

The Baylor College of Medicine- MD Anderson-Harris Health Cancer Patient Navigation (CANTO) Collaborative

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Background

- The Baylor College of Medicine Dan L Duncan Comprehensive Cancer Center (BCM), The University of Texas MD Anderson Cancer Center (MD Anderson), and Harris Health System (Harris Health) partner to care for underserved cancer patients in Harris County, Texas.
- Harris Health an integrated safety net health system, and the third largest safety net system in the country.
- An average of 2,200 new cancer patients are diagnosed and treated at Harris Health each year.
- Most Harris Health cancer patients are medically underserved, with 58% of Harris Health cancer patients being uninsured and 27% having Medicaid or Medicare only.
- The CANTO Collaborative provides individual patient navigation (PN) for pathology-confirmed lung cancer patients at Harris Health.

Project Design/Methods

- We launched a PN program for pathology-confirmed lung cancer patients at Harris Health in January 2023.
- Our designated navigator, Ms. Helen Perez, provides individual, bilingual (English/Spanish) navigation support for all pathology-confirmed lung cancer patients within Harris Health.
- PN has been successfully integrated into the patient navigation and clinical care teams, as well as Tumor Board, Cancer Committee and Barriers to Care (Standard 8.1) sub-committee (Figure 1).
- We developed an Oncology Patient Navigation Database, collected baseline data on lung oncology patients in 2022, and continue to maintain the database with process and outcomes metrics for navigated patients

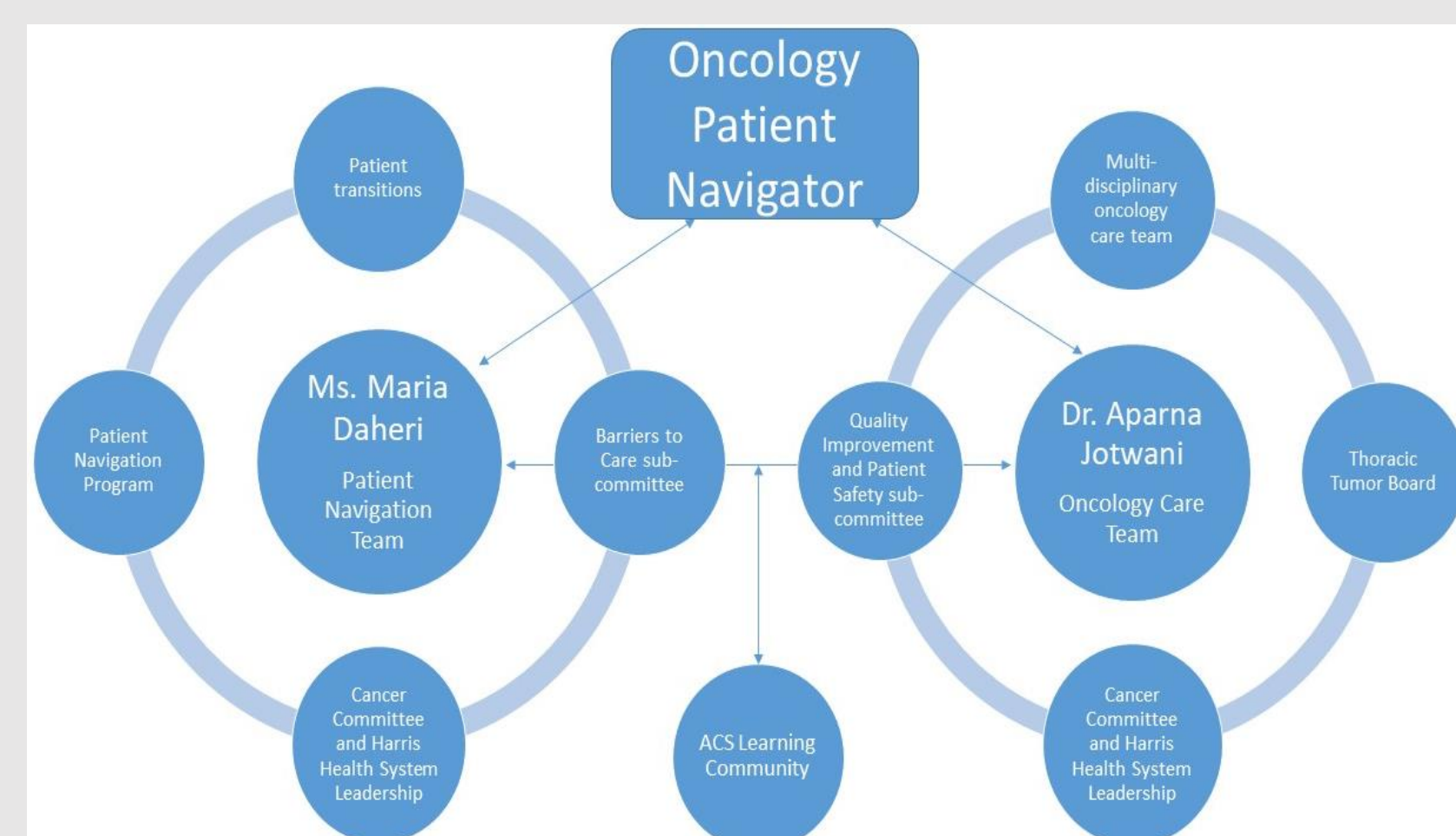


Figure 1. Organizational chart depicting the oncology PN's direct linkages to the larger cancer patient navigation team and oncology care team.

Interim Results

- In Year 1 of the CANTO Collaborative (Jan-Dec 2023), 103 patients at Harris Health with pathology-confirmed lung cancer were navigated by Ms. Helen Perez, our designated patient navigator (Table 1).
- Most patients were Hispanic (38.8%) or Black/African American (37.9%) and many (36.6%) indicated Spanish as their preferred language
- The most common patient-reported barriers were Eligibility, Language and Transportation.
- Compared to 2022 data (pre-PN), patients who were seen at Harris Health during Year 1 of PN implementation had a lower average of Days from Diagnosis to Treatment, regardless of cancer stage (Figure 2).
- Navigated patients have provided feedback on the important role of PN in their cancer care journey (Figure 3).

Table 1: Demographic characteristics of patients who received navigation services through the CANTO Collaborative in Year 1 (1/1/23-12/31/23)

Demographic Characteristic	Patients navigated in 2023 (N=103) n (%)
Gender	
Male	54 (52.4%)
Female	49 (47.6%)
Race/Ethnicity	
Hispanic/Latinx	40 (38.8%)
Non-Hispanic Black/African American	39 (37.9%)
Non-Hispanic White	15 (14.6%)
Asian	6 (5.8%)
Other	3 (2.9%)
Age (mean, SD)	61.1, 9.4
Preferred Language	
Spanish	37 (36.6%)
English	57 (56.4%)
Other/Missing	9 (8.7%)
Primary Cancer Type	
Lung	103 (100%)
Cancer Stage	
I	19 (9.4%)
II	8 (7.8%)
III	10 (9.7%)
IV	58 (56.3%)
Not Specified	8 (7.8%)

Average Time to Treatment by Cancer Stage, Pre- and Post Patient Navigation

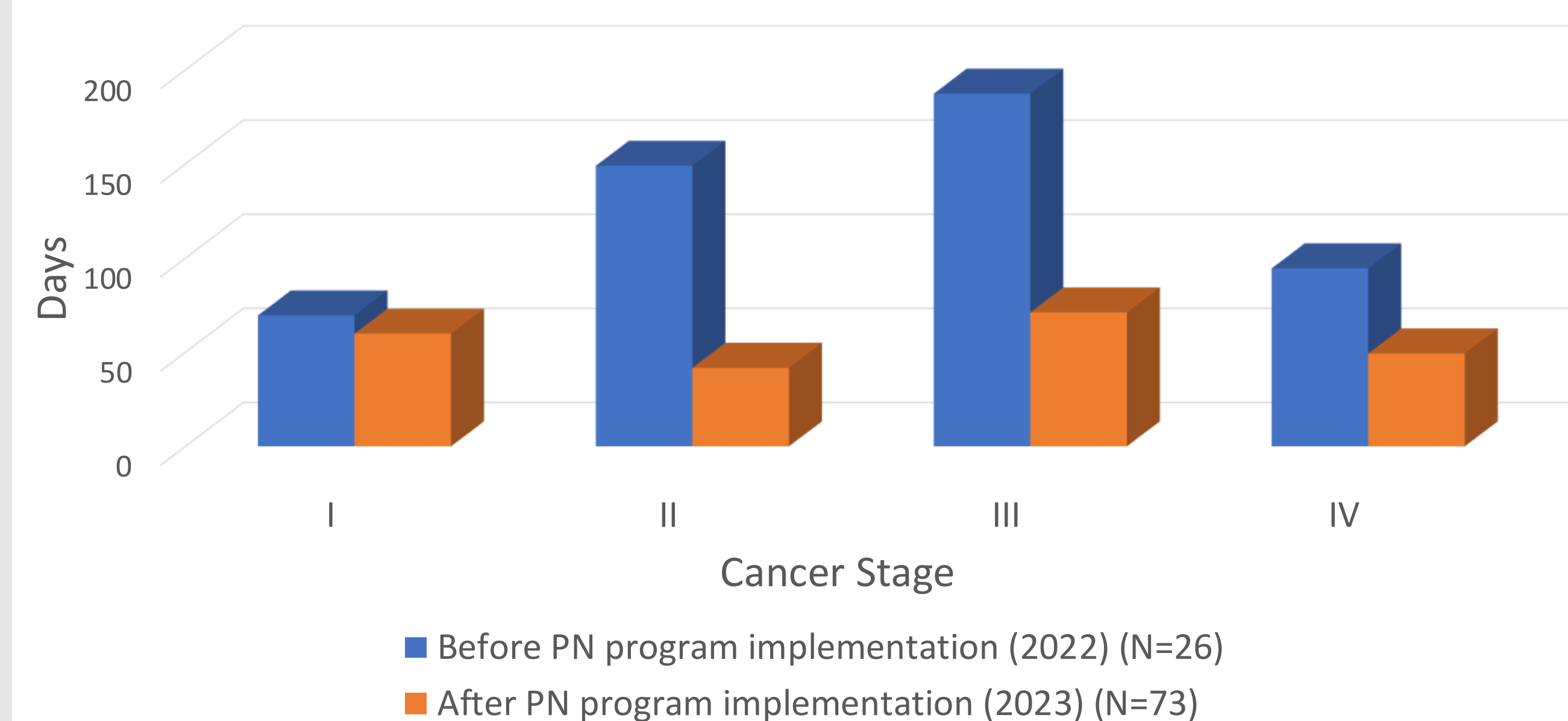


Figure 2. Time from Diagnosis to Treatment during Year 1 of PN compared to retrospective data (Jul 1-Dec 31, 2022)

Patient A: Eligibility barrier. A lung cancer patient needed treatment as soon as possible. In order to get approved for the Gold Card, Ms. Perez had to reach out many phone numbers for the patient's previous employers to provide the letter of termination of employment (required for Gold Card approval). Ms. Perez called daily over a two-week period until all necessary documentation was obtained and the patient was ultimately approved for the Gold Card. The patient was very happy and thankful for the help provided.
Patient B: Language and Eligibility barriers. Patient initially expressed confusion about obtaining financial coverage. Ms. Perez made the calls necessary for the patient to obtain Marketplace approval. The patient's cancer treatment was approved by a third-party company. Harris Health System advised the patient that they needed to call for shipment coordination. Patient stated they called 3 times, but no one could provide assistance in Spanish. Ms. Perez called together with patient and set up shipment coordination. Patient was very happy and stated, "thank God Ms. Perez is here working to help me."

Figure 3. Experiences of two patients navigated through the CANTO Collaborative

Innovation

- Integrated Team Approach.** The PN is fully integrated into the oncology care team, which includes oncology providers, nursing, and case management. The PN's participation in the Thoracic Tumor Board ensures that new lung cancer patients are not vulnerable to fall-out.
- Inter-institutional Collaboration** across two academic NCI-designated comprehensive cancer centers, BCM and MD Anderson, and an integrated safety net health system, Harris Health, strengthens our collaborative's commitment to delivering high-quality oncology care for underserved and low-income patients. Supportive infrastructure for the CANTO Collaborative's Oncology PN program, including the Cancer Committee, the Quality Improvement and Patient Safety subcommittee, and the Barriers to Care subcommittee, are comprised of interdisciplinary teams with representatives across the three institutions.
- Quality Improvement Approach** will allow for rapid implementation, assessment and continued adjustments and improvements for success of the CANTO Collaborative's Oncology PN Program. Key personnel on this application are well versed in QI methodology.
- Design for Sustainability.** The implementation and sustainability frameworks that underlie the CANTO Collaborative's program identify roles and processes that are critical for program sustainment.
- Design for Equity.** Key features of our program are intended to optimize equity-enhancing potential of PN: 1) Our PN is bicultural and fully bilingual in English and Spanish. This is critical given that over 65% of Harris Health patients report Spanish as their preferred language. 2) PN is trained in Cultural and Diversity to support PN identification of cultural and communication-related barriers and provide tools to address them.
- Design for Scalability.** This program is being developed with the intention of applying our model to other tumor types.

Implications for Sustainable Practice

- Impactful Domains:** This project is making a significant impact on the domains of Workflow Integration and Engaged Staff & Leadership.
- Supporting Evidence:** Successful integration into Tumor Board, Cancer Committee, Commission on Cancer Standard 8.1 Workgroup.
- Challenges:** Challenges in other sustainability domains include funding sustainability. While our PN has been successfully integrated into the clinical flow of the lung oncology process at our institutions, we still lack the funding to sustain the position past the current grant funding period
- Addressing Challenges:** To address these challenges, we are continuing to collect pilot data to inform future applications for funding, as well as building a case for the inclusion of navigation funds into institutional budgets

Next Steps:

- HHS IT is currently working on a department-specific treatment compliance dashboard to support metrics collection and reporting
- We continue to refine our new lung cancer patient workflow to identify points at which our PN can best reduce patient fall-out.
- We will continue to disseminate our interim results at QI, health disparities and other conferences as applicable
- We will report detailed process and outcomes metrics at the end of our pilot program
- We will draft a manuscript for publication by 2025

