

Colonoscopy Patient Navigation

A Resource Kit to Help You Get Started

About This Kit

This kit is designed to help you implement a Colonoscopy Patient Navigator Program in your facility. It contains detailed information on how to establish and run a navigator program, as well as identify and train patient navigators. It also includes samples and prototypes of documents you can customize to meet your hospital's needs.

In the pages that follow, you will find a useful overview of patient navigation and its benefits, examples of successful programs, and valuable materials and forms to help you set up and manage your program.

For more information about starting a navigator program in your hospital, call 311.

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What Is Patient Navigation?

Patient navigation is a new approach to providing individualized assistance to colonoscopy patients. It spans the period from referral to procedure preparation through completed colonoscopy and follow-up.

The goals of a colonoscopy patient navigator program are:

- Eliminate barriers to care.
- Improve patients' understanding of colonoscopy.
- Reduce "no-show" rates.
- Improve colon cancer screening rates.

How the Program Works

The patient navigator is an integral part of a colonoscopy navigator program. Navigators work with colonoscopy patients to "navigate" the health care system and access appropriate resources and services. They are trained, culturally sensitive health care workers who help patients overcome barriers to quality care.

When a patient is referred by their doctor for a colonoscopy, the navigator helps explain why the procedure is important and how to prepare for it. The navigator helps alleviate fears about the procedure by explaining what the patient can expect and answering questions.

Navigators also assist with many tasks, such as:

- Linking patients to resources and services.
- Contacting patients to confirm or reschedule appointments.
- Helping patients make follow-up appointments.
- Conducting outreach to non-adherent patients.
- Tracking interventions and outcomes.

[See page 9 for a sample navigator job description.](#)

Benefits of Patient Navigation

There are many benefits to establishing a patient navigator program, such as:

For the Hospital

- Better coordination and continuum of care.
- Improved colon cancer screening rates.
- Improved patient outcomes.
- More colonoscopy referrals.
- Increased support of direct referrals.

For the Provider

- Streamlined GI suite practices.
- Navigators help free up provider time by:
 - Taking on logistical and educational tasks.
 - Helping patients arrive on time and prepared.
 - Tracking interventions and outcomes.

For the Patient

- Enhanced access to care and services.
- Reduced barriers to care (e.g., financial, insurance, education).
- Increased patient satisfaction.

Success Stories

The strongest evidence for patient navigation is real-life examples of successful programs. The following examples demonstrate the results achieved by implementing a colonoscopy navigator program.

Lincoln Medical and Mental Health Center

Located in the South Bronx, Lincoln Medical Center is one of the City's busiest public hospitals. It launched its navigator program in 2003. A "Direct Endoscopic Referral System" was also established so primary care providers and nurse practitioners could medically clear patients and refer them directly for colonoscopy. Program results include:

- Completed procedures nearly doubled after the first year and grew by 250% in three years.
- The percent of patients not showing for their procedure dropped to 10%, a marked improvement from the 67% "no-show" rate before the onset of the program.
- The average wait time between GI clinic visit and colonoscopy procedure dropped to two weeks, from 10 weeks before introducing patient navigators.
- More colon cancers were detected at earlier stages (62%) than before the program started (32%).

Mount Sinai Medical Center

Located on Manhattan's Upper East Side, Mount Sinai is one of the country's oldest and largest voluntary teaching hospitals. With the start of their navigator program, the hospital set out to examine the role navigators play in completed colonoscopy rates and cost-savings strategies. Results showed that:

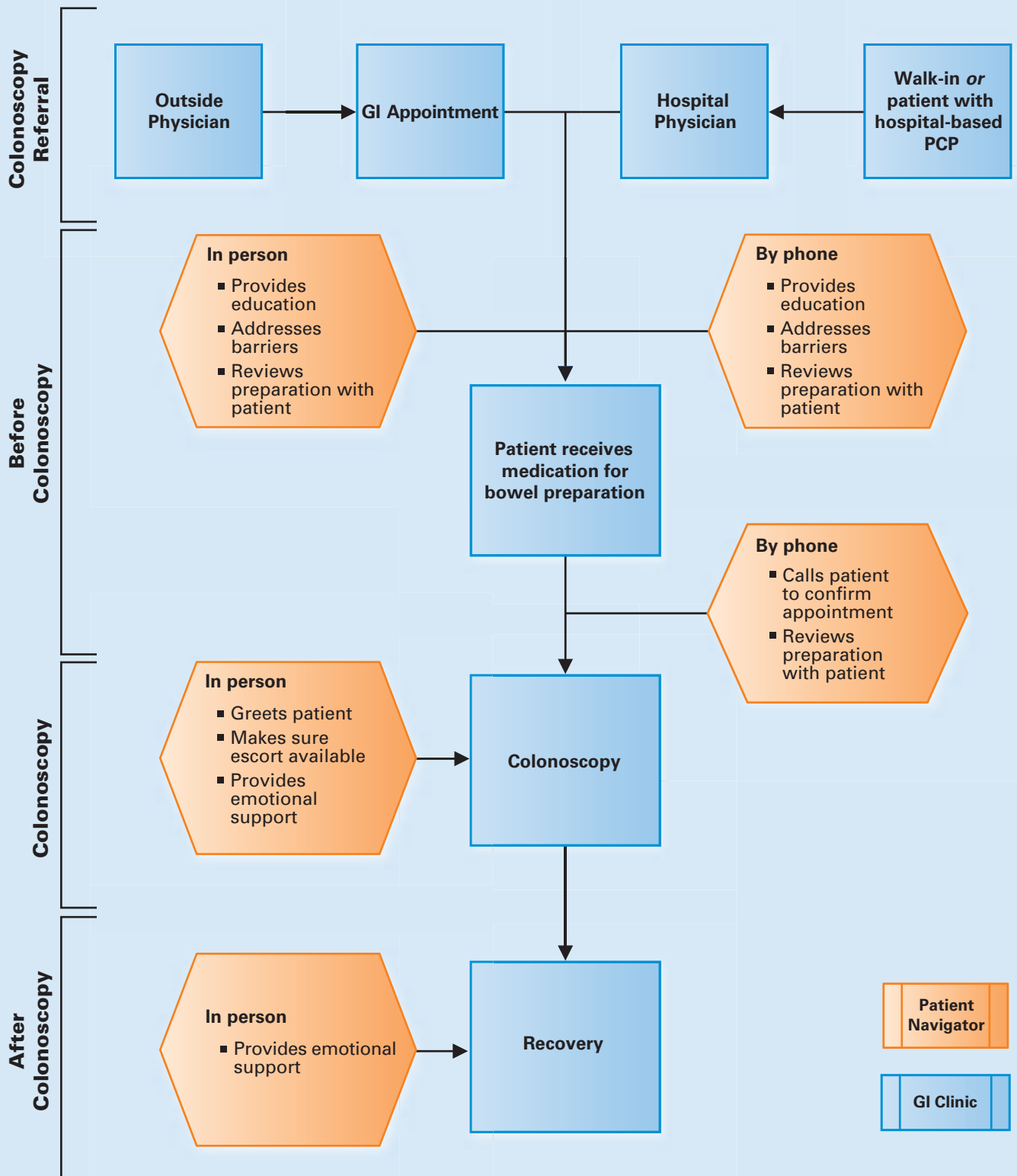
- The rate of "no-shows" dropped to less than 15% after they started the patient navigator program. It originally was at 40%. With more patients showing for their procedure, there were an additional 625 completed colonoscopies each year. With each procedure billed at \$700 (Medicare rate), annual revenues grew by \$437,500 ($\700×625).
- Inadequate bowel preparation was recognized in only 5% of the patients screened, a decline from 12% before navigators were brought on. This improvement translated into an additional 182 completed procedures per year, which generated an extra \$127,400 in revenues ($\$700/\text{procedure} \times 182$).

Materials and Forms

The following pages contain practical materials and forms to help you set up and run a successful Colonoscopy Patient Navigator Program. You can tailor these documents to suit your facility's needs.

- **The Patient Navigation Process** – a flow chart of how patient navigation works. This is a useful tool for educating hospital staff about the program and the navigator's role.
- **Program Implementation Checklist** – a list of important action items to help with program implementation.
- **Logistical Tasks for Navigator Supervisors** – a list of day-to-day tasks to complete before and after your navigators are in place.
- **Patient Navigator Job Description** – sample responsibilities of the patient navigator.
- **Data Tracking and Evaluation** – an overview of the Health Department's Patient Navigator Database and its benefits.
- **Navigator Orientation Outline** – an outline of the Health Department's navigator orientation.
- **Tips for Increasing Colonoscopy Referrals** – helpful ways to increase colonoscopy referrals.
- **Direct Referral for Colonoscopy Procedure Form** – a questionnaire and information sheet to help physicians determine if a patient is suitable for direct referral.

The Patient Navigation Process



Program Implementation Checklist

- **Get buy-in from key staff.**
- **Go over budget with chief financial officer.**
- **Discuss hiring costs and decisions with human resources director.**
- **Review program with endoscopy suite staff.**
- **Determine to whom your navigators report.**
- **Decide who will join you in the interview process.**
- **Interview candidates.**
- **Select patient navigators.**
- **Set up office space and equipment, including computers with email and Internet access, and phones with voicemail.**
- **Install navigator database.**
- **Plan navigator orientation.**
- **Introduce navigators to key staff.**

Logistical Tasks for Navigator Supervisors

1. Office Space and Equipment

Get workstations and equipment ready. Make sure each station has a working computer with email and a phone with voicemail. Consider getting beepers for your navigators.

2. Materials

Put together a list of hospital staff with whom your navigators will deal on a regular basis, including titles, phone numbers and email addresses. Create a sheet of commonly used acronyms so your navigators are familiar with in-house terms and phrases.

3. Announcements and Introductions

Work out the specifics for announcing the program (who, how, when). For example:

- Email hospital staff, clinic directors and administrators introducing the program, how it works, its goals and how it benefits the hospital.
- Announce the launch and go over the program at the next staff and directors' meeting, if appropriate.
- Introduce navigators around the hospital.

4. Orientation

In addition to your hospital's new employee orientation, familiarize your navigators with the operations of your GI setting. Have them "shadow" other staff so they see what goes on during a typical day. Have navigators attend staff meetings so they become integral members of your team.

Patient Navigator Job Description

Title: Colonoscopy Patient Navigator

Reports to: Director, Gastroenterology Clinic

Main Responsibilities

The colonoscopy patient navigator's primary function is guiding colonoscopy patients through the health care system by assisting them with access issues, developing relationships with service providers, conducting internal and external outreach, helping streamline GI suite practices and tracking interventions and outcomes.

Patient Navigators:

- Guide patients through the health care system and help patients arrive at scheduled appointments on time and prepared.
- Facilitate interaction and communication with health care staff and providers.
- Provide colonoscopy education to patients and groups.
- Refer patients to hospital financial department, if necessary.
- Help arrange patient transportation as needed.
- Offer patient-education materials in several languages.
- Identify and develop relationships with personnel in departments involved in the care of colonoscopy patients (i.e., physicians, surgeons, nurses, radiology staff, social services staff, radiation oncology staff, hematology/oncology clinic staff); offer educational sessions to inform practitioners of the colonoscopy patient navigator's role and services and to encourage referrals.
- Identify and develop relationships with other referral sources, such as medical and ob/gyn clinics, and encourage referrals.
- Make sure education materials are distributed in the clinic and other cancer screening and treatment clinics.
- Work with hospital outreach department to promote colon cancer screenings.
- Build relationships with other patient navigators.
- Track interventions and outcomes.

Basic Requirements

- Bachelor of Science in Public Health, Biology, Psychology, Education, Social Work or an equivalent degree *or* at least three years experience in community health.
- Strong computer skills.
- Excellent communication and writing skills.
- Work effectively in a team.
- Speak and read languages common to the community.
- Familiar with community resources and hospital processes, structure and function.
- Prior experience as a health educator or case manager a plus.

Data Tracking and Evaluation

Data tracking and evaluation are important parts of assessing the success and needs of your navigator program.

The Health Department's Patient Navigator Database allows you and your navigators to store, track and look at patient data in one user-friendly place.

The Patient Navigator Database



- The main page has three buttons – Patients, Assessments and Contacts – that lead to the main data entry sections.
- By clicking Reports on the bottom, you can run reports based on pre-set searches, such as the number of referrals that turned into colonoscopies.



- The Assessment page allows your navigators to track patients' progress quickly and easily from referral and pre-admission testing to colonoscopy and follow-up.



- The navigator activity field lets navigators track their own interventions.



- By clicking Export on the main page, you can export "de-identified" data to a zip file. You can then send it to a central location, such as the Health Department, so it can be analyzed along with data from other locations.

Navigator Orientation Outline

■ Day One: The Role of the Patient Navigator

- Program Overview
- Responsibilities
- Challenges

■ Day Two: Colon Cancer and Colonoscopy

- Colon Cancer 101
- GI Suite Operations
- Patient Confidentiality

■ Day Three: Communicating with Patients and the Community

- Building and Maintaining Trust
- Health Literacy
- Cultural Sensitivity

■ Day Four: Increasing Referrals and Networking

- How to Increase Referrals
- Communicating Effectively with Administrators and Staff

■ Day Five: Gathering and Recording Data

- Navigator Database
- Data Collection
- Terms

Tips for Increasing Colonoscopy Referrals

- 1. Establish referral process with medical, ob/gyn, cancer, urology and other clinics.**
- 2. Schedule meetings and “in-services” with these clinics to talk about the patient navigation program, the navigators’ role and services.**
- 3. Encourage primary care physicians to refer patients 50 years of age and older by:**
 - a) Discussing importance of colonoscopy at administrative meetings.
 - b) Sending out emails, fliers and news updates.
 - c) Using electronic medical record prompts and chart ticklers as reminders.
- 4. Introduce navigators to staff involved in the care of colonoscopy patients.**
- 5. Set up a “Direct Endoscopic Referral System” (DERS) so primary care physicians and nurse practitioners can medically clear patients and refer them directly for colonoscopy.**
- 6. Have navigators support DERS by:**
 - a) Assessing appropriateness of referrals.
 - b) Educating and monitoring patients eligible for direct referral.

Direct Referral for Colonoscopy Procedure

Every patient directly referred for colonoscopy must receive a prescription for bowel preparation and thorough bowel preparation instructions from the referring physician. Patients not fit for direct referral should be referred to a GI specialist for assessment prior to colonoscopy.

Date of Referral: ____/____/____

Reason for procedure:

- Asymptomatic person age 50 years and older
- Asymptomatic person at high risk
 - First degree relative with colon cancer
 - Personal history of adenomatous polyps (Most recent exam: ____/____/____)

Patient Information or Label:

Name: _____
 DOB: _____
 Address: _____

 Phone: _____
 Mobile: _____
 Insurance Carrier: _____
 Policy ID#: _____

Medical History: Check "yes" or "no" for each item below. If "yes" is selected for any of the items below, the patient may not be a good candidate for direct referral. Consult with a GI specialist.

Is the patient...	Yes	No	Notes:
Age 75 or older?			
Under treatment for heart failure or valve-related concerns?			
Under treatment for kidney disease?			
Under treatment for emphysema?			
On anti-platelet or anticoagulation medication (including over-the-counter medication such as aspirin) and cannot safely stop it for one week?			
Under active treatment for a recent episode of diverticulitis?			
Pregnant or possibly pregnant?			
Does the patient...	Yes	No	Notes:
Have heme (+) stool, hematochezia, or iron deficiency anemia?			
Have a pacemaker or automatic implantable cardioverter defibrillator?			
Have Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's Disease)?			
Have a history of severe cardiac/pulmonary/renal/hepatic disease requiring oxygen supplementation or causing high risk for sedation/anesthesia-related complications?			
Have a history of endocarditis, rheumatic fever, or intravascular prosthesis?			
Have a history of difficult, incomplete, or poorly prepped colonoscopy?			
Have a history of difficulty with previous sedation/anesthesia?			
Have a history of sleep apnea?			

Is the patient on medication for diabetes? Yes No

If yes: Request an A.M. appointment. Advise patient on how much and when to take their oral diabetes medications, insulin or Exendatide (*Byetta*®) to avoid hypoglycemia while on clear liquid bowel preparation and during procedure.

Is the patient allergic to LATEX? Yes No

Is the patient allergic to any MEDICATION? Yes No

List: _____

Please list all medications and OTC supplements below (attach additional sheets as necessary):

Medication: _____ Dose: _____
 Medication: _____ Dose: _____
 Medication: _____ Dose: _____
 Medication: _____ Dose: _____
 Medication: _____ Dose: _____

Please note any other relevant medical/surgical history:

Abdominal/pelvic surgery
 Abdominal/pelvic radiation
 Other, please list: _____

Assessment: This patient is a good candidate for a direct referral for colonoscopy. Yes No

Physician Signature: _____

Physician Name (Print): _____

Office Phone: _____ Office Fax: _____

Office Address: _____

Preferred method to send results? PHONE FAX MAIL



TO THE REFERRING PHYSICIAN

BOWEL PREPARATION

Every patient you directly refer for colonoscopy **must** receive a prescription for bowel preparation medications and thorough bowel preparation instructions, including information on dietary restrictions prior to colonoscopy.

The following agents are appropriate colonoscopy preparations for patients directly referred for the procedure:

Agent	Volume	Mechanism
PEG-ELS: Colyte, GoLYTELY	4 Liters	Isoosmotic
PEG-ELS: HalfLyte	2 Liters + 2 Bisacodyl tablets (5 mg each)	Isoosmotic plus stimulant

DIRECT REFERRAL SITES FOR COLONOSCOPY IN NYC:

The New York Society for Gastrointestinal Endoscopy maintains a list of physicians that accept direct referrals for colonoscopy on their website: <http://www.nysge.org>.^{*} For more information, contact them at (212) 777-5176.

(*Note: This link is provided for informational purposes only; DOH does not recommend any doctor listed on NYSGE's website; NYSGE's list is entirely generated by NYSGE and does not include the names of all qualified specialists, but rather is a source, amongst many, covering doctors specializing in a particular area.)

In addition to the office-based practices noted above, the following hospitals within the Health and Hospitals Corporation (HHC) network accept this direct referral form. All HHC hospitals accept patients on Medicaid, Medicare and Medicaid Managed Care, particularly MetroPlus and Health First. In addition, each hospital accepts a range of other insurance plans. Insurance questions should be addressed to the individual facility.

Bellevue Hospital Center 462 First Avenue New York, NY 10016 Phone: (212) 562-1011 Fax: (212) 562-1035	Lincoln Medical & Mental Health Center 234 East 149th Street Bronx, NY 10451 Phone: (718) 579-4658 Fax: (718) 579-5510
Jacobi Medical Center/North Central Bronx 1400 Pelham Parkway South Bronx, NY 10461 Phone: (718) 519-4940 Fax: (718) 519-3707	Metropolitan Hospital Center 1901 First Avenue New York, NY 10029 Phone: (212) 423-6491 Fax: (212) 423-7017
Kings County Hospital Center 451 Clarkson Avenue Brooklyn, New York 11203 Phone: (718) 245-3080 Fax: (718) 245-3332	

RESOURCES FOR UNINSURED AND UNDERINSURED PATIENTS:

311 is an important resource for patients seeking information about hospitals that provide colonoscopies, including patients who are not yet covered in a health insurance plan.



nyc.gov/health

