

The Impact of a Patient Navigator on Screening Colonoscopy

Marcia Fowler MS, FNP-C
Department of Gastroenterology

MEDICINE of the HIGHEST ORDER



Agenda

Area of Opportunity

Patient Navigator Pilot

Successes

Next Steps

2

MEDICINE of the HIGHEST ORDER



Area of Opportunity: Background

With changes to the healthcare system, increased demand on preventative care screening exams.

Primary Care Providers are held accountable to making sure all their patients' are up-to-date on their preventative care screening.

Healthy Patients are referred by their Primary Care Provider to schedule their colonoscopy for colorectal cancer screening. This patient population does not require pre-colonoscopy office visit.

There are 42 available scheduling procedure slots for direct colonoscopies (COD) in a week.

3

MEDICINE of the HIGHEST ORDER



Area of Opportunity: Current State of Scheduling for Colonoscopies

Baseline Data Time Frame: December 2013 to May 2014

- No Show Rate for COD Patients: 5.75%
- Cancellation within 72 hours Rate for COD Patients: 14.20%
- Wait time for COD appointment in May 2014: 5 Months

4

MEDICINE of the HIGHEST ORDER



Areas of Opportunity: Reason for Current State

Inability to fill procedure appointments if cancelled within 3 days due to inadequate time to do prep

Patient has anxiety or questions about the procedure

Patients did not do prep or receive instructions to do prep

Patients could not afford prep

Patients do not have ride or time to do procedure

No prior connection of patient with GI Office

5

MEDICINE of the HIGHEST ORDER



Agenda

Area of Opportunity

Patient Navigator Pilot

Successes

Next Steps

6

MEDICINE of the HIGHEST ORDER



Patient Navigators: Role

Clinical Savvy individual to call patients:

- Remind of Appointments made months in advance
- Provide time for questions related to procedure
- Hold patients accountable
- Provide assistance with proper prep
- Provide transportation assistance
- Generally Improve the Patient Experience

7

MEDICINE of the HIGHEST ORDER



Patient Navigator: Direct Colonoscopy Call Procedure

- Generate a list of patients scheduled for COD from eRecord
 - Usually about 48 patients/week
- Call patient one week in advance from their scheduled procedure
- Document patient information and log call status in Excel template on the "I" drive (Shared Drive for GI).
- Collect data on:
 - Call made? Yes or No, voice message left
 - Patient have preparation instructions? Yes or No
 - Show outcome: Showed with good prep., Showed with bad prep., Canceled, Fell off schedule, No show
 - New Patient scheduled?

8

MEDICINE of the HIGHEST ORDER



Patient Navigator: Questions to Patient during Call

- Do you intend to still keep your appointment?
- Do you know where our Sawgrass/Strong office is located?
- Have you received instructions on how to prepare for your procedure?
 - If no, do you have a my chart account so that I may send you a copy of our COD preparatory Instructions?
 - If no, I can send you a copy of the instructions via mail.
- Were you able to pick up the required medications for the procedure? (i.e. Miralax, Dulcolax + 2 32oz. Gatorade)
- Do you have any specific questions regarding the preparation process?
 - timeframes
 - foods restrictions/liquid diet
 - OTC medications required
- Do you have transportation scheduled so that someone can bring you home after your procedure?
- Inform patient of their scheduled arrival time and have them confirm

9

MEDICINE of the HIGHEST ORDER



Patient Navigator: Early Cancels Allow for Early Filling of COD Slot

If the patient reports they are unable to keep the scheduled colonoscopy appointment, we cancel it for them. This opens up the COD spot 1 week in advance which increases the chances of having another patient given this procedure spot.

A note is placed in the chart that the patient was cancelled and is sent to the providers secretary asking them to reschedule the patients colonoscopy.

10

MEDICINE of the HIGHEST ORDER



Patient Navigator: Continued Challenges

Patients do not remember scheduling appointment

Patients do not answer their phones due to work.

Patients do not have a telephone.

Incorrect demographic information in the medical record

Patients can not afford the over the counter medication for the prep.

Patients do not understand the prep instruction

Patients do not understand the reason for the colonoscopy

Patient does not have transportation to and/or from procedure

11

MEDICINE of the HIGHEST ORDER



Agenda

Area of Opportunity

Patient Navigator Pilot

Successes

Next Steps

12

MEDICINE of the HIGHEST ORDER



Successes: No Show and Cancellation data

Pilot Data Time Frame: June 2014 to November 2014

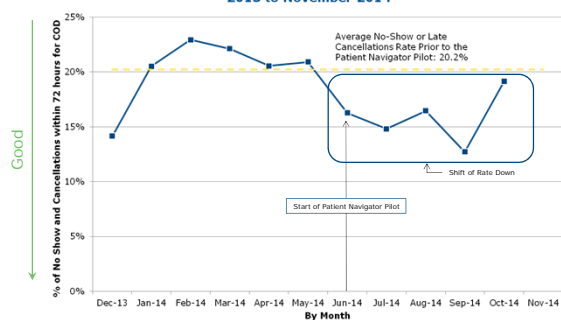
- No Show Rate for COD Patients: 4.61%
Decrease of 1.14%
- Cancellation within 72 hours Rate for COD Patients: 11.26%
Decrease of 2.94%

13

MEDICINE of the HIGHEST ORDER



GI: Patient Navigator Impact on the No-Show or Late Cancellation Rate for COD Appointments from December 2013 to November 2014

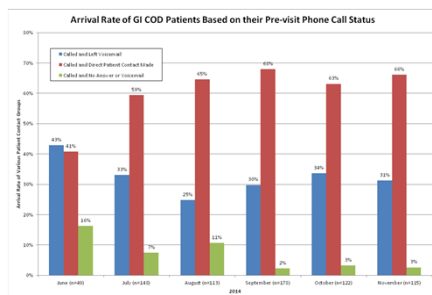


14

MEDICINE of the HIGHEST ORDER



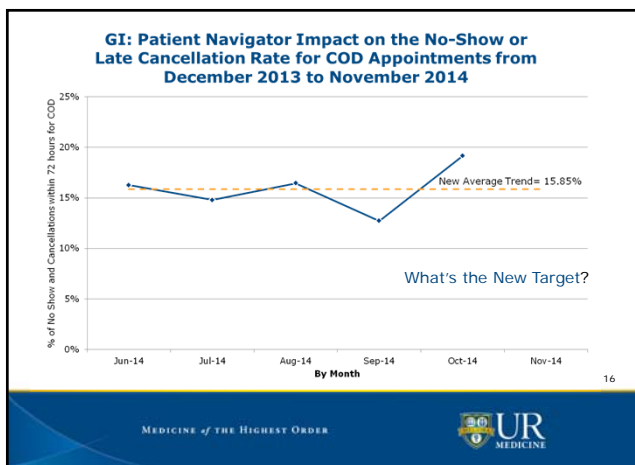
Successes: Are the phone calls causing an increased arrivals?



15

MEDICINE of the HIGHEST ORDER





Successes: 4.35% Decrease in the No Show or Late Cancellation Rate Equals \$66,210/year

That decrease means that there are at least 2 COD procedures arriving for their visit each week. A COD visit reimbursement from Medicare is \$662.10 (Technical Fee: \$455.41 and the Professional Fee: \$206.69). Each week that means that a minimum of \$1324.20 of opportunity revenue is brought into the department. In the span of this pilot, the department received or will receive, \$33,105.00.

If a permanent patient navigator is implemented, there is a minimum opportunity annual revenue of **\$66,210.00** from just Screening Colonoscopies (COD).

17

Agenda

- Area of Opportunity
- Patient Navigator Pilot
- Successes
- Next Steps

18

Next Steps: More Process Improvement

Prep: Coordination with pharmacy to mail out preparation kits / ability to forward message to provider requesting prescription for OTC medications

Further Data Digging: Retroactively reach out to patients who fell off schedule/No show to establish reason and find trends to help improve process

Patient Navigator: Establish a dedicated colonoscopy navigator position within the division of GI

19

MEDICINE of the HIGHEST ORDER



Next Step: Primary Care Outreach and Care Managers

Determine trends among referring PCP's and the patients that fell off schedule/No show to see if we can better facilitate the scheduling process with those patient populations.

Identify specific practices that have the higher no shows and patients of greatest risk of not showing up.

Utilize the clinical care managers of those practice to optimize at risk patients receiving successful colonoscopies.

- Provide Prep in PCP Office
- Provide Instruction and Education for referring providers to supply patients
- Procedure planning

20

MEDICINE of the HIGHEST ORDER



UPDATES:

*Current direct colonoscopy slots/week

*Show rate over past 3 months

*Colonoscopy Navigator

*Impact

*Wait time for colonoscopy

21

MEDICINE of the HIGHEST ORDER

