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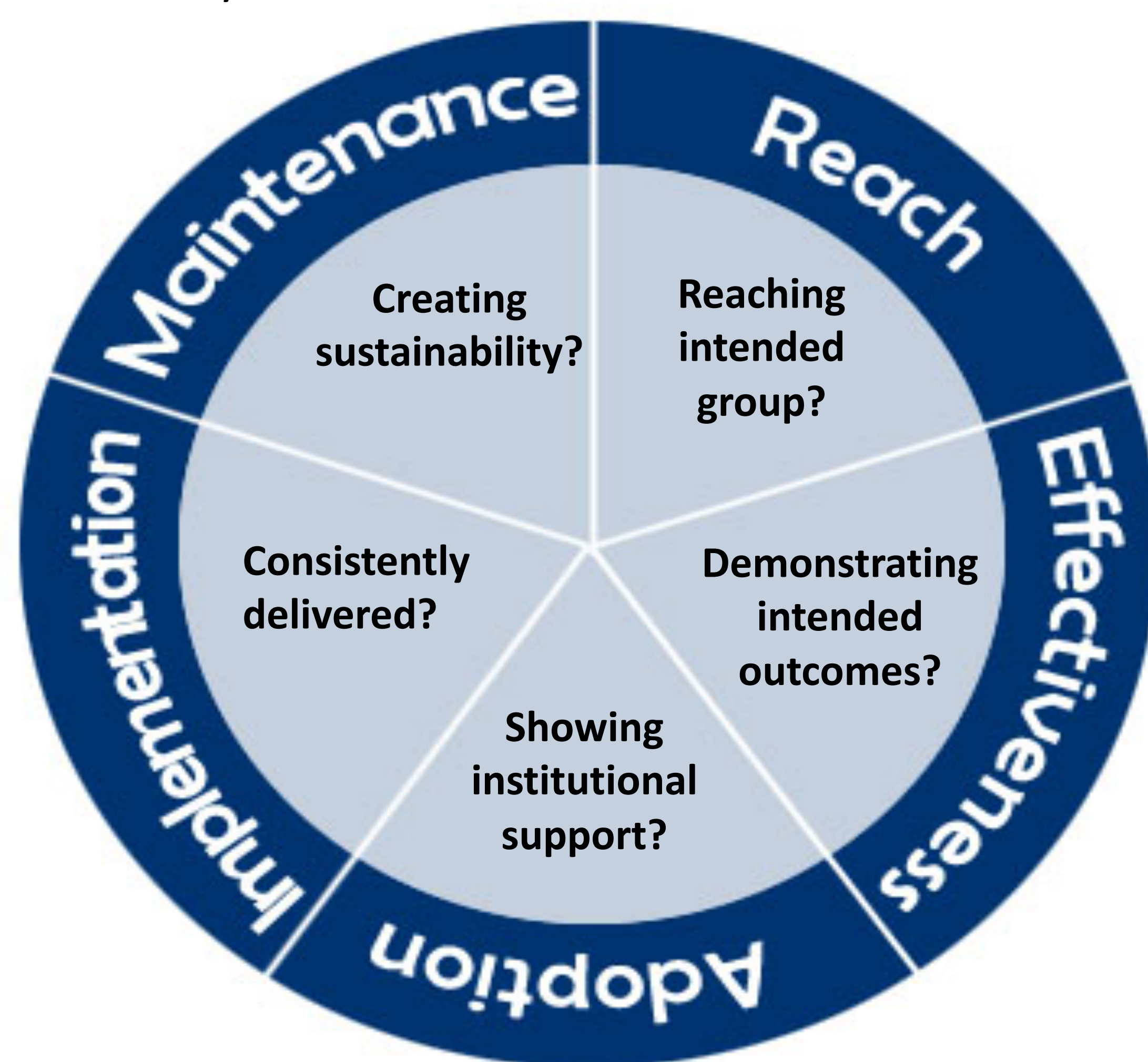
Background

- ❖ Patient Navigation is an evidence-based intervention shown to reduce barriers to care and enhance care coordination for underserved cancer patients.
- ❖ Success depends on navigators' cultural, linguistic, and community knowledge as well as on the receptivity of the clinical care setting and communication with the clinical teams.
- ❖ Qualitative and quantitative needs assessments at University of Arizona Cancer Center (UACC) and El Rio Health Care Center confirmed the need for bilingual (English + Spanish) community navigators

RE-AIM Framework & Intervention Design

RE-AIM:

- ❖ We use the **RE-AIM framework** to assess if implementation of a community-focused patient navigation program at our NCI-designated comprehensive cancer center is:
 - 1) **Reaching** underrepresented cancer patients?
 - 2) **Effective** at reducing barriers to care? At improving patient-reported outcomes?
 - 3) **Adopted** among cancer center clinical teams?
 - 4) **Implemented** in a consistent manner?
 - 5) **Maintained** sustainably over time?



Intervention Design:

- ❖ Patients are clinically referred (at any point in cancer continuum) to our 3-month Patient Navigation Intervention
- ❖ Participants complete pre-post surveys and 'Barriers to Care' assessments; Navigators work with participants to resolve reported barriers
- ❖ 176 cancer patients were enrolled in the first twenty months (6/18/18 – Present)

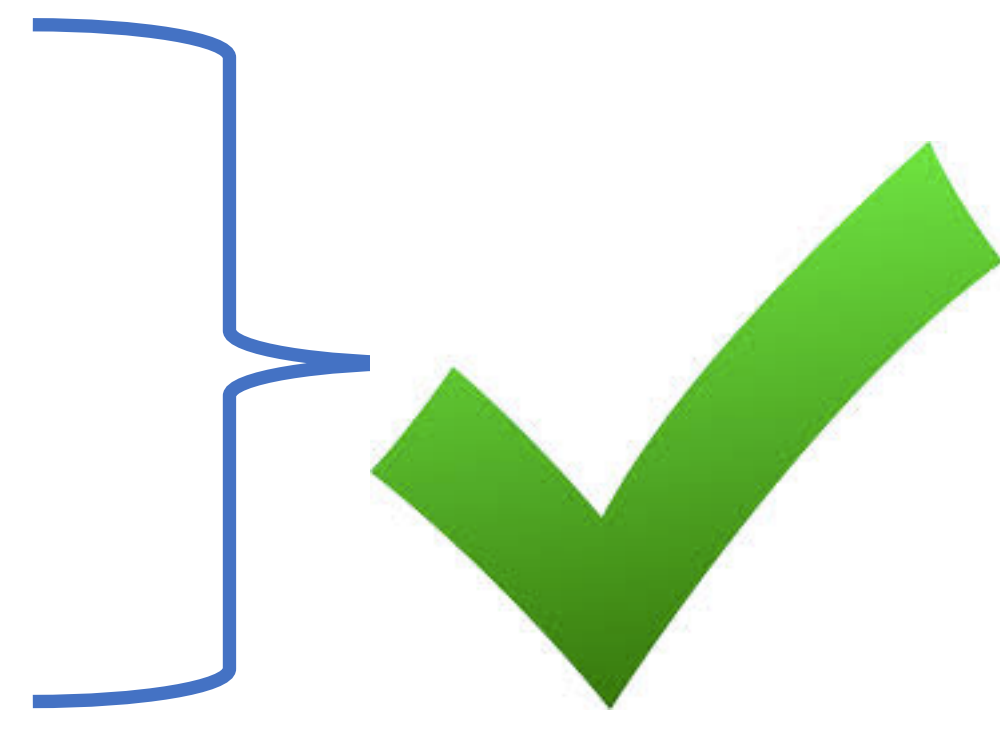
Demographics

Demographics	Participants (n)	Percent Total (%)
Gender		
Male	96	54.5%
Female	80	45.5%
Ethnicity		
Hispanic/Latino	113	63.1%
Non-Hispanic/Latino	63	35.8%
Primary Language		
English	95	53.1%
Spanish	81	45.3%
Household Income		
< \$34,999	103	58.5%
\$35,000 - \$49,999	9	.05%
\$50,000 - \$74,999	4	.02%
> \$75,000	1	.01%
Not reported	59	33.5%
Insurance Type		
Private	29	16.5%
Medicare	50	28.4%
Medicaid (AHCCCS)	70	39.8%
Emergency AHCCCS	27	15.3%
Recent Housing Insecurity?		
Yes	71	40.3%
No	105	59.7%

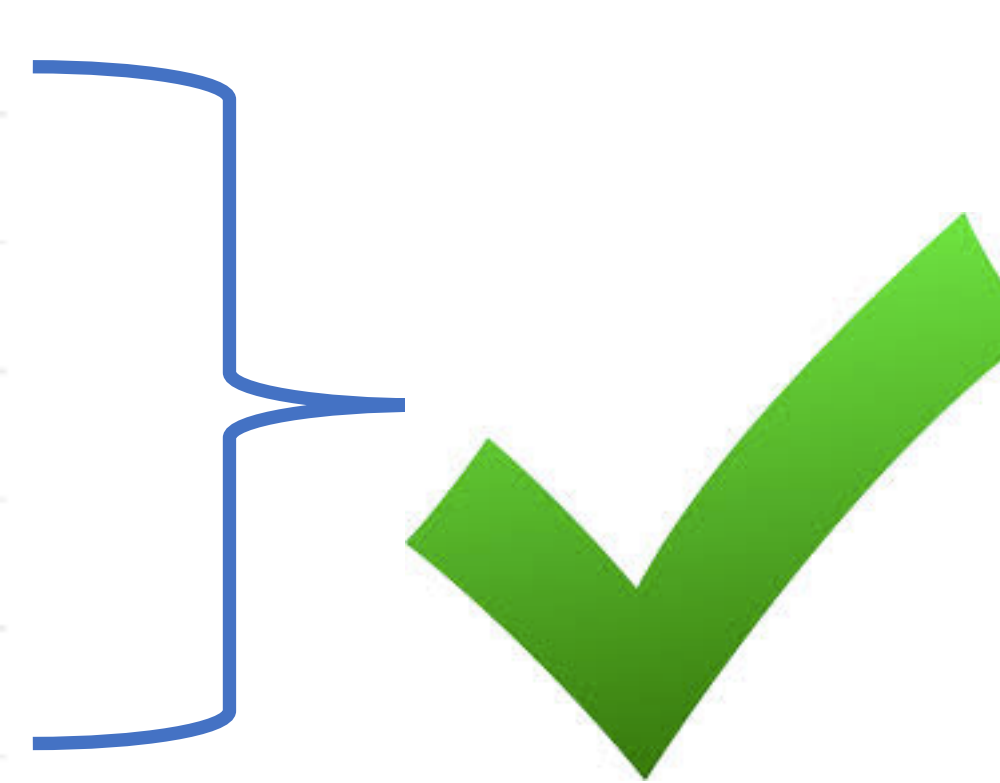
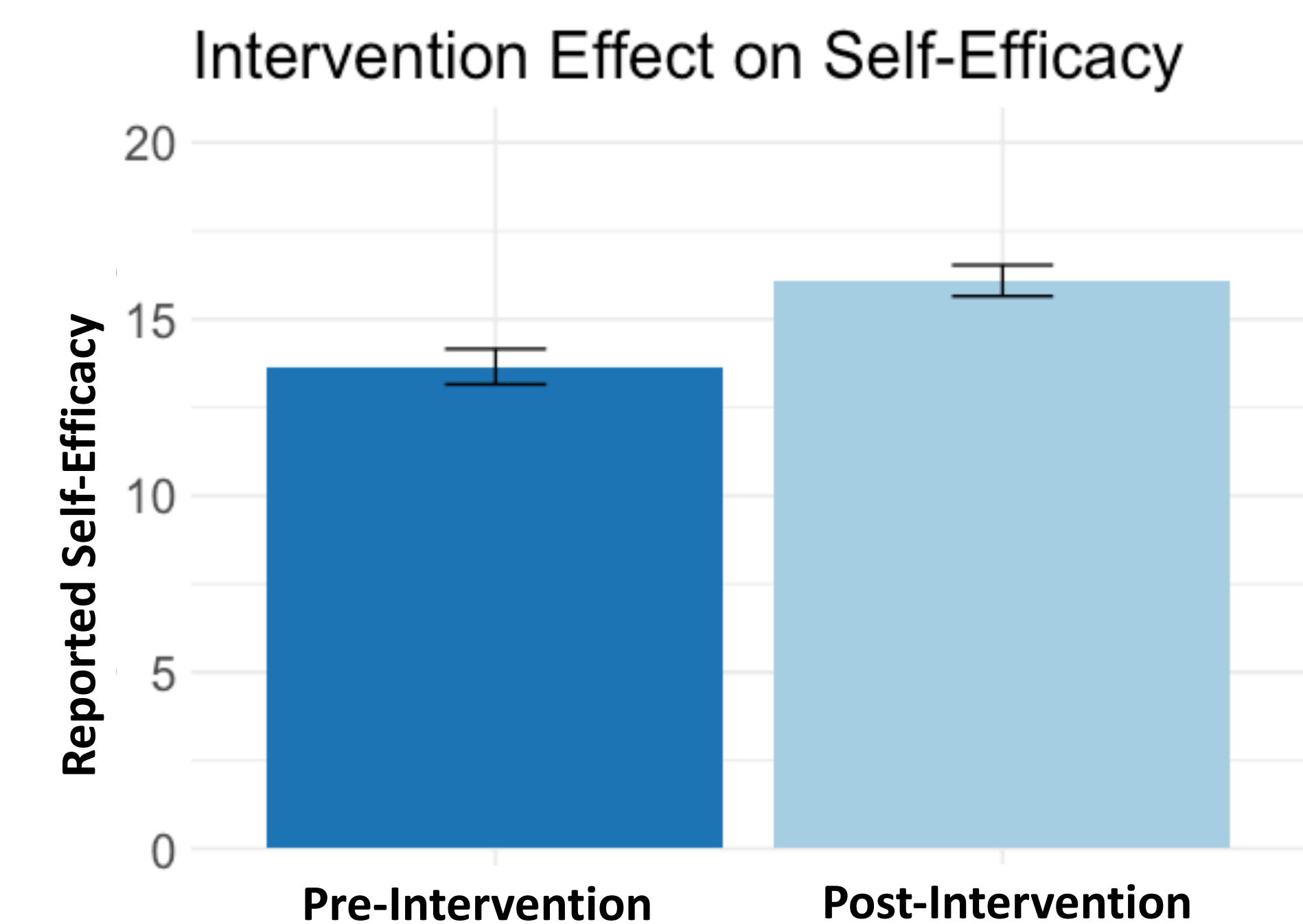
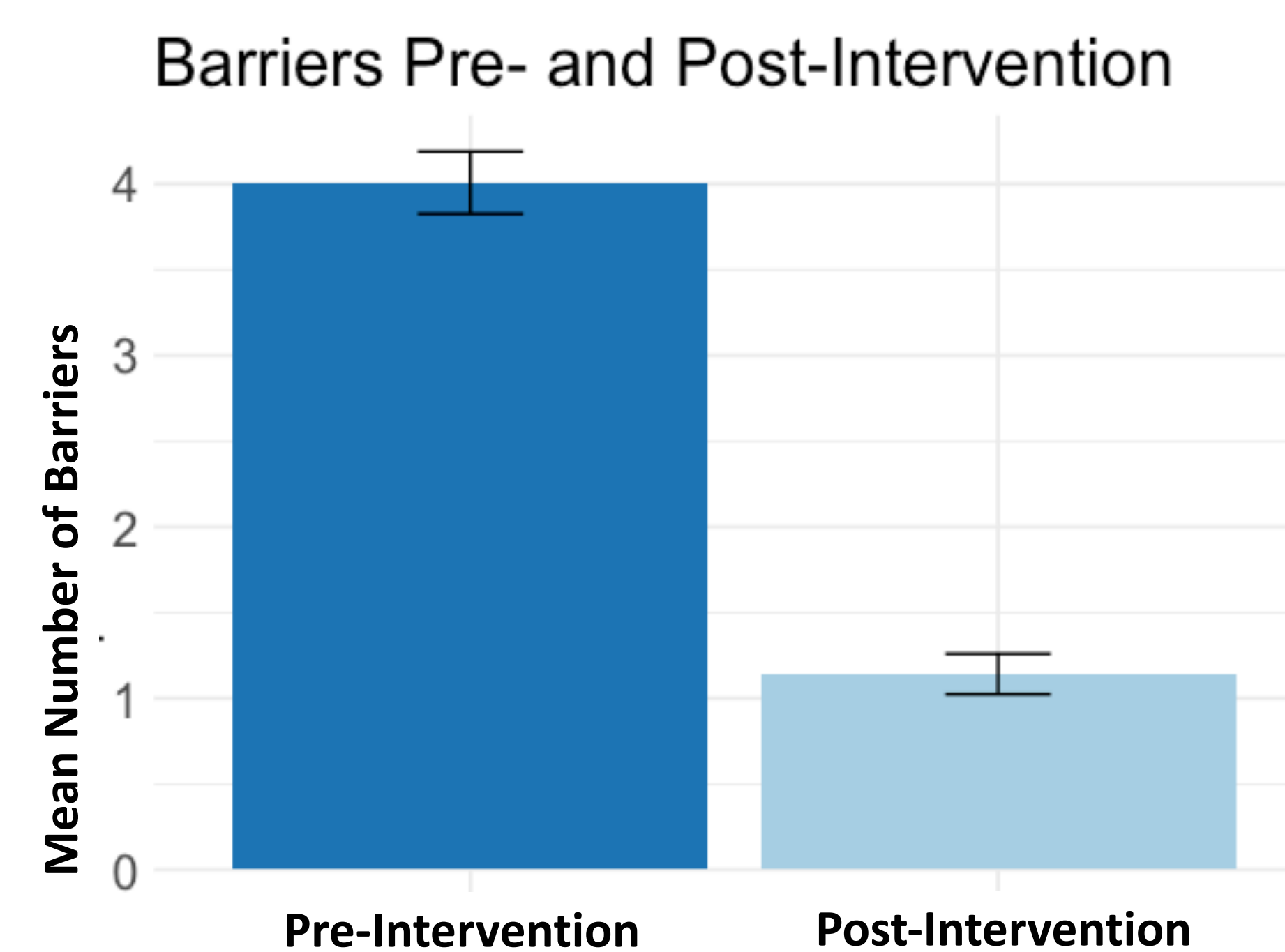
Preliminary Results within RE-AIM Framework

I. Reaching underrepresented cancer patients?

- Participants (n=176) are primarily Hispanic/Latino (63.1%); Spanish is the *primary language* for nearly half of participants (45.3%)
- Most participants report household incomes of less than \$35,000 (58.5%)
- Primary Insurance type was Medicaid (39.8%)
- Substantial (40.3%) history of housing insecurity



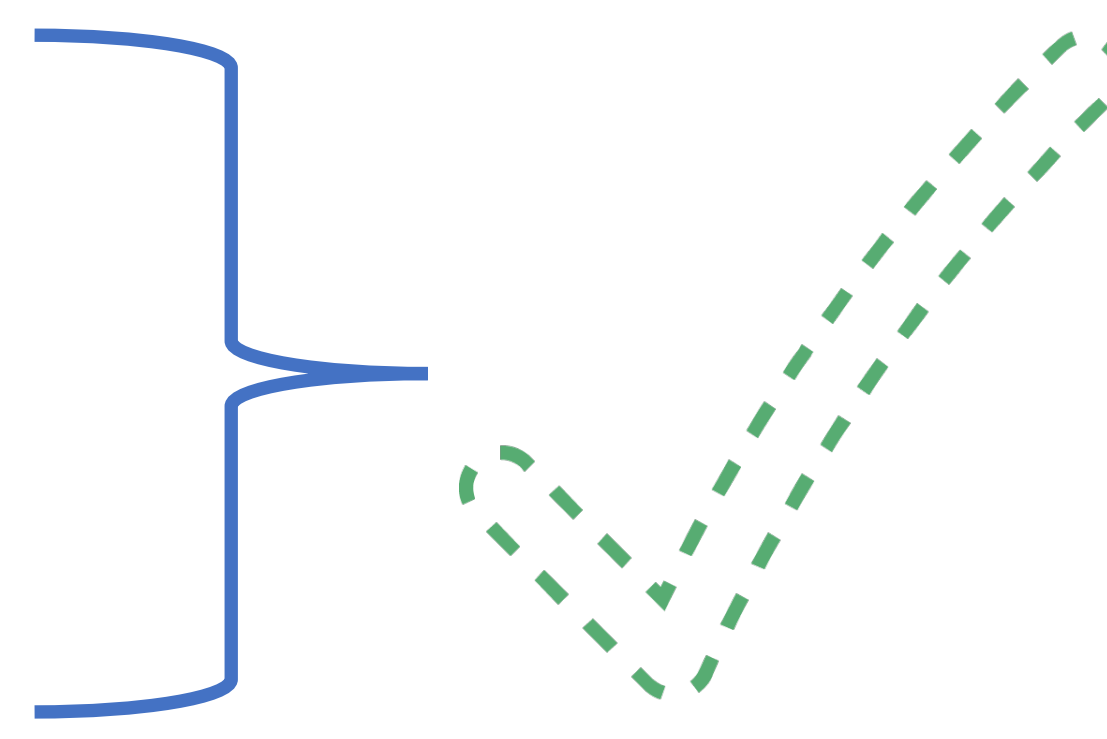
II. Effective at reducing barriers to cancer care and improving patient-reported outcomes?



- At Intervention completion, an independent evaluator reviewed all documented encounters from Patient Navigators and scored the resolution of each reported barrier as 'Attempted' or 'Addressed'
- On average, 73.8% of each participant's (n=127) pre-intervention barriers were addressed
- Of those that have completed the intervention (n=127), significant reduction in # barriers, $t(126)=21.1, p < .000$
- PROMIS General Self-Efficacy-4a Scale; ranges 4 – 20, participants (n=96) reported a significantly higher level of self-efficacy following the intervention ($t(95)= -4.7, p < .000$)

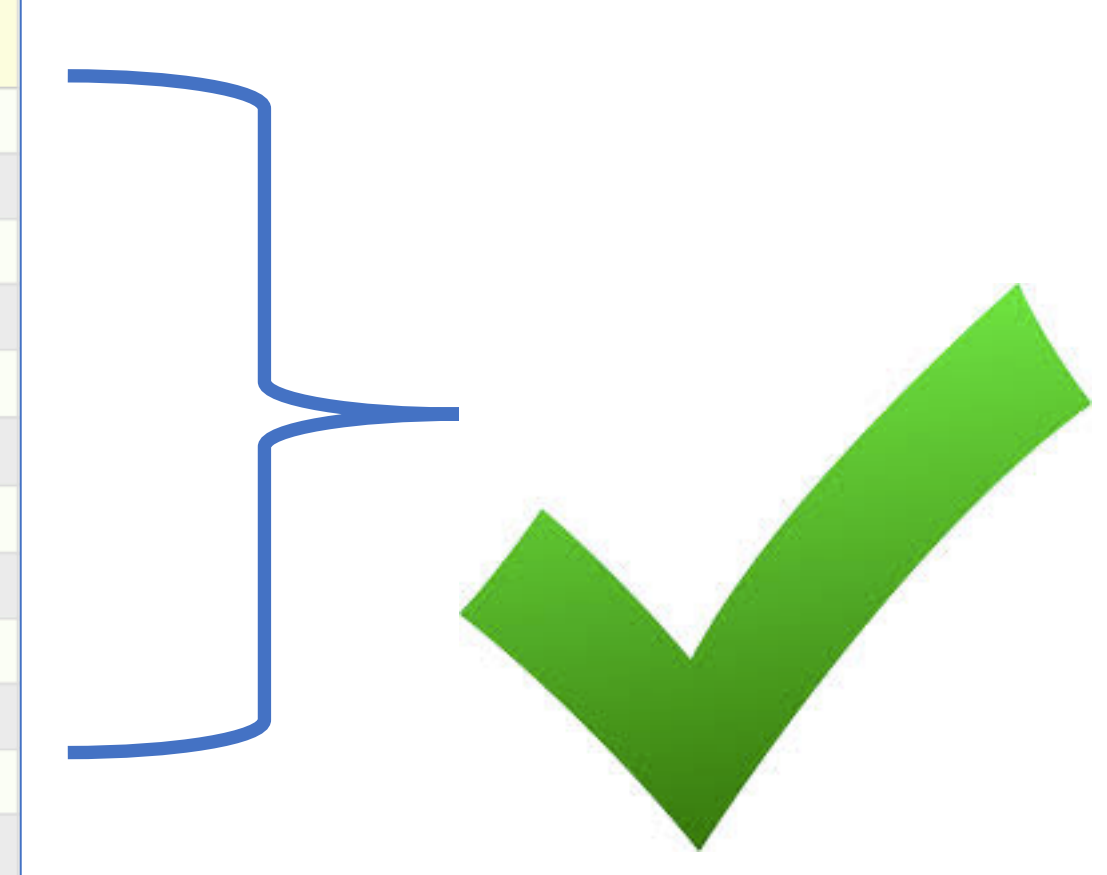
III. Adopted among cancer center clinical teams?

- To date, 208 referrals from Cancer Center clinical teams
- Majority of referrals have come from social work team (47.1%)
- Majority have been referred at time of diagnosis or during early treatment phase (92.0%)
- *Current effort to increase utilization among non-social work groups*



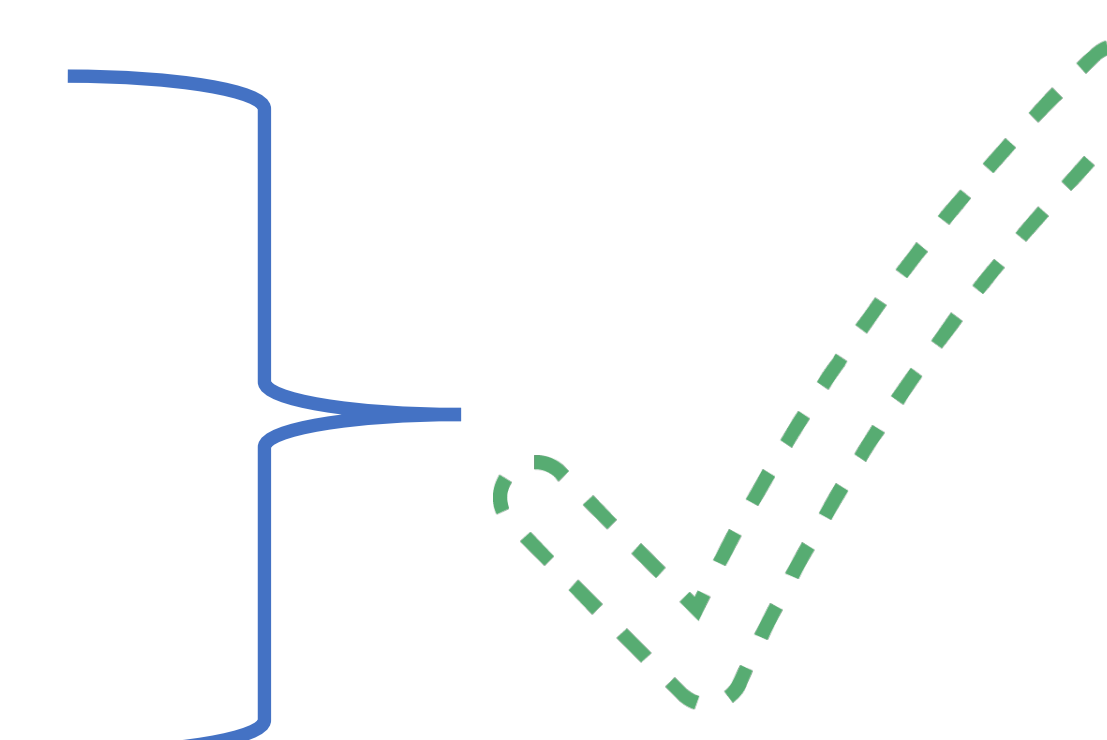
IV. Implemented in a consistent manner?

- Community navigators use REDCap for consistent documentation
- Community navigators use the Electronic Medical Record system of the Cancer Center to communicate with clinical teams
- Use of standardized assessments
- Weekly case consultation with clinical team leaders



V. Maintained sustainably over time?

- Using data to make "business case" to Cancer Center administration
 - *Goal: Transfer 1.0 FTE coverage from grant funds to clinical services line by mid-2020*
- Leveraging El Rio Health partnership in complementary effort to enhance overall patient referral and coordination system at UACC
- *Biggest challenge: Cancer Center administrative changes*



DISCUSSION

Applying RE-AIM to a Community Patient Navigation Intervention, *preliminary evidence suggests that the intervention is...*

- ✓ **R**eaching a population of underrepresented cancer patients
- ✓ **E**ffective at reducing barriers to cancer care and improving patient-reported outcomes such as self-efficacy
- ✓ **A**dopted and utilized by clinical teams, primarily social work at diagnosis/treatment
- ✓ **I**mplemented in a consistent and well-documented manner
- ✓ **M**aintained via grant support, for now, and continuing to explore options for long-term sustainability