

Breast Health Patient Navigator Resource Kit©

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HANYS BREAST CANCER DEMONSTRATION PROJECT™

Healthcare Association of New York State

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Breast Health Patient Navigator Resource Kit

CONTENTS

This *Resource Kit* consists of the following components that can be adapted and modified by hospitals. To download any of these items, go to

www.hanys.org/quality_index/Breast_Cancer_Project/pnresourcekit.htm.

1. PREFACE

Statement by Harold P. Freeman, M.D., Chair, Healthcare Association of New York State Breast Cancer Demonstration Project™.

2. INTRODUCTION

Provides an overview of the Breast Health Patient Navigator Program Resource Kit.

3. IMPLEMENTING A BREAST HEALTH PATIENT NAVIGATOR PROGRAM

A step-by-step program implementation chart in Microsoft® PowerPoint format.

4. BREAST HEALTH PATIENT NAVIGATOR PROGRAM PRESENTATION

PowerPoint presentation to help you educate hospital management about Patient Navigator programs. You can make transparencies using the enclosed hard copy or download the presentation from HANYS' Web site.

5. BREAST HEALTH PATIENT NAVIGATOR PROGRAM DESCRIPTION

This document will serve as your program's template. Modify this description to suit your facility's needs.

6. BREAST HEALTH PATIENT NAVIGATOR ROLE DESCRIPTION

Sample responsibilities for the key position in the program.

7. YOU ARE NOT ALONE TRI-FOLD BROCHURE

Describes Navigator services to breast health patients.

8. YOU ARE NOT ALONE FLYER

Describes Breast Health Patient Navigator services to breast health patients.

9. ORDER FORM FOR BROCHURE AND FLYER

Let HANYS help you customize these pieces.

10. BREAST HEALTH PATIENT NAVIGATOR POLICIES AND PROCEDURES

A detailed description of specific functions and responsibilities of the Breast Health Patient Navigator.

11. BREAST HEALTH PATIENT NAVIGATOR INTAKE FORM

A data collection tool to be filled out by patients with the assistance of the Breast Health Patient Navigator on their first encounter.

12. PRESS RELEASE

May be used to announce the patient navigator program to the public.

13. PATIENT SATISFACTION SURVEY

A data collection tool to evaluate the program.

14. TRACKING TOOL FOR BREAST HEALTH PATIENT NAVIGATOR STAFF

A data collection tool specific to Patient Navigator functions.

15. DESCRIPTION OF TRACKING TOOL FOR APPOINTMENT REMINDERS

Describes how the Tracking Tool for a Patient Navigator Outreach Appointment Mailings Reminder works. A sample worksheet is included.

16. VOICES OF BROKEN SYSTEM: REAL PEOPLE, REAL PROBLEMS

President's Cancer Panel 2000-2001 report.

17. ADDITIONAL READINGS

Breast Health Patient Navigator Resource Kit

PREFACE BY HAROLD P. FREEMAN, M.D.

The Origin and Evolution of the Patient Navigator Program

Breast cancer is the second leading cause of cancer deaths in women, claiming the lives of more than 40,000 women each year. Late diagnosis and treatment at an incurable stage of the disease is the principle cause of death. A disproportionate number of women who die from this disease are poor and uninsured. Furthermore, barriers to obtain early diagnosis and treatment may be met by women who have health insurance. More than 40 million Americans are uninsured and an estimated additional 35 million are under-insured.

In 1989 the American Cancer Society conducted a series of hearings throughout America to hear the testimony of poor Americans who had been diagnosed with cancer. Based on these hearings, the American Cancer Society issued its “Report to the Nation on Cancer in the Poor in 1989.” The report found that the most critical issues related to cancer in the poor are:

- ◆ Poor people meet significant barriers when they attempt to seek diagnosis and treatment of cancer.
- ◆ Poor people and their families make sacrifices in order to obtain cancer care and often do not seek care because of barriers faced.
- ◆ Poor people experience more pain, suffering, and death because of late disease.
- ◆ Fatalism about cancer is prevalent among the poor care and prevents them from seeking care.

Related to these findings the first “Patient Navigation” program was conceived and initiated in 1990 at Harlem Hospital Center in New York City, funded by a grant from the American Cancer Society.¹

Patient Navigation

To save lives from breast cancer we must provide outreach and education programs that inform women about the need for breast examination. Secondly, we must provide access to breast examinations, including screening mammography, to all women. And finally, we must ensure that any women with a positive finding will receive further diagnosis and treatment on a timely basis.

Harold P. Freeman, M.D., Director of Surgery at North General Hospital and Director of The Ralph Lauren Center for Cancer Treatment and Prevention in Harlem, chairs the Healthcare Association of New York State Breast Cancer Demonstration Project™ (HANYS BCDP™). Dr. Freeman is also the Associate Director of the National Cancer Institute (NCI) and Director of the NCI Center to Reduce Cancer Health Disparities, as well as past Chairman of the United States President’s Cancer Panel. He spearheaded the development of the first breast health patient navigator program at Harlem Hospital.

There is a particularly critical window of opportunity to save lives from breast cancer—between a point of a suspicious finding and the resolution of the finding by further diagnosis and treatment. Many barriers may be experienced during this interval. Commonly experienced barriers during this interval are:

- ◆ Financial Barriers
 - ◇ Uninsured and under-insured
- ◆ Communication and Information Barriers
- ◆ Medical System Barriers
 - ◇ Missed appointments and lost results
- ◆ Fear and Emotional Barriers

The most important role of Patient Navigation is to assure that any woman with a suspicious finding will receive timely diagnosis and treatment. The Navigator accomplishes this most effectively through one-on-one contact with the patient at the point of a positive finding. The purpose of this process is to eliminate barriers to diagnosis and treatment. In order to accomplish the above, I believe the Patient Navigator should have the following characteristics:

- ◆ Culturally attuned to the people of the community being served, able to communicate, sensitive and compassionate.
- ◆ Very knowledgeable of the environment and system through which the patient must move in order to obtain care.
- ◆ Highly connected and allied with critical decision makers within the system, especially with the financial decision makers.

Note: No particular level of formal education is required.

The Harlem Breast Cancer Experience:

In a 22-year period ending in 1986, 606 patients (94% black) with breast cancer were treated at Harlem Hospital Center. Almost all patients were of low economic status and almost 50% had no medical coverage. Nearly half were incurable at diagnosis, and only 6% had early breast cancer (stage one disease). The five-year survival rate of these patients was 39% compared to more than 60% in American white women at that time.²

Recent Harlem Experience:

A retrospective review was performed on a database of 49,750 visits to the Breast Examination Center of Harlem from 1995 to 2000. During this period, 181 breast carcinomas were diagnosed in 178 women of whom 89% were black or Hispanic, 45% had no medical coverage, and 38% had incomes below the federal poverty guidelines. Results: 23% stage 0, 23% stage I, 16% in stages III and IV combined.³

In a separate study, which is in press, 324 patients with breast cancer were diagnosed and treated at the Harlem Hospital Cancer Control Center between 1995-2000. 70% were black and 26% Hispanic. Nearly half had no medical insurance on initial evaluation.

Results: 41% stages 0 and 1 and only 21% stages 3 and 4. The five-year survival which could be determined for 76 patients was 70% compared to 39% in a previous Harlem Hospital Study.

I believe that three major factors accounted for the dramatically improved results demonstrated in the recent Harlem experience:


- ◆ Free and low-cost screening mammography, which allows for early diagnosis.
- ◆ Patient Navigation, which promotes treatment with no delay.
- ◆ Improved outreach and public education.

In 2001 the President's Cancer Panel issued a report to President George W. Bush titled, "Voices of a Broken System," based on the testimony of American people who sought treatment for cancer.⁴ The report indicates that barriers to obtaining cancer care exist for people at all socioeconomic levels. One of the Panel's principle recommendations is that funding should be provided to help communities coordinate, promote, and support community-based programs, including Patient Navigator Programs, to help people obtain cancer information, screening, treatment, and supportive services. The Report concludes:

- ◆ No person with cancer should go untreated.
- ◆ No person with cancer should be bankrupted by diagnosis of cancer.
- ◆ No person with cancer should be forced to spend more time fighting their way through the health care system than fighting their disease.

Patient Navigation offers a support system of people helping people, alleviating the burden of patients seeking care in a "broken" health care system. Patient Navigation programs are developing in communities throughout America. Many lives will be saved due to this initiative.

The concept of Patient Navigation is receiving additional attention in the policymaking and health care community; in fact, a member of the U.S. Congress has introduced the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2002, which would authorize grant funding to stimulate patient navigation programs targeting specific vulnerable populations.



Harold P. Freeman, M.D.
Chairman of HANYS BCDP™

REFERENCES

1. Freeman, H.P., Muth, B.J., and Kerner, J.F., "Expanding access to cancer screening and clinical follow-up among the medically underserved." *Cancer Practice*, 1995; 3:19-30.
2. Freeman, H.P. and Wasfie, T.J., "Cancer of the Breast in Poor Black Women," *Cancer* 1989; June; 63 (12) 2562-2569.
3. Liberman, L., Freeman, H.P., Chandra S., Stein, A.L., McCord, C., Godfrey, D., Dershaw, D.D., "Carcinoma Detection at the Breast Examination Center of Harlem," *Cancer* July; 2002; 95 (1).
4. Freeman, H.P., Chairman President's Cancer Panel "Voices of a Broken System: Real People, Real Problems," 2000-2001.

Breast Health Patient Navigator Resource Kit

INTRODUCTION

This *Resource Kit* provides comprehensive templates to help you implement a Breast Health Patient Navigator program within your facility. It is designed to help you create a program that suits your hospital's needs. The *Resource Kit* includes samples and prototypes of documents that you can download from HANYS' Web site and customize.

The purpose of a breast health patient navigator program is to decrease fragmentation of care, coordinate services, and guide patients seeking breast care through the health care system. The breast health navigator is an integral part of the program. Navigators bridge the gaps in women's access to care. Specifically, patient navigators:

- ◆ connect patients with resources and support systems;
- ◆ facilitate interaction and communication with health care staff and providers;
- ◆ streamline appointments and paperwork;
- ◆ help patients identify and access financial services to pay for their health care needs;
- ◆ help patients arrive at scheduled appointments on time and prepared;
- ◆ help decrease patients' fear and anxiety;
- ◆ help patients identify and utilize appropriate social services; and
- ◆ track interventions and outcomes.

The Healthcare Association of New York State (HANYS) represents more than 550 non-profit and public hospitals, nursing homes, home care agencies, and other health care organizations throughout New York State. HANYS Breast Cancer Demonstration Project™ is a partnership that has been in existence since 1998, with 14 participating hospitals and health care systems throughout New York State who are building best practice strategies that deliver both exemplary care and enhanced quality of life for breast cancer patients. The Project's goal is to assist health care providers in developing effective strategies that decrease barriers to care and increase access for patients.

The primary responsibilities of the breast health patient navigator are to assist women that have an abnormal examination or a positive finding to navigate through the health care system. Depending upon patient population size and complexity, some breast health patient navigators have the added responsibility of engaging in outreach and education strategies to increase breast health awareness in their community. Some facilities have found that Navigators can also provide some outreach strategies: this is a facility decision based on patient volume, characteristics, and needs, as well as facility resources.

Based on the literature and anecdotal information from facilities currently utilizing a breast health navigator, these programs have enhanced access to breast health services for at-risk women and have increased breast health screening.

HANYS designed the *Breast Health Patient Navigator Resource Kit* under the guidance of the HANYS BCDP™ Advisory Board.

This Resource Kit was made possible by grants from the New York State Assembly and the federal Centers for Disease Control and Prevention (grant number U57/CCU220149-01). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the New York State Assembly or the Centers for Disease Control and Prevention.

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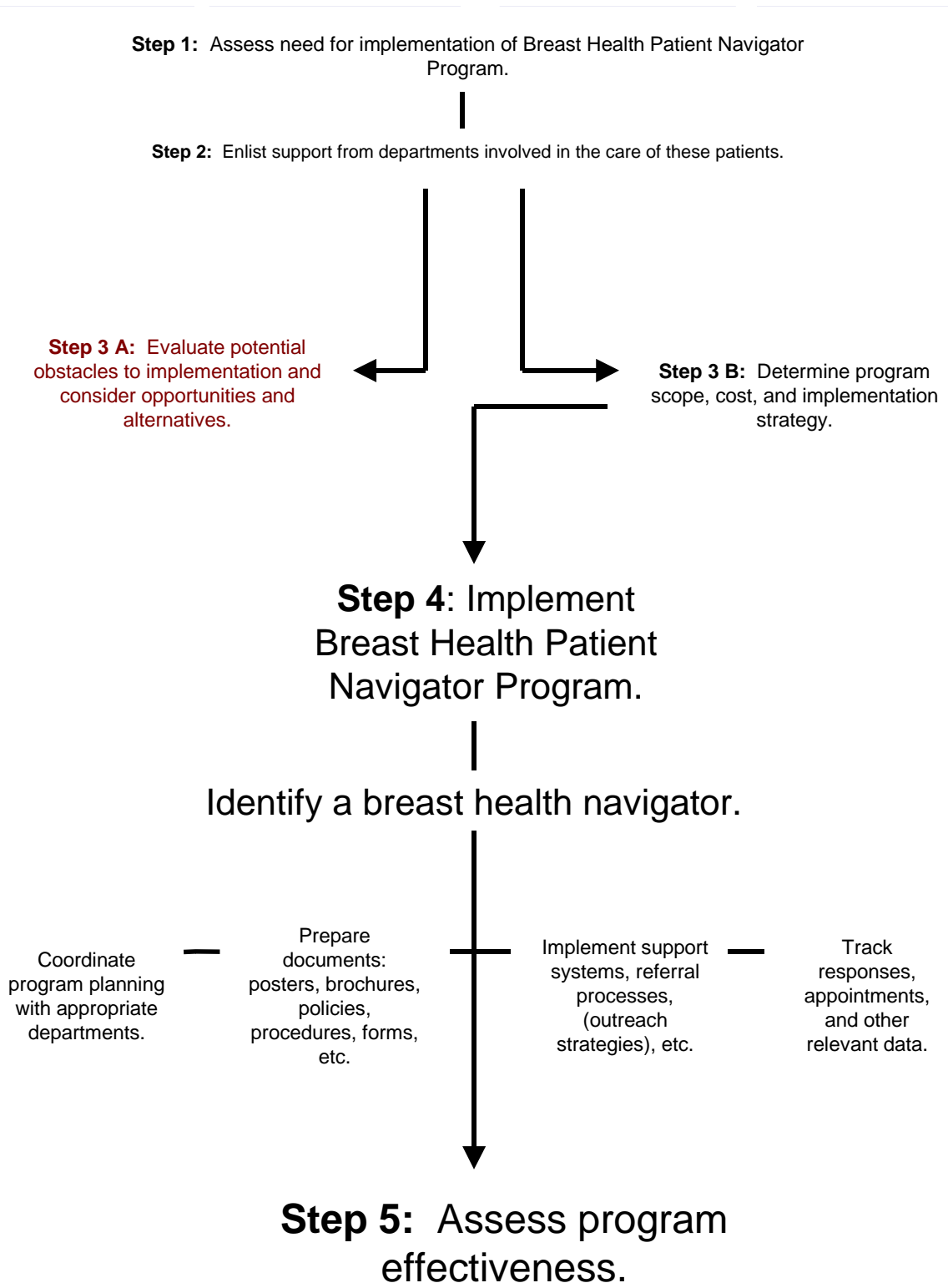
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Implementing a Breast Health Patient Navigator Program



BREAST HEALTH PATIENT NAVIGATOR PROGRAM PRESENTATION

This section contains hard copies of a Microsoft® PowerPoint 2000 presentation that you can use to make transparencies. Feel free to add your facility's name, logo, or data to the pages before copying them.

It also contains a print-out of the presentation's "notes pages," which are designed to help you make your presentation.

You also can download the PowerPoint file, including the note pages, from the on-line version of the Breast Health Patient Navigator Resource Kit at http://www.hanys.org/quality_index/Breast_Cancer_Project/pnresourcekit.htm by following the directions below and on the screen:

- ◆ If using **INTERNET EXPLORER**, right click on the "Download Presentation" link and choose "Save Target As" from the pop-up menu, then browse to the location on your computer where you would like to store the file. Make sure the file name has the "pps" extension at the end of its name. (*Example: navigator.pps*)
- ◆ If using **NETSCAPE NAVIGATOR**, right click on the "Download Presentation" link and choose "Save Link As" from the pop-up menu, then browse to the location where you would like to store the file. Make sure the file name has the "pps" extension at the end of its name. (*Example: navigator.pps*)

To customize the PowerPoint file, open the stored file and edit it for your own use by adding, deleting, and/or moving text and graphics. When you are ready to save your edited presentation, click "File" and "Save As." Save the file with whatever name you choose; include the file extension "ppt" at the end of the name. (*Example: navigator.ppt*)

If you are unable to save or edit these files, please contact HANYS via e-mail at info@hanys.org.

Sample

BREAST HEALTH PATIENT NAVIGATOR PROGRAM DESCRIPTION

This template offers examples and items for consideration. Please customize this program description to address your organization's needs.

Developing a Patient Navigator Program

- ◆ Define program goals, objectives, and timeframes.
- ◆ Formulate a patient navigator role description:
 - ◇ define activities; and
 - ◇ identify supervisor (for feedback and support) of this role.
- ◆ Develop tools:
 - ◇ intake form
 - ◇ tracking system/follow-up log
 - ◇ decision tree/algorithm
 - ◇ brochures describing the program
- ◆ Identify other departments involved in caring for these patients:
 - ◇ involve appropriate departments in program planning (i.e., radiology, radiation oncology, patient billing, rehabilitation, hematology/oncology clinic, surgical, medical, and nursing staff).
- ◆ Formulate outreach and education strategies.

Identify Potential Costs

- ◆ Patient navigator hiring, training, salary, and benefits
- ◆ Supervisory cost
- ◆ Supplies, materials, and equipment:
 - ◇ computer
 - ◇ patient education/support/outreach materials
- ◆ Transportation costs (for patients without transportation)
- ◆ Outreach incentives
- ◆ Advertising
- ◆ Evaluation costs

Identify Program Evaluation Methods

- ◆ Assess collected data.
- ◆ Assess whether the program is meeting goals and objectives.
- ◆ Assess the effect on the target population.
- ◆ Assess efficiency and effectiveness of program methods.

*Sample***BREAST HEALTH PATIENT NAVIGATOR ROLE DESCRIPTION**

The following position description describes the type of work required by breast health navigators.

< YOUR FACILITY NAME >

POSITION TITLE: Breast Health Patient Navigator

REPORTS TO: Director, Breast Health Services

MAIN RESPONSIBILITIES: The Breast Health Patient Navigator's primary function is guiding breast health patients through the health care system by assisting with access issues, developing relationships with service providers, and tracking interventions and outcomes.

BREAST HEALTH PATIENT NAVIGATOR ACTIVITIES INCLUDE:

- Initiate communication with patients upon learning they have a suspicious mammogram or a positive finding.
- Guide patients through the health care system; help patients arrive at scheduled appointments on time and prepared.
- Connect patients to community and social support services.
- Facilitate interaction and communication with health care staff and providers.
- Provide breast health education to individuals and groups.
- Develop and maintain a learning library for patients that includes language-specific materials.
- Identify personnel in departments involved in the care of breast health patients (i.e., physicians, nurses, radiology staff, social services staff, radiation oncology staff, hematology/oncology clinic staff) and develop relationships with them; offer educational sessions to inform practitioners of breast health patient navigator role, services provided and encourage referrals.
- Assist breast health patients in finding ways to pay for their breast health care.
- Assist with arranging for patient transportation where needed.
- Build relationships with other patient navigators.
- Track interventions and outcomes.

BREAST HEALTH PATIENT NAVIGATOR OUTREACH ACTIVITIES INCLUDE:

- Identify target population by utilizing community service data, i.e., cancer mapping and/or other pertinent methods for women at high risk for under utilization of breast health services.
- Formulate relationships with members of the community by visiting churches, synagogues, schools, libraries, etc. Work with community groups to increase breast health awareness, and involve the community in program planning if possible.
- Utilize interventions and strategies that are appropriate to the population, i.e., taking into account culture, language, age, gender, etc.
- Conduct breast health education classes with individuals and aggregates.

BASIC KNOWLEDGE:

The ideal candidate should:

Have a background and familiarity with personal computers; possess the ability to communicate orally and in writing; work effectively in a team environment; have excellent interpersonal skills; possess knowledge of community resources, hospital processes, structure, and function.

Breast Health Patient Navigator Program

MATERIALS ORDER FORM

Brochure and Flyer

You can download the text of the program brochure and flyer in black and white from HANYS' Web site at no cost, customize them, and make your own copies.

Alternatively, you may choose to have HANYS customize the flyer and brochure and send you color copies. These will include your facility's name, logo, and contact telephone number. To order copies of the customized Employee Mammography Inreach brochure and/or flyer, please complete the information below.

YES, I want HANYS to customize my program materials:

Flyer (see pricing below) Quantity: _____

Tri-fold brochure (see pricing below) Quantity: _____

Your name: _____ Facility: _____

Title: _____ Telephone: _____

Address: _____

E-mail: _____

Your organization's name as you want it to appear on the materials:

Your patient navigator's name and contact telephone # as you want it to appear on the materials:

Contact Name: _____ Telephone: _____

PRICING <i>(please indicate numbers of colors and quantities for each)</i>

8½" X 11" FLYER (printed on plain white stock)

2-COLOR (black plus one other color ink)
 250 copies: \$275 500 copies: \$325

4-COLOR PROCESS
 250 copies: \$375 500 copies: \$425

TRI-FOLD BROCHURE (printed on plain white stock)

2-color (black plus one other color ink)
 250 copies: \$350 500 copies: \$400

4-COLOR PROCESS
 250 copies: \$450 500 copies: \$500

PLEASE E-MAIL YOUR COMPANY LOGO
 (in .TIF, .EPS, or .JPG format for PC)
TO: Melanie Dobiel
 Manager, Communications and Operations
 mdobiel@hanys.org

Please mail this order form with payment to:
 Melanie Dobiel
 Manager, Corporate Communications and Operations
 Healthcare Association of New York State
 One Empire Drive, Rensselaer, NY 12144

FOR QUESTIONS, please call (518) 431-7742.

Please allow four to six weeks for delivery.

*Sample***BREAST HEALTH PATIENT NAVIGATOR POLICIES AND PROCEDURES**

The following are sample policies and procedures to consider for a breast health navigator program.

BREAST HEALTH PATIENT NAVIGATOR PATIENT REFERRAL POLICY STATEMENT AND PROCEDURE

It is the policy of < **YOUR FACILITY NAME** > to provide an outline of activities and responsibilities for the Breast Health Patient Navigator in providing referrals for community resources to breast health patients.

Objective: To ensure breast health patients receive appropriate referrals in a timely manner.

These procedures apply to Breast Health Patient Navigators:

1. Provide patient information about available services, resources, and/or support groups (internal and external).
2. Provide appropriate resources in a timely manner to meet specific patients' needs.
3. Consider language, culture, and age in choosing referral options.
4. Allow patients time to consider resource options.
5. Serve as a liaison between the patient and medical staff and services.
6. Assist with paperwork as needed (i.e., social services and medical appointment assistance).
7. Document interventions.

BREAST HEALTH PATIENT NAVIGATOR APPOINTMENT REMINDER POLICY STATEMENT AND PROCEDURE

It is the policy of < **YOUR FACILITY NAME** > to provide an outline of activities and responsibilities for the Breast Health Patient Navigator in assisting patients with scheduling and keeping appointments.

Objective: To ensure optimal patient follow-up rates.

These procedures apply to Breast Health Patient Navigators:

1. Contact the patients via mail (up to three times) to remind patient to make an appointment for screening.
2. Contact the patient via telephone. If, after the third telephone attempt, the patient does not respond or if the patient does not have a telephone, send a certified letter.

3. For patients that need a follow-up appointment, set up the appointment while the patient is receiving treatment (i.e., while patient is still in the clinic, before the patient leaves the hospital).
4. Coordinate follow-up visits if possible.

BREAST HEALTH PATIENT NAVIGATOR IN-SERVICE POLICY STATEMENT AND PROCEDURE

It is the policy of < **YOUR FACILITY NAME** > to provide an outline of activities and responsibilities for the Breast Health Patient Navigator in communicating the individual's role to hospital personnel.

Objective: To inform practitioners of services provided and encourage referrals.

These procedures apply to Breast Health Patient Navigators:

1. Conduct in-services with staff to educate them regarding the breast health patient navigator role.
2. Contact nursing/medical education to inquire if continuing education credits are available.
3. Discuss importance of Navigator's role (i.e., education, patient support, treatment adherence, and tracking).
4. Discuss available community resources.
5. Give insight into characteristics of the population served.
6. Request referrals.
7. Explain the referral process.
8. Give contact information (business cards, etc.) to hospital staff.

BREAST HEALTH PATIENT NAVIGATOR—COMMUNITY OUTREACH POLICY STATEMENT AND PROCEDURE

It is the policy of < **YOUR FACILITY NAME** > to provide an outline of activities and responsibilities for the Breast Health Patient Navigator in providing breast health education to the community.

Objective: To ensure the community has access to breast health services information and education.

These procedures apply to Breast Health Patient Navigators:

1. Identify target population by mortality and morbidity rates utilizing cancer mapping and/or other pertinent community service data to find women at high risk for breast cancer and under utilization of services.
2. Form relationships with members of the community and community leaders by visiting churches, synagogues, schools, Head Start classes, etc.
3. Formulate and implement strategies and methods to reach target populations.
4. Provide educational classes on breast cancer prevention and early detection, breast self-exam, and screening guidelines to the community.

5. Utilize appropriate interventions for providing breast health education to specific patient populations, i.e., culturally appropriate educational materials and cultural and age appropriate methods of education.
6. Discuss information regarding available breast health services at < **YOUR FACILITY NAME** >.
7. Document interventions, number of people reached, etc.

Sample

BREAST HEALTH PATIENT NAVIGATOR INTAKE FORM

NAME: _____ DATE: _____

ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

TELEPHONE NUMBER: _____



How were you referred to the Breast Health Patient Navigator program?

- Health care provider Provider's name: _____
- Hospital Hospital name: _____
- Support group Name of group: _____
- Clinic Name of clinic: _____
- Other Please explain: _____

Why were you referred to the Breast Health Patient Navigator program?

Do any of the following hinder your ability to get to your appointments?

	YES	NO
Childcare	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Job responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please explain below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have health insurance? YES NO

LEARNING PREFERENCES:

In which language(s) do you prefer to learn? _____

Which of the following methods are most helpful in learning a new subject? *(Check all that apply)*

- Written
- Verbal
- Video
- Demonstration

SUPPORT SYSTEM:

Who do you have available to help you at this time? _____

Who do you have available to help you at home? _____

How has your family or significant other responded? _____

SCREENING AND FOLLOW-UP CARE:

Date of mammography: _____

FURTHER NEEDS:

Additional views: _____

Follow-up: _____

Clinical breast exam: _____

Follow-up: _____

Sonogram: _____

Follow-up: _____

Biopsy: _____

Follow-up: _____

Other: _____

Follow-up: _____

How do you feel the Breast Health Patient Navigator program can best assist your personal needs?

Sample

PRESS RELEASE

FOR IMMEDIATE RELEASE

< **DATE** >

FOR MORE INFORMATION

< **CONTACT NAME** >

< **CONTACT NUMBER** >

< **YOUR FACILITY NAME** > ANNOUNCES THE NEW
NEW BREAST HEALTH PATIENT NAVIGATOR PROGRAM

< **YOUR TOWN** >, NY—< **YOUR FACILITY NAME** > is pleased to announce the expansion of its breast center and oncology support services with the commencement of a Breast Health Patient Navigator program.

Recognizing that the complexity of the health care system often leaves patients feeling confused, lost, or alienated, the breast health patient navigator helps patients by guiding them through the various services involved and connecting them with appropriate resources and support.

The program's goals include improving patient satisfaction and enhancing access to breast cancer prevention, early detection, and treatment.

< **QUOTE FROM YOUR FACILITY CHIEF EXECUTIVE** >

-30-

Sample

BREAST HEALTH PATIENT NAVIGATOR PROGRAM PATIENT SATISFACTION SURVEY

Breast Health Patient Navigator Program Patient Satisfaction Survey

< YOUR FACILITY NAME >
< YOUR FACILITY ADDRESS >

Please take a moment to share your comments with us. Your comments will be used to evaluate and improve the Breast Health Patient Navigator program. Please mark only one answer for each question and return it in the postage-paid envelope provided.

Please answer the following by checking the appropriate choices:

	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE
1. The patient navigator was courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The patient navigator was sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The patient navigator was respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The patient navigator was friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The patient navigator was thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I valued working with the navigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The education materials I received were helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Support services referrals met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I received financial information (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend this service to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any suggestions for improving this service? _____

If you would like to discuss this further, please include your name and contact information:

NAME: _____ BEST TIME TO CONTACT YOU: _____

TELEPHONE (or other contact information): _____

Thank you for your input.

SAMPLE TRACKING TOOL FOR PATIENT NAVIGATOR STAFF

Tracking Tool for Patient Navigator Staff					
Patient Navigator Tracking Method	1st Quarter Year	2nd Quarter Year	3rd Quarter Year	4th Quarter Year	Year End
	Total	Total	Total	Total	Total
Tracking incoming referrals:					
Referrals from private doctors					
Referrals from hematology/oncology clinic					
Referrals from medical clinic					
Referrals from women's health clinic					
Referrals from hospital (inpatient)					
Walk-in					
Other					
Tracking scheduled mammograms:					
Scheduled screenings					
Screenings that occurred					
Abnormal/benign					
Carcinoma					
Tracking follow-up appointments:					
Scheduled follow-up appointments					
Follow up appointments that occurred for a suspicious mammogram					
Follow up appointments that occurred for a suspicious Pap-smear					
Follow up appointments that occurred for non-surgical procedures					
Follow up appointments that occurred for surgical procedures:					
With radiology					
With surgery					
With oncology					
With therapy					
Tracking outgoing referrals:					
Referrals made to support groups					
Referrals made to education materials					
Referrals made regarding nutritional needs					
Referrals made for assisting with personal needs, i.e., clothing, wigs, etc.					
Referrals made for social service interventions:					
Medical assistance					
Transportation					
Child care					
Language assistance					
Referrals made to complementary therapies:					
Massage therapy					
Reiki					
Healing Touch					
Aromatherapy					
Yoga					
Tai chi					
Meditation					
Number of patients eligible for reimbursement:					
Private insurance					
Medicaid					
Medicare					
Healthy Women Partnership					
Community outreach (if provided):					

Optional: Outreach Mailings for the Patient Navigator Program

DESCRIPTION OF AUTOMATED RESPONSE TRACKER

If your facility would like to combine outreach efforts along with the patient navigator program, this Microsoft® Excel automated response tracker was designed for tracking responses in a direct mail outreach program. There is a first mailing followed by second and third reminder mailings, along with a telephone call to those who did not respond to any of the mailings. This Excel program can be downloaded from HANYS' Web site at:

www.hanys.org/quality_index/Breast_Cancer_Project/pnresourcekit.htm.

If you wish to use this program, please consult your facility's information technology personnel for assistance.

Tracking Tool (Microsoft® Excel File)

This automated response program is designed for tracking responses in a direct mail employee mammography outreach program where a first mailing is followed by a reminder second mailing. The automated response tracker automatically updates the status of a record with respect to whether a second mailing is required for a specific employee.

The Excel file is divided into two worksheets: "Main Data" and "Analysis."

MAIN DATA WORKSHEET

The Main Data worksheet requires the user to incorporate the preliminary data required for and the data that result from the outreach direct mailing program. It contains fields/column headings that ask for the following information:

- | | | |
|--|---|---|
| 1. Record Number | 14. Requires Second Patient Appointment Reminder Mailing <i>(automatically updated)</i> | 26. Made Appointment |
| 2. Patient Identification Number | 15. Second Mailing Sent | 27. Kept Appointment |
| 3. Name | 16. Date Sent | 28. Requires Patient Appointment Reminder Telephone Call <i>(automatically updated)</i> |
| 4. Address | 17. Response Received | 29. Telephone Call Made |
| 5. Telephone | 18. Willing to Participate | 30. Date Made |
| 6. E-mail | 19. Made Appointment | 31. Response Received |
| 7. Status <i>(automatically updated)</i> | 20. Kept Appointment | 32. Willing to Participate |
| 8. First Patient Appointment Reminder Mailing Sent | 21. Requires Third Patient Appointment Reminder Mailing <i>(automatically updated)</i> | 33. Made Appointment |
| 9. Date Sent | 22. Third Mailing Sent | 34. Kept Appointment |
| 10. Response Received | 23. Date Sent | 35. Age Group |
| 11. Willing to Participate | 24. Response Received | 36. Insurance Coverage |
| 12. Made Appointment | 25. Willing to Participate | 37. Insurance Type |
| 13. Kept Appointment | | 38. Mammogram History: Year of Last Mammogram |

Each column heading cell contains a comment that will pop up once the cursor is taken to that cell. The pop-up box shows the categories that correspond to that field or variable. For example, the “Response Received” field has a comment box that says, “Enter Y: Yes and N: No.”

The user can complete the preliminary patient information, i.e., fields 1-6, before the program starts. Thereafter, once the program starts, with the first mailing, the user needs to complete fields 8-13 on an ongoing basis and when responses to the mailing are received. Once these fields are completed, field 7 (Status) and field 14 (Requires Second Mailing) will automatically be updated.

The status of the mailing contains the following categories, each of which has a numerical code.

- 0: Nothing Sent Yet
- 10: First Mailing Sent, No Response
- 11: First Mailing Sent, Made Appointment
- 12: First Mailing Sent, Kept Appointment
- 13: First Mailing Sent, Took Test
- 20: Second Mailing Sent, No Response
- 21: Second Mailing Sent, Made Appointment
- 22: Second Mailing Sent, Kept Appointment
- 23: Second Mailing Sent, Took Text

Based on the information provided in fields 8-13, this status field shows one of the above nine values. Following this, field 14 (Requires Second Mailing), which is the field that helps you determine if a specific record requires a second mailing, is automatically updated. Accordingly, the user can fill out fields 15-20 after the second mailing has begun. Once these fields are updated, field 21 (Requires Third Mailing) will automatically be updated. After the third mailing is sent, the user must fill fields 22-27. Based on this information, field 28 (Requires Telephone Call) is automatically updated. Following this, fields 29-34 need to be updated based on the telephone calls made. The user must also complete the remaining information on demographics, insurance coverage, etc.

ANALYSIS WORKSHEET

The Analysis worksheet automatically updates (at the press of the update button) all the aggregate descriptive information that results from the program. Shown below is part of this worksheet. As you can see, aggregate totals of the sampling frame, mailings made, responses received, and scheduled appointments are computed, along with age, insurance type and mammogram history.



Total

By Age Group

		<40	40-<45	45-<55	55-<65	>65
Sampling Frame (or Total Population for Outreach)	6	1	2	0	1	2
# of Mailings	6	1	2	0	1	2
# of Responses	4	1	2	0	0	1
# of Completed Appointments	3	1	1	0	0	1

THE BREAST HEALTH NAVIGATION PROGRAM AT <Your Facility Name> RESPONSE & APPOINTMENT TRACKING SYSTEM DRAFT						
Patient Information						
Record No.	Patient ID	Name	Address	Telephone	E-mail	Status
1	000123	First Try	aaa	1234567890	email@hanys.	30
2	000124	Second Try	bbb		email@hanys.	32
3	000125	Third Try	ccc		email@hanys.	10
4	000126	Fourth Try	ddd		email@hanys.	0
5	000127	Fifth Try	eee		email@hanys.	0
6	000132	Sixth try	fff	346976	email@hanys.	12

VOICES OF A BROKEN SYSTEM

“Voices of a Broken System” is based on the testimony received from June 2000 through May 2001 by The President’s Cancer Panel. The panel was charged under the National Cancer Act of 1971 to monitor the development and implementation of the National Cancer Program and to report promptly to the President on barriers to the Program’s effective implementation.

The Panel recognized that invited testimony did not carry the weight of empirical study. However, the Panel believes there is a point at which anecdotes become a body of qualitative evidence, and the importance of the issues echoed repeatedly and consistently throughout every part of the country cannot, and must not, be dismissed. These voices of a broken health care system must be heard.

To obtain copies of “Voices of a Broken System” you can contact:

President’s Cancer Panel
31 Center Drive
Building 31 Room 3A18
Bethesda, MD 20892
Phone: (301) 496-1148
E-mail: pcp-r@mail.nih.gov

ADDITIONAL READINGS

Long Island College Hospital Breast Health Navigator Program Best Practice Strategy Guide, HANYS BCDP™, January 2002.

Hiatt, R. A., Pasick, R. J., Stewart, S., Bloom, J., Davis, P., Gardiner, P., Johnston, M., Luce, J., Schorr, K., Brunner, W., Stroud, F., “Community-Based Cancer Screening for Underserved Women: Design and Baseline Findings from the Breast and Cervical Cancer Intervention Study,” *Preventative Medicine*, 2001, 33: 190-203.

McLennan, C., “Breast Cancer: So Much More Than Just a Perioperative Experience,” *Canadian Operating Room Journal*, October 1999: 30-41.

