Assessing the successes and challenges of recruiting insured women for patient navigation services in the Maryland Breast and Cervical Cancer Program

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Introduction

• Patient Navigation (PN)
  o Originated in 1990 – Harold Freeman
  o Designed to navigate individuals through cancer care

• Nationwide, PN programs have improved:
  o Screening rates
  o Adherence to diagnostic services
  o Diagnostic resolution

Introduction

• Maryland Breast & Cervical Cancer Program (BCCP)
  o Center for Cancer Prevention & Control
  o Screening, diagnosis, patient navigation for over 25 years

• Implementation of Affordable Care Act (ACA)
  o 43,000 MD women provided with insurance\(^1\)
  o Obstacles to utilization

• 22 local BCCPs across MD
  o “One size fits all?”

\(^1\) Calculated using the difference between SAHIE 2014 estimates and Census’ American Fact Finder 2014 estimates of Maryland women meeting PN eligibility criteria.
Aims & Objectives

1. Qualitatively assess the current status of local BCCPs’ recruitment approaches

2. Leverage evaluations to identify best practices, develop training materials

*Increase number of eligible MD women enrolled in patient navigation*
Methods

Phase 1 – Key Informant Interviews
- Coordinators at local BCCPs selected by past performance
- Questions:
  - Previous literature
  - Past experience
  - Semi-structured
- Recorded, transcribed, examined

Phase 2 – Statewide Survey
- Ascertain strengths, weaknesses, differences
- Developed by all staff
- 21 questions
- Delivered electronically via SurveyMonkey
Findings

Phase 1 – Key Informant Interviews

• 8 interviews
  o 25-61 minutes

Themes:

• Strengths to recruitment:
  o Partnership with Federally Qualified Health Center (FQHC)
  o Establishing trust with clients

• Challenges to recruitment:
  o No discernible barriers thus women are ineligible
  o Disinterest among women reached

• Wide variation depending on location of local BCCP
Findings

Phase 2 – Survey
• 23 total responses

Themes:
• Commonly used strategies are not working
  o Health fairs, churches/salons, newspaper/radio ads
  o Failing to target desired population
• Mixed partnerships with FQHCs
  o Strong or weak relationship dictates recruitment
• Need improved communication among BCCPs
  o Satisfaction with other programs was split
  o Successful programs don’t feel the need to share
Recommendations

1. **Specific Recruitment Strategies**
   - **Local**: Reconsider health fairs, newspaper and radio ads, churches/salons as primary recruitment efforts
   - **State**: Provide guidance for partnerships and activities (Learn of Program codes, etc.)

2. **Targeting FQHCs & Doctors’ Offices**
   - **State**: target these centers, research other efforts (other states or nationwide) to bridge the gap
     - Ideally from an entity other than the local BCCP
Recommendations

3. County-to-County Communications

• **State:** create a forum through which local BCCPs can share their success and challenges
  o Important to incentivize
  o Geography- or population-specific for effective implementation
Limitations & Challenges

• Finding an affordable transcription service for key informant interviews

• Maintaining focus on recruitment

• Survey response rate
Lessons Learned

- Moving my cancer experience across the cancer continuum

- Inner workings of governmental agencies
  - Understanding is essential for disseminating research findings
  - Experience I will carry forward to NCI

- Qualitative data

- Collaborative nature of Maryland Department of Health
Policy & Practice Implications

- Applicable to overall program and not just recruitment
  - Timely in revitalizing partnerships
- Recommendations to improve recruiting strategies
- Significantly impact lives of MD residents
  - More women enrolled in PN
  - Reduced cancer burden
  - Lives saved
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References


