**Project ECHO August 28, 2019**

**Attendees:**

1. Magda Alden, American Cancer Society, Patient Navigator, Maine Medical Cancer Institute
2. Christine Brome LMSW from Mercy Fore River Oncology
3. Heather Ciccarelli, American Cancer Society, Senior Manager Patient Navigation
4. Circe Damon, Nurse Practitioner, Mercy Fore River Oncology
5. Heather Drake, Program Manager, Maine Cancer Foundation
6. Lori Dyer, Patient Navigator, St. Mary’s Center for Cancer & Blood Disorders
7. Leslie Foreman, Lower GI Navigator Maine Medical Center
8. Annabel Harcourt, Financial Advocate, New England Cancer Specialists
9. Michelle Hayes, Social Worker, MaineHealth Midcoast Medical Group
10. Tori LaVoie, Financial Advocate Manager, New England Cancer Specialists
11. Robin Letarte, Financial Advocate New England Cancer Specialists Kennebec
12. Patricio Massanga, Patient Navigator, Greater Portland Health
13. Kerri Medeiros, Oncology Nurse Navigator, MaineGeneral
14. Katelyn Michaud, Program Manager, Maine Cancer Foundation
15. Amber O'Leary, PN Head Neck Memorial Hospital North Conway
16. Devan Oleksyk Patient Advocate, Northern Light EMMC Cancer Care
17. Manny Ortega, upper GI Navigator, MaineHealth
18. Viera Popov, Financial Advocate, New England Cancer Specialists
19. Michael Reisman, Executive Director, Beth Wight Cancer Resource Center
20. Kim Shaw, Financial Advocate, New England Cancer Specialists
21. Heather Stevens, Oncology Nurse Navigator, MaineGeneral
22. Cheryl Tucker, Executive Director, Maine Cancer Foundation
23. Tracy Watts, Melanoma Navigator, MaineHealth
24. Mary White, Patient Advocate, Northern Light EMMC Cancer Care

**Recommendations for Case Study**

Case Study Presenter: Michelle Hayes, Social Worker, MidCoast

**Questions Asked:**

* When transportation options are slim at best, and patients do not have any “extra” income to apply to transportation costs, as we are connecting them with care as close to their homes as possible and travel remains just out of reach, what can we do?
* How do we minimize or eliminate the gaps that exist between patients wanting and needing cancer care and the varied abilities of affording that care?
* Points for discussion:
  + Transportation
  + Financial funding
  + Care close to home

**Recommendations**:

Road to Recovery volunteers in the Bath area – coordinate two volunteers (one to drive to appointment, one to drive home from appointment)

Maine Coalition to Fight Prostate Cancer – support from the organization for volunteer rides or other resources and ideas. [www.mcfpc.org/](http://www.mcfpc.org/)

Logisticare – encourage patients to at least try it, even if they’ve have negative experiences in the past. Social worker/navigator can help navigate process. Using the resources that patients already have rather than trying to piece together additional resources and possibly causing more stress.

Needy Meds – Select patient savings tab, diagnosis specific, search by diagnosis (prostate cancer in this patient’s case), make sure location is set to Maine and National. [www.needymeds.org](http://www.needymeds.org)

The importance of empowering MaineCare folks. As navigators and social workers, we can encourage patients to send sheets in as soon as they come in. It has proven helpful to be proactive rather than waiting. Once this has been explained and understood by the patient, we’ve noticed a changed in climate with our patients.

**Next Patient Navigation ECHO Call:**  
September 25, 3-4pm, Prevention and Detection