

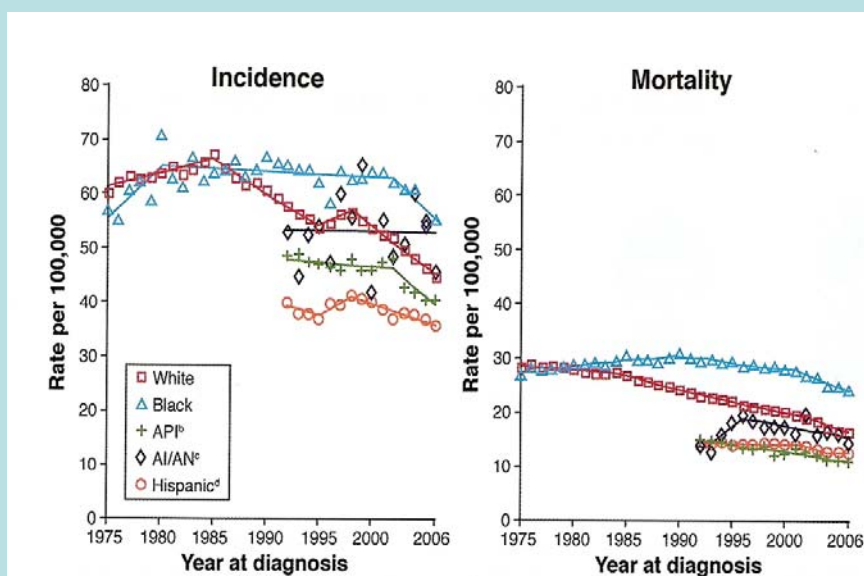


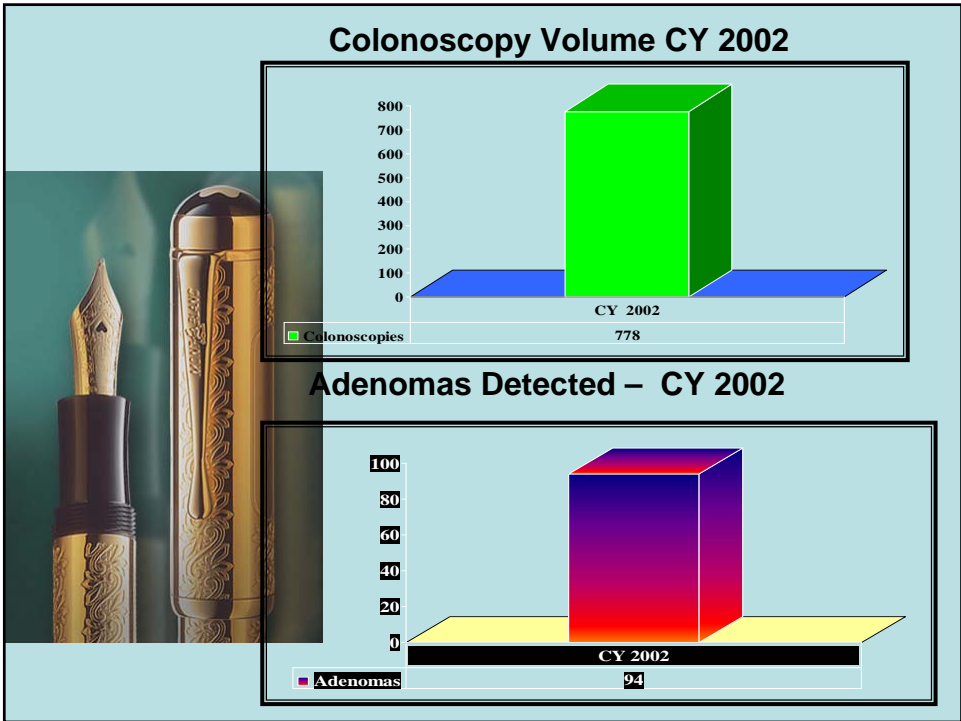
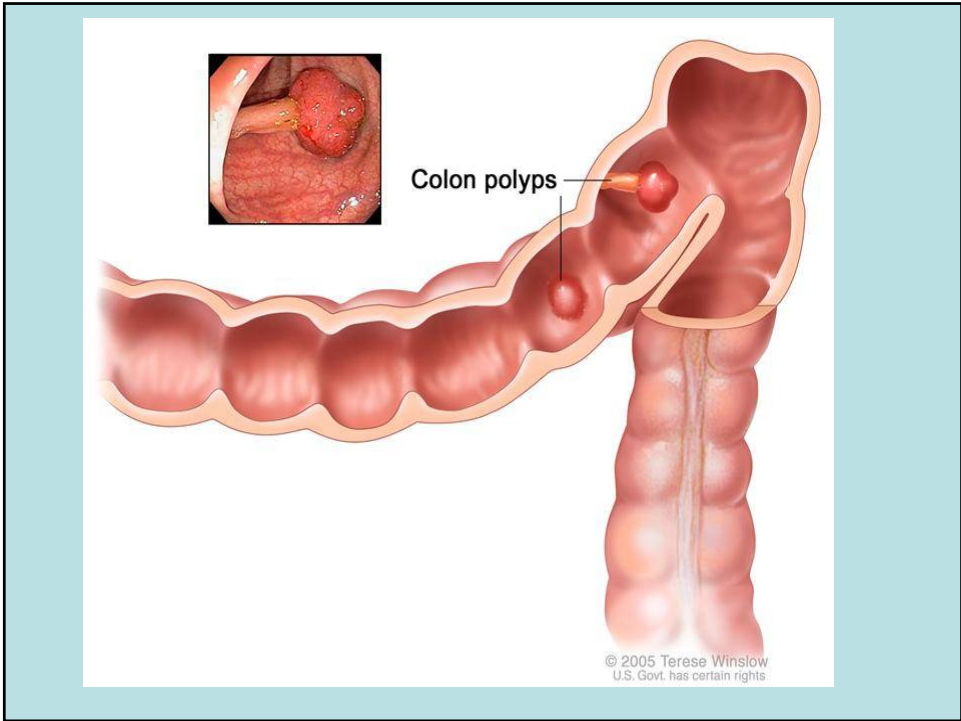
Navigating away Disparity in Colorectal Cancer

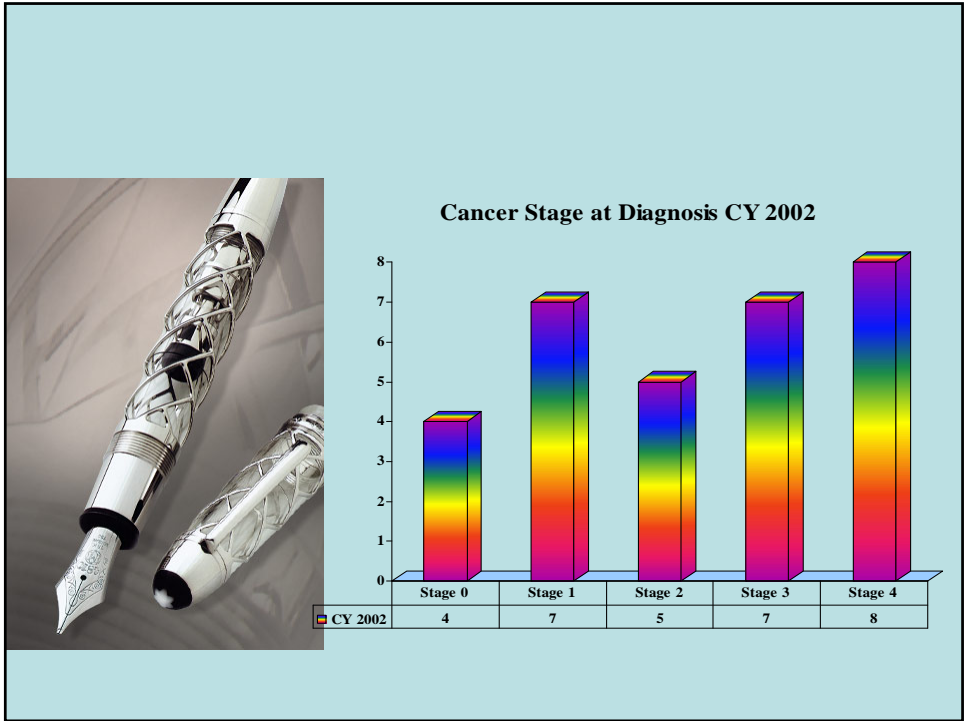
Sulaiman Azeez, M.D.

Clinical Assistant Professor of Medicine
Weill Medical College of Cornell University

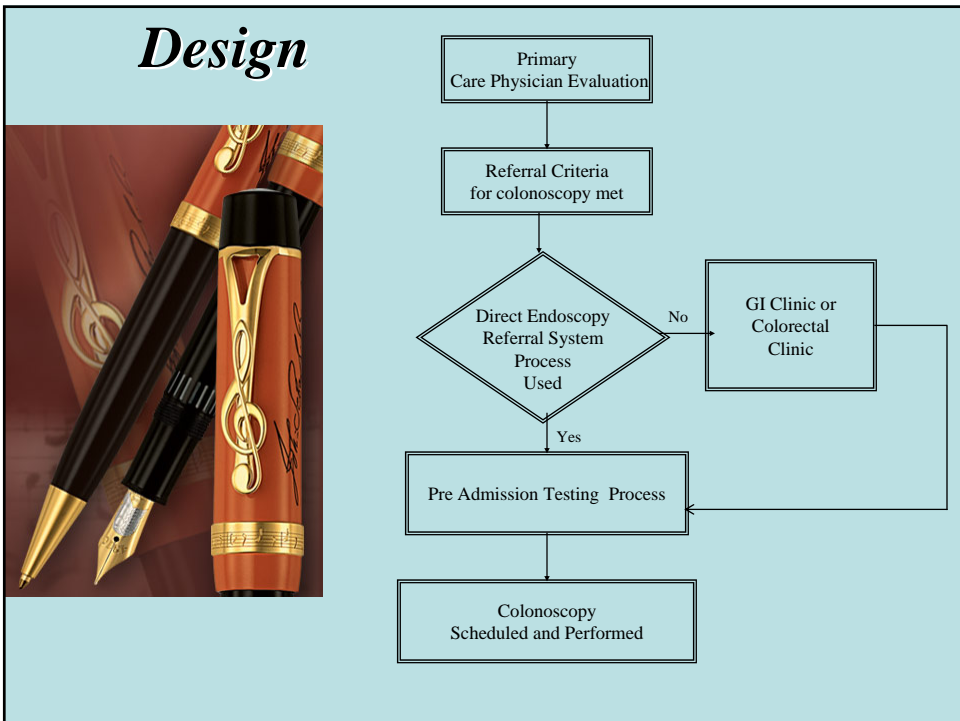
Chief of Gastroenterology & Hepatology
Lincoln Medical & Mental Health Center



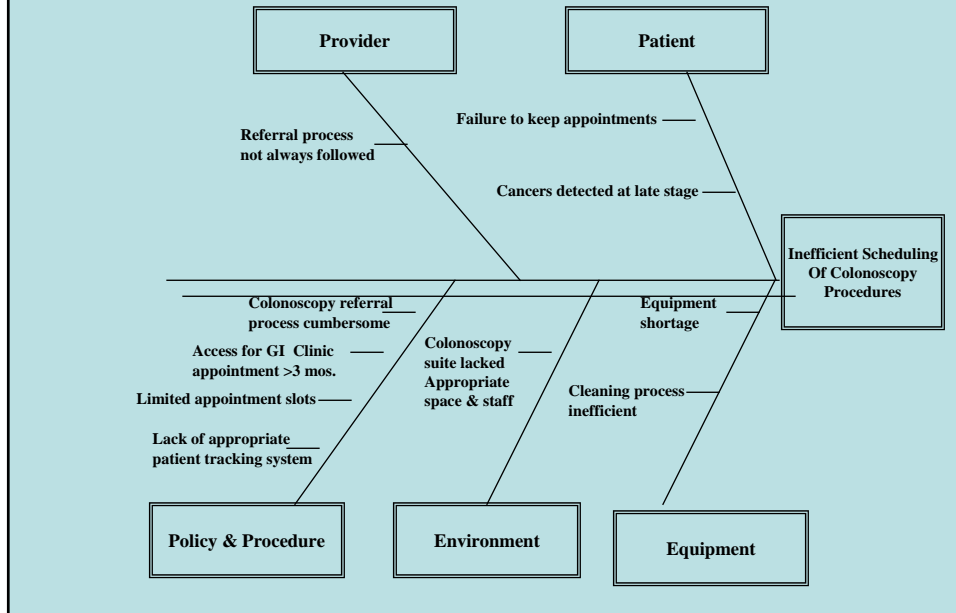




- ## *Measure*
-
- Wait times for routine GI clinic/Colorectal clinic and colonoscopy appointment.
 - Broken appointment rate for GI/CRC clinics and the endoscopy suite.
 - Cancer stage at diagnosis.
 - Adenomas detected.



Design



Direct Referral.



Iron Deficiency Anemia.

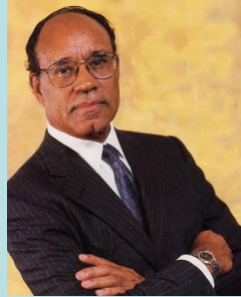
Prior Colon Cancer/Polyp & no Colonoscopy for at last 5 yrs.

Age 50 -75 Yrs with no major co-morbidity.

Abnormal Colon Imaging Study.

Rectal bleed.

Family History of CRC before age 60 yrs.



Harold P. Freeman, MD

Navigators



• Confidential.

• Respectful.

• Compassionate.

• Mindful of Patient's safety.

Navigators



• Communication.

• Healthcare System.

• Language & Cultural.

• Bias based on race/age/gender.

• Fear.



Navigators



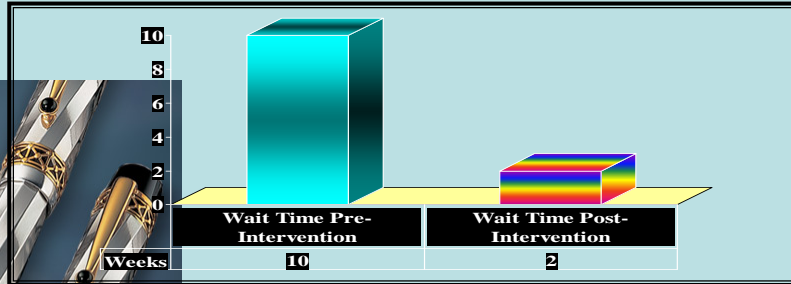
- **Role in CRC therapy**
-
- Contacts Patient when Invasive CRC is diagnosed.
- Identify personnel in departments involved in CRC therapy.
- Help Patients to keep scheduled appointments.
- .

Navigators

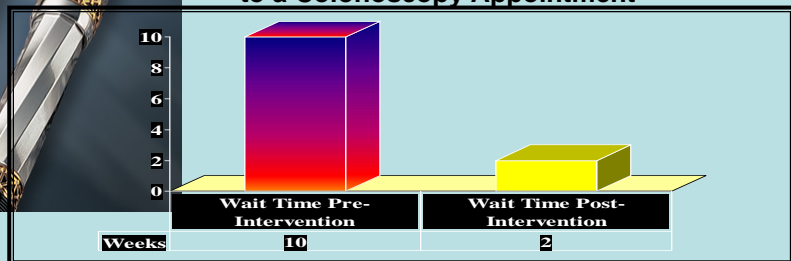


- **Role in CRC therapy**
- **Data entry:**
- Track interventions and outcomes.
- Recall Pts in database, with Adenoma & CRC, for surveillance.
- Research.

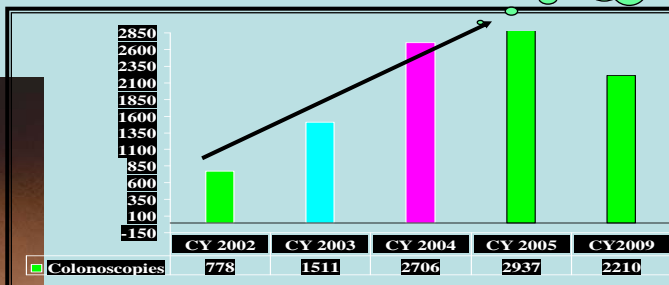
GI Clinic Appointment Wait Time Decrease From May 2003 to December 2005



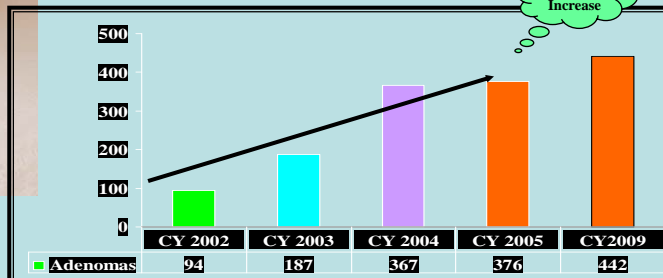
Wait Time From GI Clinic Evaluation to a Colonoscopy Appointment



Colonoscopy Volume 2002 vs. 2003 vs. 2005 vs 2009



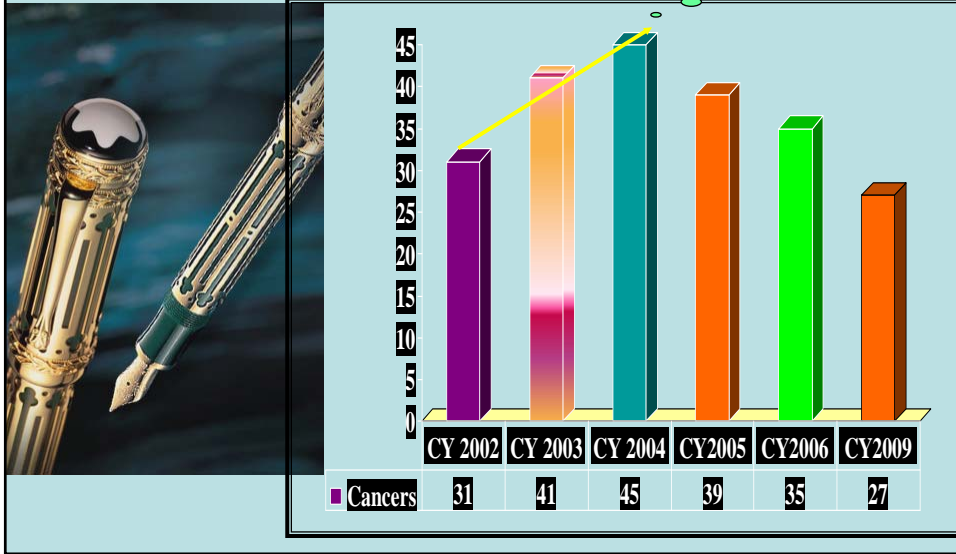
Adenomas Detected – Comparison 2002 vs. 2003 vs. 2005 vs 2009



Cancers Detected Per Calendar Year

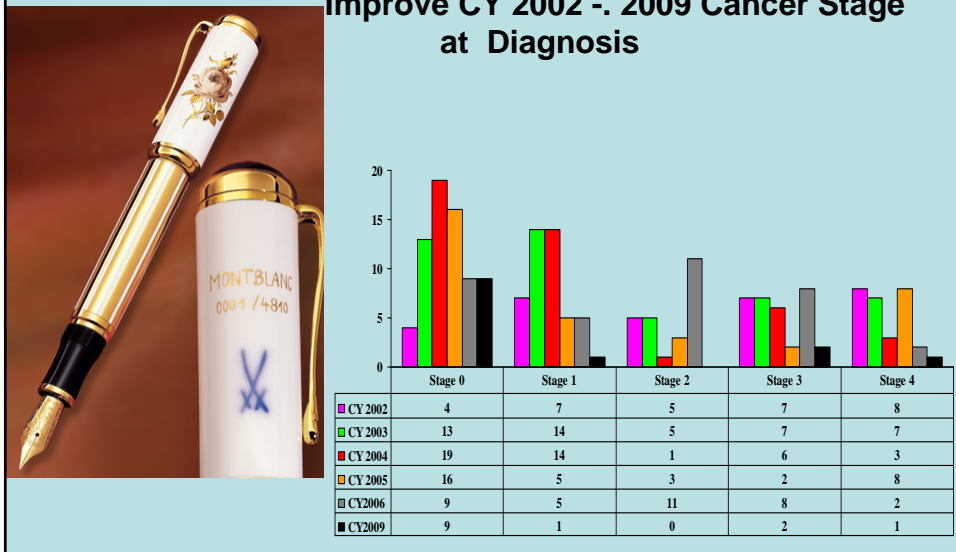
2002 -2009

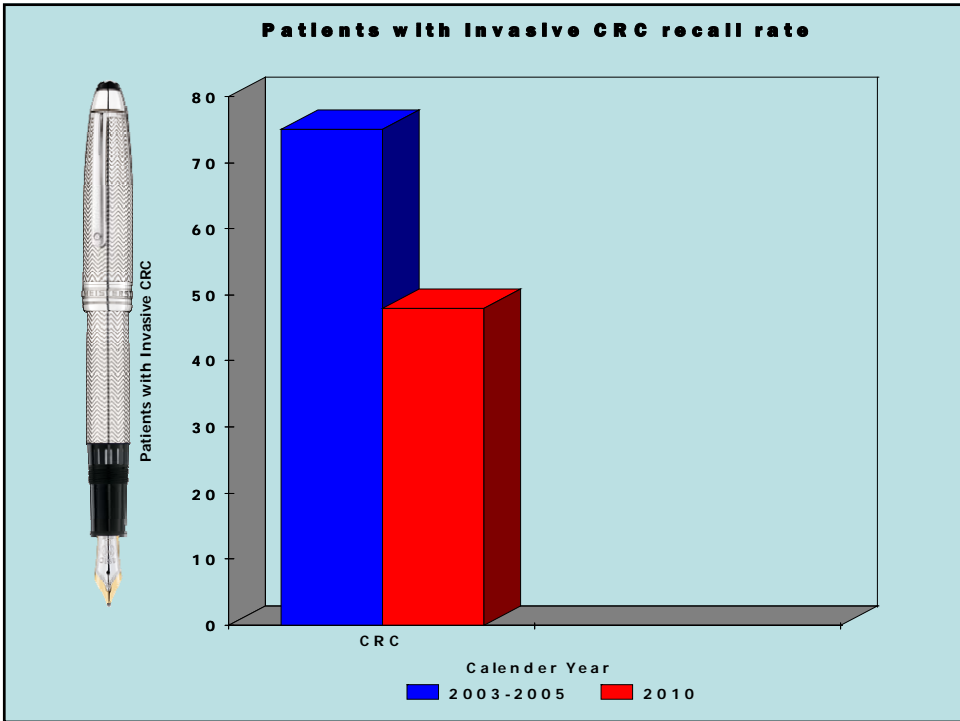
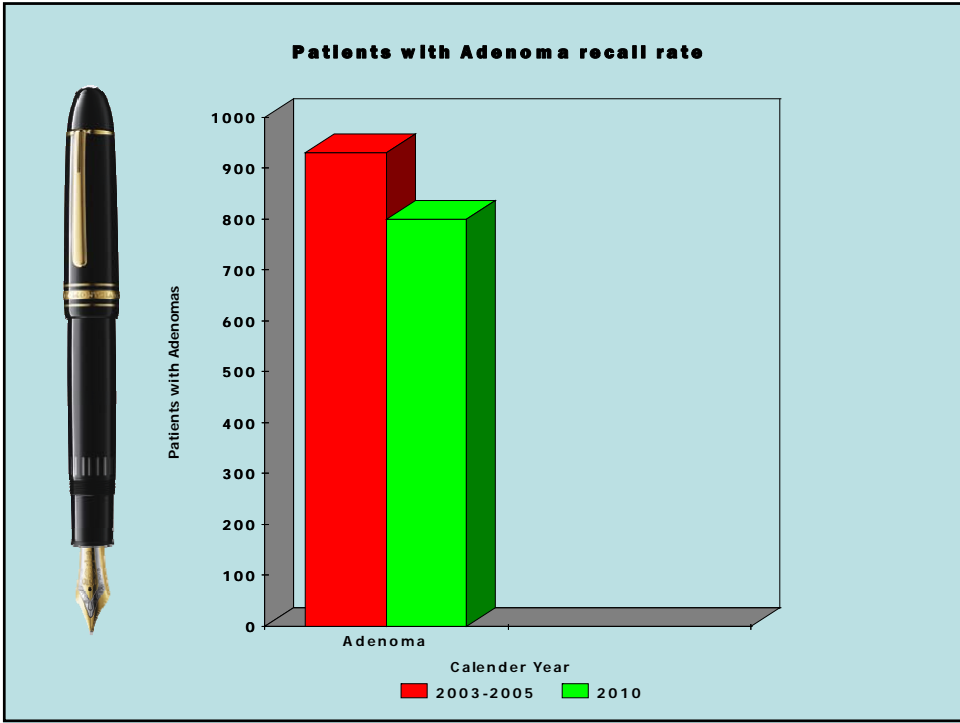
45 %
Increase



Improve

Improve CY 2002 -. 2009 Cancer Stage at Diagnosis





Lincoln Medical and Mental Health Center						
Colonoscopy Procedures						
	CY 2004		CY 2005		CY 2006 (1st half)	
	Payor Mix	Revenue	Payor Mix	Revenue	Payor Mix	Revenue
Medicaid	21%	\$186,994.34	18%	\$328,137.76	16%	\$133,175.27
Medicare	16%	\$125,255.61	17%	\$271,825.67	15%	\$109,717.75
Blue Cross	0%	\$2,353.00	1%	\$7,186.53	1%	\$2,490.00
Commercial	2%	\$13,231.86	3%	\$40,393.73	2%	\$11,870.57
Managed Care	32%	\$357,417.39	36%	\$839,435.46	47%	\$438,780.38
No Fault	0%	\$0.00	0%	\$523.43	0%	\$150.00
Worker's Com	0%	\$0.00	0%	\$0.00	0%	\$0.00
Self Pay	28%	\$89,729.15	25%	\$139,034.73	19%	\$55,358.40
TOTAL	100%	\$774,981.35	100%	\$1,626,537.31	100%	\$751,542.37

* Self-pay includes Fee - Scaled patients as well as those covered under American Cancer Society Fund.



Conclusion



- Disparity in Colon Cancer screening and outcome can be effectively addressed by implementing a system that combines both Patient Navigation and Direct Referral.