

# Colon Cancer Screening Navigation Program

## Concept Paper

### **Background**

Colorectal cancer (CRC) is the second leading cause of cancer death for men and women in NYC after lung cancer, and CRC is responsible for over 1,200 NYC deaths per year according to the New York State Cancer Registry.<sup>1</sup> Cancer screening reduces mortality for CRC and evidence shows that patient navigation is effective at increasing screening and reducing cancer inequities.<sup>2</sup> In 2017 the CRC screening prevalence was only 47.8 percent for those who do not have a primary care physician (PCP) compared with 71.5 percent for those who have a PCP.<sup>3</sup> Thus, the Cancer Prevention and Control Program supports patient navigation that will link eligible persons in underserved communities to cancer prevention in primary care practices that serve those communities, with a goal of increasing cancer screening. In the past decade, NYC increased its CRC screening rate from 42% reported in the Community Health Survey (CHS) of 2003 to 70% in 2017. As CRC prevention screenings increased, CRC mortality decreased steadily from 2003 to 2016 in New York City, from 21 to 13.7 per 100,000.<sup>4</sup> However, the screening rate has plateaued in recent years and efforts must be redoubled. The target population is people facing economic, health insurance, cultural or linguistic barriers to health care. Neighborhoods targeted for service are those with high rates of cancer and very high or high poverty.

Patient navigation was pioneered by Dr. Harold Freeman over 20 years ago at Harlem Hospital in New York City to address delays in care experienced disproportionately by black women in the breast cancer screening to treatment clinical path.<sup>5</sup> Patient navigation provides one-on-one assistance to patients as they access and move through (navigate) the healthcare system. Navigation can be in person, by telephone, or through written communication; and navigators can be clinicians such as a nurse or lay community health workers or lay health educators. Navigators can be based in a healthcare facility supporting a clinical team; or they can work off-site or centrally and navigate by telephone at multiple sites. Navigation has developed into a strong tool to combat cancer inequities by addressing barriers faced by underserved communities.<sup>6</sup>

The NYC neighborhoods targeted for service are those with high rates of CRC and very high or high poverty. Table 1 below provides details. Top priority goes to those neighborhoods on multiple lists.

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<sup>1</sup> New York State Cancer Registry. Cancer Incidence and Mortality in New York State. <https://www.health.ny.gov/statistics/cancer/registry/>

<sup>2</sup> Freeman, HP. Patient Navigation: A community centered approach to reducing cancer mortality. *J Cancer Educ.* 2006 Spring:21.

<sup>3</sup> New York City Community Health Survey, 2017.

<sup>4</sup> New York City Vital Statistics, 2016.

<sup>5</sup> Cole H, et al. Community-Based, Preclinical Patient Navigation for Colorectal Cancer Screening Among Older Black Men Recruited From Barbershops: The MISTER B Trial. *Am J Public Health.* 2017 Sep;107(9):1433-1440.

<sup>6</sup> Jandorf, L, et al. Culturally targeted patient navigation for increasing African American's adherence to screening colonoscopy: A randomized clinical trial. *Cancer Epidemiol Biomarkers Prev.* 2013 Sep; 22(9): 1577-1587.

**Table 1. NYC Neighborhoods with High CRC Mortality and High Poverty <sup>4</sup>**

<b>High Cancer Mortality</b>	<b>Very High Poverty</b>	<b>High Poverty</b>
Central Harlem	Hunts Point	Washington Heights
Hunts Point/Mott Haven	Crotona-Tremont	East New York
Bedford Stuyvesant/Crown Heights	East Harlem	Greenpoint
Port Richmond	Highbridge	Borough Park
East Harlem	Sunset Park	Coney Island
Stapleton/St. George	Central Harlem	Union Square
Lower Manhattan	Williamsburg	Rockaway
East New York/New Lots	Fordham - Bronx Pk	Stapleton
Pelham/Throgs Neck	Bedford Stuyvesant	Bedford Stuyvesant
Highbridge/Morrisania	Borough Park	Flushing

(Note: Neighborhoods are listed in order of highest mortality or highest percent poverty.)

### **Purpose of the Proposed RFP**

The New York City Department of Health and Mental Hygiene proposes to issue a Request for Proposals (RFP) to implement Colon Cancer Screening Navigation Programs (CCSNPs) in large primary care centers serving underserved populations, such as Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs), including safety net hospital-based primary care practices. Proposers may propose one primary care center for CCSNP services. Alternatively, a proposer may propose up to six different centers for CCSNP services. Up to six vendors will be selected to develop operationally cost-effective CCSNPs that target underserved populations. Patient navigators would be expected to deliver services in Community Health Centers/ Federally Qualified Health Centers that serve underserved communities and have low rates of Colorectal Cancer screening.

### **Goals of the Proposed RFP**

The agency's goals are:

- 1) To develop and implement CCSNPs at a minimum of six large primary care sites, such as CHCs, FQHCs, or safety net hospital-based primary care practices that serve the targeted NYC communities for CRC prevention (Table 1);
- 2) To increase colorectal cancer screening rates, and ensure timely diagnosis and initiation of treatment at participating primary care centers:
  - a. Increase the number and percentage of eligible at-risk patients identified for screening;
  - b. Increase the number and percentage of patients referred for screening;
  - c. Of those referred for screening, increase the number and percentage of patients successfully screened;
  - d. Of those screened with positive findings; ensure timely follow-up and diagnosis;
  - e. Of those diagnosed with cancer, ensure timely initiation of treatment

## **Program information**

The Contractor would be responsible for the following:

- Develop and implement CCSNPs to increase colorectal cancer screening rates, especially for those communities DOHMH defines as the target population. This would include services provided by a Patient Navigator to identify, educate and guide eligible patients through screening. The CCSNP must include steps for outreach to eligible patients, patient education, referral to colonoscopy providers, and reminders for keeping appointments.
- Provide a detailed service delivery strategy with patient navigation for the provision of services at CHCs and/or FQHCs in low income neighborhoods in NYC.
- Maintain operating hours that maximize accessibility for clients, including evening and weekend hours to overcome barriers to service that include work hours.
- Meet annual service level targets for Years 1 through 6, which would total 600 patients navigated to CRC screening completion, per year per contractor, and at a minimum 3,600 for the 6-year period.
- Develop and implement a service delivery plan/model that will include, at a minimum, the following: a service plan, milestones, targets, and timelines for events relating to the plan/model.
- Conduct evaluations of services (including patient satisfaction surveys), collect relevant project data, submit monthly project reports to NYC DOHMH, and participate in regular project status calls.

## **Proposed Term of the Contract**

It is anticipated that the term of each contract resulting from this RFP will be six years, contingent on the availability of funding. DOHMH anticipates that the start date of the contracts would be late winter/early spring 2020.

## **Procurement Timeline**

It is anticipated that the RFP will be issued in spring 2019 and the proposal due date would be in summer 2019. Expected award decisions will be made in the fall of 2019.

## **Funding and Anticipated Number of Contracts**

It is anticipated that the total available funding for all contracts awarded from this RFP will be \$3,990,000 over six years (\$665,000 annually). The agency anticipates making up to six awards. Actual funding levels will depend upon the availability of funds.

## **Planned Method of Evaluating Proposals**

DOHMH anticipates that proposals will be evaluated based on proposers': relevant experience; approach to the scope of services; approach to program monitoring, data management, and

reporting; organizational capacity, including proposed staffing plan; and proposed approach to budget management.

### **Use of HHS Accelerator**

To respond to the forthcoming **Colon Cancer Screening Navigation Program RFP**, vendors must be appropriately qualified in the City's Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its human services Agencies to manage procurement.

Only organizations with approved HHS Accelerator Business Application and Service Applications for one or more of the following service areas will be eligible to propose:

- Primary Care
- Diagnostic Testing
- Health Education and Supports
- Outreach

To submit a Business and Service application to become eligible to apply for this and other client and community services RFPs, please visit <http://www.nyc.gov/hhsaccelerator>.

### **Contact Information/Deadline for Questions/Comments**

Comments are invited by no later than March 15, 2019. Please email [rfp@health.nyc.gov](mailto:rfp@health.nyc.gov) and indicate CCSNP Concept Paper in the subject line of the email. Alternatively, written comments may be sent to the following address:

**Scott Wagner, Esq.**  
**New York City Department of Health and Mental Hygiene**  
**42-09 28<sup>th</sup> Street, CN 30A**  
**Queens, New York 11101**