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American Cancer Society®

NATIONAL NAVIGATION ROUNDTABLE

September 19, 2024

2024 ACS NNRT ANNUAL MEETING

Building on Momentum, Propelling Patient Navigation Forward Through Innovative Persistence

navigationroundtable.org

Welcome from ACS NNRT

Day 2 – Session 1

8:30 AM – 9:00 AM

Thank You to Our 2024 Sponsors

Welcome

Andi Dwyer. BS
University of Colorado Cancer Center
Chair, ACS NNRT

Shanthi Sivendran, MD, MSCR, MBA
American Cancer Society

Today's Sessions

	Times
THE IMPORTANCE OF INCORPORATING A SUSTAINABILITY MODEL IN THE DEVELOPMENT OF PATIENT NAVIGATION PROGRAMS	9:00 AM – 10:00 AM
KEYNOTE: THE STATE OF PATIENT NAVIGATION	10:00 AM – 11:00 AM
THE CURRENT AND FUTURE IMPLICATIONS OF THE ONCOLOGY NAVIGATION PROFESSIONAL STANDARDS OF PRACTICE DOMAINS	11:00 AM - Noon
NETWORKING LUNCH	Noon - 1:15 PM
POLICY IN ACTION: PREPARING FOR AND UTILIZATION OF THE PIN CODES AND IMPLEMENTATION OF ORGANIZATIONAL POLICY GOALS	1:15 PM – 2:15 PM
CONCURRENT SESSIONS	3:00 PM – 3:55 PM 4:00 PM – 5:00 PM
NETWORKING RECEPTION	5:00 PM – 6:00 PM

Importance of Health Equity

Angelo Moore, PhD, RN, NE-BC, FAAN
North Carolina A&T State University

Thank You

The Importance of Incorporating a Sustainability Model in the Development of Patient Navigation Programs

Andi Dwyer, BS
University of Colorado
Cancer Center
Chair, ACS NNRT

Linda Fleisher, PhD, MPH
Fox Chase Cancer Center
Co-Chair, ACS NNRT

MISSION

High quality cancer care for all through evidence-based patient navigation

VISION

NNRT is a collaboration that advances patient navigation efforts to eliminate barriers for quality care, reduce disparities in health outcomes and foster ongoing health equity across the cancer continuum.

Five-Year AIM (2021-2026)

To support the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of cancer care.

https://navigationroundtable.org/

Leadership

Andrea (Andi) Dwyer, BS
Chair, ACS NNRT
University of Colorado Cancer
Center School of Public Health

Shanthi Sivendran, MD, MSCR, MBA
Co-Chair, ACS NNRT
Senior Vice President, Cancer
Treatment Support, ACS

Linda Fleischer, PhD, MPH
Vice-Chair, ACS NNRT
Associate Research Professor,
Cancer Prevention and Control
Fox Chase Cancer Center

Kristina Thomson, LCSW
Director, ACS NNRT

Michelle Chappell, MS
Program Manager,
ACS NNRT

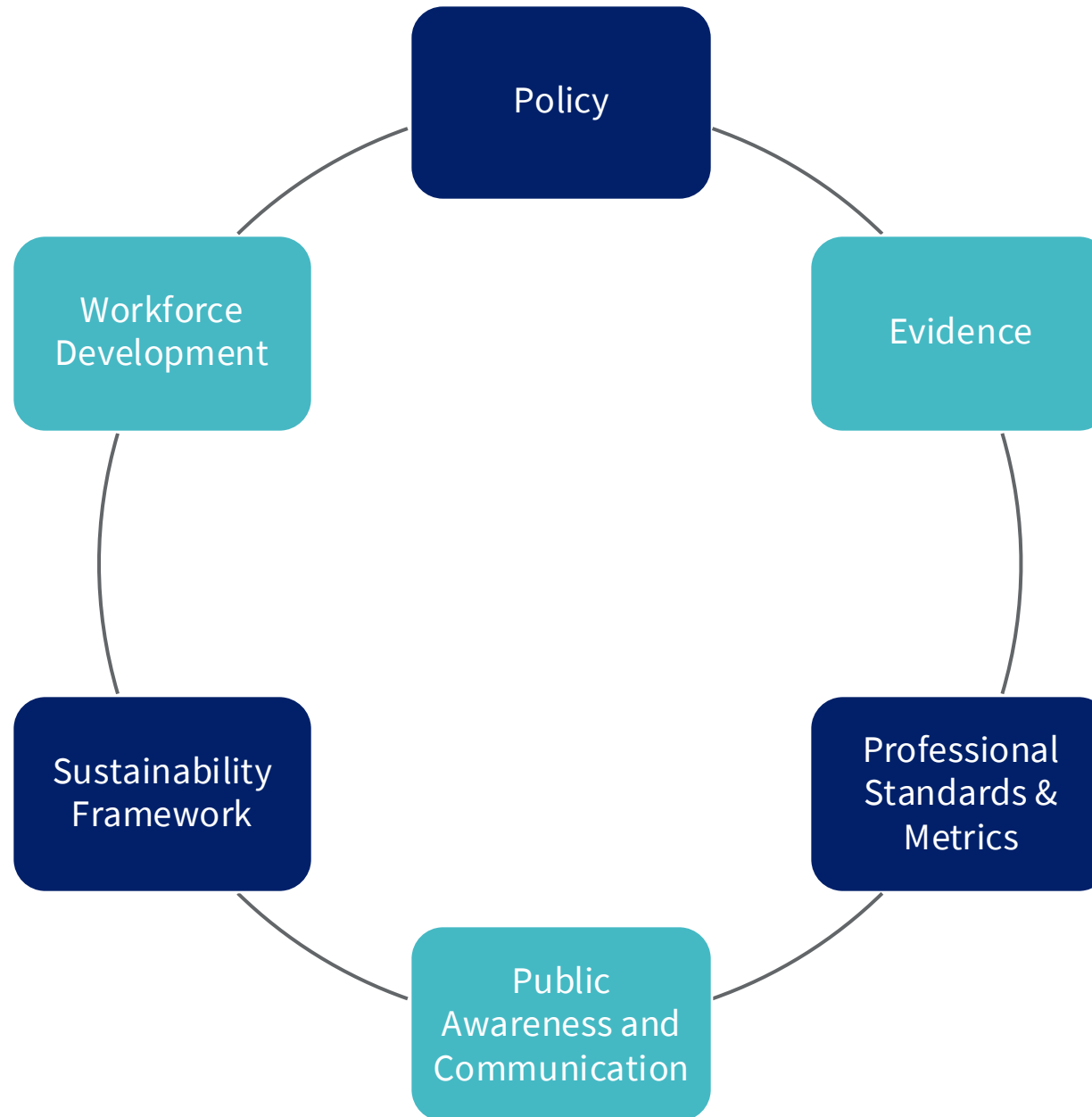**ACS NNRT Steering Committee**

Member Organizations

- Over **151 member organizations**
- **223 individuals** representing
  - academia,
  - public health,
  - advocacy/survivorship advocacy/survivorship groups,
  - professional societies,
  - industry, training, government agencies, and
  - non-profit community-based organizations

Full ACS NNRT Membership

NNRT in Action

Policy

Evidence

Professional Standards & Metrics

Public Awareness and Communication

Sustainability Framework

Workforce Development

CCSP Sustainability Planning

Introducing the PNSAT Short Version

**Funding:
CCPD Grants Program**

Colorado Cancer Screening Program

Mission of CCSP:

- Partner with local, state, and national clinical and community partners to implement evidence-based interventions and population-based research in cancer prevention and control in order to promote health equity.

- Facilitate training and technical assistance for healthcare teams to implement cancer prevention and control initiatives aimed at reducing barriers and increasing access to care.

- Convene partners at the local, regional, and national levels with a shared interest in cancer prevention and control to align efforts for increased reach and effectiveness.

MUST SUSTAIN PATIENT NAVIGATION

Purpose of CCSP PN Sustainability Planning

- Evidence base for patient navigation (PN) is well established.
- Grant support for patient navigation is diminishing as its evidence base continues to build. Payer reimbursement is on its way.
- Important for clinics to consider how to build capacity and make the business case for maintaining patient navigation practices for cancer prevention, chronic care, and other evidence-based clinical practices.
- CCSP is providing dedicated support to clinic systems in efforts to sustain PN practices within their setting and exploring strengths and opportunities for improvement

Sustainability...More Than a Word and More than Money....

sus·tain·a·bil·i·ty

Partnership with Washington University

- CCSP piloted the Program Sustainability Assessment Tool (PSAT) with subset of CCSP clinics
  - Received feedback that the tool didn't entirely capture the landscape of clinical setting and navigation work
- Support from Wash U team to adapt tool
  - At this time Wash U was also piloting clinical tool – Clinical Sustainability Assessment Tool (CSAT)
- Continued support with implementation including technical assistance, facilitation, etc.
  - Wash U piloting shortened versions of the PSAT and CSAT; guidance and analysis support for CCSP's pilot of a shortened PNSAT

Adapting the Wash U Sustainability Domains

Wash U PSAT

PSAT Domains	Definition
Environmental Support	Supportive internal and external climate for the program
Funding Stability	Establishing consistent financial base for program
Partnerships	Cultivating connections between program and stakeholders
Organizational Capacity	Internal support and resources to effectively manage program
Program Evaluation	Assessing program to inform planning and document results
Program Adaptation	Adapting program to ensure ongoing effectiveness
Communication	Strategic communication with stakeholders and public about program
Strategic Planning	Using processes to guide program's directions, goals, strategies

Wash U CSAT (Pilot version)

CSAT Domains	Definition
Engaged Staff & Leadership	Having supportive frontline staff & management within the organization
Engaged Stakeholders	Having external support and engagement for the practice
Monitoring & Evaluation	Assessing the practice to inform planning & document results
Planning & Implementation	Using processes that guide the direction, goals & strategies of the practice
Outcomes & Effectiveness	Understanding & measuring practice outcomes and impact
Workflow Integration	Designing the practice to fit into existing practices & technologies
Organizational Context & Capacity	Having the internal support and resources needed to effectively manage the practice

CCSP PNSAT

PNSAT Domains	Definition
Engaged Staff & Leadership	Having frontline staff & management within the organization who are supportive of the PN practice
Organizational Context & Capacity	The PN practice has the internal support & resources needed to effectively navigate patients/clients
Funding Stability	The PN practice has established a consistent financial base
Engaged Community	The PN practice has external support & engagement (beyond the clinical navigation team)
Communication, Planning, & Implementation	Using processes that guide the direction, goals, & strategies of the PN practice
Workflow Integration	Designing the PN practice to fit into existing processes, policies, & technologies
Monitoring & Evaluation	Assessing the PN practice to inform planning & document results
Outcomes & Effectiveness	Understanding & measuring practice outcomes and impact of the practice

19

Patient Navigation Sustainability Assessment Tool (PNSAT)

PNSAT Domains	Definition
Engaged Staff & Leadership	Having frontline staff & management within the organization who are supportive of the PN practice
Organizational Context & Capacity	The PN practice has the internal support & resources needed to effectively navigate patients/clients
Funding Stability	The PN practice has established a consistent financial base
Engaged Community	The PN practice has external support & engagement (beyond the clinical navigation team)
Communication, Planning, & Implementation	Using processes that guide the direction, goals, & strategies of the PN practice
Workflow Integration	Designing the PN practice to fit into existing processes, policies, & technologies
Monitoring & Evaluation	Assessing the PN practice to inform planning & document results
Outcomes & Effectiveness	Understanding & measuring practice outcomes and impact of the practice

Staples ES and Dwyer AJ. (2023). Patient Navigation Sustainability Assessment Tool – Short Version. Colorado School of Public Health and University of Colorado Cancer Center, Aurora, CO.

Navigation Capacity – Building Initiative Grants

CCSP Sustainability Planning Process

1. 3-5+ individuals from a variety of roles and perspectives, the sustainability planning team, each complete the PNSAT from their individual perspective.

2. Individual score reports are emailed to respondents (if completed online) or can be calculated manually. Your team may choose to additionally calculate the overall average scores of the sustainability team for use in discussion.

3. Develop and implement sustainability action plan:

   - Meet with sustainability team to discuss results, including strengths and areas for improvement

   - Identify 1-2 PNSAT domains that are feasible to address in a time-bound sustainability action plan

   - Develop sustainability action plan, including SMART goal, steps, timeline, resources needed, partners to engage

   - Implement the sustainability plan, and re-evaluate sustainability capacity with the PNSAT at least annually

Changes in Sustainability Capacity – CCSP Clinics

	Average PNSAT scores of CCSP Clinics								
	Overall	Engaged Staff & Leadership	Org. Context & Capacity	Funding Stability	Engaged Community	Comm., Planning, Implementation	Workflow Integration	Monitoring & Eval	Outcomes & Effectiveness
AVG. TOTALS Round #1 FY19-20	**5.2**	5.5	5.4	4.9	5.4	5.1	5.3	5.0	5.3
AVG. TOTALS Round #2: FY21	**5.4**	5.8	5.6	5.1	5.5	5.2	5.6	5.3	5.4
Change	**+0.2**	+0.3	+0.2	+0.2	+0.1	+0.1	+0.3	+0.3	+0.1

Domains addressed in sustainability plans:
- Workflow Integration (10)
- Communication, Planning and Implementation (9)
- Funding Stability (5)
- Monitoring and Evaluation (4)
- Outcomes and Effectiveness (3)
- Organizational Context & Capacity (1)

Do you feel that your clinic's capacity to sustain patient navigation for preventive cancer screenings has improved since the start of your clinic's participation in CCSP during the current grant cycle (2018-present)?
- Yes to a great extent – 32.0% (n=8)
- Yes, a moderate amount – 48.0% (n=12)
- Yes, a little bit – 12.0% (n=3)
- Not sure – 8.0% (n=2)

PNSAT Version 2 – Short Version (2023)

Engaged Staff and Leadership

1. The practice engages staff & leadership throughout the process.

2. The practice has engaged, ongoing champions within the organization.

3. The practice has support from clinical team leaders.

4. The practice has team-based collaboration and infrastructure.

Funding Stability

1. The practice is funded through a variety of sources.

2. The practice has a combination of stable and flexible funding.

3. The practice has sustained funding.

4. The practice has a long-term financial plan.

8 Domains each with:
- 4 items, each rated on a 1-7 scale
- 2 guiding questions to add additional context
- 15-20 minutes to complete

Workflow Integration

1. The practice is built into the clinical workflow.

2. The practice is easy for clinicians and other clinic staff to implement.

3. The practice aligns well with other clinical systems (e.g., EMR)

4. The practice is designed to be used consistently.

Monitoring and Evaluation

1. The practice has clear documentation to guide process and outcome evaluation.

2. The practice has a designated person or person responsible for monitoring and evaluation of the practice

3. Evaluation and monitoring of the practice are reviewed on a consistent basis

4. Evaluation results inform practice planning and implementation

Engaged Staff & Leadership

Having frontline staff and management within the organization who are supportive of the patient navigation practice.

Guiding Questions (optional but recommended):

- Who are your organizational champions or advocates? In what ways do they advocate for the patient navigation practice (or have they advocated, or do you hope they will)?

- How would the patient navigation practice be impacted if the lead champion(s) were to leave the organization or their role?

Engaged Staff & Leadership	Response Categories						
	To little or no extent	2	3	4	5	6	To a very great extent
1. The practice engages staff and leadership throughout the process.	1	2	3	4	5	6	7
2. The practice has engaged, ongoing champions within the organization.	1	2	3	4	5	6	7
3. The practice has support from clinical team leaders.	1	2	3	4	5	6	7
4. The practice has team-based collaboration and infrastructure.	1	2	3	4	5	6	7

Notes or comments on the Engaged Staff & Leadership domain:

PNSAT Score Report and Sustainability Plan Template

Engaged Staff & Leadership: Having frontline staff and management within the organization who are supportive of the practice (patient navigation for preventive cancer screening, including but not limited to CCSP)							
Sustainability Objective: [Write an objective that will enable you to increase sustainability capacity in this domain in a way that is important for your practice. The objective should be Specific, Measurable, Attainable, Realistic, and Time Bound (SMART). You may need more than one objective per domain.]							
Steps to achieve objectives: [Be very specific and include important sub-steps. Anyone should be able to pick up this document and understand what needs to happen in order to reach your objective.]	Who will do the work? [For every task, there needs to be a responsible party/parties. Who will ultimately ensure the work gets finished?]	What does success look like? [What metrics will you use to track progress on the completion of each step? How will you know it's time to move on to the next step?]	What non- financial resources are needed for this step? Where will they come from?	Due date [In the appropriate quarter, enter a specific date by which the activity must be completed.]			
				Q1	Q2	Q3	Q4
1.							
2.							
3.							

Patient Navigation Sustainability Assessment Tool (PNSAT) Report

Patient Navigation for Preventive Cancer Screening Sustainability

Submitted by: Erin Martinez

Date: 4/1/2019

Many factors can affect sustainability, such as funding, organizational characteristics, availability of engaged champions and elements of evaluation and communication. The Patient Navigation Sustainability Assessment Tool (PNSAT) allows clinical settings to rate their patient navigation practice on the extent to which they have processes and structures in place that will increase the likelihood of sustainability. Assessment results can then be used to identify next steps in building practice capacity for sustainability in order to position efforts for long term success.

Interpreting the Results

The table to the right presents your overall sustainability score and the average rating for each sustainability domain based on the responses you provided. The remainder of the document presents the ratings for indicators within each domain. There is no minimum rating that guarantees the sustainability of a patient navigation practice. However, lower

Overall Score: 5.7

| Domain	Domain Score
Engaged Staff & Leadership	6.6
Organizational Context & Capacity	5.2
Funding Stability	2.5
Engaged Community	6.7
Communication, Planning & Implementation	6.1
Workflow Integration	5.8
Monitoring & Evaluation	6.6
Outcomes & Effectiveness	6.5

Tips for Successful Sustainability Planning

- Identify a sustainability planning team that includes people who can bring about change – champions, leadership, admin
- **There are no right or wrong answers – Do your best to answer PNSAT questions from your perspective even if not an 'expert' on all domains**
- Focus on what you can change – sustainability planning is an iterative process beyond scores alone
- Importance of working together – maintain regular team communication and follow-up
- Align sustainability planning with larger organization goals and initiatives
- Monitor progress and reassess – anticipate challenges, capacity building doesn't happen overnight

Status of Work and Looking Ahead

- Collaborating with PNSAT Short Version with CCSP clinics
- Also piloting with NNRT, AONN, ACS programs and initiatives
- Collecting feedback on ease of use of the PNSAT short version
- Washington University providing support with further analysis of items within PNSAT domains to measure consistency of long versus short version
- CCSP team members engaged in CO and national efforts to strengthen support for patient navigation/CHW sustainability
  - PN/CWH reimbursement, quality metrics, training, and TA resources
  - CO SB 23-002 signed by Governor on 05/10/23, authorizes the state to seek federal authorization for Medicaid reimbursement of CHW services
  - Working with HCPF and CMS in CO for implementation of the reimbursement for CHW and PN work

CCSP Sustainability Planning Process

- An iterative process
- Paying for Patient Navigation Sustainability Toolkit
- CCSP Sustainability Capacity Building Case Studies
- Piloting and adaptation of Washington University sustainability assessment tools and sustainability planning process
- Implementation of sustainability planning process with each clinic system
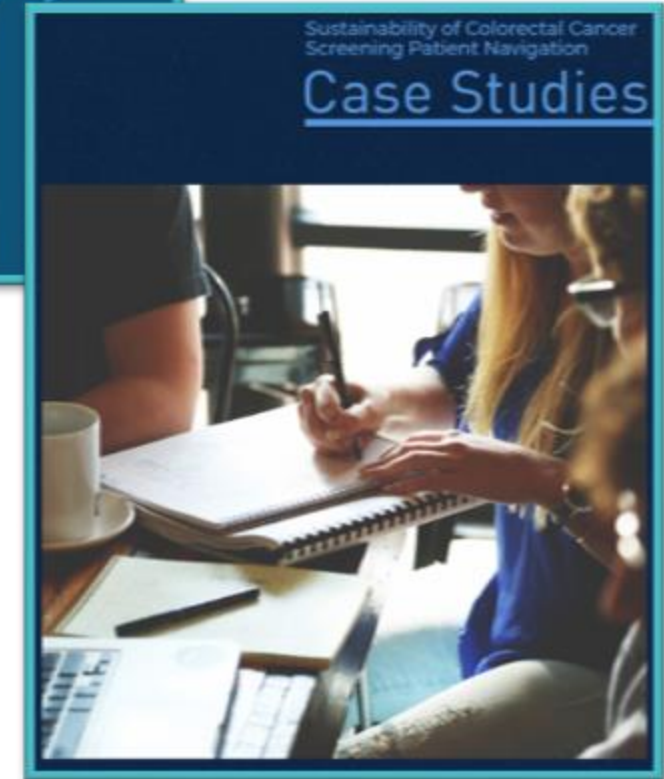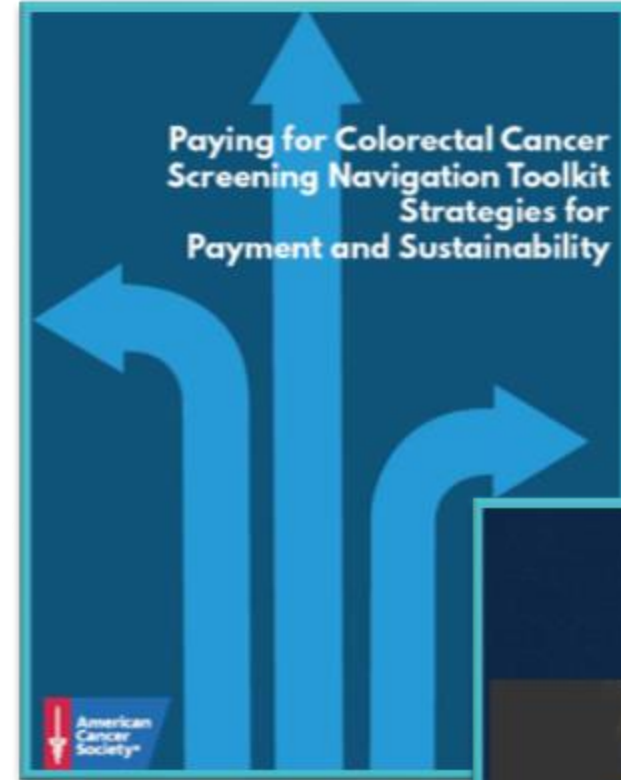
Resources

- **CCSP PNSAT website:** https://sites.google.com/view/pnsat

  - Take the PNSAT and create a sustainability action plan

- **2022 article in *Cancer* on CCSP navigation implementation and sustainability planning:** Read the article.

  - Dwyer AJ, Staples ES, Harty NM, LeGrice KE, Pray SLH, Risendal BC. What makes for successful patient navigation implementation in cancer prevention and screening programs using an evaluation and sustainability framework. *Cancer*. 2022;128 Suppl 13:2636-2648. doi:10.1002/cncr.34058.

- **CCSP website:** implementation resources for cancer screening navigation and EBIs: https://sites.google.com/view/colorado-cancer-screening-prog/

Thank You!

Andrea (Andi) Dwyer, BS

Program Director, CCSP

Andrea.Dwyer@cuanschutz.edu

Linda Fleisher, PhD, MPH

Fox Chase Cancer Center

Elsa Staples, MPH

Senior Program Manager, CCSP

Elsa.Staples@cuanschutz.edu

KEYNOTE: The Importance of Patient Navigation

Day 2 – Session 3

10:00 AM – 11:00 AM

KEYNOTE: The Importance of Patient Navigation

Anabella Aspiras, MPA, RN, BSN
Assistant Director for Engagement on
the White House Cancer Moonshot

Thank You

The Current and Future Implications of the Oncology Navigation Professional Standards of Practice Domains

Day 2 – Session 4

11:00 AM – 12:00 PM

The Current and Future Implications of the Oncology Navigation Professional Standards of Practice Domains

Facilitator:
Kristina Thomson, LCSW
American Cancer Society

Sally Werner, RN, BSN, MSHA
CSC – Cancer Support Community

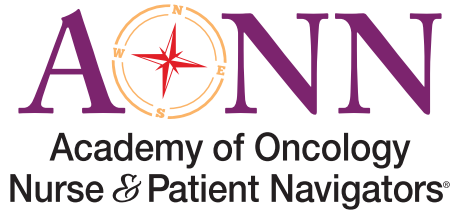**Monica Dean, HON-OPN-CG – AONN**
Academy of Oncology Navigation

Danelle Johnston, MSN, RN, HON ONN-CG, OCN
Genomic Life

Objectives

- Provide the background of the Professional Oncology Navigation Team (PONT) and Oncology Navigation Standards of Professional Practice
- Discuss the rationale and need for developing the Standards and define the purpose of professional standards
- Discuss the current and future states of the Standards and how they support the sustainability of the profession of navigation
- Review a case study highlighting integration of the Standards

Professional Oncology Navigation Team (PONT)

Professional Oncology Navigation Task Force

Elizabeth F. Franklin, PhD, MSW
Head, US Public Affairs and
Patient Advocacy, Oncology

Lisa Simms Booth, BA,
Executive Director, Smith
Center for Healing and the Arts

Monica Dean, HON-OPN-CG,
Director of Patient Navigation
Program Development, AONN+

Kristina Thomson, MSW
Director, ACS National
Navigation Roundtable

Susie Burke, MA, BSN, CPNP, CPHON
Pediatric Nurse Practitioner, Camp
One Step by Children's Oncology
Services

Sally Werner, RN, BSN, MSHA
CEO, Cancer
Support Community

**Danelle M. Johnston, MSN, RN,
HON-ONN-CG, OCN**
Head of Clinical Services,
Genomic Life

Brenda Nevidjon, MSN, RN, FAAN
Chief Executive Officer, Oncology
Nursing Society

Navigation Background

- 1989 "Report to the Nation on Cancer in the Poor" defines barriers to care
- Patient navigation emerged as a strategy to improve outcomes by eliminating those barriers to care
- 1990 the first patient navigation program was initiated by Dr. Harold Freeman in Harlem, NY
- 2005 American Cancer Society launched patient navigator program
- 2009 AONN+ founded
- 2010 ONS, AOSW, NASW joint position on the role of Oncology Nursing & Oncology Social Work in Patient Navigation
- 2013 ONS published Oncology Nurse Navigator (ONN) Core Competencies

Background of the Standards Biden Cancer Initiative

2017 created in response to "the lack of a cohesive, comprehensive, and timely approach to cancer prevention, detection, diagnosis, research, and care"

Patient Navigation Working Group:

- Focused on identifying barriers and implementing solutions to facilitate more widespread use of patient navigation to improve patient care and outcomes.
- Determined that the biggest challenges facing the profession centered around a lack of foundational definitions and standardization.

Need for Standards of Professional Practice

These standards are intended to provide **guidance** and may be applied differently, as appropriate, in different settings

After 3 decades, standards of practice do not exist

Provides clinical oncology navigators and patient navigators with clear information regarding the standards of professional practice

Guidance regarding the knowledge & skills all professional navigators should possess to deliver high-quality, competent, and ethical services
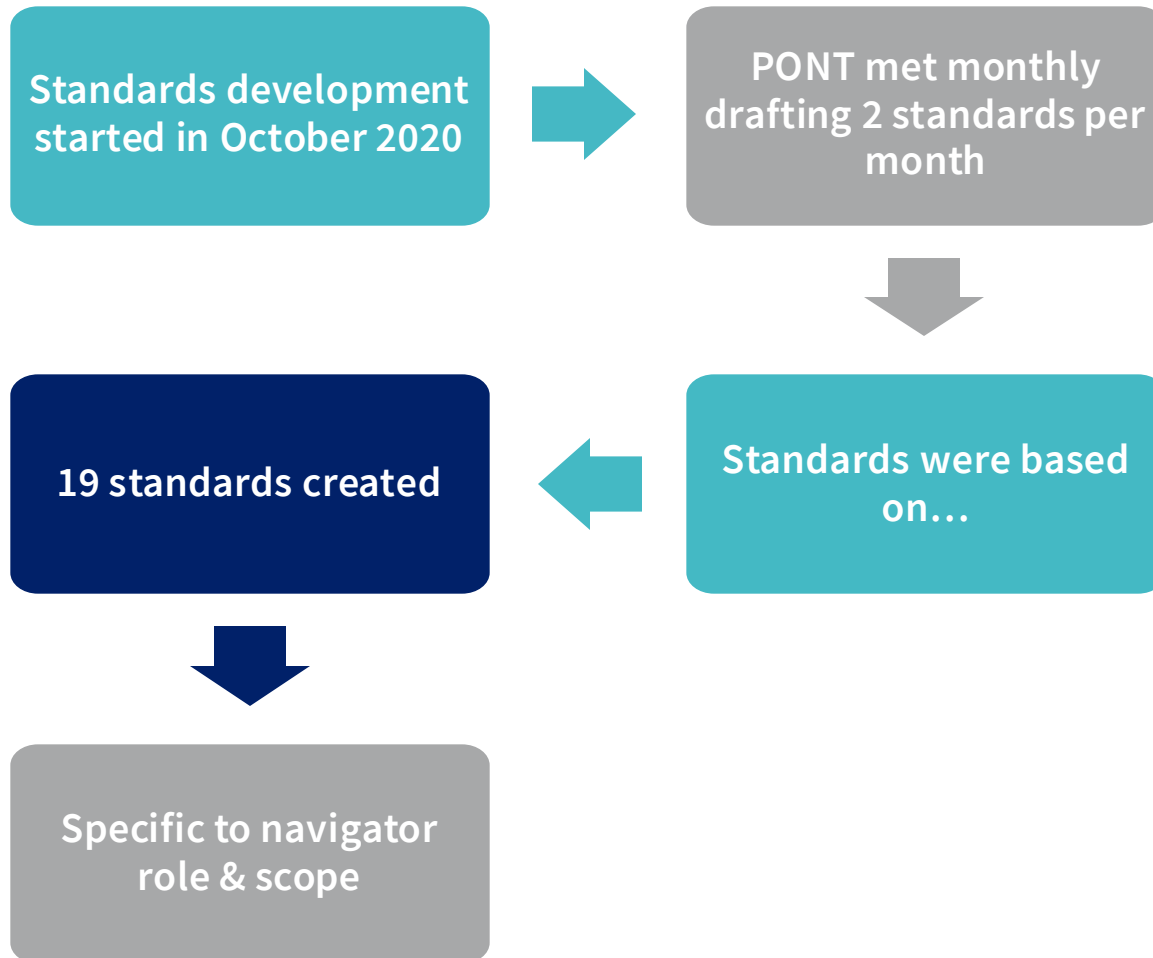
Provides benchmarks for healthcare employers

Information for policy & decision makers to understand the role of the professional oncology navigator

Goals of the Oncology Navigation Standards of Professional Practice

- Enhance the quality of professional navigation services
- Advocate with and on behalf of cancer patients, survivors, families, and caregivers
- Encourage navigator participation in the creation, implementation, and evaluation of best practices and quality improvement in oncology care
- Promote navigator participation in the development, analysis, and refinement of public policy at all levels
  - To best support the interests of people impacted by cancer and to protect and promote the profession of navigation
- Educate all stakeholders about the essential role of navigators in oncology systems

Development of the Standards

Standards development started in October 2020

→

PONT met monthly drafting 2 standards per month

↓

19 standards created

←

Standards were based on…

↓

Specific to navigator role & scope

The team was partnered by role & scope

- Clinical Nurse Navigators
  - Susie Burke
  - Danelle Johnston
  - Brenda Nevidjon
- Clinical Social Work Navigator
  - Elizabeth Franklin
- Patient Navigators
  - Lisa Simms Booth
  - Monica Dean

Definitions

Oncology Navigation

Professional Navigator

Clinical Navigators:
Oncology Nurse Navigator

Clinical Navigators:
Social Work Navigator

Patient Navigator

Patient

Standards Snapshot

The Oncology Navigation Standards of Professional Practice identify best practices in order to promote a high level of navigation quality.

They are intended to serve as **guidance** for professional practice (regardless of setting).

Exceptions to the Standards may be necessary and should be determined on an individual or institutional basis.

The following standards apply to all three types of professional navigators **unless otherwise noted**.

Standards Overview

Standard	Definition
Standard 1 – Ethics	**Oncology navigators practice ethically** • Ethical Responsibilities to Clients • Boundaries • Competence • Conflicts of Interest • Privacy and Confidentiality
Standard 2 – Qualifications	**Oncology navigators obtain the necessary education, licensure, and/or certification for their position** • Scope • Education • Licensure • Training and Continuing Education

Standards Overview

Standard	Definition
Standard 3 – Knowledge	Oncology navigators have (and continue to seek) knowledge that reflects current navigation practice
Standard 4 – Cultural and Linguistic Humility	Oncology navigators practice in a manner that is culturally and linguistically humble and inclusive
Standard 5 – Interdisciplinary and Interorganizational Collaboration	Oncology navigators collaborate with patients and their loved ones and all members of the healthcare team
Standard 6 – Communication	Oncology navigators communicate effectively in all areas of practice
Standard 7 – Professional Development	Oncology navigators seek professional development to ensure up-to-date practice knowledge

Standards Overview

Standard	Definition
Standard 12 – Treatment, Care Planning, and Intervention	Oncology navigators provide support and information to patients and caregivers to navigate through all phases of active cancer treatment
Standard 13 – Psychosocial Assessment and Intervention	Oncology navigators assess, assist, and/or provide clinical services to best support the psychosocial needs of patients and caregivers throughout the cancer continuum
Standard 14 – Survivorship	Oncology navigators prepare for, assess, and provide support to address the survivorship care needs of cancer patients
Standard 15 – End of Life	Oncology navigators prepare for, assess, and provide support to address the end-of-life needs of cancer patients

Standards Overview

Standard	Definition
Standard 16 – Advocacy	Oncology navigators advocate with and on behalf of patients, survivors, families, and caregivers in order to address their needs and goals
Standard 17 – Operational Management	Oncology navigators understand organizational structure and advocate for the navigation role to improve patient experiences and outcomes
Standard 18 – Practice Evaluation and Quality Improvement	Oncology navigators routinely evaluate overall navigation programs and contribute to quality improvement initiatives and efforts
Standard 19 – Evidence-Based Care	Oncology navigators contribute to the knowledge and evidence base and integrate evidence and research findings into their practice

Review Process

First Review: PONT Organization Leadership Teams

Second Review: National Navigation Roundtable

Third Review: Open Comment Review ending on Sept. 30

Collated comments and revised Standards

Dr. Danielle Carnivale with White House Office of Science and Technology Policy for final review before finalized

Review Feedback

"It's a terrific point to make that there are different types of navigators, but all of the types/scopes of practice encompass standards and accountabilities to several entities at once."

"I appreciate the statement about guidance to be applied as appropriate to work setting. This provides enough flexibility and acknowledges the diversity of the Navigator role across organizations."

"Exciting that the release of these standards is aligned with the timeline of our Navigation program launch!"

"We very much appreciate the groups and Task Force creating this document, and for allowing public comment. This work - and having a consensus document - is important as we develop policies moving forward, especially policies that establish coverage of patient navigation services."

"I think navigators are a rich source of quality studies. Professional navigators need to bring opportunities to the cancer committee for internal studies and then assist in performance improvement for better patient care…. Navigators need to be empowered to speak up and identify with NCCN or other guidelines are not followed, if certain appointments take too long, if treatments are delayed, etc."

Case Study: Implementation of Oncology Navigation Standards of Professional Practice

Study

- Design a framework for navigator role delineation and standardization across the hospital network.

Method

- Conducted a job task analysis using the Oncology Navigation Standards

Goal

- Identify the core map of work that aligns with knowledge, skills, and experience

https://www.jeffersonhealth.org/clinical-specialties/cancer/about/strategic-plan/about

(Miller, J., 2024)

Case Study: Implementation of Oncology Navigation Standards of Professional Practice

Outcomes

- Formalized standards for Tumor Board Management

- Core model for enterprise navigation essential metrics

- Established a standard process for medical records

- Explore alternative staffing models

Job Task Alignment with Standards	
Tasks identified aligned with the standards	60%
Aligned for role, but not for level of care	30%
Outside scope of navigation	10%

(Miller, J., 2024)

References

- Franklin, E., Burke, S., Dean, M., Johnston, D., Nevidjon, B., & Simms Booth, L. (2022). Oncology Navigation Standards of Professional Practice. *Clinical Journal of Oncology Nursing*, 26(3), E1-E12.

- Franklin, E, Dean, M, Johnston, D, et al. (2022). Solidifying roles, responsibilities, and the process of navigation across the continuum of cancer care: the professional oncology navigation task force. *Cancer*. 7(1). DOI: 10.1002/cncr.34095

- Strusowski, T., Johnston, D. & Nevidjon, B. (2024). AONN+ Navigation Metrics that Support the Oncology Navigation Standards of Professional Practice. *Seminars in Oncology Nursing*. (2):151589. 10.1016/j.soncn.2024.151589

- Miller, J. (2024). Utilizing the 2022 Oncology Navigation Standards of Practice to revise a Mixed Oncology Navigation Practice Model. *Seminars in Oncology Nursing*. 4(2). doi.org/10.1016/j.soncn.2024.151590.

Next Steps for the Standards

We Want Your Feedback

We want to hear your feedback about the standards. PONT will conduct a review every 5-years or based on the changing field of oncology navigation.

You can also send any feedback or suggestions to navigationstandards@amplity.com.

*FIRST NAME

*LAST NAME

*EMAIL ADDRESS

*FACILITY TYPE
- ○ Academic Cancer Program
- ○ Community Cancer Program
- ○ Private Practice
- ○ Other [   ]

*STANDARDS FEEDBACK (INCLUDING REVISIONS, ADDITIONS, OR SUGGESTIONS). PLEASE BE AS SPECIFIC AS POSSIBLE, INCLUDING THE STANDARD NUMBER BEING REFERENCED.

PONT IS ALSO SEEKING BEST PRACTICES, SUCCESSES, CHALLENGES, AND CASE STUDIES REGARDING THE USE OF THE STANDARDS. PLEASE SHARE YOUR EXPERIENCE. FOR EXAMPLE, IT IS USED TO GUIDE NAVIGATION PRACTICE, CLARIFY ITS SCOPE, OR EVALUATE IT.

Next Steps for the Standards

- Reviewed every 5 years—unless there is a "landscape shifting event" that requires review more often

- Updates to the Standards will be made at the discretion of PONT, however there is an ongoing open comment period available to any individual or organization interested in providing information or comments.

- More information can be accessed at aonnonline.org/oncology-navigation-standards-of-professional-practice

Open Discussion

- How did integrating the Oncology Navigation Standards of Professional Practice impact our current navigation program?

- What resources and support are necessary to implement the standards within your oncology program?

- Can you identify any potential challenges or barriers you faced in adhering to these standards, and how did you address them?

- How are you monitoring and evaluating the implementation of these standards to ensure they are being effectively applied in practice?

- How did you ensure the Oncology Navigation Standards of Professional Practice were integrated into the organization's hiring and onboarding processes for new navigation staff?

- How is HR incorporating adherence to these standards into performance evaluations and ongoing professional development plans for navigation staff?

- How do you communicate the importance of adherence to these standards to navigation staff and ensure their buy-in and engagement?

- What additional training or resources are needed to effectively implement these standards in your role as an oncology navigator?

Thank You

Networking Lunch

12:00 PM – 1:15 PM

Policy in Action: Preparing for and Utilization of the PIN Codes and Implementation of Organizational Policy Goals

Day 2 – Session 5

1:15 PM – 2:45 PM

Policy in Action: Preparing for and Utilization of the PIN Codes and Implementation of Organizational Policy Goals

Facilitator:
Tracy Battaglia, MD, MPH
Yale

Danielle Brown, MBA, BSN, RN, OCN, CN-BN
Florida Cancer Specialists & Research Institute

Tim Mullett, MD, MBA, FACS
University of Kentucky

Jeanne Silva, MSN, RN-BC
RWJ Barnabas

Alan J. Balch, PhD
Patient Advocate Foundation

Objectives

Celebrate Progress

CMS Principal Illness Navigation 2024!!

Hear from the Field

Pragmatic strategies to prepare for, implement and make the most of these codes

- Large academic health system
- Large community oncology practice
- Patient advocate foundation
- Consortium of professional organizations

Open Discussion

The Journey to Cancer Equity has Just Begun…

The Journey to Cancer Equity has Just Begun...

The Journey to Cancer Equity has Just Begun...

CMS Finalizes Physician Payment Rule that Advances Health Equity

Billing & payments   Physicians

Share   f   X   in   🖶

2023 Call to Action Session #4

Pursuing Patient Navigation Policy Landscape Call - National Navigation Roundtable

	Purpose	HCPCS Codes (i.e., billing codes)
Principal Illness Navigation (PIN) Services	Assist Medicare enrollees **with high-risk conditions** identify and connect with clinical and support services	**G0023** – PIN services 60 minutes/month **G0024** – PIN services, additional 30 minutes **G0140** – PIN- Peer Support, 60 minutes/month **G0146** – PIN- Peer Support, additional 30 minutes **G0511** – Payment of PIN services in FQHCs/RHCs
Community Health Integration (CHI) Services	Address **unmet health-related social needs (HRSN)** that affect diagnosis and treatment of a Medicare enrollee's medical conditions	**G0019** – CHI services 60 minutes/month **G0022** – CHI services, additional 30 minutes **G0511** – Payment of CHI services in FQHCs/RHCs
Social Determinants of Health (SDOH) Risk Assessment	**Assessment** of Medicare enrollee's SDOH/social risk factors that influence diagnosis or treatment of medical conditions	**G0136** – SDOH risk assessment 5-15 minutes, not more than every 6 months

https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0 .

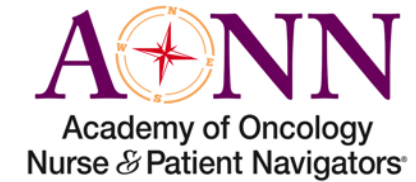# The Journey to Cancer Equity has Just Begun...

Press Releases   Nov 02, 2023

CMS Finalizes Physician Payment Rule that Advances Health Equity
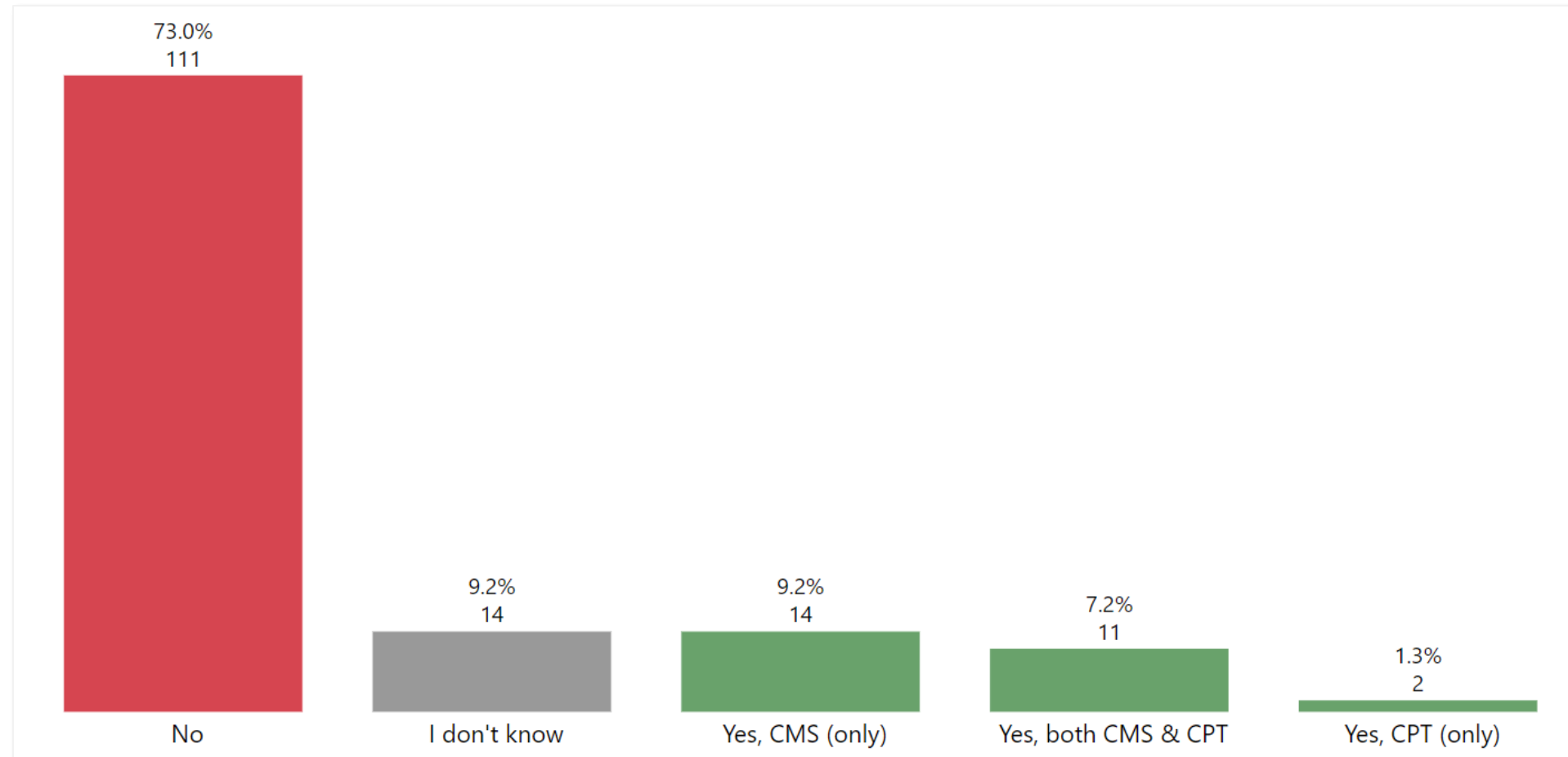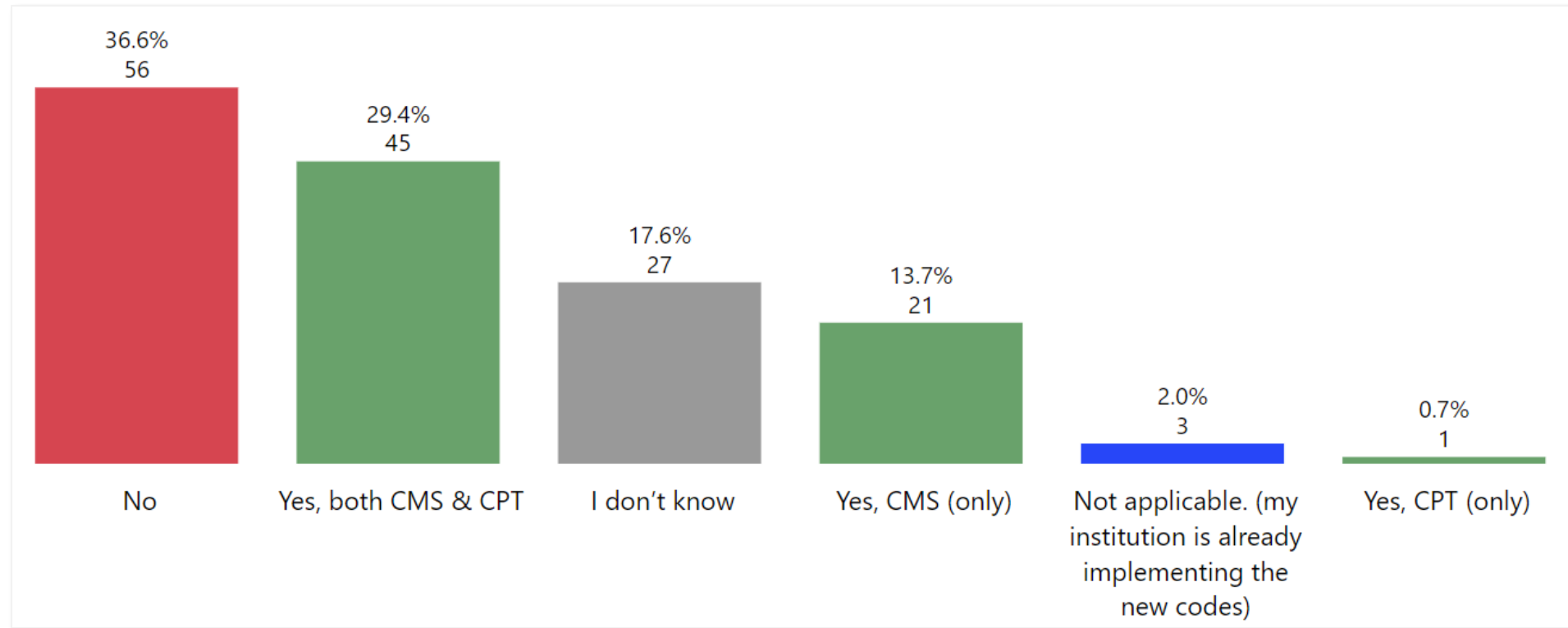
Billing & payments   Physicians

Share

Question 6

Is your institution currently implementing the Centers for Medicare and Medicaid Services' (CMS) Principal Illness Navigation (PIN) and/or the CPT Principal Care Management (PCM) codes to cover patient navigation services?

Total Responses: 152

Question 7

Is your institution **working towards implementation** of the CMS PIN and/or the CPT PCM codes to cover patient navigation services?
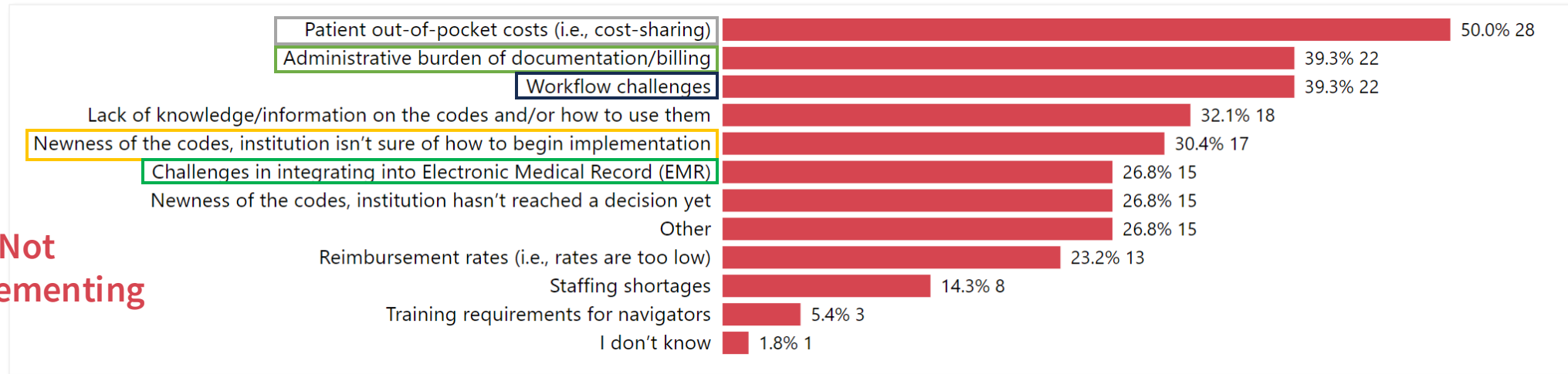
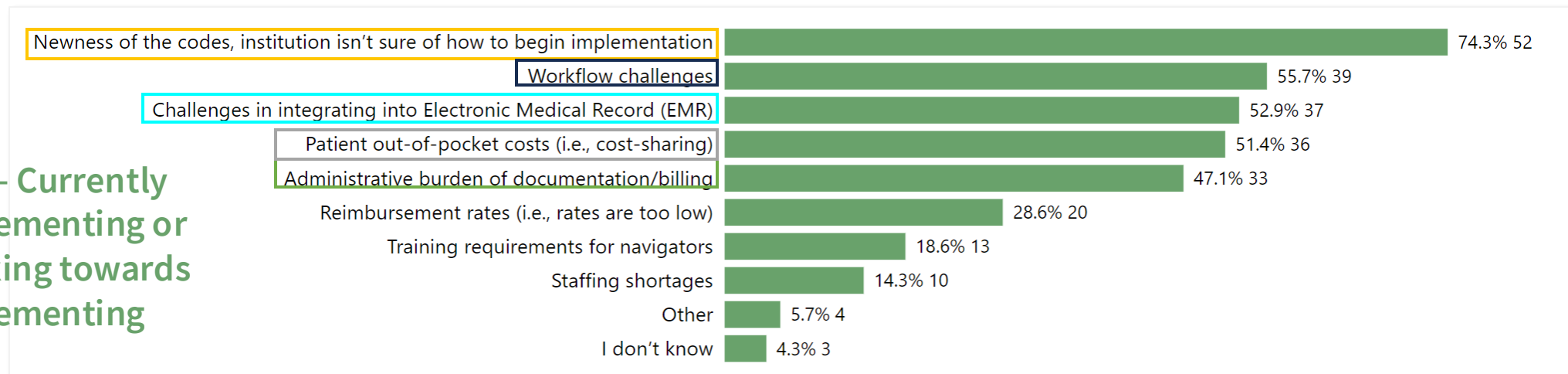|	
No	36.6% / 56
Yes, both CMS & CPT	29.4% / 45
I don't know	17.6% / 27
Yes, CMS (only)	13.7% / 21
Not applicable. (my institution is already implementing the new codes)	2.0% / 3
Yes, CPT (only)	0.7% / 1

Total Responses: 153

Challenges for Implementation

Question 5 vs. 13

Q8 – Not implementing

Challenge	%	Count
Patient out-of-pocket costs (i.e., cost-sharing)	50.0%	28
Administrative burden of documentation/billing	39.3%	22
Workflow challenges	39.3%	22
Lack of knowledge/information on the codes and/or how to use them	32.1%	18
Newness of the codes, institution isn't sure of how to begin implementation	30.4%	17
Challenges in integrating into Electronic Medical Record (EMR)	26.8%	15
Newness of the codes, institution hasn't reached a decision yet	26.8%	15
Other	26.8%	15
Reimbursement rates (i.e., rates are too low)	23.2%	13
Staffing shortages	14.3%	8
Training requirements for navigators	5.4%	3
I don't know	1.8%	1

Q13 – Currently implementing or working towards implementing

Challenge	%	Count
Newness of the codes, institution isn't sure of how to begin implementation	74.3%	52
Workflow challenges	55.7%	39
Challenges in integrating into Electronic Medical Record (EMR)	52.9%	37
Patient out-of-pocket costs (i.e., cost-sharing)	51.4%	36
Administrative burden of documentation/billing	47.1%	33
Reimbursement rates (i.e., rates are too low)	28.6%	20
Training requirements for navigators	18.6%	13
Staffing shortages	14.3%	10
Other	5.7%	4
I don't know	4.3%	3

ACS, ACS CAN and Partners Joint Comments on Patient Navigation Provisions of CY2025 Medicare Physician Fee Schedule Proposed Rule

September 9, 2024

The American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) along with partners appreciate the opportunity to comment on the

September 9, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-1784-P – Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Coverage Policies
89 Fed. Reg. 61596 (July 31, 2024)

Dear Secretary Becerra and Administrator Brooks-LaSure:

On behalf of the American Cancer Society (ACS), the American Cancer Society Cancer Action Network (ACS CAN), and other leading patient advocacy organizations, we appreciate the opportunity to offer our comments in response to the principal illness navigation (PIN) provisions of the CY 2025 Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule (PFS) proposed rule. Each of the 37 signatories is committed to continuing to increase access to patient navigation services and building upon the meaningful step of the PIN codes in providing critical services for patients with cancer and other serious illnesses.

Developing a Path to Implementation

INITIATING VISIT ➤ TREATMENT PLAN ➤ CONSENT ➤ PROVISION OF SERVICES ➤ DOCUMENTATION ➤ BILLING

RWJBarnabas Health and Rutgers Cancer Institute

Navigation Program

- Standardized in 2019 – Orientation, Job Description, Workflow and Documentation Template
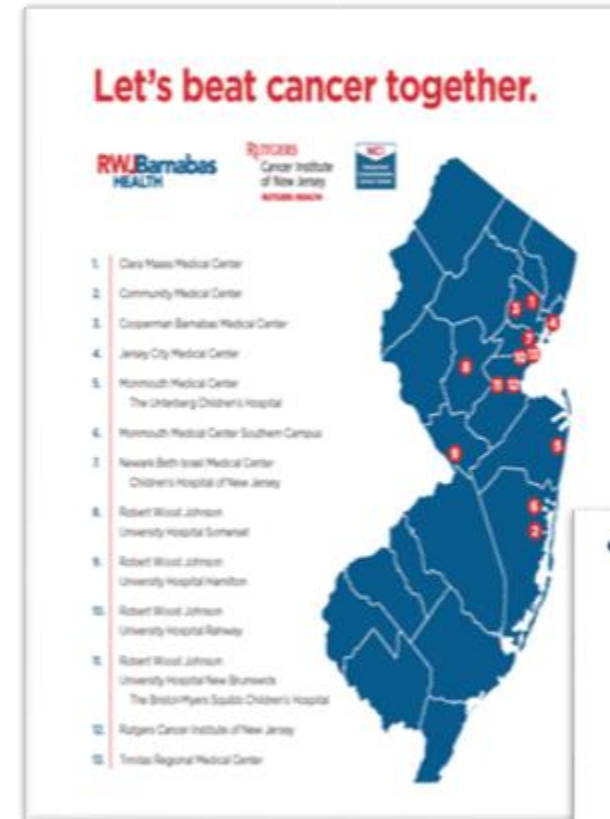
Navigation Structure

Assistant Vice President of Navigation and Access

- Navigation Manager
  - Navigation Lead
  - 41 Nurse Navigators
  - 6 Patient Navigators
  - 15 Patient Access Navigators
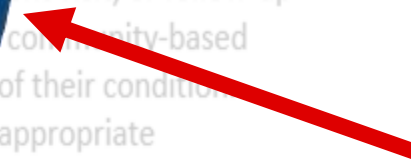- ~11,000 patients each year navigated

Navigation Model

Longitudinal – Diagnosis to end of active treatment

- Disease-specific and multisite navigators

- RWJBarnabas Health, together with Rutgers Cancer Institute is one of the nation's 52 National Cancer Institute-designated Comprehensive Cancer Center, and the only one in New Jersey.

- New Jersey's largest academic healthcare system

G0023 Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; **60 minutes per calendar month**, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ **conducting** a person-centered assessment to understand the patient's life story, str... ...ces, and desired outcomes, including understanding cultural and linguistic factor... ...parately billed). ++ **facilitating** patient-driven goal setting and establishing a... ...omplish the practitioner's treatment plan. **identifying** or ref... ...upportive services. practitioner, home, and comm... ...from healthcare practitioners, providers, and... ...licable). ++ communication with pract... ...ing facilities (or other health care facilities) reg... ...rences, and desired outcomes, including cult... ...lth care practitioners and settings, including tra... ...ent visit; or follow-up after discharges from hos... ...nity-based social services (e.g., housing... ...of their conditio... health care access / health sy... ...ng appropriate practitioners or providers for cli... ...e patient with information/resources to consider p... ...cilitating behavioral change as necessary for meeting diagnosis and trea... ...to participate in care and reach person-centered diagnosis or treatment goals. ...otional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

G0024 additional 30 minutes per calendar month

PIN (Principal Illness Navigation) Billing

G0023
G0024

Navigation Billing Readiness

- Identify Stakeholders
  - Revenue Integrity
  - Patient Accounts
  - Navigation Administrator and Team Leads
  - Physicians, other Licensed Independent Practitioners
  - EMR (Epic Template Builder)

- Readiness Actions
  - Training
  - Establish billing departments and codes
  - Epic template – Enhancement
  - Education and dissemination

Navigational Billing

Principle Illness Navigation Readiness

1. Credential/validate navigation training
   - ACS LION, GW Fundamentals, NCBC, AONN
2. Indication for navigation
   - a condition lasting more than three months
3. Referral for services
   - a referral from the treating provider requesting navigation services
4. Consent for services
   - patient agrees for services
5. Provide person-centered assessment and resources to address obstacles

Barriers and Challenges

- Referral process
- Patient consent

Navigation Standards of Professional Practice 2, 3, 5, & 6

Pivotal Care Points
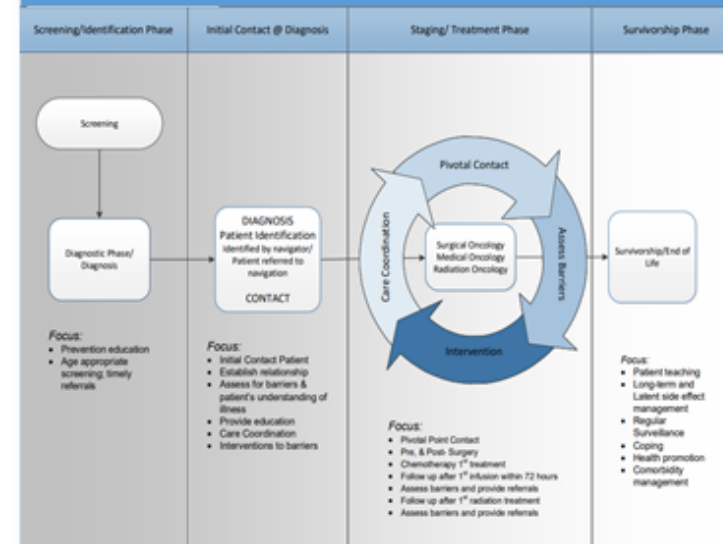
Navigational Billing

Navigation Billing Pathways

Introduction
Describe the role of navigation, expectations, and supportive services, (consent obtained)

Initial Consultation
Intake assessment including barriers, SDOH, and goals of care (confirmed pathology and referral)

Pivotal Transition Visits
Consultations, surgical, medical oncology, radiation, pre and post surgery, chemotherapy, initial radiation, completion

Survivorship
Transition patient to survivorship

Navigational Billing

Person-Centered Care Assessment

- Review the patient's care plan and provide education to empower shared-decisions
- Provide coordination and continuity of care
- Assessment of barriers to care including SDOH and offer resources to address obstacles
- Evaluate Adherence Risk
- Support health education and promotion
- Advocate for the patients Goals of Care
- Psychosocial

G0023 60-minutes & G0024 30-minutes

√ Measures for billing services
  - time with patient
  - time coordinating care, addressing barriers
  - Review documentation

Navigation Standards of Professional Practice 11, 12 & 13

Challenges

o standardized referral process
o patient communication
o patient out of pocket
o patient refusal of services
o EHR build to limit charge to 60-minutes, & 30- minutes
o provider education

Practice Overview

- **40-year history** as a world-class oncology care provider
- **100** offices: 92 clinical sites, 8 corporate/ancillary sites
- Nearly **300** physicians
- **280+** nurse practitioners and physician assistants
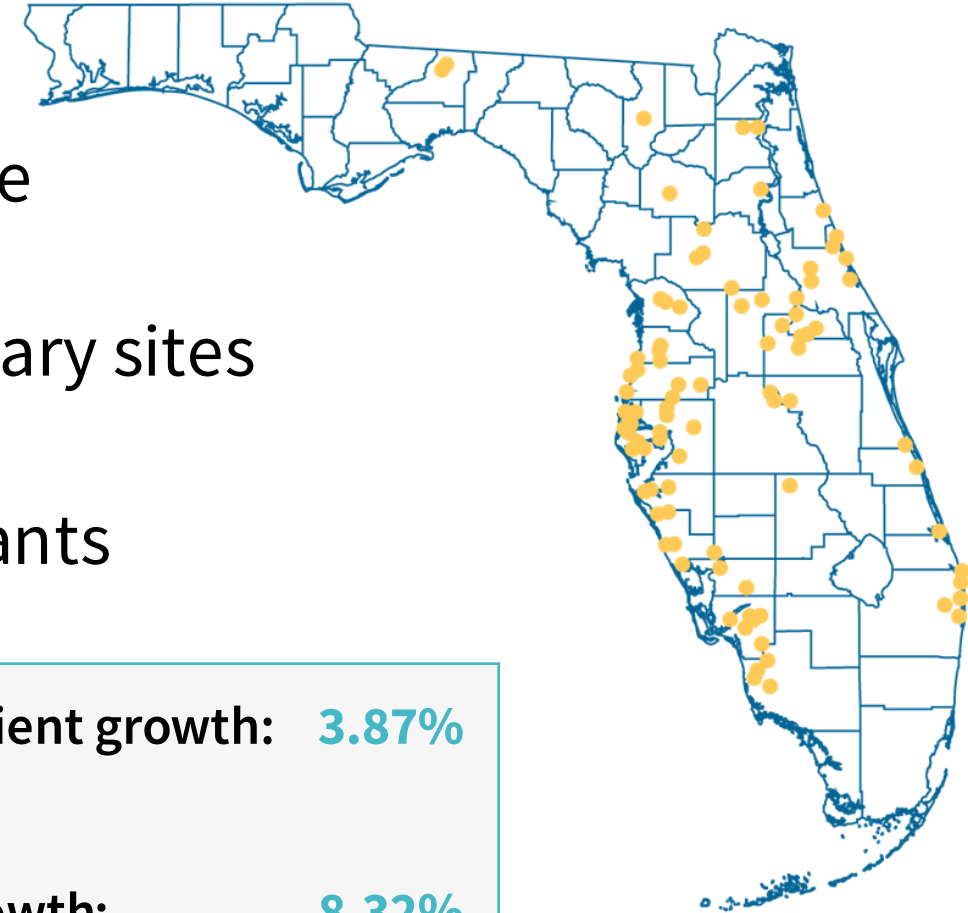
Patient Volume & Growth

New patients: **92,000+**   New cancer patient growth: **3.87%**

Established patients: **1.1+ million**   New patient growth: **8.32%**

Patient visits: **3.4+ million**

Nurse Navigation

Education
New treatment | Pre/post surgery
Radiation | Pain management

Symptom Management
Nausea | Pain
Vomiting | Dehydration
Fatigue | Mouth sores, etc.
Rash

Assess Barriers to Care
Food insecurities | Financial
Housing

Referrals to Dietician / Behavioral Health

Coordinate Care with External Providers

Advanced Care Planning

Medication Refills

Documentation Example

Preventable Hospitalization Risk Stratification

Risk Cohort

- Basic Inclusion Criteria
- Basic Exclusion Criteria

Stratification Groups

- High Risk
- Moderate High
- Moderate
- Moderate Low

Clinical Risk Stratification Factors

- Labs
- PHQ-9 Score
- ECOG Score
- Recent Hospitalizations
- Cancer Staging

Challenges

- Organizational ROI Alignment / Estimating Cost Avoidance
- Documentation Requirements / EMR
- Must hit 60 mins before using G0023
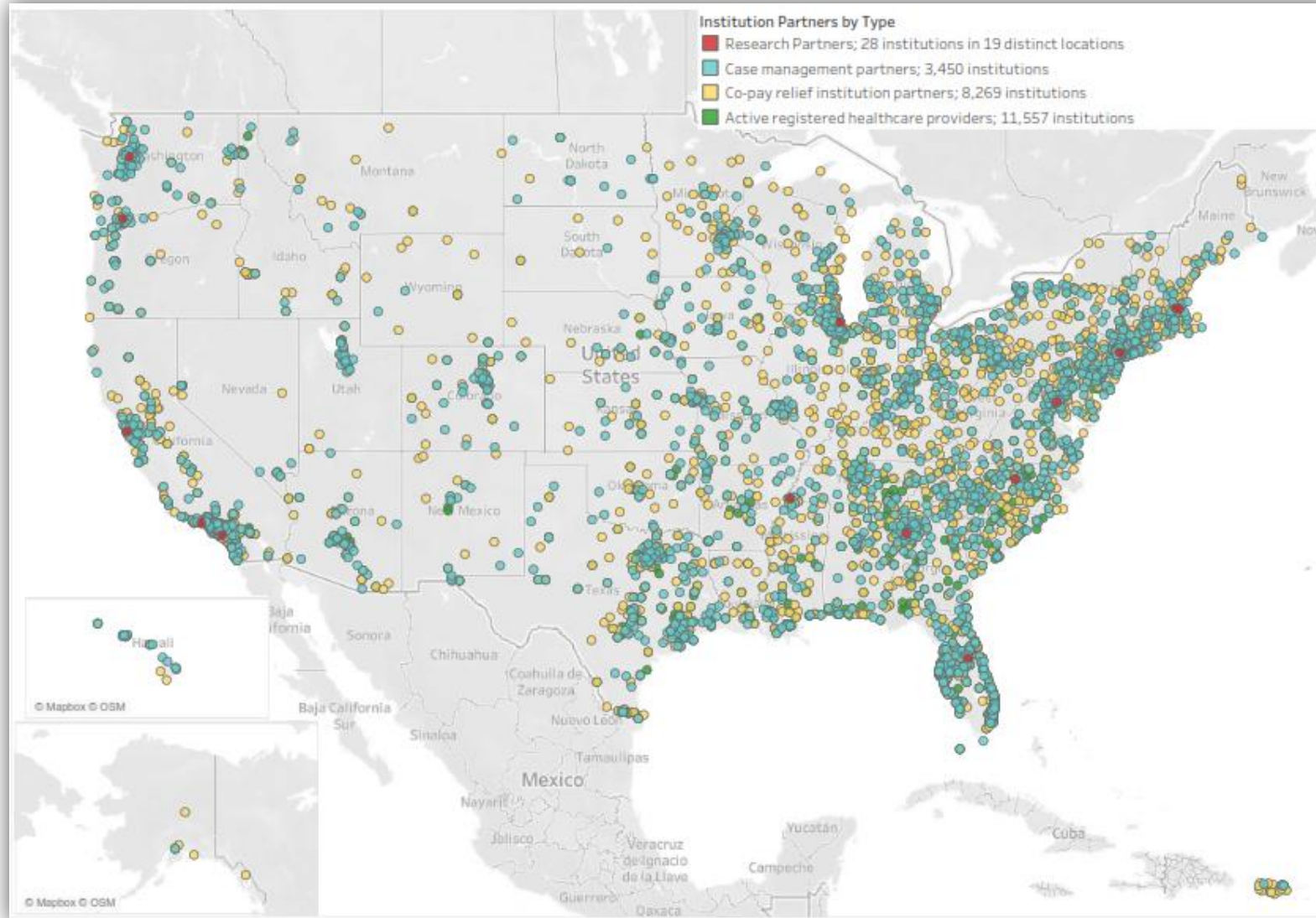- Patient Consent
- Patient Cost Sharing
- Staffing
- Manual Billing Process

Institution Partners by Type
- Research Partners; 28 institutions in 19 distinct locations
- Case management partners; 3,450 institutions
- Co-pay relief institution partners; 8,269 institutions
- Active registered healthcare providers; 11,557 institutions

We had over 23,000 institution partners in all 50 states and Puerto Rico. The map represents the locations of these distinct partners. Locations with multiple partners of the same type are indicated with a single dot.

2023 Case Management Data

16,902 patients received direct one-on-one case management help

27 contacts on average needed to resolve a patient case
↑19% increase

32% of patients had needs spanning more than one-issue category
↑12% increase

230 distinct case resolutions documented

63% of patients referred by healthcare institutions or professional and other non-profit organizations

$18.5M+ debt relief secured on behalf of patients
$5.5M+ in free or discounted treatment

- Primarily low income (40% less than $24k, 30% between $24k and $48k)
- Even mix of employment and insurance status (retired, disabled, employed, unemployed)
- 40% non-white

Average days to resolve a case is up from 14 in 2022 to 21 in 2023

Top Patient Needs

 Help with healthcare costs

 Help paying for utilities

 Help paying for housing

 Help with transportation

 Help with nutritional needs

 Help enrolling in disability

 Help enrolling in insurance

5 of 10 patient issues were related to cost-of-living expenses including utilities, mortgage/rent, transportation and food

5 of 10 patient issues were related to disability and health insurance enrollment and out-of-pocket medical expenses

patientadvocate.org

G0023 and G0024 Principal Illness Navigation Services

External organization must be under contract with the billing practitioner or their practice, and there must be "sufficient clinical integration between the third party and the billing practitioner."

- Person-centered assessment, performed to better understand the individual context of the serious, high-risk condition.
- **Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services.**
- Practitioner, Home, and Community-Based Care Coordination
  - **Facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s).**

- Health education and medical decision-making.
- Building patient self-advocacy skills…
- Health care access / health system navigation.
- Facilitating behavioral change as necessary for meeting diagnosis and treatment goals…
- Facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals.
- Leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals.
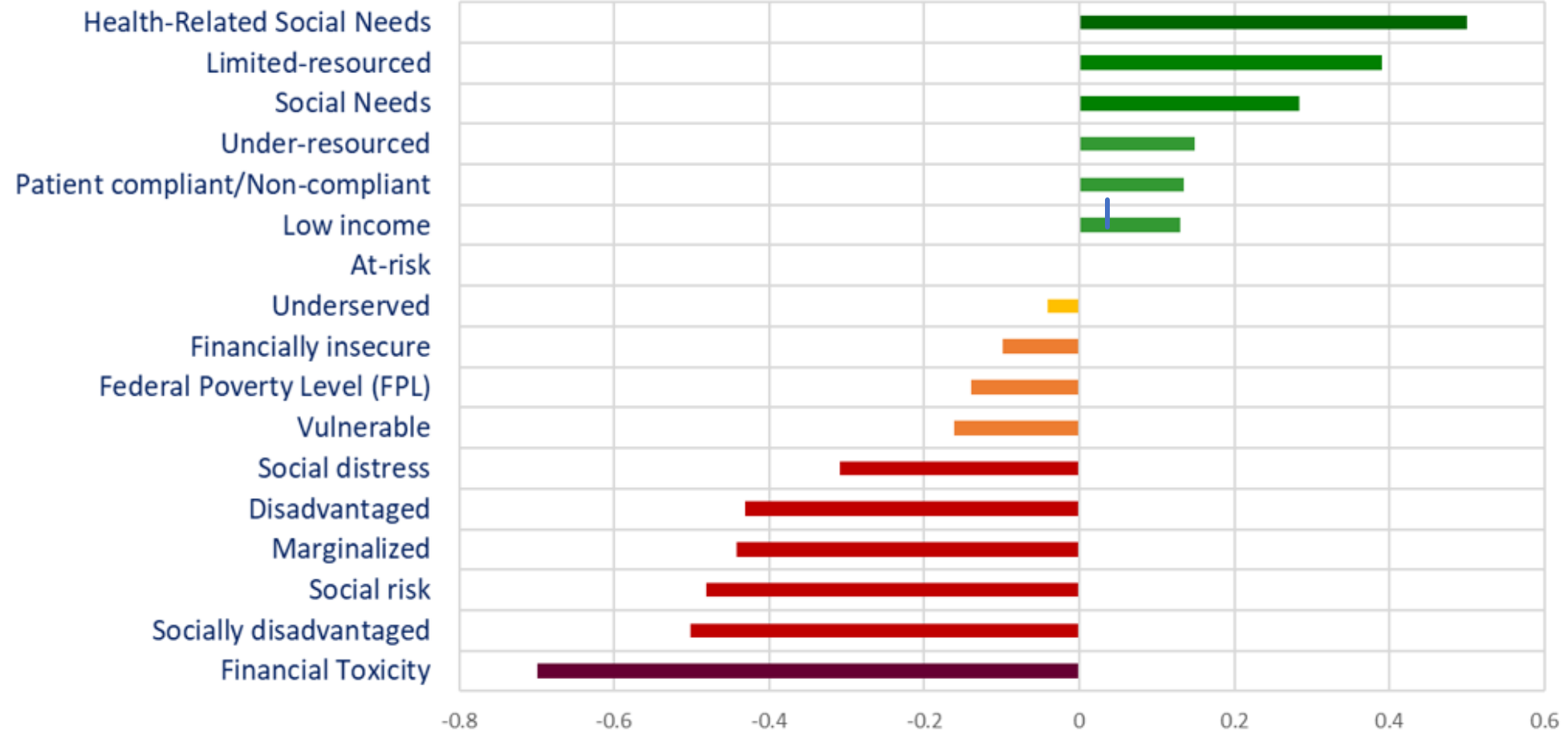
Comfort with word/phrase use

Delivering the Right Care to the Right Patient

Decision Support and Patient Experience Platforms

CARE SELECTION	CARE PLANNING	CARE MANAGEMENT

Care Coordination and Needs Navigation

What are the most important topics when discussing treatment options or developing a care plan for your condition or disease?

	Care Selection	Care Planning
Cost of treatment	83%	80%
Treatment location	76%	78%
Food and nutrition	71%	72%
Transportation	56%	55%
Housing	56%	52%

Nationwide survey distributed in May 2022 of patients who received PAF services in 2020. 481 survey respondents with cancer.

Social Needs Screening and Intervention Copay Assistance

- </= 400% of FPG
- Insurance – all types
- Diagnosis of having a factor that influences health status and contact with health services, specifically problems related to housing and economic circumstances; confirmed by one of the eligible diagnosis codes (Z Codes). Dx can be primary or secondary dx.
  - Eligible Z Codes:
    - Z58 Problems related to physical environment
    - Z59 Problems related to housing and economic circumstances
- Grant maximum: $300
- Initial grant: $150

What's Covered?

The grant can be used to pay for the patient's cost share responsibility for the initiating visit where the practitioner identifies unmet Social Determinants of Health (SDOH) needs that significantly limit their ability to diagnose or treat the patient, the SDOH screening and subsequent CHI and PIN/PIN-PS services.

Cost share includes co-pays, coinsurance and/or deductibles

Eligible services include:

G0136 Administration of SDOH assessment (5-15 min)
G0019 Comm hlth intg svs sdoh 60mn
G0022 Comm hlth intg svs add 30 m
G0023 Pin service 60m per month
G0024 Pin srv add 30 min pr m
G0140 Nav srv peer sup 60 min pr m
G0146 Nav srv peer sup add 30 pr m
G0051 For Federally Qualified Health Centers (FQHCs) and RHCs to use for billing both CHI and PIN services.

Thank You

Concurrent Sessions

3:00 PM – 3:55 PM and 4:00 – 5:00 PM

Concurrent Sessions

Sessions 3:00 PM – 3:55 PM	Location
Preparing for and Utilization of PIN Codes and Implementation of Organizational Policy	Calvert
Leveraging Technology to Benefit Patient Navigation	Capitol
Building a Business Case for the Investment and Sustainability of Patient Navigation	Hampton

Sessions 4:00 PM – 5:00 PM	Location
Preparing for and Utilization of PIN Codes and Implementation of Organizational Policy	Calvert
Building a Business Case for the Investment and Sustainability of Patient Navigation	Hampton
Sustaining and Evolving Your Patient Navigation Workforce: Getting Back to the Basics	Capitol