



# Patient Navigation Kit

April 2015



# NC BCCCP PATIENT NAVIGATION KIT



# Patient Navigation Kit

April 2015



**North Carolina Department of Health and Human Services  
Division of Public Health**


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Acting Division Director

April 28, 2015

**MEMORANDUM**

**To:** Local BCCCP Coordinators

**From:** Debi Nelson, Director   
NC BCCCP and WISEWOMAN

**Subject:** Revised Edition 2015  
NC BCCCP Patient Navigation Kit (formerly Case Management Kit)

Enclosed are the contents of the revised edition of the NC BCCCP Patient Navigation Kit, 2015. Please archive or discard the previous Case Management Kit, dated August 2010.

The NC BCCCP Patient Navigation Kit has been update to reflect the CDC's NBCCEDP Program Policy on Patient Navigation Effective July 1, 2015.

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FLOW CHART

OVERVIEW AND  
PHILOSOPHY

TRAINING  
OUTLINE

NEEDS  
ASSESSMENT

NC BCCCP  
POLICY

NATIONAL  
(CDC) POLICY

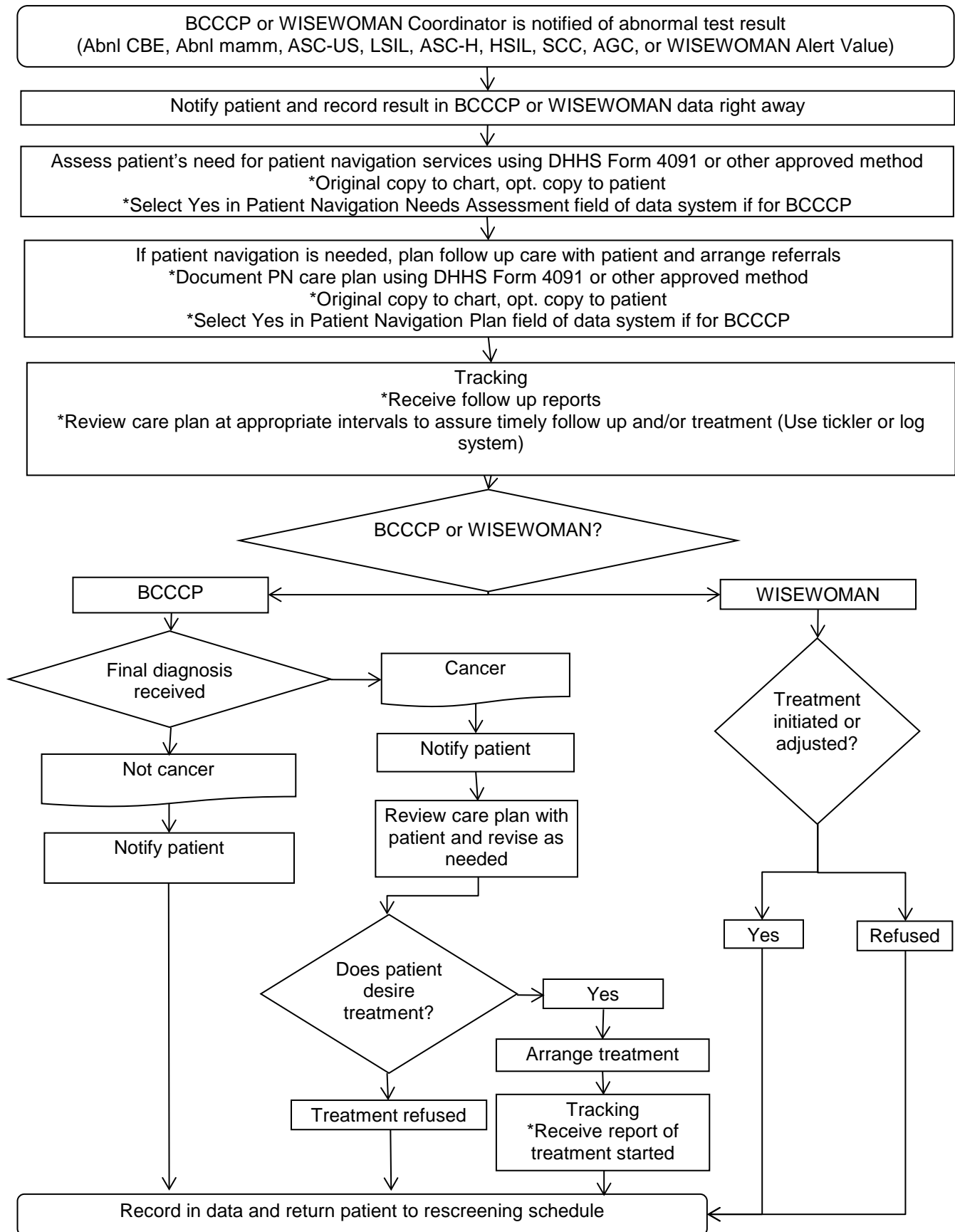
NOTES

CUSTOMIZED  
CONTENT

TABLE OF CONTENTS PAGE (SEE TEXT ON PAGE 5)  
(AVERY INDEX TABBING SYSTEM)

TAB 1

## PATIENT NAVIGATION PROCESS



\*The needs assessment and care plan must ultimately become part of the patient's chart. However, depending on how the staff in your facility uses the charts, it may be more convenient and efficient to retain this in your tickler system until the case has been resolved. The choice is up to you and your facility, as long as continuity is maintained for women receiving more than one agency service.



## DESCRIPTION OF PATIENT NAVIGATION FLOW CHART

1. When you receive notice of an abnormal test result, enter this immediately into the data system. Do not wait until the 10<sup>th</sup> of the month. Abnormal results which require patient navigation services include (a) CBE result of discrete palpable mass, bloody or serous nipple discharge, nipple or areolar scaliness, and skin dimpling or retraction, (b) mammogram result of Category IV or Category V (and sometimes Category 0), (c) Pap result of ASC-US (when reflex HPV test is positive for High Risk HPV DNA), (d) Pap result of LSIL or LGSIL – low grade squamous epithelial lesion, (e) Pap result of ASC-H – abnormal squamous cells, cannot exclude HSIL), (f) Pap result of HSIL or HGSIL – high grade squamous epithelial lesion, (g) Pap result of SCC - Squamous cell carcinoma, (h) Pap result of AGC – abnormal glandular cells, or WISEWOMAN alert value(s).
2. Notify the patient of the abnormal result and record the result in BCCCP or WISEWOMAN data. Until the BCCCP work up is complete, enter the diagnostic disposition of the case as Pending (2). This case will continue to appear on your monthly data report until it is complete as a double check on timely diagnosis and treatment. Do not hesitate to call your consultant if you encounter problems; together you may be able to find a solution.
3. Assess the patient's need for patient navigation using DHHS Form 4091 or other approved method. You will probably be able to do this at the same time you notify the patient of the abnormal result.
4. Plan appropriate follow up care with the patient and arrange referrals as needed, using BCCCP protocols. Document the Patient Navigation plan of care using DHHS Form 4091 or other approved method, and personalize the plan as needed. If you would like a more detailed template or would like to substitute your own, contact your nurse consultant.
5. Track results of any diagnostic tests or consultations ordered. If you do not receive reports promptly, follow up with the provider. Review the care plan at regular intervals to assure the patient receives timely follow up and/or treatment. We recommend that you use a tickler, log, or spreadsheet system to remind yourself to check the status of follow up and to review the care plan. Please do not hesitate to call us if you encounter problems you are unable to resolve by yourself.
6. When you receive the final BCCCP diagnosis, determine if the patient does or does not have cancer.
7. If the patient does not have cancer or WISEWOMAN alert has been addressed by a medical professional, follow up is complete. Notify the patient of the good news, record the information in the BCCCP or WISEWOMAN data, and return the patient to her regular screening schedule. Patient navigation is complete at this point.
8. If the patient does have cancer, notify her promptly. Review the care plan with her and revise as needed. Be sure to document your revisions. Determine if the patient desires to pursue treatment.
9. If the patient refuses treatment, record the information in the BCCCP or WISEWOMAN data and return the patient to her regular screening schedule. Patient navigation is complete at this point. However, please assure the patient that she is welcome to return to you if she changes her mind and decides to seek treatment.
10. If the patient does wish to seek treatment, help her arrange the necessary appointments and funding sources, track the outcomes, and record information in the BCCCP or WISEWOMAN data when treatment has begun. After treatment begins, return the patient to an appropriate screening schedule. Patient navigation is complete at this point.

TAB 2

## NC BCCCP PATIENT NAVIGATION OVERVIEW

### INTRODUCTION

In 1998, the Centers for Disease Control and Prevention (CDC) added a case management component to the required components of the Breast and Cervical programs. In recent years, CDC has expanded the concept to Patient Navigation. Patient navigation moves patients from recruitment into screening, through screening, and if needed through diagnosis and treatment. Patient Navigation assists patients to overcome barriers to the care they need. Patient Navigation is the focus of this kit.

### NC BCCCP PHILOSOPHY

Patient navigation, to at least some degree, has always been a role for NC BCCCP providers. In many instances, the coordinators have been able to do this quite well, and the state has no desire to “fix it if it isn’t broken.”

However, there has been much variability across the state in many respects. Besides fragmented services, disruptions in continuity of care, system inaccessibility, and other problems, documentation of the things that go right has also been inconsistent.

The approach to patient navigation presented in this kit attempts to address some of these inconsistencies and create a seamless system that can be used by all North Carolina BCCCP providers to assure that our state’s women have the very best care available every time.

We know you entered the healthcare field to care for patients, not to write reams of paperwork. However, as you learned in school, “if it wasn’t documented, it wasn’t done.” Our goal with this patient navigation kit is to develop a system that documents what was done to address non-medical barriers to care; while at the same time helping you get the paperwork done, rather than hindering you from being with your patients.

The current version of the Patient Navigation Kit contains one simple form for you to document your needs assessment and care plan.

If you are already documenting some of this information elsewhere in your chart, you may be able to use a modified version of the form. If you would like to use a modified form, please consult with your BCCCP nurse consultant to be sure you are including all the necessary elements. We will work with you to develop a system that works for you and also meets the documentation requirements of CDC.

TAB 3

# NC BCCCP PATIENT NAVIGATION TRAINING

MARCH 2015

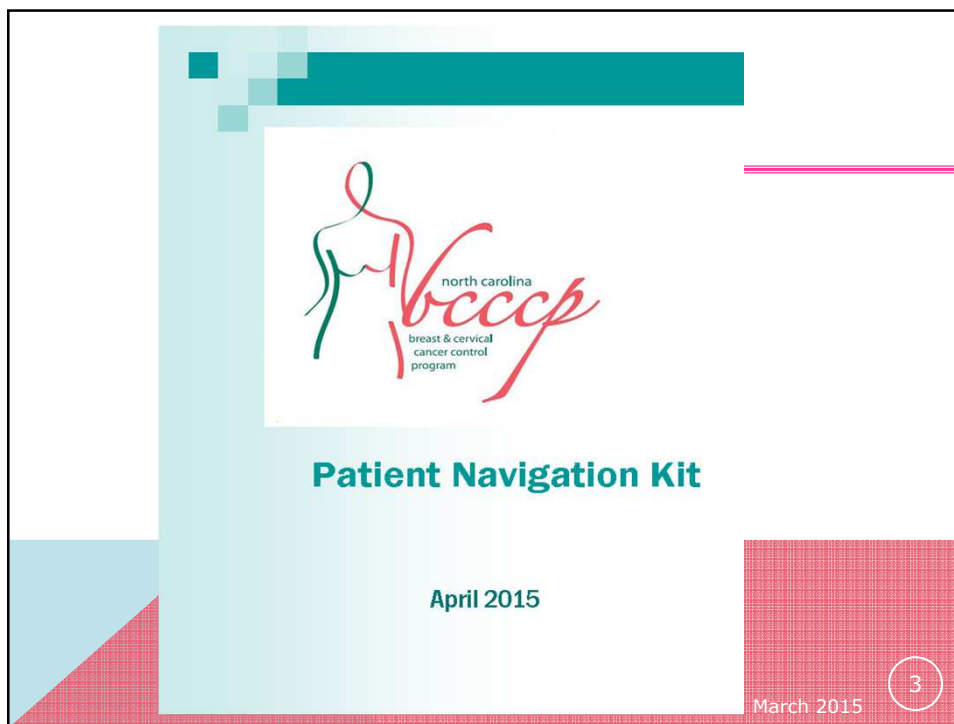


## PATIENT NAVIGATION TOOLS

- ☐ PN Kit
- ☐ PN Needs Assessment
- ☐ PN Care Plan

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## PATIENT NAVIGATION FORM/NEEDS ASSESSMENT

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

2. Patient Number \_\_\_\_\_

3. Date of Birth \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. Race ☐ 1. White ☐ 2. Black/African American  
☐ 3. American Indian/Native Alaskan ☐ 4. Asian  
☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Other  
Ethnicity: Hispanic/Latino Origin? ☐ 1. Yes ☐ 2. No

5. Gender ☐ 1. Male ☐ 2. Female

6. County of Residence \_\_\_\_\_

Date of assessment \_\_\_\_\_ Date of abnormal test \_\_\_\_\_

NC Department of Health and Human Services  
Division of Public Health – Chronic Disease and Injury Section

**NC BCCCP & WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN**

Reason for NC BCCCP or WISEWOMAN Patient Navigation:

☐ Abnormal CBE  
☐ Abnormal Mammogram  
☐ Abnormal Pap result (ASC-US, LSIL, ASC-H, HSIL, SCC, or AGC)  
☐ WISEWOMAN Alert Value

Needs Assessment	
Does patient need additional social support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient lack access to services needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient need help understanding the follow up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other barriers to this patient obtaining the follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain _____ _____

## PATIENT NAVIGATION FORM/CARE PLAN

A YES answer in any category requires a plan to assist the patient to overcome barriers to follow up care. Please list your plan below.

CARE PLAN				
	Problem	Plan	Expectation	Outcome
<input type="checkbox"/>	Inadequate social support			
<input type="checkbox"/>	Lacks access to services			
<input type="checkbox"/>	Lacks understanding of services needed			
<input type="checkbox"/>	Other barriers			

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## INDICATIONS FOR BEGINNING

**Clinical breast exam (CBE) finding of:**

- discrete palpable mass
- serous or bloody nipple discharge
- nipple or areolar scaliness
- skin dimpling or retraction

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## INDICATIONS FOR BEGINNING

### Mammogram with finding of:

- Suspicious abnormality, biopsy should be considered
- Highly suggestive of malignancy, appropriate action should be taken
- Assessment incomplete, needs additional imaging (only if problems)

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## INDICATIONS FOR BEGINNING

### Pap test with finding of:

- ASC-US (if positive for high risk HPV DNA)
- LSIL
- ASC-H
- HSIL
- Squamous cell carcinoma
- Abnormal glandular cells, including AGUS and Adenocarcinoma

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## WISEWOMAN ALERT VALUES

Systolic BP >180

Diastolic BP >110

Fasting glucose <50 or >250

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## INDICATIONS FOR ENDING

- ☐ Diagnostic results - no need for treatment or further diagnosis
- ☐ Patient initiates treatment
- ☐ Patient no longer qualifies for NCBCCCP or WISEWOMAN

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## WHO IS RESPONSIBLE FOR PATIENT NAVIGATION?

- ☐ Local Provider - Primary responsibility
- ☐ State - Policy and technical assistance

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## KEY ELEMENTS

- ☐ Assessment
- ☐ Planning
- ☐ Coordination
- ☐ Monitoring
- ☐ Resource Development
- ☐ Evaluation

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## IDENTIFICATION



- ❑ Abnormal test results in data system right away
- ❑ Helps consultant help you manage this case

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## NEEDS ASSESSMENT

- ❑ Abnormal finding requires needs assessment
- ❑ Helps determine need for PN care plan

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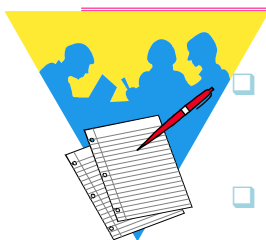
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1. Last Name <u>Miranda</u> First Name <u>Carmen</u> MI <u>rr</u>		NC Department of Health and Human Services Division of Public Health – Chronic Disease and Injury Section <b>NC BCCCP &amp; WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN</b> <b>Reason for NC BCCCP or WISEWOMAN Patient Navigation:</b> <input checked="" type="checkbox"/> Abnormal CBE <input type="checkbox"/> Abnormal Mammogram <input type="checkbox"/> Abnormal Pap result (ASC-US, LSIL, ASC-H, HSIL, SCC, or AGC) <input type="checkbox"/> WISEWOMAN Alert Value
2. Patient Number <u>123456789</u> - H		
3. Date of Birth <u>07151961</u> Month Day Year		
4. Race <input checked="" type="checkbox"/> 1. White <input type="checkbox"/> 2. Black/African American <input type="checkbox"/> 3. American Indian/Native Alaskan <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 6. Other		
Ethnicity: Hispanic/Latino Origin? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
5. Gender <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female		
6. County of Residence <u>Wake</u> <u>0912</u>		
Date of assessment <u>9-10-14</u> Date of abnormal test <u>8-15-14</u>		
<b>Needs Assessment</b>		
Does patient need additional social support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does patient lack access to services needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does patient need help understanding the follow up needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there other barriers to this patient obtaining the follow up required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain <u>Speaks only Spanish</u>		

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## PLANNING



- ☐ Bottom half of needs assessment form
- ☐ Modifiable for individualized care
- ☐ Addresses needs noted above



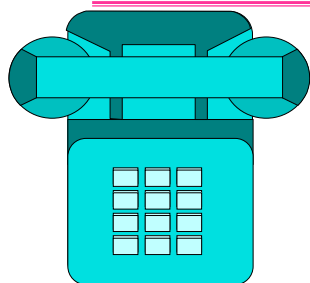
A YES answer in any category requires a plan to assist the patient to overcome barriers to follow up care. Please list your plan below.

CARE PLAN				
	Problem	Plan	Expectation	Outcome
<input type="checkbox"/>	Needs additional social support			
<input type="checkbox"/>	Lacks access to services			
<input type="checkbox"/>	Needs help understanding of services needed			
<input checked="" type="checkbox"/>	Other barriers Speaks only Spanish	1- Patient's daughter will accompany her to appts. 2- Schedule appts. when interpreter is available	pt. understand and keeps appointments <del>Follow up Needed</del>	Appointments kept

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## COORDINATION



- ☐ Schedule appointments
- ☐ Assist patient to contact resources

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## MONITORING

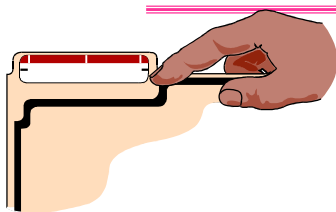


- ❑ Follow up on appointments
- ❑ Obtain referral results

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## RESOURCE DEVELOPMENT



- ❑ Maintain list of resources in your community
- ❑ Maintain contracts with referral sources
- ❑ Assist patient to advocate for herself

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## EVALUATION



- ☐ Was the process helpful to the patient?
- ☐ Are there things you can improve?
- ☐ Can the state improve the forms or the process?

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## QUESTIONS?



- ☐ Call your BCCCP Nurse Consultant.
- ☐ If you do not know who your consultant is, call the main BCCCP office at 919-707-5300 to find out.

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TAB 4



1. Last Name		First Name		MI	
2. Patient Number					
3. Date of Birth					
		Month	Day	Year	
4. Race <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black/African American					
<input type="checkbox"/> 3. American Indian/Native Alaskan <input type="checkbox"/> 4. Asian					
<input type="checkbox"/> 5. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 6. Other					
Ethnicity: Hispanic/Latino Origin? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No					
5. Gender <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female					
6. County of Residence					

## NC BCCCP & WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN

### Reason for NC BCCCP or WISEWOMAN Patient Navigation:

- ☐ Abnormal CBE
- ☐ Abnormal Mammogram
- ☐ Abnormal Pap result (ASC-US, LSIL, ASC-H, HSIL, SCC, or AGC)
- ☐ WISEWOMAN Alert Value

Date of assessment \_\_\_\_\_ Date of abnormal test \_\_\_\_\_

### Needs Assessment

Does patient need additional social support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient lack access to services needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient need help understanding the follow up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other barriers to this patient obtaining the follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain _____ _____ _____

**A YES answer in any category requires a plan to assist the patient to overcome barriers to follow up care. Please list your plan below.**

### CARE PLAN

	Problem	Plan	Expectation	Outcome
<input type="checkbox"/>	Needs additional social support			
<input type="checkbox"/>	Lacks access to services			
<input type="checkbox"/>	Needs help understanding of services needed			
<input type="checkbox"/>	Other barriers			

## **Instructions for NC BCCCP & WISEWOMAN Patient Navigation Needs Assessment and Care Plan (DHHS 4091)**

This form is designed to document assessment of need for patient navigation for NC BCCCP- or WISEWOMAN-enrolled women who have abnormal results for CBE, mammogram, Pap test, or WISEWOMAN alert values. If the needs assessment indicates an area of concern regarding barriers to obtaining the needed diagnosis and/or treatment, the form also provides a place to document a patient navigation care plan.

You may make photocopies of this form as needed. If you need an electronic copy of the form, contact your NC BCCCP & WISEWOMAN Nurse Consultant at 919-707-5300.

- |  |   |
|--|---|
| 1-6. NAME, NUMBER, etc.                                | Attach the computer generated label in this space or emboss the information imprinted on the patient's plastic card. If a label or card is not available manually record all requested information.                                     |
| 7. REASON FOR NC BCCCP or WISEWOMAN PATIENT NAVIGATION | Check the abnormal screening result which requires assessment of need for patient navigation.   |
| 8. DATE OF ASSESSMENT                                  | Record the date of the assessment of need for the patient navigation  |
| 9. DATE OF ABNORMAL TEST                               | Record the date of the test that had the abnormal result that requires assessment of need for patient navigation.   |
| 10. NEEDS ASSESSMENT                                   | For each of the four questions, check Yes or No. If the answer to any of the questions is Yes, proceed to the bottom half of the form. If the answer to all four questions is No, no additional documentation on this form is required. |
| 11. CARE PLAN CHECK BOXES                              | Place a check in the box next to any problem you identified in the Needs Assessment.  |
| 12. PLAN   | Appropriate plans to address each problem or identified need listed in this column. Write in how you plan to address each identified need.  |
| 13. EXPECTATIONS                                       | Enter the outcome(s) you expect to achieve as a result of your plan.  |
| 14. OUTCOME  | Enter the actual outcome(s) of your plan.   |

TAB 5

## **NC BCCCP & WISEWOMAN Patient Navigation Policy**

It is the policy of the NC BCCCP and WISEWOMAN to follow the recommendations of the CDC's NBCCEDP and WISEWOMAN programs, including recommendations based on the Screening and Diagnostic Services Chapter of the *NBCCEDP Program Guidance Manual* and the *WISEWOMAN Technical Assistance and Guidance Document*.

All NC BCCCP- or WISEWOMAN-enrolled women with an abnormal screening result must be assessed for their need of patient navigation services and provided with such services accordingly. Screening results which require a patient navigation assessment are:

- Clinical Breast Exam results of discrete palpable mass, serous or bloody nipple discharge, nipple or areolar scaliness, or skin dimpling or retraction
- Mammogram results of BIRADS 3, 4, 5
- Pap test results of ASC-US if HPV is positive, LSIL, and high-grade lesions
- WISEWOMAN alert values of systolic BP >180, diastolic BP >110, or fasting blood glucose values of <50 or >250.

Patient navigation services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for the NC BCCCP or WISEWOMAN. When a woman concludes her cancer treatment or is receiving medical care for her WISEWOMAN alert values, has been released by her treating physician to return to a schedule of routine screening, and continues to meet NC BCCCP and/or WISEWOMAN eligibility requirements, she may return to the program and receive all its services.

Patient navigation is defined as assisting NC BCCCP- or WISEWOMAN-eligible women to identify and overcome barriers to screening, diagnosis, and/or treatment.

Patient navigation has the following purposes:

- To ensure that women enrolled in the NC BCCCP or WISEWOMAN receive timely and appropriate diagnostic and treatment services
- To identify non-medical patient barriers, such as transportation, scheduling, and lack of understanding about the need for or nature of follow-up procedures
- To overcome these barriers so that the patient can keep follow-up appointments and take action on recommendations

The NC BCCCP & WISEWOMAN patient navigation policy outlines the key elements of patient navigation. These are assessing, planning, coordinating, monitoring, resource development, and evaluating. The elements represent a cooperative process between the BCCCP or WISEWOMAN provider, patient, and medical providers to ensure timely and appropriate diagnostic and treatment services.

**Assessing**-This element involves a cooperative effort between the BCCCP or WISEWOMAN provider and patient to determine the patient's need for essential support to complete the recommended screening or follow-up. To comply with patient privacy protection policy, BCCCP and WISEWOMAN providers must document consent to services and ensure confidentiality. Providers should use the top half of the DHHS Form 4091 or another approved method to document Patient Navigation Needs Assessment.

**Planning**-This element includes the development of a written plan for an individual patient. The plan should meet the immediate, short-term, and long-term needs identified in the assessment. BCCCP and WISEWOMAN providers should collaborate with the patient to set goals and related activities with timeframes, and delineate who is responsible for meeting the goals. Providers should use the bottom half of the DHHS Form 4091 or another approved method to document the Patient Navigation Care Plan when a need has been identified by the assessment. Patient navigation needs assessment and/or care plan will be documented in the patient's medical record to assure continuity of care.

**Coordinating**-This element is the brokering of referral to needed services. BCCCP and WISEWOMAN providers should document the steps taken in the patient plan. Maintaining close communication between BCCCP and WISEWOMAN providers, the patient, and the patient's medical providers will ensure that services—both medical and supportive—are coordinated for optimal outcomes.

**Monitoring**-This element involves the ongoing reassessment of the patient's needs through regular communication. BCCCP and WISEWOMAN providers should update patient plans on the basis of routine re-assessments. Documentation of who, what, and when in the patient's written plan for patient navigation will determine when it might be necessary to update the plan. Plans should be simple and relate to assisting the woman to keep her screening or follow-up appointments. In most cases, BCCCP and WISEWOMAN providers should use notation stating that the patient kept her appointment and that she understood what her next action should be and when.

**Resource development**-This element includes the establishment of formal and informal agreements to maximize the availability of and access to essential screening support services and diagnostic and treatment resources. It also includes the promotion of self-sufficiency and self-determination among patients by ensuring that women gain the knowledge, skills, and support needed to obtain necessary services. Patient education regarding the purpose and expected outcomes of diagnostic testing should be promoted and tailored for each individual woman. The ultimate goal of the program is not just to ensure that the woman receives the needed services, but also that she gains knowledge and skills for follow-up that are independent of patient navigation support (e.g., self-efficacy).

**Evaluating**-This element involves assessing patient satisfaction, access, and timeliness of referral services, as well as the quality of individual patient navigation plans. BCCCP and WISEWOMAN providers should ask and answer questions such as "Were barriers to diagnosis and treatment overcome in a timely fashion?"

TAB 6

## **National Breast and Cervical Cancer Early Detection Program Patient Navigation Policy Effective July 1, 2015**

### **Defining Patient Navigation**

Clients often face significant barriers to accessing and completing cancer screening and diagnostics. Patient navigation is a strategy aimed at reducing disparities by helping clients overcome those barriers. For purposes of the NBCCEDP, patient navigation is defined as, “Individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer.”

### **Required Patient Navigation Activities**

Although patient navigation services vary based on an individual client’s needs, at a minimum, patient navigation for women served by the NBCCEDP **must** include the following activities:

- Written assessment of individual client barriers to cancer screening, diagnostic services, and initiation of cancer treatment
- Client education and support
- Resolution of client barriers (e.g., transportation, translation services)
- Client tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiating cancer treatment
- Given the centrality of the client-navigator relationship, patient navigation must include a minimum of two, but preferably more, contacts with the client.
- Collection of data to evaluate the primary outcomes of patient navigation -- client adherence to cancer screening, diagnostic testing, and treatment initiation. Clients lost to follow-up should also be tracked.

### **Priority Populations for Patient Navigation**

Navigation is an individualized intervention, intensive in nature, and potentially costly; therefore, priority should be given to navigate clients who otherwise would **not** complete the screening process. Patient navigation services may be provided to clients enrolled in the NBCCEDP as well as those who have other resources (e.g., insurance) to pay for screening and diagnostic services. Women who receive navigation through the NBCCEDP (i.e., NBCCEDP funds are used to pay for patient navigators or reimburse for patient navigation), but whose clinical services are paid for by other sources (e.g., insurance), must be low-income and be of appropriate age per USPSTF screening guidelines. For example, a grantee could support a patient navigator position in a clinic or hospital that serves low-income populations. Grantees must collect data to monitor client adherence to screening, diagnostic testing, and treatment initiation for *all clients* receiving patient navigation services.

Clients screened by the NBCCEDP who are subsequently insured may continue to receive patient navigation services. In such instances, grantees are encouraged to continue navigating clients to ensure diagnostic procedures are completed, and if cancer is diagnosed, that treatment is initiated. Navigators should also assist in obtaining complete MDE data.

### **Terminating Patient Navigation**

Depending on screening and diagnostic outcomes, patient navigation services are terminated when a client (1) completes screening and has a normal result; (2) completes diagnostic testing and has normal results; (3) initiates cancer treatment or refuses treatment. When a client concludes her cancer treatment and has been released by her treating physician to return to a schedule of routine screening, and continues to meet NBCCEDP eligibility requirements, she may return to the program and receive all its services, including patient navigation.

Note: This policy is effective July 1, 2015 and will be added to the NBCCEDP Policy Manual when that document is next updated.

TAB 7



## NOTES

[illegible]



## NOTES

[illegible]

TAB 8

**THERE IS NOTHING  
IN THIS SECTION.**

**It is a place for you  
to customize the  
contents to meet  
your own needs.**