

Developing, Measuring & Sustaining: The Journey of a Cancer Prevention Community Health Worker

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Peninsula Community Health Services**

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Community Health Worker Conference

What to Expect

Partnership Background

Cancer Prevention

Measure & Track

Tamara's Story

Case Studies





Partnership Background

American Cancer Society & Peninsula Community Health Services



***Never doubt that a small group of thoughtful
committed citizens can change the world. Indeed, it
is the only thing that ever has.***

Margaret Mead





Cancer Prevention

Is Cancer Preventable?

42%

of cancers are
potentially
avoidable

19%

caused by
smoking

18%

caused by
unhealthy
behaviors



PREVENT CANCER WITH THE HPV VACCINE.

LEARN MORE

CANCER PREVENTION, SCREENING & EARLY DETECTION

HPV Vaccination

- The human papillomavirus (HPV) is a common virus that can cause cancer in men and women.
- The HPV vaccine helps prevent the infections that lead to many HPV cancers and is **safe** and **effective**.
- The HPV vaccine is most effective when given at age 11 or 12. **Cancer protection decreases as age at vaccination increases.**
- The HPV vaccine is given as a series of two shots 6 to 12 months apart

Source: *Insert here.*

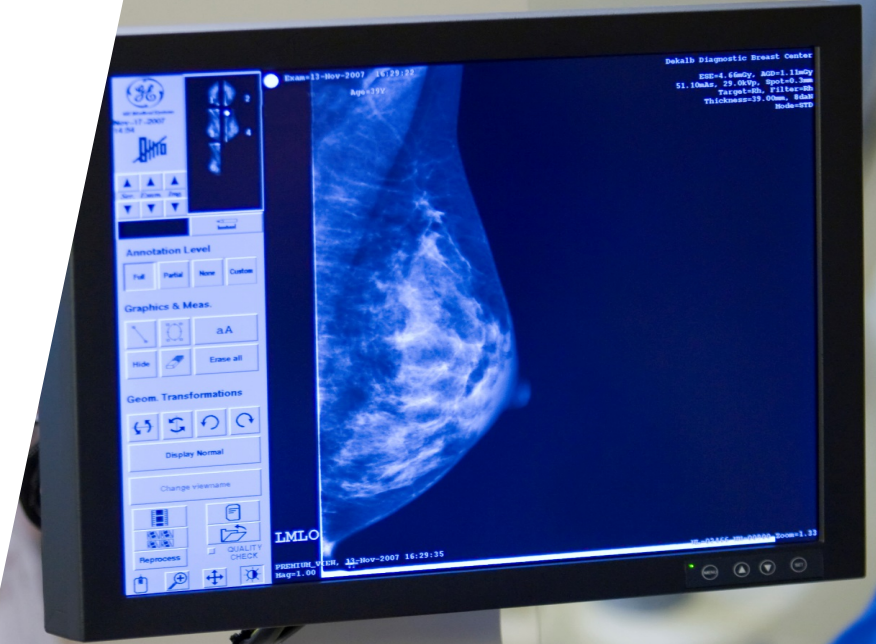


Cancer Screening & Early Detection

- **Screening Tests can:**
 - Identify pre-cancerous cells, to remove them before they become cancerous
 - Detect cancer early, to reduce the risk of dying from cancer
- **Screening Tests used for most adults:**
 - Mammograms (*breast cancer*)
 - Colonoscopy, FIT or FOBT (*colorectal cancer*)
 - Pap test & HPV test (*cervical cancer*)
- *Other screenings may be recommended depending on family history and risk factors*
- **Always be sure to:**
 - Talk with a health care provider about your family history
 - Report any unexpected changes to your body

Breast Cancer: Mammograms

- **Women ages 40 to 44** should have the choice to start annual screening with mammograms
- **Women age 45 to 54** should get annual mammograms
- **Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening
 - Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer



Colorectal Cancer: Stool-Based Tests & Visual Exams

Men and women starting at **age 45** should follow one of these testing plans. People **older than 75** should talk with their health care provider about if they should keep getting screened

Stool-Based Tests

- Yearly fecal immunochemical test (FIT) or guaiac-based fecal occult blood test (gFOBT)

Visual (Structural) Exams

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years

Cervical Cancer: Pap Test & HPV Test

All women who have been vaccinated against HPV should still follow the screening recommendations for their age groups.

- **Women 21-29** should have a Pap test done every 3 years
- **Women 30-65** should have a Pap test plus an HPV test (“co-testing”) done every 5 years or every 3 years with the Pap test alone
- **Women 65+** who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer

Evidence Based Interventions

HPV Vaccinations

- Reminders
- Recommendation
- Reduce Structural Barriers

Breast Cancer Screening

- Group Education
- Provider Reminder
- Patient Navigation

Colorectal Cancer Screening

- Reminders
- Stool-based Test
- One on one education

Cervical Cancer Screening

- Reminders
- Reduce Structural Barriers
- Recommendation



Measure & Track

1st

Community
Health
Worker

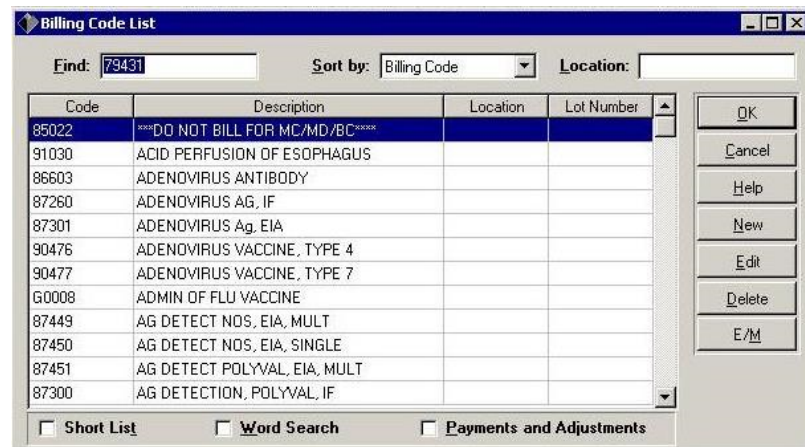
- Workflow
- Trial & Error
- Documentation – what, where, when, how often
- How do we measure the “work” to put a value on it?
 - “Dummy” billing codes
 - Real ICD-10 codes



EUGENE KIM AND THE WONDERS OF INFLIGHT CONSTRUCTION

“Dummy” Billing Codes

- All healthcare computers are set up for these
 - Able to replicate in any electronic health record system



Patient Navigation "Touches" List	
Codes	Touches
1CA	1st Call Attempt (Call, Left Message, Set Tickler <i>if applicable</i>)
2CA	2nd Call Attempt (Call, Left Message)
UTCL	Unable to Contact Letter (Assumes 3rd Contact)
PM	Portal Message-Sign Up For Portal (One Contact Attempt)
Screen	Screening(s) Letter/Kit (assumes 1 call with at least a message)
UPA	Upcoming Appointment-Reminder Call
SchPh	Scheduled over Phone
SchIP	Scheduled in Person (<i>Both appts at PCHS and appts with other non-PCHS providers</i>)
LMP	Left Message with Person
BPN	Bad Phone Number
UAD	Undeliverable Address
BPUA	Bad Phone Number AND Undeliverable Address
WLP	Waitlisted Patient
DS	Declined Service
INSA	Insurance Assist (Enrollment, Renewal, Denial) <i>NOTE: Load 1 code per person on</i>
FINA	Financial Assist - Un/under-insured
RefSDOH	Resource Referral Assist (referral generated for food, housing, legal, etc.)
AstSDOH	Resource Assistance (list of resources given for food, housing, legal, etc.)
TransA	Transportation Assist
LangA	Language Assist
CA4T	Complex Assist 4+ Touches
BCCHP	BCCHP Assist (Screened for need and eligibility and/or enrolled in program)

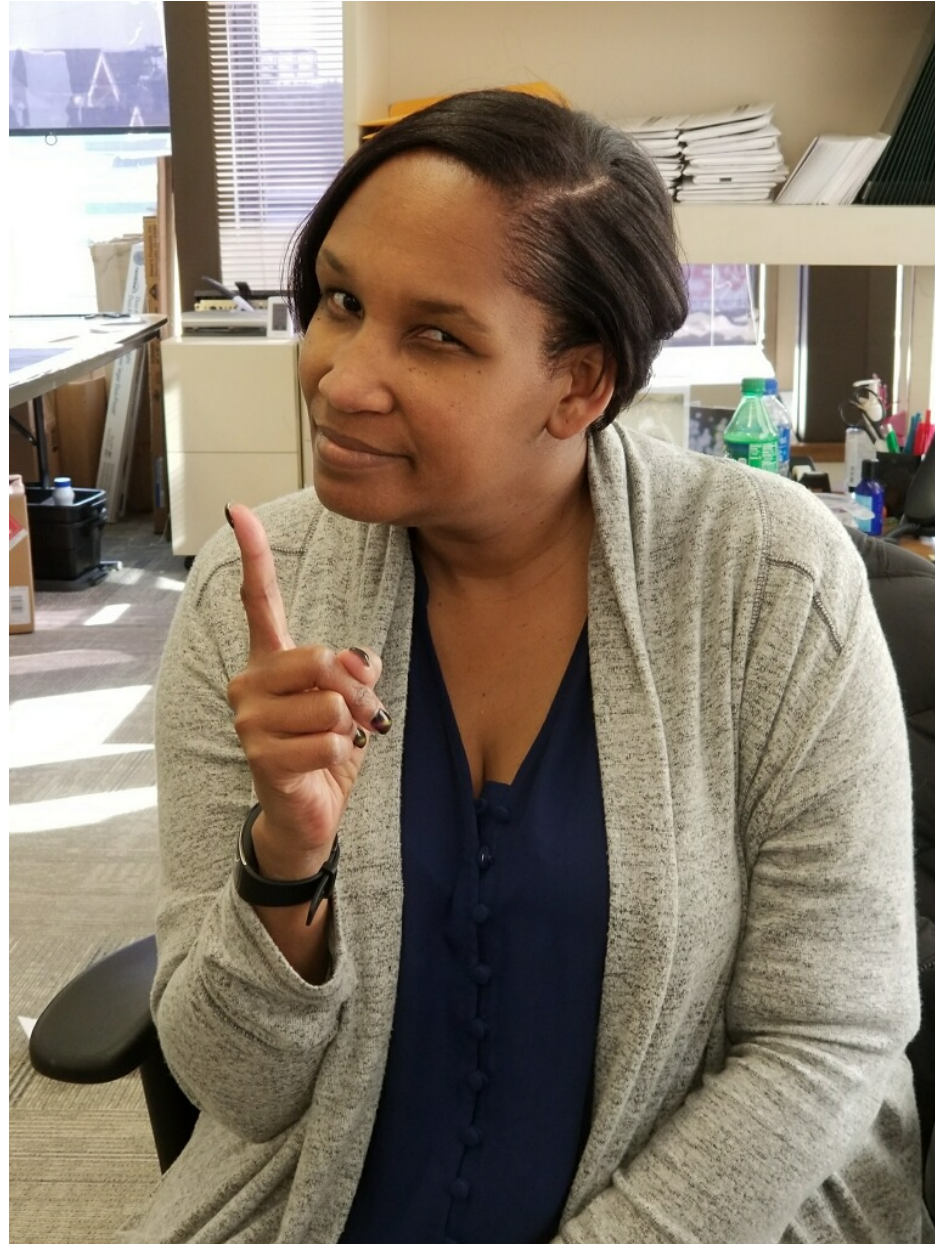
ICD-10 Codes



	Social Determinates of Health ICD-10 Codes
Z76.89	Persons encountering health services in other specified circumstances
Z60.4	Isolation (social)
Z60.3	Immigrant with Language Difficulty
Z59.0	Homeless
Z59.4	Lack of access to adequate food
E63.9	Nutrition impaired due to limited access to healthful foods
Z55.0	Illiteracy and low-level literacy
Z56.0	Unemployed
Z59.6	Low Income
Z59.6	Extreme Poverty
Z77.118	Exposure to Environmental Pollution
Z77.110	Exposure to Air Pollution
Z77.098	Exposure to Chemical Pollution
Z77.111	Exposure to Water Pollution
Z60.5	Racism
Z60.5	Sexism
Z65.1	Imprisonment and other incarceration
Z62.81	Personal History of Abuse in Childhood
Z91.419	Personal History of Unspecified Adult Abuse

Tamara Clough

As Tamara is reaching out to people she kept running into a situation where she was contacting people shortly after their office visit to tell them they are due for their breast/cervical/colon cancer screening...and their provider hadn't told them.



Overall Results

- “Compliance” is defined as having addressed in some way all the care forecasted as due.
- “Partial Compliance” is when the provider acted on one screening, but left another unaddressed.
- Care counted as “addressed” when a WWE visit was recommended and/or scheduled, an FOBT lab was ordered/completed, a referral made for breast imaging, GI, or OB accordingly, or when the provider documented that care was recommended and the patient declined.
- “Change” is the improvement or decrease in compliance since the last audited.

Compliance by Provider

Provider	No	Partial	Yes	Grand Total	Compliance	Apr-18	Change
	20	5	5	30	16.7%	26.7%	-10.0%
	21	3	6	30	20.0%	13.3%	6.7%
	14	7	9	30	30.0%	36.7%	-6.7%
	15	5	10	30	33.3%	26.7%	6.6%
	18	1	11	30	36.7%	36.7%	0.0%
	17	1	12	30	40.0%	0.0%	40.0%
	17	0	13	30	43.3%	13.3%	30.0%
	14	3	13	30	43.3%	13.3%	30.0%
	12	5	13	30	43.3%	10.0%	33.3%
	12	4	14	30	46.7%	40.0%	6.7%
	16	0	14	30	46.7%	N/A	N/A
	10	5	15	30	50.0%	30.0%	20.0%
	11	4	15	30	50.0%	23.3%	26.7%
	12	3	15	30	50.0%	33.3%	16.7%
	14	1	15	30	50.0%	26.7%	23.3%
	12	2	16	30	53.3%	N/A	N/A
	11	2	17	30	56.7%	10.0%	46.7%
	9	3	18	30	60.0%	46.7%	13.3%
	12	0	18	30	60.0%	6.7%	53.3%
	9	1	20	30	66.7%	26.7%	40.0%
	9	0	21	30	70.0%	30.0%	40.0%
	8	0	22	30	73.3%	40.0%	33.3%
Grand Total	293	55	312	660	47.3%	25.6%	21.7%

4 Provider Profiles Emerged

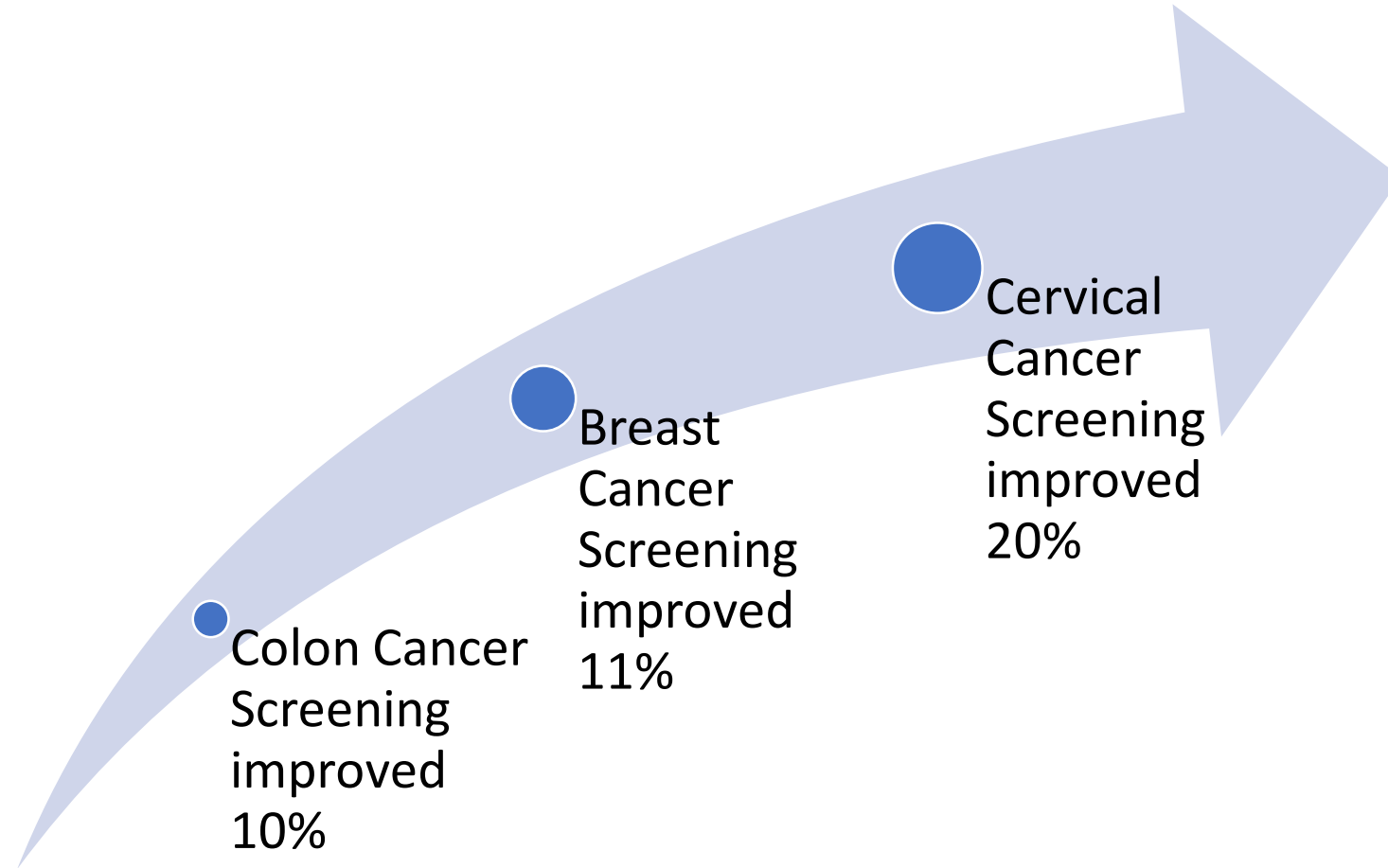
- Optimal State: High compliance score AND high dashboard score.
 - Offering consistently, documenting offers & refusals...and continuing to “pester” to reach higher quality while mitigating risk!
- Providers with **lower compliance** scores and **higher dashboard** scores
 - Need to keep offering and improve documenting
 - Captured the “low hanging fruit” and are working on the harder to reach
- Providers with **lower compliance** scores and **lower dashboard** scores
 - Need a workflow to incorporate screening
- Providers with **higher compliance** scores and **lower dashboard** scores
 - Need to work on messaging and/or motivational interviewing skills

Presto Change-O!

~ Multiple providers really changed their workflow and behavior between chart audits. ~

12	0	18	30	60.0%	6.7%	53.3%
9	1	20	30	66.7%	26.7%	40.0%
9	0	21	30	70.0%	30.0%	40.0%
8	0	22	30	73.3%	40.0%	33.3%

From 2017 to 2018





Case Studies

2015

“Goodbye uterus
you’ll be gone but
not forgotten!!”

- ✓ **Incomplete Radical hysterectomy**
- ✓ **Chemotherapy**
- ✓ **Radiation**
- ✓ **Brachytherapy**
- ✓ **Radical hysterectomy**



Working for Peninsula Community Health Services





IN YOUR COMMUNITY...

- Group
- Three case studies
- Discuss how would you help this person in your community?
 - Partnerships?
 - Resources?
 - Barriers?
- Report Out



Thank you for your time.

Together, we are stronger than cancer!

