Direct Referral For Screening Colonoscopy

Physicians: Fill out this form to determine if your patient is a good candidate for direct referral for colonoscopy.

For patients who **are good candidates**:
1. Fax this form to a participating endoscopist (see reverse for referral sites).
2. Provide patient with a copy of this form and the endoscopist's contact information.
3. Instruct patient to call the referral site to schedule their procedure and to receive bowel preparation instructions.

Refer patients who **are not good candidates** to a GI specialist for assessment prior to colonoscopy.

Date of Referral: _____/_____/_____

Reason for procedure:
☐ Asymptomatic person age 45* years and older
☐ Asymptomatic person with positive stool-based screening test
☐ Asymptomatic person at high risk
    ☐ First degree relative with colon cancer or adenomatous polyps
    ☐ Personal history of colon cancer or adenomatous polyps (Most recent exam: _____/_____/_____)

Patient Information or Label:

Name: _____

DOB: _____

Patient BMI:_____

Address:_____

_____

Phone: _____

Mobile: _____

Insurance Carrier: _____

Policy ID#: _____

Medical History: Check "yes" or "no" for each item below. If "yes" is selected for <u>any</u> of the items below, the patient <u>may</u> <u>not</u> 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 advanced kidney, liver or lung disease?			
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 acute diverticulitis?			
Pregnant or possibly pregnant?			

Does the patient have...	Yes	No	Notes:
Hematochezia or iron-deficiency anemia?			
A pacemaker or automatic implantable cardioverter or defibrillator?			
Inflammatory bowel disease (ulcerative colitis or Crohn's disease)?			
A history of severe cardiac/pulmonary/renal/hepatic disease requiring oxygen supplementation or causing high risk for sedation/anesthesia complications?			
A history of endocarditis, rheumatic fever or intravascular prosthesis?			
A history of difficult, incomplete or poorly prepped colonoscopy?			
A history of difficulty with previous sedation/anesthesia?			
A history of sleep apnea?			

Is the patient on medication for diabetes? ☐ Yes ☐ No
If yes: Request a morning appointment. Advise patient on how much and when to take their diabetes medications 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: _____

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: _____
Office Phone: _____
Office Address:_____
Preferred method to send results? ☐ PHONE ☐ FAX ☐ MAIL

Physician Name (Print): _____
Office Fax: _____

NYC
Health

Colonoscopy Patient Navigator

A Resource Guide to Help You Get Started

NYC
Health

About This Guide

This guide is designed to help you implement a colonoscopy patient navigator program at your health care facility. It includes detailed information about identifying and training patient navigators and contains customizable materials and forms to help you set up and manage a program tailored to your facility's needs.

TO THE PATIENT:

You have been directly referred by your physician (health care provider) for a colonoscopy. Your provider will forward this form to the doctor who will perform your colonoscopy (an endoscopist) and give you their contact information. Call the endoscopist's office to schedule your colonoscopy and to receive instructions about:

1. How to take bowel preparation medication before the colonoscopy

2. How to adjust your diet before the colonoscopy

3. How to adjust your medications before the colonoscopy

RESOURCES FOR UNINSURED AND UNDERINSURED PATIENTS:

If you do not have health insurance or if your current health insurance plan does not cover a screening colonoscopy, call **311** and ask about how to find a low-cost screening.

*PAYMENT:

Most insurance plans including Medicaid and Medicare cover colon cancer screenings starting at age 50. If you are between ages 45 and 49, coverage for screening varies. Consult with your provider about your colon cancer risk and with your insurance plan about coverage before your screening test. If you do not have insurance, you may be eligible for low-cost or no-cost coverage. You can also get free in-person assistance when signing up for a plan. Call **311** or text "CoveredNYC" to 877877.

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Contents

What Is Patient Navigation?

Patient navigation is an evidence-based approach to providing individualized assistance to colonoscopy patients. It spans the entire process from referral to procedure preparation to follow-up.

Colonoscopy patient navigator programs seek to:

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

How the Program Works

Patient navigators are an essential part of any colonoscopy navigator program. Navigators work with colonoscopy patients to navigate the health care system and access appropriate resources and services. Navigators 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 reduce fears about the procedure by explaining what the patient can expect and by answering questions.

Other tasks include:

- Linking patients to resources and services.
- Contacting patients to confirm or reschedule appointments.
- Helping patients make follow-up appointments.
- Supporting patients who have trouble following treatment.
- Tracking interventions and outcomes.

Patient navigator programs are valuable to hospitals, providers and patients.

Hospitals benefit from:

- Better coordination and continuum of care.
- Improved colon cancer screening rates.
- Improved patient outcomes.
- More colonoscopy referrals.
- Increased support of direct referrals.
- Increased revenue.[1]

Providers benefit from:

- Streamlined gastrointestinal (GI) suite practices that save time.
- Navigators who help to free up provider time by:
  - Taking on logistical and educational tasks.
  - Helping patients be prepared and on time.
  - Tracking interventions and outcomes.

Patients benefit from:

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

[1] Elkin, E. et al. "The economic impact of a patient navigator program to increase screening colonoscopy." *Cancer* 118, no. 23. (December 1, 2012): 5982–5988.

Success Stories

Real-life examples of effective programs demonstrate strong evidence for patient navigation. In South Carolina, a patient navigator program for people of low socioeconomic status recruited 782 people for colorectal cancer screening, 71% of whom were Black. The program met all national quality benchmarks and achieved 85% completion rates.[2] A patient navigator program in Delaware eliminated racial disparities in colorectal cancer screening. It increased screening from 48% to 74% for Blacks, and lowered their incidence of advanced colorectal cancer by 39% from 2001 to 2009.[3]

The following examples demonstrate results achieved by implementing colonoscopy patient navigator programs in New York City (NYC).

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 a navigator program in 2003 using a direct endoscopic referral system (DERS). 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 from 67% to 10%, a marked improvement over four years.
- During this time, the average wait time between GI clinic visits and colonoscopy procedures dropped from 10 weeks to two weeks.

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. The hospital launched their patient navigator program with the goal of examining colonoscopy rates and cost savings. In 2007, results showed that:

- The rate of no-shows dropped from 40% to less than 15% over four years. With more patients showing for their procedure, there were an additional 625 completed colonoscopies each year and annual revenues grew.
- Inadequate bowel preparation declined from 12% to only 5% of patients screened over the same time period. This improvement led to an additional 182 completed procedures per year, and an increase in revenues.

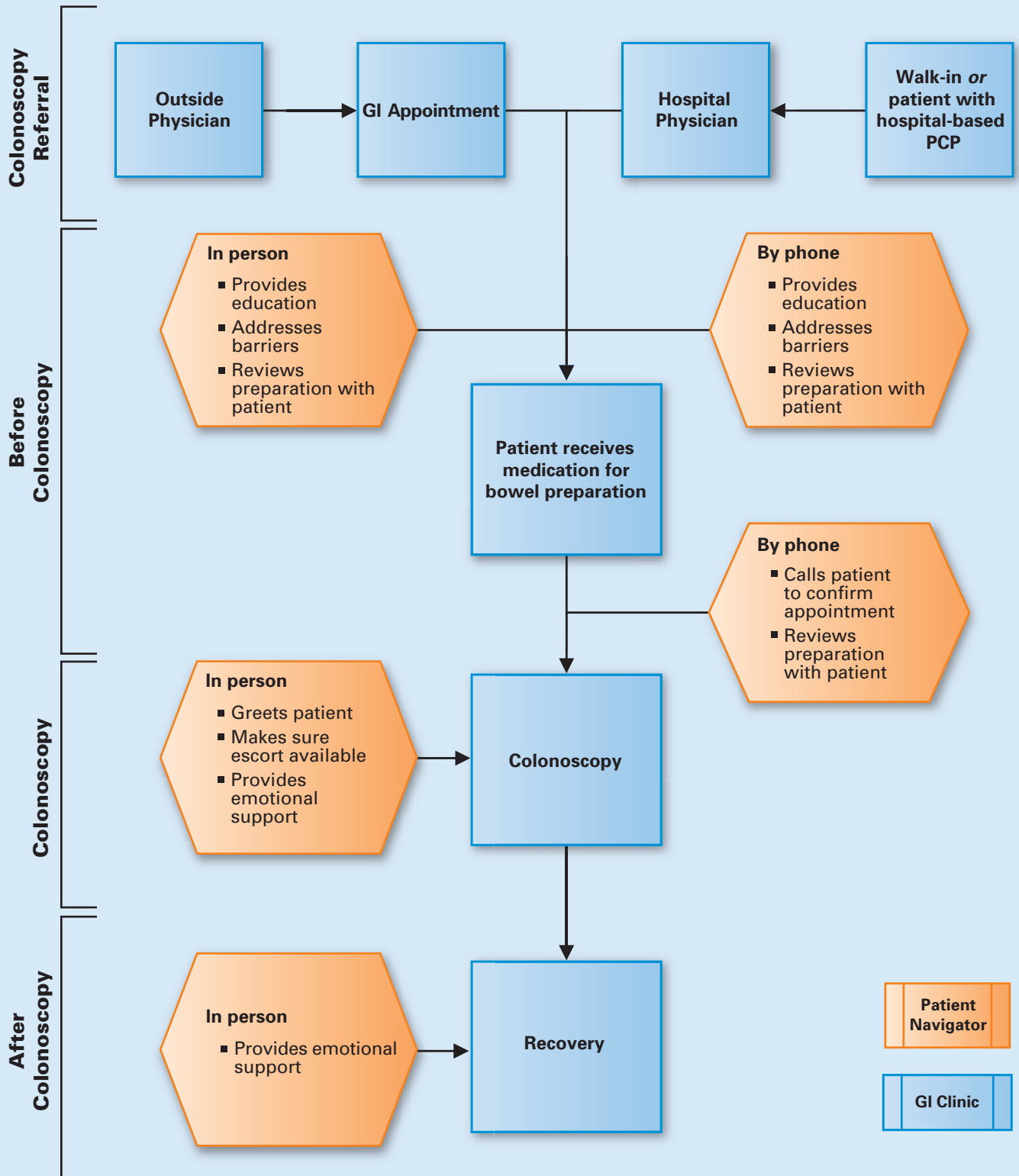[2] Xirasagar, S. et al. "Reducing Colorectal Cancer Incidence and Disparities." *Advances in Public Health* 2014.
[3] Potera, C. "Delaware Eliminates Racial Disparities in Colorectal Cancer." *The American Journal of Nursing* 113, no. 7 (July 2013): 16.

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 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.

- **Navigator Orientation Outline** – an outline of what is included in the New York City 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 eligible for direct referral.

Figure 1. The Patient Navigation Process

Colonoscopy Referral

| Outside Physician | → | GI Appointment | | Hospital Physician | ← | Walk-in *or* patient with hospital-based PCP |

Before Colonoscopy

In person
- Provides education
- Addresses barriers
- Reviews preparation with patient

By phone
- Provides education
- Addresses barriers
- Reviews preparation with patient

Patient receives medication for bowel preparation

By phone
- Calls patient to confirm appointment
- Reviews preparation with patient

Colonoscopy

In person
- Greets patient
- Makes sure escort available
- Provides emotional support

Colonoscopy

After Colonoscopy

In person
- Provides emotional support

Recovery

Patient Navigator

GI Clinic

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 who your navigators will report to.

- ■ Decide which staff will participate 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.

- ■ 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 pagers for your navigators.

2. Materials

Put together a list of hospital staff who your navigators will interact with 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 a typical day is like. Have navigators attend staff meetings so they become integral members of your team.

Title: Colonoscopy Patient Navigator
Reports to: Director, Gastroenterology Clinic

Main Responsibilities

Patient navigators perform a variety of activities, including:

- Guiding patients through the health care system.
- Helping patients arrive at appointments on time and prepared.
- Facilitating interaction and communication with health care staff.
- Providing colonoscopy education to patients and groups.
- Referring patients to the hospital's financial department, if necessary.
- Helping arrange patient transportation as needed.
- Offering patient education materials in appropriate languages.
- Identifying and developing relationships with departments involved in the care of colonoscopy patients (i.e., physicians, surgeons, nurses, radiology staff, social services staff, radiation oncology staff and hematology/oncology clinic staff).
- Educating practitioners about the navigator's role and encouraging them to make referrals.
- Identifying and developing relationships with other referral sources, such as medical clinics, and encouraging referrals.
- Working with the hospital's outreach department to promote colon cancer screenings.
- Building relationships with other patient navigators.
- Tracking interventions and outcomes.

Basic Requirements

- Bachelor degree in Public Health, Biology, Psychology, Education or Social Work, or an equivalent degree or at least three years of experience in community health.
- Strong computer skills.
- Excellent communication and writing skills.
- Ability to work effectively on a team.
- Fluency in languages spoken in the community.
- Familiarity with community resources and hospital processes, structure and function.
- Prior experience as a health educator or case manager is a plus.

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: Navigating Through Challenges**
  - Telephone Navigation Techniques
  - Patient Case Studies

Tips for Increasing Colonoscopy Referrals

1. **Establish referral process with medical, ob/gyn, oncology, urology and other clinics.**

2. **Schedule meetings and training sessions with these clinics to talk about the patient navigation program, the navigators' roles and services.**

3. **Encourage primary care to refer patients 45 years of age and older by:**

   - Discussing the importance of colonoscopy at administrative meetings.

   - Sending out emails, flyers and news updates.

   - Using electronic medical record prompts 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 (see sample form in guide).**

6. **Have navigators support DERS by:**

   - Assessing appropriateness of referrals.

   - Educating and monitoring patients eligible for direct referral.