

CANCER PATIENT NAVIGATOR QUICK TIPS

Includes:

Cancer Types and Names

Recommended Cancer Screening

TNM Staging

Communication Tips

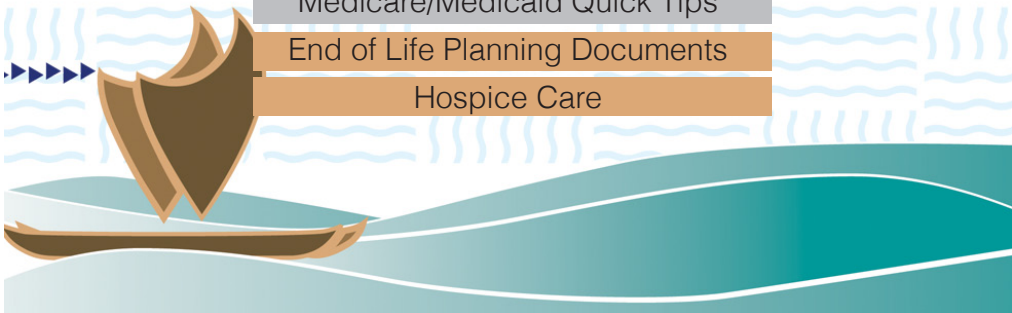
Community Resources for Clients

Referral Tip Sheet

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HO'OKELE I KE OLA CANCER PATIENT NAVIGATION TRAINING PROGRAM

is supported through a supplemental grant to
'Imi Hale Native Hawaiian Cancer Network,
a program of Papa Ola Lōkahi
(3U01CA114630-05S1 Chong C, PI).



Different Kinds of Cancer

Some common carcinomas:

Lung

Breast (women)

Colon

Bladder

Prostate (men)

Leukemias:

Bloodstream

Lymphomas:

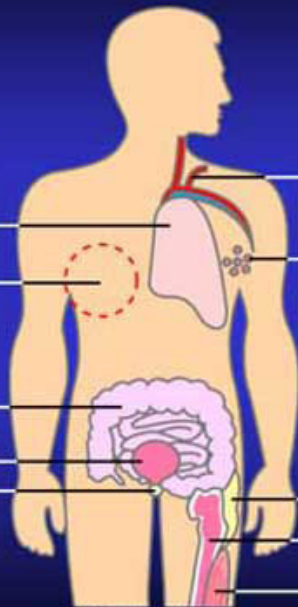
Lymph nodes

Some common sarcomas:

Fat

Bone

Muscle



Revised by Jeanine Kelly, © 2004

Naming Cancers

Cancer Prefixes Point to Location

| <i>Prefix</i> | <i>Meaning</i> |
|------------------|----------------|
| <u>adeno-</u> | gland |
| <u>chondro-</u> | cartilage |
| <u>erythro-</u> | red blood cell |
| <u>hemangio-</u> | blood vessels |
| <u>hepato-</u> | liver |
| <u>lipo-</u> | fat |
| <u>lympho-</u> | lymphocyte |
| <u>melano-</u> | pigment cell |
| <u>myelo-</u> | bone marrow |
| <u>myo-</u> | muscle |
| <u>osteo-</u> | bone |

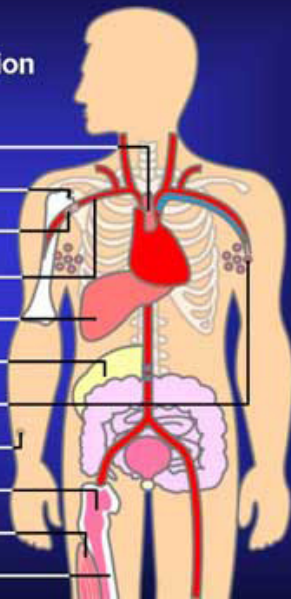


Illustration by Joanna Kelly, © 2004

RECOMMENDED CANCER SCREENING

| CA Type | Screening Test | Who & When? | How often? |
|-------------|---|---|--|
| Breast | Breast Self Exam | Women in early 20s | Monthly |
| | Clinical Breast Exam | Women age 20 - 30 years | Every 3 years |
| | | Women age 40 and over | Every year |
| | Mammograms | Women, age 40 and over | Every year |
| Cervical | Pap test | Women age 21 years | First pap test |
| | | Women age 21 to 30 years | Every 2 years |
| | | Women age 30 and over | Every 3 years, if tested negative on last three tests |
| Endometrial | No screening tests available for women with | NOTE: Women at menopause at higher risk | Any abnormal symptoms should be report to a health professional |
| Ovarian | No standard or routine screening test currently available | Women in early 20s | Tests are available to detect ovarian cancer but are not used for screening. |

| CA Type | Screening Test | Who & When? | How often? |
|------------|--|--|--|
| Colorectal | Fecal Occult Blood Test (FOBT) | Men & women age 50 and over | Every year |
| | Colonoscopy | Men & women | Every 10 years |
| | Flexible Sigmoidoscopy | Men & women age | Every 5 years |
| Lung | No screening test currently available | Men & women with a personal & family history | NOTE: new tests (e. g., spiral CT scanning) are being studied in clinical trials |
| Prostate | Digital Rectal Exam (DRE) | Men age 50 and over | Currently, tests are still being studied. It is important to discuss screening tests with your doctor. |
| | Prostate-specific antigen (PSA) blood test | Men age 50 and over | |

RECOMMENDED CANCER SCREENING

TNM STAGING

| | | |
|----------|---|--|
| T | Describes the original tumor and whether or not it has grown into nearby tissues | <p>TX tumor cannot be measured</p> <p>T0 no evidence of primary tumor (it cannot be found)</p> <p>Tis cancer cells are only growing in the most superficial layer of tissue, without growing into deeper tissues. This is also known as in situ cancer or pre-cancer.</p> <p>T1, T2, T3, and T4 describe the tumor size and/or level of invasion into nearby structures. The higher the T number, the larger the tumor and/or the more it has grown into nearby tissues.</p> |
| N | Describes whether the cancer has spread to nearby lymph nodes | <p>NX nearby lymph nodes cannot be evaluated</p> <p>N0 nearby lymph nodes do not contain cancer</p> <p>N1, N2, and N3 describe the size, location, and/or the number of lymph nodes involved. The higher the N number, the more the lymph nodes are involved.</p> |
| M | Tells whether there are distant metastases (spread of cancer to other parts of body). | <p>MX metastasis cannot be evaluated</p> <p>M0 no distant metastases were found</p> <p>M1 distant metastases were found (the cancer has spread to distant organs or tissues)</p> |

Things to remember about TNM Staging:

- Each cancer type has its own version of this classification system, so letters and numbers don't always mean the same thing for each cancer. For example, for some cancers, classifications may have subcategories, such as T3a and T3b, while others may not have a N3 category.
- Not all cancers are staged with TNM. Often this is because they grow and spread in a different way than most tumors. For example, leukemias affect the blood and bone marrow throughout the body, and so are not staged based on these factors.

For more information on staging visit:

<http://www.cancer.org/treatment/understandingyourdiagnosis/staging>

For converting TNM to a stage group (roman numerals) visit:

<http://www.cancerstaging.org/staging/index.html>

THINGS TO REMEMBER ABOUT TNM STAGING

COMMUNICATION TIPS

| Where the Patient is... | Strategies for Moving the Patient Forward |
|---|---|
| Patient resists change or has no intention to change (pre-contemplation) | Raise doubt—increase the perception of risks & problems with current behavior. |
| Patient is aware of need to change (contemplation) | Tip the balance: Suggest reasons to change and risks of not changing. |
| Patient may be ambivalent or makes plans to take action within the next month (preparation) | Help the person to determine the best course of action to take in seeking change. |
| Patient changes behavior (action) | Reinforce positive behavior changes and provide support as needed. |
| Patient works to maintain positive changes made (maintenance) | Help identify strategies to prevent going back to old behaviors. |
| Patient returns to old behaviors (relapse) | Help the person to renew the change process. |

O.A.R.S. Communication Strategy

Open-Ended Questions

Ask questions that are non judgmental and encourage open discussion focused on the patient (for example, “Tell me about. . .” or “Describe to me...”).

Affirmations

Sincerely acknowledge the difficulties the person has experienced & validate the patient’s experience and feelings.

Reflective Listening

Repeat, rephrase, and paraphrase to check that you know what the patient really meant.

Summarize

Reinforce

- 1) what has been said,
- 2) that you have been listening carefully, then prepare the patient to move on.

Your Role:

- Be non-judgmental.
- Encourage (don’t tell) the patient to make informed choices

Adapted from Motivational Interviewing Seminar, Doris Young

COMMUNICATION TIPS

COMMUNITY RESOURCES FOR CLIENT

Ways to Find Resources in Your Community:

- 1) Use existing websites to compile contacts of credible organizations and agencies.
- 2) Contact agencies/organizations about the resources they offer and ask them:
 - What specific services/resources are provided by the agency?
 - Who qualifies for their services?
 - What documents, etc., does the patient need to apply ?
 - Are there deadlines or specific time periods to apply?
- 3) Talk to patients, families, friends, and fellow navigators to learn about available resources and tips to applying successfully.

Helping Your Patients Access Resources

- 1) Assess patient's needs for resources.
- 2) Ask client about services that he/she already uses or knows about in the community.
- 3) Give him or her information on resources relevant to their needs.
- 4) Enable the patient to access resources and assist as needed.

| Gauge your client's ability to access resources ask yourself, "Is/does this client..." | Yes or No? |
|--|---|
| able to communicate in English by phone, in writing and in person? And if not, can someone else communicate for client? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| able to control of his or her emotions most of the time? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| able to ask for assistance or help? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| feel comfortable asking for help? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| able to fill out the necessary paperwork? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| have access to a phone, computer, and the internet? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| have transportation to service sites? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| have family or social support to help access resources? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <p>All or mostly "yes" → Empower client to access resources for him or herself Half "yes" → Empower client to access resources and assist him or her as needed Mostly "no" → Take actions on client's behalf</p> | |
| <p>Note: This assessment is not comprehensive, so use your best judgment</p> | |

COMMUNITY RESOURCES FOR CLIENT

REFERRAL TIP SHEET

As a navigator, you should know when to refer patients to other professionals or encourage them to ask their physician for a referral.

Here are some of the signs that may indicate a patient needs help.

| When patient shows signs of.... | Who pt. may need to see? |
|---|--------------------------|
| <ul style="list-style-type: none">• Lack of appetite• Rapid weight loss | Nutritionist |
| <ul style="list-style-type: none">• Prolonged depression• Loss of daily function (like dressing or bathing) due to emotional distress <ul style="list-style-type: none">• Can't concentrate• Feeling hopeless or helpless | Psychologist |
| <ul style="list-style-type: none">• Poor coping with diagnosis• Homelessness• Lack of social support <ul style="list-style-type: none">• Family of patient seems burned out• Lack of financial resources | Social Worker |
| <ul style="list-style-type: none">• Loss of daily function due to pain, discomfort, swelling, stiffness or lymphedema <ul style="list-style-type: none">• Pain, fatigue, weakness, decreased endurance, difficulty balancing or sleeping | Physical Therapist |

Note: Some referrals need a doctor's order and/or approval from insurance carrier.

| | Medicare | MedQuest |
|-------------------------------------|---|--|
| Who Qualifies? | <ul style="list-style-type: none"> • Be a Hawaii resident • Be a U.S. citizen or legal immigrant • Be age 65 and older • If under age 65, must be certified to be blind or disabled | <ul style="list-style-type: none"> • Be a Hawaii resident • Be a U.S. citizen or legal immigrant • Be under age 65 • Not blind or disabled |
| What do you need to qualify? | <ul style="list-style-type: none"> • Provide proof of identity, citizenship, and SSN • Not living in a public institution (e.g., prison) • Meet income and asset eligibility guidelines. | <ul style="list-style-type: none"> • Provide proof of identity, citizenship, and SSN • Not living in a public institution (e.g., prison) • Not eligible to receive health insurance from employer • Meet asset eligibility guidelines (except for pregnant women and individuals < 19 yrs) • Meet income eligibility |

Visit: www.coveringkids.com or <http://www.med-quest.us/> for more information

MEDICAID & MEDICARE QUICK TIPS

END OF LIFE PLANNING DOCUMENTS

| Document | What it is. |
|--|--|
| Advance Health Care Directive | A written or spoken statement that contains a patient's wishes regarding medical care when they can no longer speak for themselves. It contains two parts: Individual Instructions for Health Care (also called the Living Will) & Durable Power of Attorney for Health Care. |
| Living Will | Individual instructions on whether to prolong life, receive artificial nutrition, relief from pain, ethical, religious, and spiritual instructions, and other health care preferences a patients wants to be known by their family and care team. |
| Durable Power of Attorney for Health Care | Allows a patient to name the person they want to make health care decisions for a patient when they cannot. This person is called a "health care proxy." |
| Physician Orders for Life-Sustaining Treatment (POLST) | A legal document outlining a person's end-of-life wishes: whether to have CPR; be taken to a hospital; receive artificial nutrition; and desired level of care. The document is valid across the state, in all settings, including a person's home, nursing home, a long-term care facility, and in the hospital. Must be signed by the individual's doctor. |

Reminders

Copies of all documents should be given to the patient's

- Doctors
- Family Members
- Health Care Agent

Keep the documents in a place that is safe and easy to find.

To get the forms and documents and where to go for help in filling them out,
contact: Kokua Mau call (808) 585-9977 or visit
<http://www.kokuamau.org/resources/advance-directives>

Download an Advance Health Care Directive Form

www.hawaii.gov/health/eoa/Docs/AHCD.pdf

To download a POLST form, get directions, and facts about the POLST

http://www.kokuamau.org/sites/default/files/uploads/Hawaii_POLST_Form.pdf

<http://kokuamau.org/polst>

END OF LIFE PLANNING DOCUMENTS

HOSPICE RESOURCES IN HAWAII

What is Hospice Care?

Hospice care is a type of palliative care offered in the last six months of life and focuses on caring, not curing.

Where is it provided?

Hospice care is provided by an interdisciplinary team either at the patient's home, or in an in-patient or long-term care facility.

Who pays for it?

Hospice is covered under Medicare, Medicaid, and most private insurance plans.

For more information and hospice resources in Hawaii, call (808) 585-9977 or visit www.kokuamau.org

Hospice Resources in Hawaii

| Oahu Island: | | Other Islands: | |
|---------------------|--------------|--------------------------|--------------|
| Bristol Hospice | 808-536-8012 | Hospice of Hilo | 808-969-1733 |
| Hospice Hawaii | 808-924-9255 | Hospice of Kona | 808-324-7700 |
| Islands Hospice | 808-550-2552 | North Hawaii Hospice | 808-885-7547 |
| St. Francis Hospice | 808-595-7566 | Kaua'i Hospice | 808-245-7277 |
| | | Hospice Maui | 808-244-5555 |
| | | Hospice Hawai'i-Moloka'i | 808-533-4310 |

YOUR QUICK TIPS