

Improving Rates of Screening Colonoscopy:
The Mount Sinai Experience

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Mount Sinai
Screening Colonoscopy Demonstration
Project

Hypothesis: "If we build it, they will come."

- Reduce barriers for referring physicians:
 - Nov. 2003: Open Access system started
- Help patients complete their colonoscopy:
 - April 2004: Patient Navigator hired
 - Bilingual Hispanic female health educator
- Remove insurance as an obstacle:
 - Medicaid patients (directly referred from Internal Medicine Associates and GYN Clinic).



Approach

- Open Access Endoscopy
 - Direct referral form faxed by Primary Care Provider
 - Reviewed by Gastroenterologist
 - Appropriate cases given to Patient Navigator
- Patient Navigator does the following:
 - Step 1: Scheduling Phone Call
 - Step 2: Reminder Postcard
 - Step 3: Two Week Reminder Call
 - Step 4: Three Day Reminder Call



Step 1: Scheduling Phone Call

- Review the following with the patient:
 - Reason for referral
 - Importance of having a colonoscopy
 - Review current medications
 - Review and mail prep materials
 - Ensure escort
 - Answer all questions
 - Address concerns



Step 2: Post Card



Dear _____

Your Colonoscopy Appointment is scheduled for
Please come to the Warren Alpert Pavilion 1184 5th Avenue
(Between 98th & 101st Street), 7th Floor at



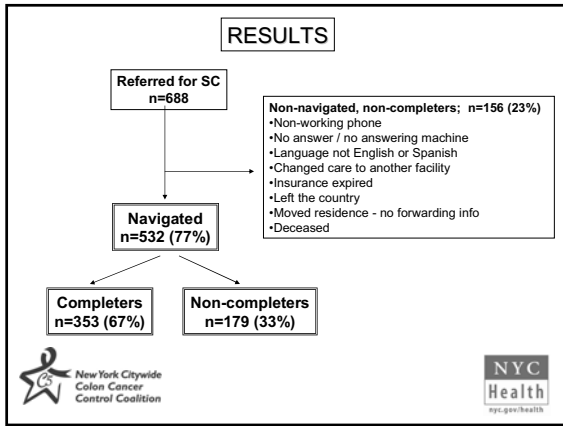
To reschedule your appointment or to ask questions please contact:
Anabella Castillo at 212-659-5415 or Yira Duplessi at 212-659-8212



Steps 3 & 4: Reminder Phone Calls (2 weeks, and 3 days prior to procedure)

- Confirm receipt of prep and how to perform prep
- Confirm appointment time and location
- Confirm escort
- Review importance of having a colonoscopy
- Answer all questions
- Address concerns





Demographics of Study Population

	Navigated Patients (n=532)	East Harlem Population (Year 2000) *
Hispanic	295 (55%)	55%
African-American	164 (31%)	33%
Other	73 (14%)	12%

* New York City Department of Health and Mental Hygiene



New York Citywide Colon Cancer Control Coalition

NYC Health
nyc.gov/health

- ### Predictors of Completion
- **Women were more likely to complete than men.**
OR = 1.31 (95% CI 1.11-2.63)
 - **Hispanics were more likely to complete than African Americans.**
OR = 1.67 (95% CI 1.11-2.50)
 - **Multivariate: Hispanic women were more likely to complete than Hispanic men.**
OR = 1.5 (95% CI 1.23-4.21)
- New York Citywide Colon Cancer Control Coalition
- NYC Health
nyc.gov/health

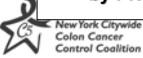

Lesions Detected

• Adenocarcinoma	1.0%
• Polyps:	37.8%
• Adenomas	52%
• Hyperplastic polyps	30%
• Other polyp types	18%



Patient Satisfaction (among completers)

- 64% of patients would not have completed colonoscopy without the assistance of the Patient Navigator
- Felt the procedure had been explained:
 - by PCP: **84.2%**
 - by PN: **92.1%**
- Understood bowel prep:
 - by PCP: **34.9%**
 - by PN: **58.5%**
- Satisfied with bowel prep explanation:
 - by PCP: **83.0%**
 - by PN: **99.1%**

Technical Issues Improved by Navigation

- Prep Quality: Inadequate or Poor
 - **Pre-Navigation:** **12%**
 - **Post-Navigation:** **4.7%**
- No-Show Rates
 - **Pre-Navigation:** **40%**
 - **Post-Navigation:** **15%**






**Financial Implications:
Impact of Better Prep Rates**

- Assuming 2,500 colos per year:

12% poor prep without PN	300
4.7% poor prep with PN	118
More completed colos	182*
	*4 more cases/week

Revenue from facility fees:
@ \$700 per case (Medicaid)
\$127,400






**Financial Implications:
Impact of Improved No-Show Rate**

- Assuming 2,500 colos per year:

40% no-show without PN	1,000
15% no-show with PN	- 375
More completed colos	625*
	* 14 more cases/week



Revenue from facility fees:
@ \$700 per case \$437,500

**Financial Implications:
Impact of "Lost" Colonoscopies**

- Show, but poor preps: 4 cases/week
- No-shows: 14 cases/week
- Total: Lost colos: 18 cases/week



Without navigation, lost revenue (for the same overhead):
@ \$700 per case \$604,000
(assuming 48 wks/yr)

**Financial Implications:
Impact of Enhanced Efficiency**

By using navigation, additional revenue (for the same overhead):
 @ \$700 per case \$604,000



If we increased efficiency by adding
 15 new cases per week:
 @\$700 per case \$504,000
Total: **\$1,108,000**

**Financial Implications:
Impact of PN + Enhanced Efficiency**

- 33 more cases per week =
- 1,485 more colos per year =
- \$1,108,000/yr additional revenue

Pathology detected:
 Adenomas (20% incidence) 297 new adenomas
 Cancers (@0.5% incidence) 7-8 new CRCs






**Financial Implications:
Hospital Expenses**

- To get the job done, the Hospital may have to consider the following financial investments:

Patient navigator:	\$ 50,000
Physician(s):	\$200,000
TOTAL:	\$250,000

But: These expenses are counterbalanced by enhanced efficiency and through-put.....

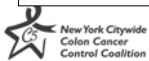
Conclusions

- The Mount Sinai Screening Colonoscopy Demonstration Project reveals the following:
 - Minority patients in East Harlem can be successfully navigated into screening colonoscopy.
 - Patient Navigation improves the existing efficiency of Endoscopy Unit operations by markedly lowering the “no-show” and “poor prep” rates.
 - The Hospital benefits financially from this program.



Areas for Future Improvement

- Even with systems in place to optimize the ease of obtaining colonoscopy (health insurance, open access referral, patient navigation), one third of urban minority subjects still did not complete colonoscopy.
- Women were more likely to complete than men, and Hispanics were more likely to complete than African-Americans
- How do we improve upon the 33% non-completion rate?
 - What behavioral and/or cultural issues define patients who complete navigation versus those who do not?
 - Is there a role for peer navigation? Culturally targeted interventions?
- How do we get physicians at voluntary hospitals to scope underinsured/uninsured patients?



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