them. The Lean method would argue that by making sure patients schedule and show up for endoscopy appointments, navigators increase revenue for the hospital and prevent the waste of resources (staff, waiting time, and production) that had been allocated for appointments that were missed.

Documentation of Results

The results of the Patient Navigator Program are well documented. Since the beginning of the program in January 2007, a total of 469 patients have received screening including 328

colonoscopies, 137 completed and returned Fecal Occult Blood Test (FOBT) cards, and four sigmoidoscopies. In its first year, the program doubled the screening rate among MGH Chelsea patients. In 2010, staff arranged 156 colonoscopies and polyps were removed in approximately two-thirds of these appointments (MGH Colorectal Cancer Screening Program; About This Program 2011).

Between January and October 2007, a randomized controlled trial was administered to evaluate the efficacy of the program. Patients age 52 to 79 at MGH Chelsea who were overdue for colorectal cancer screening were randomized to an intervention group where they were assigned a navigator and a control group that received usual care. The researchers found that over a nine month period, patients in the intervention group were more likely to receive screening than control patients (27% vs. 12%). The majority of the difference between the groups (21% vs. 10%) was attributable to significantly higher colonoscopy rates (MGH Colorectal Cancer Screening Program; About This Program 2011).

Interpersonal communication between navigators and patients is the primary condition responsible for the program's success. A brochure sent in the mail can easily be thrown away, but an engaging conversation with a well-trained coach who can empathize with the patient's anxiety may be more influential. The literature substantiates that this hands-on approach is effective. In a randomized control trial of 275 patients in the University of Pennsylvania health system, Turner et. al. found that patients who were assigned a coach had over two-fold higher adjusted odds ratios of keeping colonoscopy appointments than patients who received a brochure or no intervention at all (Turner at. al. 2007).

Another condition for success is the respect the navigators are given in the MGH community and the respect they in turn have for patients. “Respect for people” is embedded in the Lean method. Part of respecting people is “engaging and trusting employees to participate in solving problems and eliminating waste” (Graban 2009, p. 26). This is essential if patient navigators are to be taken seriously as they coordinate patient care across departments. Likewise, if patients are to change their behavior, they need to feel that their concerns are valued.

Predictions for the Future

The Patient Navigator Program has grown every year since its inception; therefore, it is reasonable to expect that it will continue to thrive. The potential market for the program includes underserved patients in the Chelsea and Greater Boston area. Clayton M. Christenson would claim that the practice of using patient navigators to schedule and ensure follow through with preventive screenings can be considered a “disruptive innovation” in healthcare (Christenson et. al. 2000). Instead of asking high-cost professionals such as gastroenterologists to move “down-market,” MGH has allowed less expensive professionals like patient navigators to move “up-market” by handling the administrative aspects of scheduling an endoscopy appointment and answering questions about the procedure that require some expertise, but not the skill of a medical doctor. Navigators are able to work with patients in less expensive settings as opposed to a physician’s office where the patient is paying on a fee-for-service basis. Physicians can use this time performing procedures and patients appreciate getting free answers to their questions and concerns. The performance trajectory of this practice is predicted to have an upward slope over time since many other hospitals including nearby Dana-Farber Cancer Institute and Brigham and Women’s have also adopted similar programs.

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