OVERVIEW OF MICHIGAN’S BCCCNP CASE MANAGEMENT/PATIENT NAVIGATION PROGRAM

All Michigan BCCCNP enrolled women with any abnormal screening results are assessed for case management and/or patient navigation services and provided with such services accordingly. These services are provided to eligible women in each of the 20 BCCCNP agencies throughout Michigan. Some agencies deliver clinical services on site and employ a nurse who provides direct clinical care as well as case management services. Other agencies subcontract all screening and follow-up services with community providers. All agencies provide some form of patient navigation. Regardless of the process, the BCCCNP agency is responsible for overseeing the coordination of case management/patient navigation services provided to eligible women by subcontracted community providers.

Case Management is defined* as the collaborative process, which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual’s health care needs, using communication and available resources to promote quality, cost effective outcomes. (*http://www.cmsa.org/) In the BCCCNP, Case Management efforts are directed toward identifying specific needs of program women to assure timely and appropriate follow-up care. BCCCNP case managers assess the actual or potential barriers to care, which might prevent a woman from obtaining necessary diagnostic services and/or treatment, and to assist them in overcoming these barriers through education, counseling and/or acquisition of additional resources. In addition, case managers assist or perform any or all of the following: scheduling appropriate follow-up diagnostic services, assuring follow-up, educating clients on the process or care required, answering questions, and guiding the woman through the provision of care process in a timely fashion as she navigates through the health care system.

Patient navigation is defined* as a process by which an individual—a patient navigator—guides a patient from point of recruitment for a screening test through to completion of diagnostic testing to rule out or confirm a cancer diagnosis. If cancer is diagnosed, then the patient is assisted in obtaining treatment. This includes assistance by the navigator in identifying and removing barriers that may impede ongoing care and treatment. The navigator can be one individual or several individuals performing this function. (*http://www.cmsa.org/)

Regardless of the process used (case management or patient navigation) the goals are to:

- Reduce cancer incidence and mortality and improve the quality of life of people with cancer in health disparities regions.
- Provide culturally targeted education on the importance of screening, diagnostic follow-up and ongoing care
- Provide access to early screening, diagnosis and treatment
- Provide assistance and “navigation” through the complexities and barriers of the health care system
- Stay in close communication with the patient across the continuum of care to ensure coordination of care, efficient and cost effective delivery of care, removal of barriers to care, and provide emotional support.
PROVISION OF CASE MANAGEMENT/PATIENT NAVIGATION SERVICES FOR BCCCNP WOMEN

**Enrollment:** Women enrolled in the BCCCNP are scheduled for an office exam that includes any or all of the following depending on personal history, screening history and/or current symptoms: clinical breast exam, a pelvic exam and a Pap test. The woman is assisted in scheduling an appointment for a mammogram in a participating BCCCNP mammogram facility. If an abnormality is detected on any exam or test, she will be called by staff from the BCCCNP agency or the agency’s subcontracted provider and provided with information on next steps.

**Diagnostic Services:** In the BCCCNP, women who have an abnormal screening result may receive case management/patient navigation services as indicated, however special emphasis is placed on women who the following abnormal results:

- Clinical breast exam results of “abnormality, rule/out cancer,” (I.e. palpable mass, bloody or serous nipple discharge, nipple or areola scaliness and skin dimpling or retraction),
- Mammogram results of ACR 0 – Assessment Is Incomplete, (work-up required); ACR 4 – Suspicious Abnormality, and ACR 5 – Highly Suggestive of Malignancy
- Women who receive a breast biopsy but were not included in the above categories
- Pap test results of HSIL, AGC, ASC-H, ASC-US with + HR HPV, Squamous Cell Carcinoma and Adenocarcinoma,

**Case Management:** Local case managers provide a level of patient navigation that facilitates access to appointments for diagnostic service in a variety of ways. When a woman has an abnormal CBE, Screening Mammogram or Pap test, she will be referred for appropriate follow-up as follows: (Figure 1)

- For an abnormal CBE, she will be referred for diagnostic mammogram, an ultrasound and/or surgical consult, and possible biopsy. The responsibility for this will be that of the clinician or the LCA Case Manager, and she will be contacted via an agreed-upon process (phone, mail, e-mail).
- For an abnormal screening mammogram, she will be referred at the time of mammogram, or contacted, as soon as possible, to schedule appropriate follow up. The responsibility for this will be that of the clinician, the mammography facility, or the LCA Case Manager, and she will be contacted via an agreed-upon process.
- For an abnormal Pap test, she will be referred for a colposcopy; the responsibility for this will be that of the clinician or the LCA Case Manager, and she will be contacted via an agreed-upon process.
Case management services may also be provided to women who require close monitoring to assure short-term follow-up is completed at indicated time frames for results of ASC-US, LGSIL, probably benign CBE or mammogram findings, or who do not respond to rescreening reminders, and have a previous history of abnormal screening results, or require close monitoring.

Eligible women are case managed from the time a breast or cervical abnormality is identified through completion of follow-up diagnostic care. If cancer is diagnosed, these women are assisted in applying for the BCCCNP Medicaid Treatment Act (MTA) or in obtaining payment for treatment if ineligible for MTA. In some instances, case management services may address ongoing care needs of cancer survivors who remain eligible for BCCC program services after cancer treatment is completed.

Case management services conclude when a woman completes her diagnostic services or her cancer treatment, refuses treatment or no longer meets the MTA and program eligibility requirements.

**DOCUMENTATION FOR CASE MANAGEMENT SERVICES**

A. Appropriate documentation in the medical record of case management services provided must occur. This includes a client-centered plan of care, and addresses assessment, planning, implementation, provision of patient education and support, coordination, monitoring and evaluation.

B. **Monthly,** the MDHHS Nurse Consultant will review MBCIS data of clients potentially eligible to receive case management services. A list of potentially eligible clients, with missing or incomplete data in MBCIS, will be sent to the BCCCNP agencies via the Case Management Report. It is the responsibility of the BCCCNP Coordinator or Case Manager to assure documentation of the necessary diagnostic and treatment information for these identified clients occurs in a timely manner. The following information **must be completed:**

- Date(s) of ALL follow-up tests provided
- Final Diagnosis Status (i.e. work-up complete, etc.)
- Final Diagnosis Date (same as LAST DIAGNOSTIC procedure)
- Final Diagnosis
- Treatment Disposition, and Treatment Date if client diagnosed with cancer

C. **Upon completion of diagnostic testing and determination of a final diagnosis, including treatment disposition as indicated** agencies will be reimbursed $95.00*/screening cycle for eligible clients (*rates vary by fiscal year. Please refer to the current year reimbursement rate schedule). The MDHHS Nurse Consultant will enter the case management date (date of final diagnosis) in MBCIS and approve payment to the LCA. **NOTE** Reimbursement of Case Management ended in FY15 due to the implementation of Patient Navigation reimbursement.
Figure 1

**BCCCNP Client Eligibility for Case Management (CM)/Patient Navigation (PN)**

- **Pap test Results**
  - **NORMAL Results?**
    - Work-Up Plan = Immediate Follow-Up
      *CM/PN contacts client to arrange for additional diagnostic tests (colposcopy, biopsy, etc)
  - **ABNORMAL Results?**
    - Work-Up Plan = No Follow-Up
      Resume Pap Screening as per protocol
      No CM/PN required

- **CBE Results**
  - **NORMAL CBE Results?**
    - (Client Referred for Screening Mammogram)
    - Mammogram/US Results = ACR 0, 4, 5
      - CMPN contacts client to arrange for additional imaging as per medical protocol
  - **ABNORMAL CBE Results?**
    - (Client Referred for additional imaging as per medical protocol)
    - Screening Mammogram Results = ACR 1, 2, or 3,
      *ACR 3 result requires short-term (6 month) follow-up unless otherwise indicated by radiologist.
  - Biopsy Results = breast cancer
    *CM/PN contacts client to arrange for treatment
  - Biopsy Results < CIN 1
    - Resume Pap Screening as per protocol
    *PN may be required to schedule follow-up tests as needed
  - Biopsy Results >= CIN 2
    *CM/PN contacts client to arrange for treatment
    - Work-Up Plan = No or Short-term* follow-up per medical protocol
    * PN required by clinician, agency staff in notifying patinet and scheduling additional diagnostic tests

- **Screening Mammogram Results = ACR 1, 2, or 3,**
  *ACR 3 result requires short-term (6 month) follow-up unless otherwise indicated by radiologist.

- **Mammogram/US Results = ACR 0, 4, 5**
  - CMPN contacts client to arrange for additional diagnostic imaging and/or surgical consult and/or biopsy
  - Biopsy Results = breast cancer
    *CM/PN contacts client to arrange for treatment