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Patient Care Services / Nursing

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

Laura Beaupre BSN, OCN, CBPN-IC Lehigh Valley Health Network, Laura.Beaupre@lvhn.org

Jane Zubia RN, OCN, CBPN I-C Lehigh Valley Health Network, Jane.Zubia@lvhn.org

Kathleen A. Leies RN Lehigh Valley Health Network

Raizalie Roman-Rosado BSN, OCN, CMSRN Lehigh Valley Health Network, Raizalie.RomanRosado@lvhn.org

Martiza Y. Chicas RN, PCCN Lehigh Valley Health Network, Maritza\_Y.Chicas@lvhn.org

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

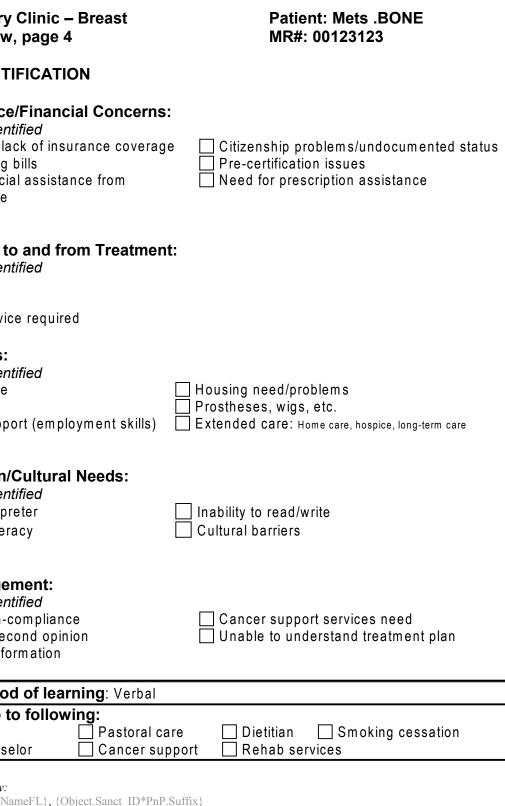
role at LVHN I	nent of a comprehens began with the creation d to assess the patier	on of navigation
social needs.		
A PASSION FOR BETTER MEDICINE. John & Dorothy Morgan Cance Cedar Cre Post Office Allentown, PA 181	IEALTH TWORK er Center sst & I-78 Box 689 103-1556	Multidisciplinary Clinic – Breast Patient Interview, page 3 MR#: 00123123
Tel: (610) 40 BREAST MULTIDISCIPLINARY CLINIC NURSE NAVIGATOR PATIENT INTERVIEW Patient: Ethnicity: MR #:		Signs/Symptoms       Y       N       Comments/Description         Exercise/Activity Intolerance
DOB: E-Mail: Date of Interview: HISTORY OF CURRENT PROBLEM	Multidisciplinary Clinic - Breast Patient: Mets .BONE Patient Interview, page 2 MR #: 00123123	Fatigue   Malaise   Cognitive changes   Depression   Anxiety/apprehension   Headaches   Sleep difficulties   Vertigo/syncope   Pain   Location(s)
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	All other previous surgeries:   Never had surgery   DATE   SURGERY	Pain Location(s) Quality Intensity (0-10) Frequency Triggers Associated S/S Relieved by
Skin changes/discoloration Other Mammogram info (date/facility): PREVIOUS BREAST BIOPSIES/SURGERIES	MEDICAL PROBLEMS	Weakness/gait disturbances       1. Do you use anything to help y         2. Have you fallen in the past ye       3. Do you feel unsteady on your         Performance Status – ECOG       0         Comments:       Comments:         Recent bleeding or bruising       1         Swelling of legs/arms/neck       1         Recent fevers       1         Known exposure to TB       1
Previous breast biopsies:       Yes       No         DATE       LATERALITY       TYPE OF BIOPSY FNA, CORE, STEREO, EXCISIONAL       PATHOLOGY       FACILITY         Image: Comparison of the second strength of the second strenge st	ALLERGIES/REACTIONS Medications: Environmental:	Known exposure to TB       Image: Constraint of the second s
Previous breast surgeries: Yes No If yes: Type of surgery: Site: Right Left Results: Date:	FAMILY HISTORY         Do you have a blood relative who was diagnosed with:         Breast Cancer         Female       Relationship:         Male       Relationship:         Age at diagnosis:         Age at diagnosis:	Adva Abus Note Multidisciplinary Clinic – Breast Patient Patient Interview, page 4 MR#: 0 BARRIER IDENTIFICATION
Facility:	Ovarian Cancer       Relationship:       Age at diagnosis:         Other Type:       Relationship:       Age at diagnosis:         PERSONAL CANCER HISTORY       Image: Cancer:       Age at diagnosis:         Yes       No       No         Type of Cancer:       Age at diagnosis:       Treatment:	Health Insurance/Financial Concerns:          No barriers identified         Inadequate or lack of insurance coverage         Difficulty paying bills         Need for financial assistance from         Medicaid/Medicare
	GYN HISTORY         Date of LMP:         Pre-menopausal         Pre-menopausal         # of pregnancies:         # of pregnancies:         # of hormonal therapy         Yes         No         BCP Use       Yes         No	<ul> <li>Other:</li> <li>Transportation to and from Treatment:</li> <li>No barriers identified</li> <li>Needs public</li> <li>Needs private</li> <li>Ambulette service required</li> </ul>
		Physical Needs:         No barriers identified         Child/elder care       Housing need/prob         Food, clothing       Prostheses, wigs, et         Vocational support (employment skills)       Extended care: Home         Other:       Other:
		Communication/Cultural Needs: No barriers identified Requires interpreter Inability to read/write Poor health literacy Cultural barriers Other:
		Disease Management:         No barriers identified         Treatment non-compliance         Interested in second opinion

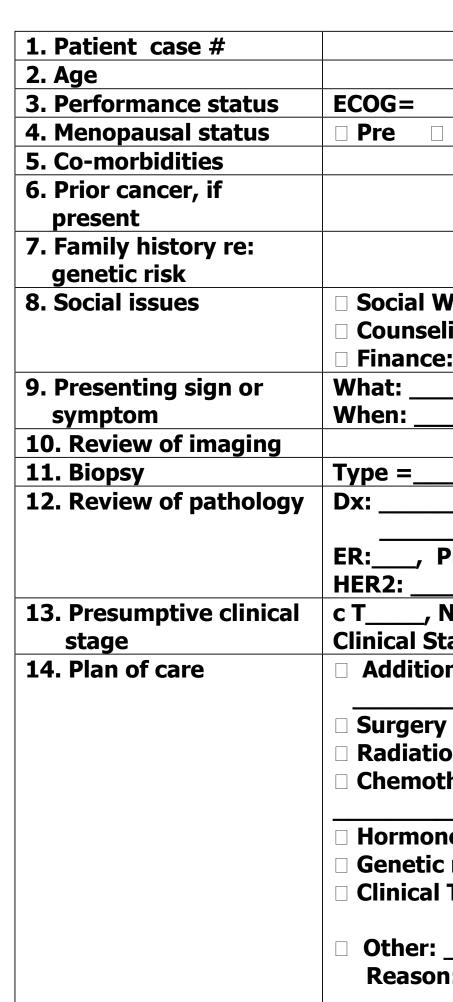
All healthcare team members have access to the Patient Interview in MOSAIQ, and review before the team conference.

Laura Beaupre RN, OCN, CBPN-IC; Jane Zubia RN, OCN, CBPN-IC; Kathleen Leies RN, OCN; Raizalie Roman-Rosado RN, CMSRN; and Maritza Chicas RN, PCCN Lehigh Valley Health Network, Allentown, Pennsylvania



**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.





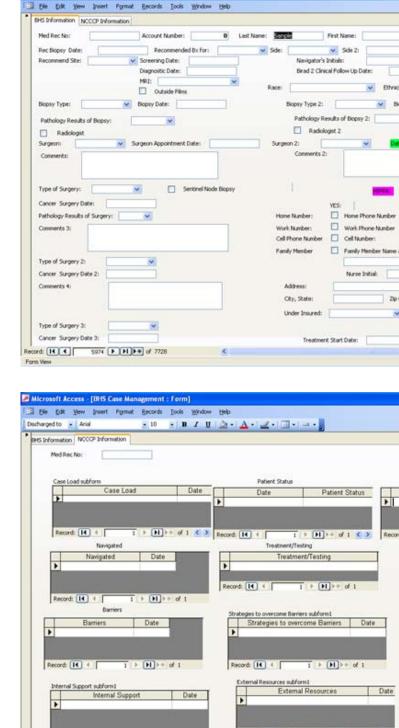
# Immediately after Tumor Board the team sees the patient at her MDC visit.





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.

<b>BREAST MULTIDISCIPLIN</b>	ARY CLINIC	
<b>Pre-conference Presentat</b>	tion 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	What:	
symptom	When:	
10. Review of imaging		
11. Biopsy	Type = Date:	
12. Review of pathology	Dx:	
	ER:, PR:, Grade:,	Size:
	HER2:, OncDx:	-
13. Presumptive clinical	c T, N, M	
stage	Clinical Stage:	
14. Plan of care	Additional testing	
	Surgery	
	Radiation therapy	
	Chemotherapy	
	Hormone therapy	
	Genetic referral	
	Clinical Trial:	
	□ Other:	
	Other:	
cc:/	Reason:	



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
Language
Transportation
Under/uninsured
Social/Personal

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~	Recommend Site: Screening Date: Navigator's Initials: Diagnostic Date: Binad 2 Clinical Follow Up Date:	Comments 4: Address: City, State: Zip Code: 0
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	Comments: Comments 2:	Definitive Surgery Date Definitive Surgery Type:
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	Cancer Surgery Date: YES: Pathology Results of Surgery: V Home Number: Home Number	Radation:
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	Family Member Family Member Name and Phone Number:	
d Phone Number:	Cancer Surgery Date 2: Nurse Inkiak	Record: 14 4 1 9 91 9+ of 1 6
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	Type of Surgery 3:	
	Cancer Surgery Date 3: Treatment Start Date:	
	Comments 5: Node Status:	
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0	BPG Information MCCCP Information	BIG Enformation MCCOP Enformation
	Med Rec No:	Med Rec No:
Discharged	Case Load Date Patient Status Discharged to Date	Case Load subform Patient Status Discharged Case Load Date Date Patient Status Discharged to Date
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	Barriers Date Strategies to overcome Barriers subform1 Barriers Date	Barriers Strategies to overcome Barriers subform Barriers Date Strategies to overcome Barriers Date
	2 No Time Note that the second s	No Time
	Missed Appointment	Phone Discussion     Provide Cab Fare/Vouchers
	No Transportation	Record: I4 4 1 D D D of 1 Referral to Social Worker of 1
	Cutura/Religious Issues	Referral to CCT
	tr Language Barrier External Resources Date	Internal Support subforms  Referred to Financial Coordinator Smoking Cessations  Date Date
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3 N.M	Record: [14 4 9974 ] 974 [ ] 1	Record: [14 4 5974 ) 19 10 1728 4 9 10 1728 4 10 10 10 10 10 10 10 10 10 10 10 10 10

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



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