Maine Cancer Foundation
Project ECHO
Cancer Patient Navigation

Prevention & Early / Detection
Angela Fochesato, Healthy Acadia
Wednesday, September 25, 2019
Welcome to Project ECHO
Cancer Patient Navigation

This meeting will begin promptly at 3:00pm

Please mute upon entry

Enter your name, credentials, organization, and email address in the Chat

If you are experiencing any technical difficulties, please type in the Chat or call Maine Cancer Foundation at 207-773-2533 and reference you need Project ECHO assistance.
Ground Rules

• Always MUTE microphone when not speaking – do not put your call on hold because it will play music
• Please show yourself on your video, but remember people can see you!
• Never disclose protected health information
• To speak:
  • Raise hand (physically or click the option in Zoom)
  • Message in Chat
• Speak loudly and clearly
• Please keep questions and comments related to the topic
Learning Objectives

• How familiar are you accessing prevention /early detection programs and services within your community?
• Are you aware of these resources available to support patients and care givers within your communities?
• How familiar are you with the prevention/early detection screening programs within your communities?
Preventing a cancer diagnosis is the most surefire way to survive it. However, the public and news media communicate more about emerging treatments and newly approved oncology drugs and less about ways people can take steps to prevent cancer before it starts.

Cancer diagnoses impact patients as well as families and loved ones, but they also can have a ripple effect in the community.
• Most cancer centers do not have a comprehensive model for cancer screening or for education on the risks and causes of cancer and ways to decrease the risk individually.

• Cancer centers treat patients with cancer and focus on screening those patients for future cancers or educating them on decreasing their risks for reoccurrence or future cancers. However, they don’t screen or educate the general population.

• Community-based programs, such as Cancer Patient Navigation can reach those who live and work directly in our communities, by working hand and hand with their local health centers and primary care providers.
Developing Community-Based Prevention Programs Through Cancer Patient Navigation

• Identifying the need for a cancer prevention program in your community means looking at the factors of the populations you serve.
  • What types of cancers are most common?
  • What are the lifestyle choices of community members?

• Knowing your own community is key.

• Understand and link with your state’s cancer Resources:
  • State Cancer Consortiums, Public Health Agencies, American Cancer Society, and Maine Cancer Foundation.

• Understand cancer guidelines and screening recommendations.
Developing Community-Based Prevention Programs Through Cancer Patient Navigation

• Involve other members on the team:
  • Primary care, medical oncology, social workers, and nurse practitioners.
  • Be clear how the program aligns with goals for the community, special populations, cancer guidelines, and outcomes.

• Identify key providers in breast health, gastrointestinal, genitourinary, gynecology, dermatology, lung, endocrine, and ear, nose, and throat. These specialists are experts in their field and provide the most up-to-date research and screening recommendations, as well as risk-reduction management for each type of cancer.
Addressing Risks in the Community

• The general public can limit risks for cancer in several ways. Although tobacco cessation and appropriate skin protection are two of the most widely known prevention strategies, however, there are numerous other tactics that are often missed by the public and healthcare providers alike.
Addressing Risks in the Community

• One of the most overlooked components of cancer prevention is the impact of lifestyle choices.

• These include:
  • Diet;
  • Exercise;
  • Choosing to vaccinate for HPV, to name a few.

• Many patients have a relationship with their primary care provider where they rely on them to ‘**tell me what to do.**’

• Empowerment of patients is key to self-manage their outcomes.
Addressing Risks in the Community

- Making healthy Lifestyle changes can be difficult for many, but it’s necessary to communicate the benefits of risk-reducing lifestyle change decisions.

- The need to recognize this type of education among patient populations and the larger community is key.
Common Challenges To Prevention & Early Detection

• Financial costs related to lifestyle change;
• Inconsistent messaging of guidelines;
• Lack of access to necessary testing;
• Lack of health literacy;
• No available genetic counselor;
• Other comorbidities;
• Patient’s fear of testing.
Overcoming Barriers to Prevention

• Implementing prevention strategies can seem easy, but the reality of the healthcare environment means that these tactics and creating community-based programs face numerous challenges.

• Education for cancer prevention and risk reduction is certainly an issue, and reaching individuals to deliver that information can be challenging with the barriers that exist between the general population and the healthcare system.
Overcoming Barriers to Prevention

• People need to know what the screening recommendations are, and they need to have access to these services—regardless of whether they have insurance.

• People also need to be educated on what prevention actually means and what they can do to help decrease their risk of cancer.
Overcoming Barriers to Prevention

• Resources dedicated to prevention are usually not supported or funded continuously.

• Our healthcare models are for the sick and have not been focused on prevention. With the shift toward population health, along with the rising costs of health care, our efforts should be focused in this area.
Overcoming Barriers to Prevention

• Ultimately, prevention, community outreach, access, education, and early detection require a team effort—both from within the medical field and within the community.

• It takes many stakeholders to lay out a plan that will make an impact.
Overcoming Barriers to Prevention

• **Prevention is a team effort.** We need to work collaboratively alongside the team within the cancer community, and including local agencies, public health, and survivors, and it will make our efforts more successful.
Thank you,

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Case Study: 
Background Information

• Many patients are reluctant to do the cancer screening because they believe they are healthy; therefore, they do not need a screening. Some tell me about their religion or beliefs and that they do not believe in science at all.

• Some patients are reluctant to expose their bodies during certain screenings, like mammograms and colonoscopies, because of their cultural or religious beliefs. This is chiefly in the Muslim populations.

• On the other side, there are patients who are aware of the need for screening, but have learned through family/friends what happens during procedures, specifically colonoscopies, and are reluctant to do the screening.
Case Study: Interventions

• I always explain to the patient the advantage of doing screening and early detection even if there are no symptoms and that it's important before any worst case scenario occurs.

• I suggest to patients concerned about exposure that they request a doctor of the same gender like female to female.

• For patients who are concerned about colonoscopies, I suggest they do the FOBT test instead.

• We have a few staff members who speak various languages do a meeting for new patients to describe US health care system, screening and its importance and potential consequences and answer financial questions.
Case Study: Barriers

- Cultural
- Religious
- Unfamiliar with US health system of prevention
- Confusion around health insurance, especially when moving from free care to employer based health insurance
Case Study: Questions

• What are additional ways to work with reluctant patient populations?

• Is there a way to normalize screening and early detection among populations who are not used to a system of prevention?

• Has anyone had experiences working with the New Mainer and/or refugee population in their own community or health care setting? What tactics have you used?