TAKING AIM AT CANCER
IN LOUISIANA

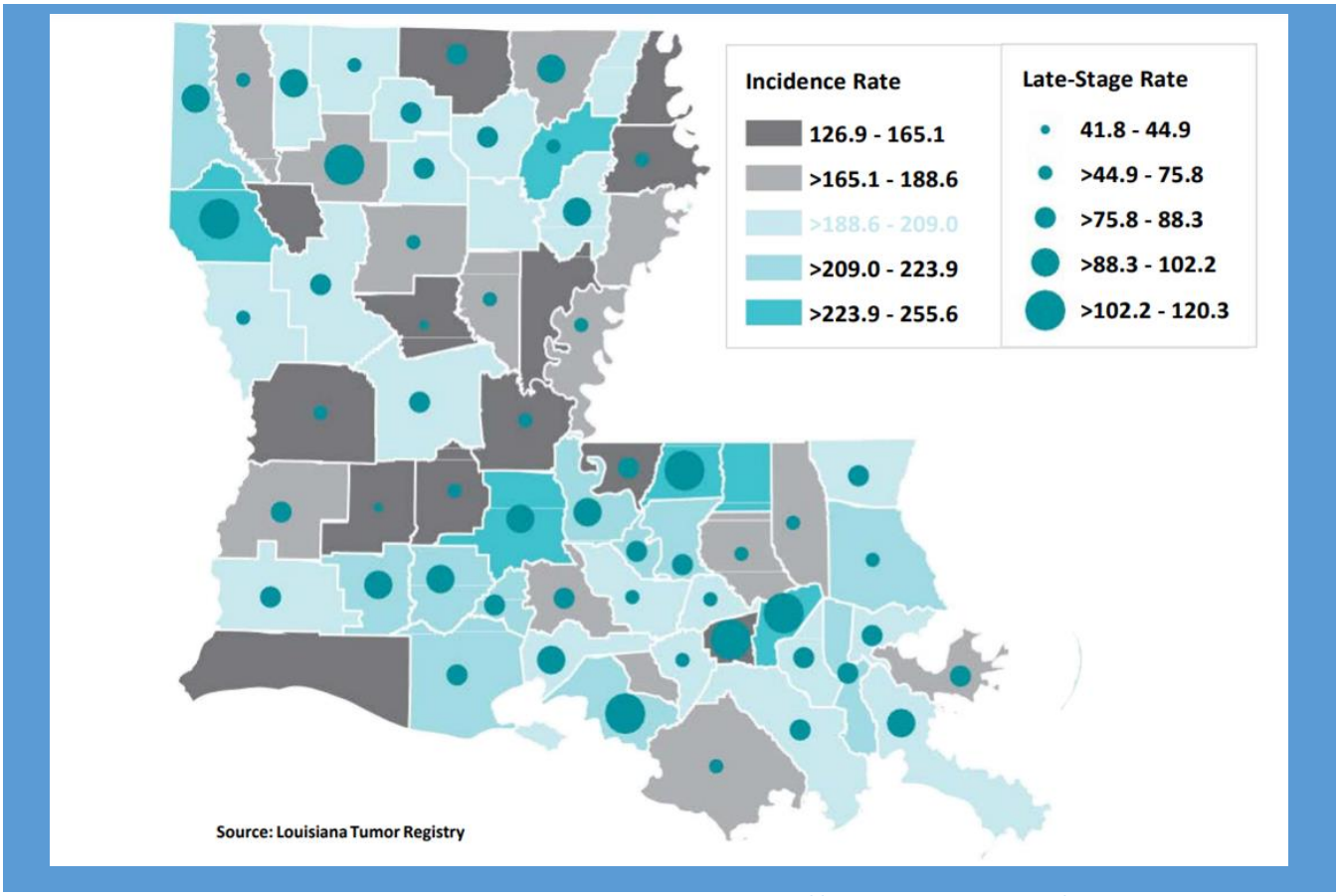
Train Community Health Worker and Navigators on Breast & Colorectal Cancer

(Train Community Health Worker/Navigators on Breast & Colorectal Cancer)

Louisiana has the 28th highest incidence and 2nd highest mortality rate of breast cancer in the U.S. Breast cancer is an equal-opportunity killer, with Louisiana white women slightly below the national death rate while black women are significantly higher than the rest of the country. Louisiana's breast cancer mortality rate is statistically higher than the rest of the country. In 2011-2015, 124.1 people per 100,000 were diagnosed with breast cancer, while the national average was 126.0 per 100,000. An average of 23.7 Louisiana residents per 100,000 died each year from this disease, while the national average was 20.9 deaths per 100,000. New Orleans, Southeast, Northeast, Acadiana, and Southwest, Louisiana have the highest breast cancer death rates in the state.

Breast cancer is one of the less-expensive cancers to treat. However, the treatment and follow-up care can be a strain financially, even with health insurance.

These estimated and projected costs of care by age, gender and phase of care (per patient) through the year 2020. They were calculated separately for multiple cancer sites using the most recent available U.S. population projections, cancer incidence, survival, and cost of care data (Figure 5 in Appendix; "Average Annual Cost of Care (per Patient): Costs in U.S. Dollars, Age 65+".



Source: Louisiana Cancer Prevention and Control Programs. http://louisianacancer.org/breast-cancer

Colorectal cancer is the second-leading cause of cancer death in both Louisiana and the United States. Louisiana has the third highest incidence and fourth highest death (mortality) rate of colorectal cancer, which are significantly higher than the rest of the country. Louisiana has the 3rd worst outcomes in the nation.
The State experiences significant disparities across populations, more late stage diagnoses than expected, and variations in treatment and costs beyond what can be explained by the underlying conditions.

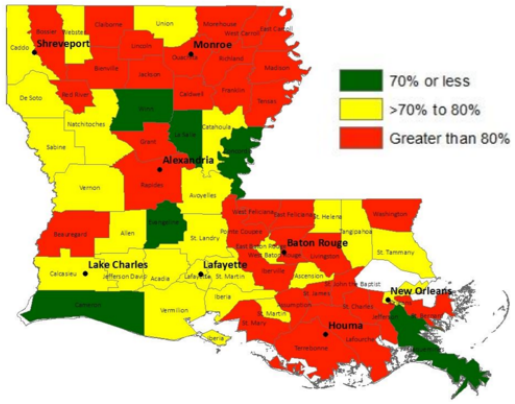
Colorectal cancer is one of the more expensive cancers to treat and rising. That means people pay higher health insurance premiums, as well as taxes.

Colorectal Cancer Screening
Louisiana's Current State

13

Low colorectal cancer screening rates result in more late stage diagnoses, higher mortality and higher cost.

Colorectal Cancer Screening[2]
Respondents fifty years of age and older who have not had a blood stool test within the past two years



	Advanced Stage Cancer Diagnoses in Louisiana (2011-2016)[1]		Advanced Stage Cancer Diagnoses in U.S.(SEER 2009-2013)	
	Whites	Blacks	Whites	Blacks
Males	55.1%	55.7%	52.9%	53.5%
Females	55.3%	55.7%	52.8%	52.5%

	Spending & Survival Rates			
	Stage I	Stage II	Stage III	Stage IV
First Year Spending Per Patient[4]	$49,189	$66,613	$83,980	$108,599
5-Year Survival Rate[3]	92%	IIA: 87% IIB: 63%	IIIA: 89% IIIB: 69% IIIC: 53%	11%

[1] Louisiana Tumor Registry, Louisiana Cancer Prevention & Control Program;
[2] Louisiana Comprehensive Cancer Control Plan 2017-2021,
[3] 2004-2010, American Cancer Society: https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html
[4] Medicare spending, in: Styperek, A.; Kimball, A.B. Malignant Melanoma: The Implications of Cost for Stakeholder Innovation. Am. J. Pharm. Benef. 2012, 4, 66–76.

Definitions:

Community Health Worker (CHW) : functions in the community setting and facilitates access to health services. They are a trusted member or someone who has a very close understanding of the community served, which enables them to serve as a liaison/link/intermediary between health and social services and the community. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Patient Navigator: functions in clinical settings to navigate patients accessing healthcare services through the healthcare system and reduce barriers to receiving appropriate care and treatment. They act as a liaison to the medical team and help the patient and their family manage logistics if follow-up appointments, tests, treatment, and additional specialists are needed.

Use of CHW and Navigators with TACL:

CHWs will help address the many non-clinical factors that influence a person's health, such as housing, education, literacy, low income, limited English proficiency, and discrimination. They will serve as a bridge between their communities and the health care and social service systems. As trusted members of the community, they are better positioned to understand and help people overcome the barriers to accessing care and maintaining good health. This will be especially valuable in communities of color and other underserved communities that tend to experience more barriers to care and unmet social needs. CHWs will succeed by linking people to health care and social services, and by providing culturally competent and language-accessible health education, care coordination, and patient and caregiver support. CHWs will be used to educate communities on the importance of breast and colorectal cancer screening and help connect patients to screening resources while still addressing other barriers. Once patients enter the healthcare system, Patient Navigators will take over and help individuals who are diagnosed navigate the system and ensure proper medical care. Navigators will follow through from initiation of treatment to completion.

Over the next five years (2019-2024) TACL intends to:

1. Increase % of adults aged 50-75 being screened for colorectal cancer through evidence-based screening methods.
2. Reduce current racial and geographic disparities in the screening for CRC
3. Reduce current racial and geographic disparities in the initiation of treatment for positive CRC diagnosis
4. Reduce mortality rate in colorectal cancer for adults aged 50-75.
5. Reduce racial and geographic disparities in late stage breast cancer diagnosis
6. Reduce mortality from breast cancer

Implementation: What is Needed to Produce Change

CHW/Navigation programs in Louisiana are used to build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, motivational counseling, social support, and advocacy. TACL's goal is to collaborate with existing programs in the state and train them on breast and colorectal cancers so that they can be used to help improve the cancer outcomes in Louisiana.

Improved support for individuals who are navigating cancer screening, follow-up, and treatment continues to be a high priority in TACL's work. Establishing a peer-to-peer learning network for the CHW/Navigator occupation in Louisiana will be essential.

A Breakthrough Series (BTS) Collaborative for CHWs and Navigators can support the achievement of TACL's aims. A BTS Collaborative is a multi-organization mechanism for implementing evidence-based practices. Multidisciplinary teams participate in a structured process to identify, test, and implement change strategies; apply improvement methods; report results; and share information about ways of achieving improvement.

TACL can engage CHWs and Navigators in Louisiana and the TACL network in the preparation for the launch of this Collaborative. This engagement will build momentum and excitement to participate.

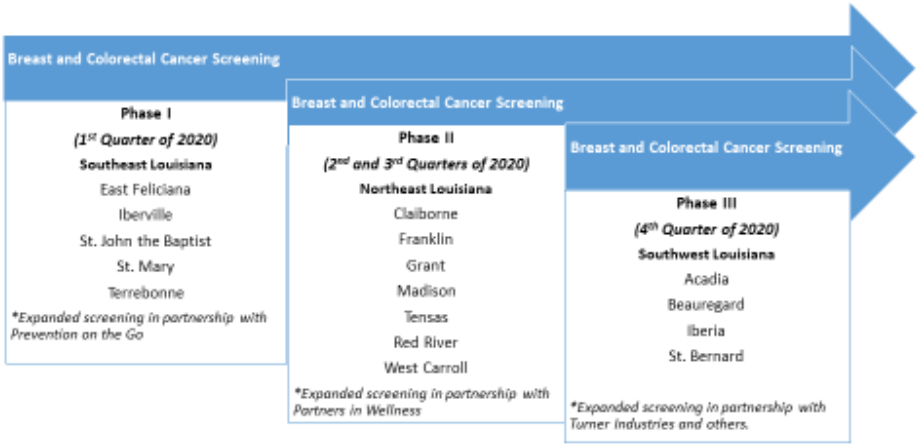
TACL members who are payers can work together to determine whether payers can pilot changes at the plan level to improve messaging, align processes across different payers to smooth operations at the practice level, or introduce other changes that support this work. TACL members who are employers can engage as their programs and infrastructure align with the CHW and Navigator work.

This work stream is to identify, test, and scale up evidence-based standards and best practices for CHW and Navigator programs. The work stream will build a lasting infrastructure to connect CHWs and Navigators across the state, support the sustainable and reliable use of evidence-base best practices, and help improve screening and follow-up rates for colorectal cancer and, later, other cancers.

Addressing screening rates through partnership with Mobile Screening Units:

Taking Aim at Cancer in Louisiana in partnership with Prevention on the Go and Partners in Wellness mobile screening programs will help address the screening rates of Breast and Colorectal Cancers in the parishes identified as "Hot Spots" throughout the State of Louisiana coupled with education. Each organization has agreed to increase the frequency and length of time the mobile screening vans are available in each parish. TACL has developed a phased approach to accomplish this task.

Breast and Colorectal Cancer Education and Screening (CHW-Navigator Improvement Initiative)



Education will be rolled out in all 16 parishes during Phase I

Phase I – Southeast Louisiana

Parish	Breast Incidence	Breast Mortality	Mammography Screening Rate	FQHC
LOUISIANA	**124.1**	**23.7**	**73.2%**	
East Feliciana	132.8	35.3	37%	Y
Iberville	127.2	19.4	40%	Y
St. John the Baptist	122.7	40.9	38%	Y
St. Mary	140.6	25.4	37%	Y
Terrebonne	100.5	25.4	39%	Y

Parish	CRC Incidence	CRC Mortality	CRC Screening Rate	FQHC
LOUISIANA	**46.5**	**17.5**	**64.1%**	
East Feliciana	64.4	21.5	53.3%	Y
Iberville	55	23.5	58.0%	Y
St. John the Baptist	47.2	15.6	56.9%	Y
St. Mary	53.2	21	55.1%	Y
Terrebonne	52.4	23.6	61.1%	Y

-Screening Data gathered from the Behavioral Risk Factor Surveillance Survey (BRFSS) 2016
-Incidence and Mortality data gathered from the Louisiana Tumor Registry (LTR) 2011-2015

Phase II – Northeast Louisiana

Parish	Breast Incidence	Breast Mortality	Mammography Screening Rate	FQHC
LOUISIANA	124.1	23.7	73.2%	
Claiborne	148.7	20.6	63%	Y
Franklin	121.2	22.4	32%	Y
Grant	83.3	*	59%	Y
Madison	137.4	44.9	35%	Y
Tensas	79.7	*	45%	Y
Red River	122.1	*	50%	Y
West Carroll	109.9	*	36%	Y

Parish	CRC Incidence	CRC Mortality	CRC Screening Rate	FQHC
LOUISIANA	46.5	17.5	64.1%	
Claiborne	42.5	18.3	52.4%	Y
Franklin	60.2	15.2	56.0%	Y
Grant	46.8	26.7	39.6%	Y
Madison	55.1	*	54.0%	Y
Tensas	45.9	*	41.8%	Y
Red River	35.0	*	50.5%	Y
West Carroll	55.1	22.6	63.0%	Y

**Indicates population too small to calculate mortality*
-Screening Data gathered from the Behavioral Risk Factor Surveillance Survey (BRFSS) 2016
-Incidence and Mortality data gathered from the Louisiana Tumor Registry (LTR) 2011-2015

Phase III – Southwest Louisiana

Parish	Breast Incidence	Breast Mortality	Mammography Screening Rate	FQHC
LOUISIANA	**124.1**	**23.7**	**73.2%**	
Acadia	124.5	26.3	45%	Y
Beauregard	100.5	23.5	30%	Y
Iberia	130.4	27.2	37%	Y
St. Bernard	107.9	22.7	57%	Y

Parish	CRC Incidence	CRC Mortality	CRC Screening Rate	FQHC
LOUISIANA	**46.5**	**17.5**	**64.1%**	
Acadia	57.3	22.9	59.7%	Y
Beauregard	39.4	15.2	65.5%	Y
Iberia	56.5	19.9	63.8%	Y
St. Bernard	51.5	16.0	56.1%	Y

-Screening Data gathered from the Behavioral Risk Factor Surveillance Survey (BRFSS) 2016
-Incidence and Mortality data gathered from the Louisiana Tumor Registry (LTR) 2011-2015

TACL has developed a strong rationale for this initiative:

- Inconsistency across the state in the way that the community health workers (CHW) and navigators are being utilized without consistent alignment to Core Competencies and National Standards.
- Navigation assistance (Care Coordination, lay health navigators, navigation to treatment) has been demonstrated to impact the disparities and barriers identified by TACL.

- Such programs can increase the "supply of screening" by supporting the use of FIT tests.
- CHW/Navigator programs can decrease no-shows for colonoscopies by engaging individuals in the decision to get a colonoscopy, overcoming barriers to making the appointment and understanding the prep needed.
- Consistent standards can lead to standardized training and set certification track

Addressing the Barriers:

Developing reliable and robust CHW and Navigator programs will help address the following barriers identified by TACL's work to date:

- Low Health Literacy
- Closing referral loop
- No-show for appointments
- Patient noncompliance with returning FIT tests
- Patient noncompliance in prep for colonoscopy
- Distance to care
- Lower health care utilization

The following are detailed action steps/timeline for Community Health Worker/Navigator Intervention:

TACL began with creating an inventory of current CHW/Navigation programs in existence. This information will be pulled together to determine which programs will participate in the CHW/Navigation continuing education program. The CHW/Navigation continuing education program will be a comprehensive approach to the development and implementation of training Community Health Workers on the cancer component. The Inclusion Group is a group of individuals who bring over 30 years of experience working with Community Health Workers and Navigators in the State of Louisiana. The Principal Agents for The Inclusion Group will oversee the development of the curriculum and implementation of the trainings. The Inclusion Group will offer eight continuing education trainings and give technical support. ReachNet will evaluate the qualitative data and report their findings and/ or recommendations.

Step 1: Collaborative Development, Recruitment & Selection: Summer 2019

1. Finalize inventory of current CHW/Navigation programs in existence
2. Board Members designate representative from their organization to help w/landscape analysis and information gathering
3. Identify/Recruit Steering Committee that will oversee program
4. Identify Trainers who will educate CHW/Navigators on Breast and Colorectal Cancers and run the learning collaborative.

5. Develop recruitment plan and identify 10-20 CHW/Navigators to participate
6. Determine process measures to use for improvement

Milestones:

- Asset Map & Landscape Analysis of Current Programs
- Steering Committee Recruited
- CHW/Navigators recruited from Participating Organizations
- CHW/Navigator TACL Training Program created
- Process measures created

Step 2 Secure Logistics and final Planning Details of Collaborative: Summer/Fall 2020

1. Set a date/confirm site of initial launch and other logistics
2. Hire Consultant
3. Align and integrate existing CHW/Navigator programs w/ Mobile Screening Programs
4. Finalize recruitment, implementation plan, and alignment of content for CHW/Navigator and Office Practices interventions

Milestones:

- Completed Plan for launching program
- Recruited/Committed CHW/Navigators from across the state
- CHW/Navigators trained on the importance of educating community on Breast, Cervical, and Colorectal Cancers.

Step 3: Launch Initiative September - October 2020

1. Launch program with face to face training
2. Deploy mobile screening units in phase one communities
3. Gather initial data
4. Initiate first Monthly Continuing Education Webinar for CHW/Navigators (8 total)

Milestones:

- Program Launched
- # CHW/Navigators Trained on the Breast, Cervical & Colorectal cancer components
- Expanded screening initiated

Phase 2: Identifying Patient Barriers

Step 1: Research & Data Gathering December 2020

1. Discuss unique barriers encountered that kept individuals from being screened for Breast and/or Colorectal cancer
2. Gather and compile Data

Step 2: Data analysis & Formalize Theory January 2021

1. Conduct initial 3 month evaluation
2. Discuss and identify causes to barriers discovered through data examination

3. Document barriers CHW/Navigators were not able to mitigate (ex. Supply of care, community-wide poverty)
4. Identify potential solutions to address barriers discovered and formalize theories
5. Launch phase 2 of screening program with mobile screening units

Milestones:

- Identified Barriers
- Formalized Theory – Solutions to Barriers

Step 3: Evaluation & Program Adjustments: **April – June 2021**

1. Conduct 6 month evaluation
2. Make adjustments/changes in programs based on early lessons learned
3. Evaluate Program results
4. Identify opportunities to scale up
5. Launch phase 3 of screening program with mobile screening units

Milestones:

- Initial Evaluations Completed
- Adjustments in Program Implemented
- Final Summary Report

Step 4: Final Evaluation/Scale-up: **September - October 2021**

1. Conduct second in-person meeting
2. Lessons learned implemented in second phase of program launch
3. Final evaluations take place and the final program adjustments are made
4. Summarize findings and present to Board

Milestones:

- Final Evaluation Completed/Results Reported
- Revised Program Implemented

Outputs: How we will measure success

- Increase in colorectal cancer & breast cancer screening rates for 25 – 50% of sites
- Reduction in disparities by race and geographic location
- # of new patients connected to a provider
- Decrease in # barriers for screening and receiving treatment
- Asset map of LA programs
- Well-tested and packaged program specifications for CHW/Navigator
- Implementation Toolkit
- Learning what CHW and Navigator practices impact outcomes & disparities

- Program needs known, including resources and links to health systems, and best match between delivery models and contexts

Collaborative Resource Needs/Costs:

1. **Staff Lead and Subject Matter/Quality Improvement Experts** (2.0 Full time staff Subject Matter and Quality Improvement Expertise)
2. Data and Communications Platform
    - For data collection:
        - Excel documents can be created in which CHWs and Navigators will input their data and overall effectiveness can be determined.
        - ReachNet will collect, house, and provide an analysis of program offerings.
    - Communication platforms:
        - The most common platforms are list serves.
        - Social media platforms can also serve as communication vehicles.
3. **Site/Materials**
    - Costs for Venue/audio & video equipment
    - Materials for Collaborative (Printing)

Resource Needs	Costs	Quantity	Total
Staff Time:			
Program Content Development	$46,750	1	$ 46,750
Monthly Continuing Education Webinars	$500	8	$ 4,000
Facilitation of in-Person Learning Sessions	$5,000	2	$10,000
Technical Assistance	$200/hr	18	$ 3,600
Consulting Services	$200/hr	30	$6,000
Direct Costs	$4,000	1	$ 4,000
Executive Director	$30,000	30%	In-kind
Statewide Manager	$30,600	40%	In-kind
Administrative Support	$13,500	30%	In-kind
Total Costs			**$74,350**

A true sense of **ownership** of the plan – not only by the members of TACL, but also by collaborating organizations in Louisiana is critical.

Various ways Stakeholders can support this Initiative:

1. Help recruit participating organizations

2. Financial investment to help existing programs participate
3. Staff support for pulling, analyzing and reporting data
4. Potential to share resources among organizations

Health Plans:

1. Explore opportunities for value-based payment incentives for CHW and/or Navigators.
2. Incentivize payments tied to the goals of TACL
3. Adopt & participate in training for CHW/navigation based on core competencies TACL has established.
4. Ensure that CHWs are connected to Health Systems

Large Employers:

1. Work w/ Plan Administrator to include incentives that support TACL's goals in provider networks

Providers & Health Systems:

1. Financial investment to hire trained and qualified Navigators
2. Establish work flow processes in owned and affiliated physician practices to maximize navigating the health screening
3. Use of community health workers to increase breast cancer screening and navigation for patients with positive breast cancer screens.
4. Education of primary care and non-oncology specialists of colorectal cancer treatment protocols
5. Use and support materials from the public education campaign

Why Participate in this Collaborative:

- Stakeholders can brand their own efforts in TACL initiatives (e.g. CHW, navigators, public education materials, success stories from screening and early detection)
- Resources (e.g. community health workers and navigators) could be shared across systems, reducing the cost to any one organization
- Opportunity to change the course of healthcare for Louisianans by improving cancer care and outcomes that results in saving 1,500 additional lives
- Forming potential partnerships that otherwise would not have been possible
- Improve quality and reduce costs for cancer care as part of the population health and value based payment
- Increase the number of individuals being screened as well as reducing disparities
- Increase in the number of patients connected to providers
- Reduction in the time it takes for initiation of treatment
- Support for the identification of best practices in physician office processes

Health Plans:

- Strengthen relationships with health systems and independent provider partners by supporting their efforts to improve screening rates and early detection in the state of Louisiana.

Large Employers:

- Strengthen relationships with health systems, health plans and independent provider partners by supporting their efforts to improve screening and protocol adherence.

Providers/Health Systems:

- Provide input to Medicaid and other payer medical and payment policies
- Strengthen consistent best practices within their systems, deepen relationships with affiliate organizations and establish new relationships with other health organizations
- Connecting new patients to providers
- Creating new work flow processes to close referral loops

TACL will recognize the Stakeholders in the following ways:

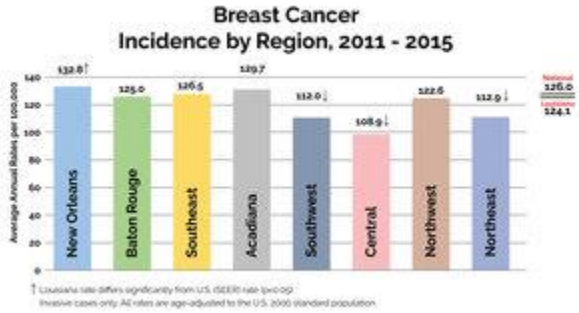
- Encourage major participants, Mary Bird Perkins, LSU, LCMC) to extend best practices to affiliated provider partners (e.g. rural hospitals, independent physician groups)
- Branding of their efforts
- Publish best practice results in screening rates and adherence to breast cancer treatment protocol
- Payer incentive programs tied to TACL's goals
- Annual Awards Banquet w/press coverage
- Recognition will be incorporated into a Comprehensive Recognition Strategy

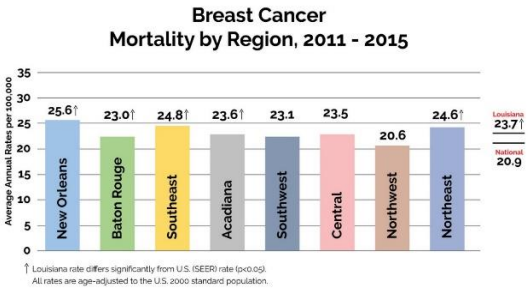
Through TACL's improvement efforts, the following will be provided:

- Improved screening rates
- Improvement in timely diagnosis
- Improved initiation of treatment for colorectal cancer and breast cancer.
- Effectiveness of CHWs/Navigators to address the disparities faced by Louisiana residents.
- The impact CHW/navigator programs can have and the resources required to sustainably run the programs.
- More patients following up on referrals and scheduled appointments

Appendix:

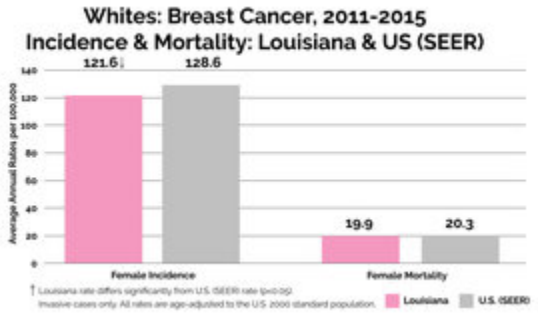
Areas with highest incidence and mortality (death) rates for Breast Cancer

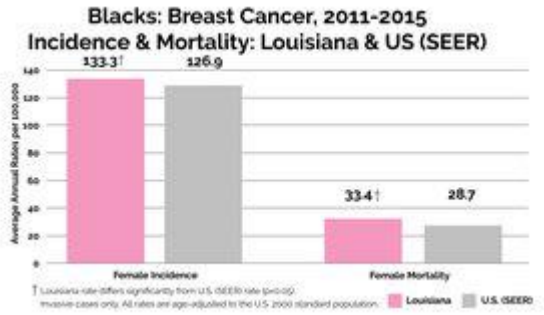




Source: Louisiana Cancer Prevention and Control Programs

Breast Cancer Incidence and Mortality (death) rates in White and Black Women





Source: Louisiana Cancer Prevention and Control Programs

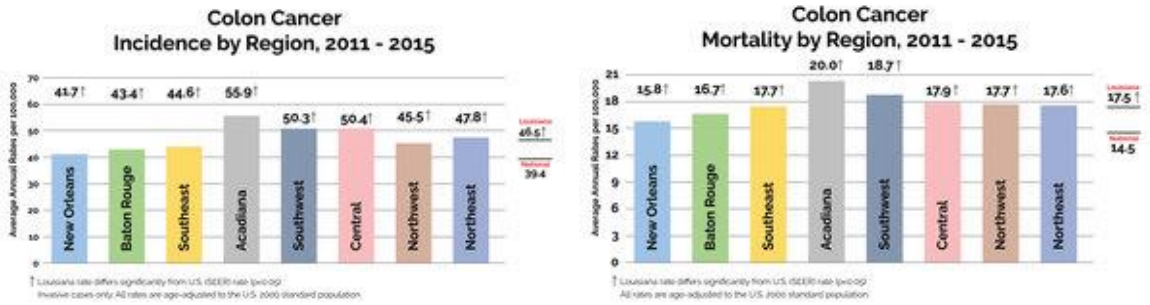
Average Annual Costs of Care (per patient): Costs in U.S. Dollars, Age 65 +

				Last Year of Life							Last Year of Life	
Sex	Site	Initial	Continuing	Cancer Death	Other Cause	Sex	Site	Initial	Continuing	Cancer Death	Other Cause
Female	Breast	23,078	2,207	62,856	748	Male	-	-	-	-	-
	Cervix	45,174	1,425	78,553	7,949		Prostate	19,710	3,201	62,242	5,370
	Colorectal	51,327	3,159	84,519	14,641		Colorectal	51,812	4,595	85,671	15,068
	Esophagus	79,532	6,859	104,278	41,051		Esophagus	79,822	6,450	103,742	51,035
	Head/Neck	41,980	4,826	86,602	10,064		Head/Neck	39,179	4,001	83,662	9,269
	Lung	60,533	8,130	92,524	18,897		Lung	60,885	7,591	95,318	25,008
	Melanoma	5,047	915	56,784	252		Melanoma	5,437	1,951	62,436	546

- Phases of care: **Initial** year after diagnosis, **Last year of life**, and the period between (**Continuing**). Months of survival are first applied to last year of life, any remaining to initial phase, then to continuing.
- **Cancer death**: death from any cancer
- **Other cause**: death from causes other than cancer

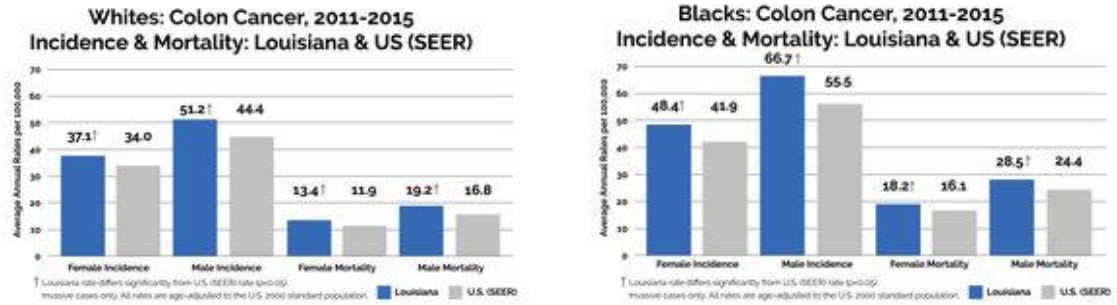
Source: Louisiana Cancer Prevention and Control Programs

Areas with highest incidence and mortality (death) rates for Colon Cancer



Source: Louisiana Cancer Prevention and Control Programs

Colon Cancer Incidence and Mortality (death) rates in Whites and Blacks



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	Cervix	45,174	1,425	78,553	7,949		Prostate	19,710	3,201	62,242	5,370
	Colorectal	51,327	3,159	84,519	14,641		Colorectal	51,812	4,595	85,671	15,068
	Esophagus	79,532	6,859	104,278	41,051		Esophagus	79,822	6,450	103,742	51,035
	Head/Neck	41,980	4,826	86,602	10,064		Head/Neck	39,179	4,001	83,662	9,269
	Lung	60,533	8,130	92,524	18,897		Lung	60,885	7,591	95,318	25,008
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Source: Louisiana Cancer Prevention and Control Programs

Click HERE to view Logic Model