CHAPTER 3: COLORECTAL CANCER SCREENING PATIENT NAVIGATOR PROGRAMS – CITY, REGIONAL, AND STATE-BASED NETWORKS

Goal: To specifically examine programs that have implemented colorectal cancer screening networks with patient navigation as one of their core tenants. Many of these programs have embodied several themes of sustainability that we will examine further in the subsequent sections, which is a great framework to set the stage.

Objectives: To provide insight about:

1. The aims of specific colorectal screening programs and the role colorectal cancer screening patient navigation (CRCS PN) plays.
2. Who their programs serve, specifically in terms of demographics and target audience.
3. What is the setting, background, and context of where the programs are implemented?
4. What are the characteristics of people who are serving as the patient navigator for these colorectal cancer screening programs?
5. What are the lessons learned, case studies, examples, and tools that can be helpful for those who are interested in implementing, augmenting, or learning to sustain CRCS PN?

Background: It is important to know that every CRCS PN program may choose a different screening modality and number of people they intend to reach. As a result, CRCS PN delivery services may vary greatly for each program. Let’s examine several models to explore what and how CRCS PN programs were launched and have been sustained. We will explore this theme based on city, regional, and state based programs.

Program Examination:

New York City: In 2003, the Commissioner of the New York City Department of Health and Mental Hygiene (NYC DOHMH) launched a colorectal cancer screening initiative in selected public hospitals which included a colonoscopy patient navigator program. The patient navigators were trained to guide individuals through complex clinical settings in order to assist with scheduling, preparation, and completion of the procedure. (See Figure #1) It is important to note that New York State also has money to help support CRCS PN and explore cost analysis.

The New York team has put together an amazing resource that can be incredibly helpful to those who are interested in design, implementation, evaluation, and many additional aspects of CRCS PN.

Critical Insight about New York Programs for Background:

As noted in their publications, New York has demonstrated a cost benefit and business case in the endoscopy setting. They started with housing the patient navigators in the endoscopy unit. This was beneficial as it improved quality and increased volume. The increased revenue paid for the patient navigator. It can be harder to make the business case for patient navigators who are not part of the endoscopy unit.

Visit Chapter 6 to learn about economic impact and how cost analysis and societal benefit can help you make the business case for CRCS PN. Elkin et al. provided input about the economic impact of this specific program.

What Lessons We Can We Learn from New York:

New York had strong clinical champions in their efforts but also engaged their business and financial institutions. The patient navigators were hired through the hospital. The hospital was able to sustain patient navigation (PN) efforts after only one year of funding with grant support.
Champions and partnership are core to sustaining colorectal cancer screening, and understanding the key components of sustaining PN.

Two Common and Critical Components from all the states and Programs:

1. Most states have a regional or statewide network for patient navigators and this entity helps provide the networking for sharing of best practices, training, networking and keeping the movement alive.

   Visit the Chapter 7 for a list of Patient Navigator Networks whom have formed throughout the U.S.

2. It is important to note that most programs clearly define the scope and practice of their patient navigators. This allows supervisors to better understand role, boundaries, and outcomes to help sustain the role of PN.

   What is the scope of practice for your patient navigators? See Tool 1.1 to think about the scope, who will be serving in what role, and how CRCS PN will be delivered in your setting.

Colorado: The Colorado Cancer Screening Program (CCSP), formerly the Colorado Colorectal Screening Program, is a statewide program that partners with safety net hospitals and clinics to offer no-cost patient navigation services for colorectal cancer screening and other preventive screenings to the medically underserved. The program, coordinated through the University of Colorado Cancer Center, has partnerships with more than 50 community health clinics across Colorado. CCSP is heavily focused and reliant primarily on patient navigation support. Previously the program served patients from community clinics that offered no cost endoscopic screenings (most often colonoscopy). (See Figure #2)

Interview with Andrea (Andi) Dwyer and Dr. Holly Wolf of the Colorado Cancer Screening Program:

Q:// What do you wish you would have known about sustainability and paying for colorectal cancer screening patient navigation?

A// ‘In retrospect, we would have started evaluating the use of accreditation and quality metrics to have a better idea of how this work was sustainable in clinical settings and helped disseminate this information more quickly.’

Q// Lessons Learned

A// ‘Identify the champion early and ensure they help continue to share the message and communicate the value of colorectal cancer screening patient navigation.’

Q// Advice for anyone thinking of what you did to think about sustainability.

A// Know your population! To really connect people to the care and services, ensuring your colorectal cancer screening navigators are truly integrating in the right setting is key!
Tool 1.1 Given that colorectal cancer screening patient navigators are delivering PN in a variety of settings (some frontier and rural communities, others in urban communities), and that the division of the PN services can vary, it is important to understand who is delivering the different components of PN and to ensure there is a ‘keeper of the process.’

Visit Chapter 5 to see how clinic systems participating in the Colorado Cancer Screening Program have been able to achieve Patient Centered Medical Home Status and other accreditation measures with the implementation of PN to sustain the work.

See Chapter 7 to learn more about the role of training for PN. Patient Navigators in the Colorado Cancer Screening Program have the opportunity to receive training through the Colorado Patient Navigator Training Collaborative.

Read More About It. Partnerships with safety net primary care and trade organizations in Colorado were key to establishing good partnerships.


South Carolina: Since 2007, South Carolina has steadily built and improved its program to bring together a majority of South Carolina counties to provide endoscopic screening to the uninsured and medically underserved. PN is an integral portion of this work that has played a crucial role in ensuring that patients are up to date and compliant with screening recommendations.

This program was built with many partnerships aligning and working together to provide colorectal cancer screening services at no cost to the patient. In this program, free medical clinics, federally qualified health centers and safety net organizations refer uninsured and medically underserved patients to colorectal cancer screening with the Colorectal Cancer Prevention Network (CCPN). Thereafter, patient navigators review patient medical history to ensure the appropriateness of the referral to the screening program. Based on their eligibility to be screened, patients then meet with a patient navigator for a comprehensive education session on colorectal cancer and education on how to complete screening. Specifically, during the navigation, patients who are directed to open-access colonoscopy, or in need of a diagnostic colonoscopy from a positive fecal immunochemical test (FIT) are educated on the importance of compliance to the endoscopic procedure and colonic preparation to maximize the preventive benefits of the screening. Throughout the process, patient navigators are in direct contact with the patients and remain involved as an advocate when patients are referred to specialty care. (See Figure #3)

While several studies have shown the benefits of patient navigation on cancer screening rates, important gaps remain to address how to provide this service to patient. Given the absence of direct cost billing associated with patient navigation, the CCPN navigation program solely relies on external grant funding source. While the CCPN has, thus far, been successful in leveraging funds from various funding agency, there is a significant need to identify recurrent source of funding for patient navigation. To garner national recognition of the benefits of patient navigation that could lead to sustainable funding, all screening programs must incorporate patient navigation and measure the outcome impact it has on overall screening rates and compliance.

Lessons learned:

‘Identify partnerships and building relationships with leadership is key to the development and implementation of a strong program that is sustainable.'
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CONTINUOUSLY ASSESS AND EVALUATE THE BENEFITS OF PATIENT NAVIGATION IN TERMS OF SCREENING RATES, COMPLIANCE, SCREENING QUALITY ON INCIDENCE AND MORTALITY OF THE DISEASE.

For anyone thinking of implementing similar strategies for sustainability:

Each state has unique barriers and political climate that drives sustainability. However, developing services and measurable outcomes provide opportunities for future government assistance as well as private funding.

Check out Chapter 7 Case Study to learn more about the utilization of an advocate to help secure funding at the state level to support colorectal cancer screening patient navigation and support.

New Hampshire: The New Hampshire Colorectal Cancer Screening Program (NHRCSP) is a statewide program developed in 2009 through a CDC CRCCP grant in collaboration with the New Hampshire Department of Health and Human Services (NH DHHS), for which the Mary Hitchcock Hospital was the bona fide agent. The goals of the program were two-fold:

3. To increase high quality colorectal cancer screening for New Hampshire residents
4. To address disparities through the provision of free colonoscopies for low-income, uninsured and underinsured NH residents

As part of the provision of free colonoscopies, the NHRCSP developed and implemented a patient navigation program and all NHRCSP patients were navigated. Since the program was statewide, the NHRCSP used telephonic navigation through a centralized model in which navigators worked within the NHRCSP infrastructure. They were mentored and supported by a Medical Director and Program Director. (See Figure #4)

As a result of highly successful patient outcomes, the NHRCSP patient navigation model was extensively evaluated by CDC from 2013-2016, including a comparison study of colonoscopy screening and surveillance for navigated vs. non-navigated patients.

Snapshot of NHRCSP Patient Navigation Success

1. 2 colonoscopy no-shows per 2,000 patients = 0.1% no-show rate
2. Less than 1% inadequate bowel preparation in 2,000 patients
3. 100% of patients received their test results and endoscopists’ follow-up recommendations

To enable replication and dissemination of the navigation model, NHRCSP and CDC collaborated to develop a comprehensive manual, “NHRCSP Patient Navigation Model for Increasing Colonoscopy Quality and Completion, A Replication Manual”.

The manual covers rationale for patient navigation, case for colorectal cancer screening, barriers to screening, details of NHRCSP PN model, planning including budgeting and staffing, implementation including navigator training, and evaluation including necessary data to collect, for replication of the successful navigation intervention by other programs,


Patient navigation has proven highly effective for adherence, provision of high-quality screening, and appropriate and timely follow-up.
Thoughts from Dr. Lynn Butterly, PI and Medical Director and NHCRCSP team.

‘Patient navigation has been shown by the NHCRCSP PN model to be extremely effective in addressing disparities and overcoming both individual and system barriers to healthcare. Colorectal cancer is one of the few cancers that can be prevented, and navigation can have a tremendous impact on increasing high-quality CRC screening, thereby decreasing incidence and mortality from CRC and improving public health. Building trust with patients, educating them about the rationale of screening, and navigating them to and through CRC screening completion leads to success in a medically underserved population.’

Alaska: (See Figure #5)

Interview with Diana Redwood, Alaska Native Tribe Health Consortium (ANTCH) Program Director:

Q// What do you wish you would have known about sustainability and paying for patient navigation?

A// ‘You need to provide organization leaders with a business case (economic benefit or net neutral cost) of having patient navigators, which means you need to collect that kind of economic information from the start.’

How would you do this? Check out Chapter 6 about Cost Analysis and Making Business Case. Focus efforts on improving Electronic Health Record reminders, and correct data in the Electronic Health Record so providers can participate more fully in the screening outreach process.

Q// Lessons learned

A// ‘Patient Navigators can be taught all the information about screening, but it is very difficult to teach people to be extroverted. It is important to hire the right personality for the job. The best colorectal cancer screening patient navigators are outgoing, understand that outreach includes cold calls to people to persuade them to do something they might not be interested in, enjoy talking to people about health, are gently persistent, and care about helping their people be healthier.

The organization needs to be upfront with navigators before they are hired that the job will involve outreach, and explain what outreach entails. The programs which had the highest increase in screening rates were ones in which staff had dedicated time for patient navigators to review and update the medical record so they knew exactly who was due for screening and then called all those people to encourage them to come in for screening. It’s a very high touch process, but that is what was needed to reach and activate the people that they served.’

Q// For anyone thinking of implementing similar strategies for sustainability?

A// ‘Make sure leadership is on board to support outreach and make sure you have capacity to support increased screening once patient navigators start calling patients. Colorectal cancer screening patient navigators also need to be integrated into the system in an efficient way and be incorporated into the clinical flowsheet. For example, it makes no sense for a patient navigator to call patients to get them interested in screening but then not be allowed to schedule those patients.’

Tool 1.2: As the CDC has invested in colorectal cancer screening patient navigation in such a dedicated way, they have specifically provided detail about the scope of practice and outlined what quality patient navigation means on behalf of their program.
The Colorectal Cancer Control Program has developed specific guidelines for identifying what specifically is patient navigation in terms of roles and criteria, see Tool 1.2 for more information about how this tool works in their setting.

Both Alaska and New Hampshire’s programs were at least initiated with support from CDC and to some extent the Colorectal Cancer Control Program (CRCCP). Visit Chapter 4 to learn a bit more about this as a funding mechanism.

Stop and Reflect:

Based on the examples provided, which of the Programs might be best for you to sustain a colorectal cancer screening navigation program/navigator?

With the information provided, what specific resources identified in this chapter will help you work with partners or your key leadership to inform your efforts