

# The Development of Navigation Tools to Assess Medical and Social Barriers to Care

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# The Development of Navigation Tools to Assess Medical and Social Barriers to Care

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The development of a comprehensive navigation role at LVHN began with the creation of navigation tools designed to assess the patient's medical and social needs.

Using the Pre-Conference Presentation Worksheet, the Navigator can present a multifaceted overview of the patient's medical and social history at Tumor Board, as well as any needs that should be addressed by the team at her MDC visit.

All documentation is done in the Access Data Base, including a page dedicated to identifying barriers to care and strategies and resources to overcome the barriers.

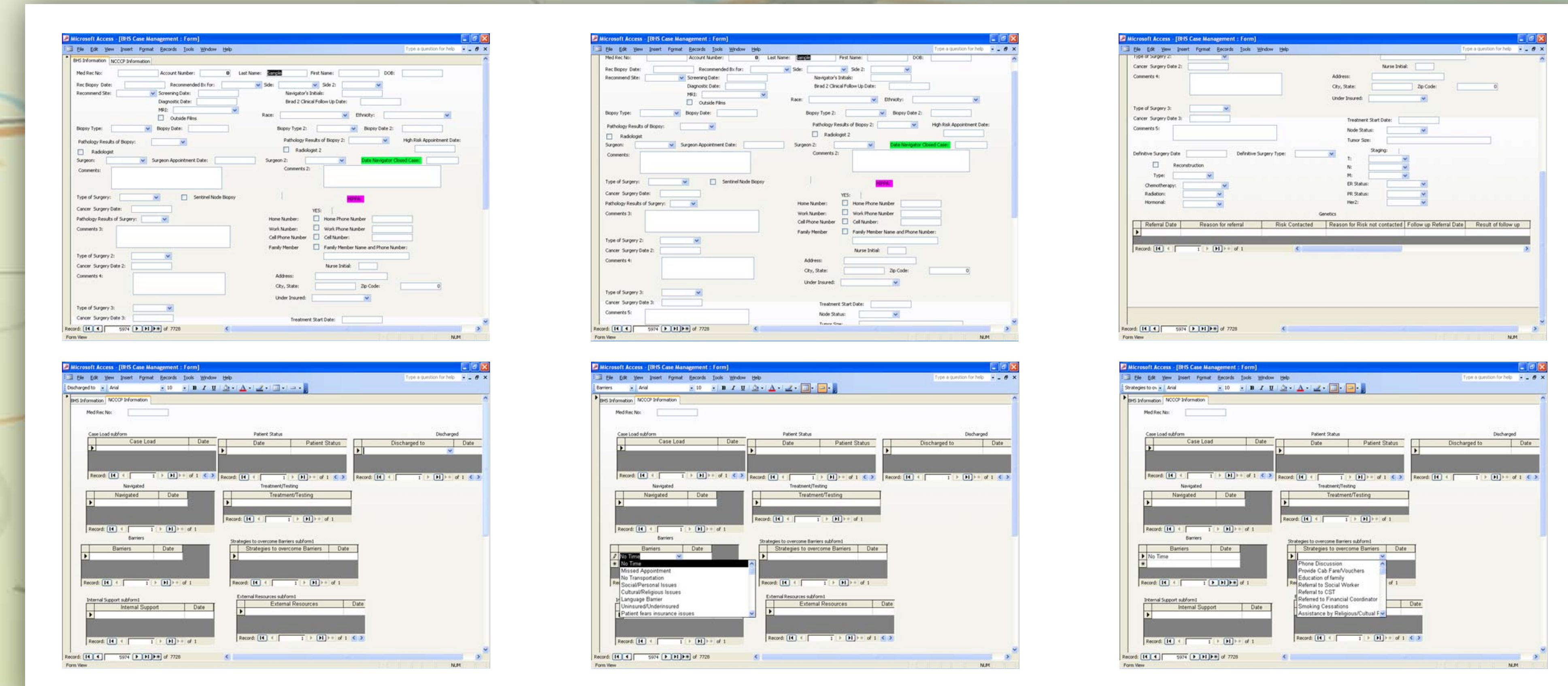
Lehigh Valley Health Network  
BREAST MULTIDISCIPLINARY CLINIC AT LEHIGH VALLEY HEALTH NETWORK  
Patient: MR #: \_\_\_\_\_  
DOB: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Date of interview: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
HISTORY OF CURRENT PROBLEM  
How was this breast abnormality first discovered? Date: \_\_\_\_\_  
[ ] Abnormal mammogram/ultrasound  
[ ] Clinical breast exam by primary care physician  
[ ] Lump in breast you discovered  
[ ] Mass in armpit (axilla)  
[ ] Nipple discharge or changes  
[ ] Breast pain or discomfort  
[ ] Skin changes/dyscoloration  
[ ] Other: \_\_\_\_\_  
Mammogram info (date/facility): \_\_\_\_\_  
PREVIOUS BREAST BIOPSIES/SURGERIES  
Previous breast biopsies: [ ] Yes [ ] No  
DATE LATERALITY TYPE OF BIOPSY (FINE NEEDLE, CORE, SURGICAL) PATHOLOGY FACILITY  
Previous breast surgeries: [ ] Yes [ ] No  
If yes: Type of surgery: \_\_\_\_\_  
Site: [ ] Right [ ] Left  
Date: \_\_\_\_\_  
Facility: \_\_\_\_\_

Multidisciplinary Clinic - Breast Patient Interview, page 2  
Patient: MR #: 00123123  
All other previous surgeries: [ ] Never had surgery  
DATE SURGERY  
MEDICAL PROBLEMS  
[ ] No known medical problems  
ALLERGIES/REACTIONS  
Medications: \_\_\_\_\_  
Environmental: \_\_\_\_\_  
LIFE OCCUPATION: \_\_\_\_\_  
FAMILY HISTORY  
Do you have a blood relative who was diagnosed with:  
[ ] Breast Cancer Relationship: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_  
[ ] Male Relationship: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_  
[ ] Ovarian Cancer Relationship: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_  
[ ] Other Type: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_  
PERSONAL CANCER HISTORY  
[ ] Yes [ ] No  
Type of Cancer: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_ Treatment: \_\_\_\_\_  
GYN HISTORY  
Date of LMP: \_\_\_\_\_  
[ ] Pre-menopausal [ ] Post-menopausal Age at cessation of menses: \_\_\_\_\_  
# of pregnancies: # of live births Age at time of first birth: \_\_\_\_\_  
Past use of hormonal therapy: [ ] Yes [ ] No  
BCP Use: [ ] Yes [ ] No Duration of use: \_\_\_\_\_

Multidisciplinary Clinic - Breast Patient Interview, page 3  
Patient: MR #: 00123123  
Signs/Symptoms  
Exercise/Activity Intolerance [ ]  
Weight change (unintended) > 10% in last 3 months [ ]  
Fatigue [ ]  
Nausea [ ]  
Cognitive changes [ ]  
Depression [ ]  
Anxiety/apprehension [ ]  
Headaches [ ]  
Sleep difficulties [ ]  
Vertigo/syncope [ ]  
Pain [ ] Location(s): \_\_\_\_\_ Quality: \_\_\_\_\_ Intensity (0-10): \_\_\_\_\_ Frequency: \_\_\_\_\_ Triggers: \_\_\_\_\_ Associated SIS: \_\_\_\_\_ Relieved by: \_\_\_\_\_  
Weakness/gait disturbances [ ] 1. Do you use anything to help you walk? [ ]  
2. How often in the past week? [ ]  
3. Do you feel unsteady on your feet? [ ]  
Comments: \_\_\_\_\_  
Performance Status - ECOG 0  
Recent bleeding or bruising [ ]  
Swelling of leg/arm/neck [ ]  
Recent fevers [ ]  
Known exposure to TB [ ]  
Tobacco use [ ] PPD x Years Quit: 3 (if currently smoking)  
Smoking cessation offered [ ]  
ETOH use [ ] #week Type: \_\_\_\_\_  
Recreational drug use [ ] Type: \_\_\_\_\_  
Life occupation: \_\_\_\_\_  
Adm: \_\_\_\_\_  
Age: \_\_\_\_\_

Multidisciplinary Clinic - Breast Patient Interview, page 4  
Patient: MR #: 00123123  
BARRIER IDENTIFICATION  
Health Insurance/Financial Concerns:  
[ ] No barriers identified  
[ ] Inadequate or lack of insurance coverage  
[ ] Difficulty paying bills  
[ ] Need for financial assistance from Medicaid/Medicare  
[ ] Other: \_\_\_\_\_  
Citizenship problem/undocumented status [ ]  
Pre-certification issues [ ]  
Need for prescription assistance [ ]  
Other: \_\_\_\_\_  
Transportation to and from Treatment:  
[ ] No barriers identified  
[ ] Needs public  
[ ] Needs private  
[ ] Ambulette service required  
Physical Needs:  
[ ] No barriers identified  
[ ] Child/elder care  
[ ] Food/clothing  
[ ] Vocational support (employment skills)  
[ ] Other: \_\_\_\_\_  
Housing need/problems [ ]  
Prostheses, wigs, etc. [ ]  
Extended care: home care, hospice, long-term care [ ]  
Communication/Cultural Needs:  
[ ] No barriers identified  
[ ] Requires interpreter  
[ ] Poor health literacy  
[ ] Other: \_\_\_\_\_  
Inability to read/write [ ]  
Cultural barriers [ ]  
Disease Management:  
[ ] No barriers identified  
[ ] Treatment non-compliance  
[ ] Interested in second opinion  
[ ] Wants more information  
[ ] Cancer support services need  
[ ] Unable to understand treatment plan  
Preferred method of learning: Verbal  
Nutrition made to following:  
[ ] Social Worker [ ] Pastoral care [ ] Dietitian [ ] Smoking cessation  
[ ] Financial counselor [ ] Cancer support [ ] Rehab services

BREAST MULTIDISCIPLINARY CLINIC Pre-conference Presentation Worksheet Breast Tumor Board  
1. Patient case # \_\_\_\_\_  
2. Age \_\_\_\_\_  
3. Performance status ECOG= \_\_\_\_\_  
4. Menopausal status [ ] Pre [ ] Peri [ ] Post  
5. Co-morbidities \_\_\_\_\_  
6. Prior cancer, if present \_\_\_\_\_  
7. Family history re: genetic risk \_\_\_\_\_  
8. Social issues [ ] Social Work: \_\_\_\_\_ [ ] Counseling: \_\_\_\_\_ [ ] Finance: \_\_\_\_\_  
9. Presenting sign or symptom: What: \_\_\_\_\_ When: \_\_\_\_\_  
10. Review of imaging: Type = \_\_\_\_\_ Date: \_\_\_\_\_  
11. Biopsy Dx: \_\_\_\_\_  
12. Review of pathology ER: \_\_\_\_\_ PR: \_\_\_\_\_ Grade: \_\_\_\_\_ Size: \_\_\_\_\_  
HER2: \_\_\_\_\_ OncDx: \_\_\_\_\_  
c T, N, M  
Clinical Stage: \_\_\_\_\_  
[ ] Additional testing \_\_\_\_\_  
[ ] Surgery \_\_\_\_\_  
[ ] Radiation therapy \_\_\_\_\_  
[ ] Chemotherapy \_\_\_\_\_  
[ ] Hormone therapy \_\_\_\_\_  
[ ] Genetic referral \_\_\_\_\_  
[ ] Clinical Trial: \_\_\_\_\_  
[ ] Other: \_\_\_\_\_ Reason: \_\_\_\_\_  
13. Presumptive clinical stage \_\_\_\_\_  
14. Plan of care \_\_\_\_\_  
cc: \_\_\_\_\_ 6/2011/KL



We reviewed the four most common barriers to care in our patient population: language barrier, no transportation to treatment appointments, uninsured or underinsured, and social or personal issues. The graph below looks at the 69 patients identified from 1/1/12 through 6/30/12 with these barriers, and the steps taken by the Navigator to help overcome the barriers.

Barrier	Number Identified	Referral	Service Provided
Language	6	Bilingual navigator	Spanish interpretation
Transportation	11	Social Worker	Wheel time, American Cancer Society
Under/uninsured	24	Financial Counselor	Assist with applications for Medical Assistance, Reduced Cost of Care and grant supported assistance programs
Social/Personal	28	Cancer Support Team	Counseling and/or referral to local/regional/national resources

All healthcare team members have access to the Patient Interview in MOSAIQ, and review before the team conference.

Immediately after Tumor Board the team sees the patient at her MDC visit.



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