

Academy Health Annual Conference on the Science of Dissemination and Implementation in Health. December 4-6, 2019.

Panel: Strategically employing patient navigation to reduce colorectal cancer screening disparities

Implementing and adapting a promising patient navigation intervention to increase colonoscopy completion

Allison Cole, MD, MPH¹, Thuy Vu, MPH², Marlana Kohn, MPH², Gloria Coronado, PhD³, Amy DeGroff, PhD, MPH⁴, Dara Schlueter, MPH⁵ and Peggy Hannon, PhD MPH², (1)Family Medicine, University of Washington, Seattle, WA, (2)Health Services, University of Washington, Seattle, WA, (3)Kaiser Permanente Center For Health Research, Portland, OR, (4)Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA, (5)Atlanta, GA

Background: Colorectal cancer (CRC) is a leading cause of cancer death in the United States. The U.S. Preventive Services Task Force recommends a variety of colorectal cancer screening tests, including colonoscopy. Patients experience several barriers to completing colonoscopy, and low rates of colonoscopy completion contribute to worse CRC health outcomes, particularly in populations at-risk for health disparities. A promising patient navigation program increased colonoscopy completion rates among patients served by the Centers for Disease Control and Prevention's Colorectal Cancer Control Program (CRCCP) in New Hampshire. The purpose of the present study was to evaluate implementation and effectiveness of an adapted version of this patient navigation program in a new setting.

Methods: We partnered with a CRCCP grantee implementing a state-wide cancer screening program providing no-cost colonoscopy to low- income and un/under-insured clients to implement and evaluate the patient navigation program. Core elements of the adapted program include a six-topic protocol delivered telephonically by a registered nurse patient navigator (PN) to patients before and after colonoscopy, and an electronic system to collect and monitor participant data. We provided training and implementation technical assistance (TA), assessed the degree of implementation, and evaluated effectiveness using a randomized controlled trial. TA topics highlighted implementation adaptations and challenges.

Findings: The CRCCP grantee randomized 402 participants to intervention and screened them for eligibility; 347 participants were randomized to control. The PN was unable to contact 54% of intervention participants. Of those reached, 45% were eligible, and, of those, 97% enrolled in the intervention. Among enrolled participants, 74% were Hispanic/Latino and 46% required an interpreter. Fifty-four (75%) enrolled participants completed colonoscopy, compared to only 40 (12%) participants in the control group.

Implications for D&I Research: The majority of patients enrolled in navigation completed colonoscopy; however, implementation challenges highlight opportunities for dissemination and implementation research to optimize navigation. Program adaptations, including use of a non-nurse navigator, impact feasibility and could reduce program implementation costs. Difficulty reaching participants by phone may diminish the potential public health impact of this intervention with some populations. Future research that examines offering navigation to risk-stratified populations and alternative contact methods may enhance navigation reach and effectiveness, and facilitate program sustainability.

For additional information please contact:

Allison Cole, MD MPH
acole2@uw.edu