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September 20, 2024

2024 ACS NNRT ANNUAL MEETING

Building on Momentum, Propelling Patient Navigation Forward Through Innovative Persistence

navigationroundtable.org

The American Cancer Society National Navigation Roundtable (ACS NNRT) was established in 2017. The ACS NNRT is a national coalition of 80 member organizations to advance navigation efforts that eliminate barriers to quality care, reduce disparities, and foster ongoing health equity across the cancer continuum. The American Cancer Society provides organizational leadership and expert staff support to the ACS NNRT.



Welcome

8:30 AM – 8:45 AM

Today's Sessions

	Times
ARMCHAIR CONVERSATIONS: THE IMPACT OF PATIENT NAVIGATION	8:45 AM – 9:15 AM
ARMCHAIR CONVERSATIONS: FROM PRACTICE TO POLICY - BRIDGING LOCAL INITIATIVES TO STATE AND FEDERAL CHANGE	9:15 AM – 10:45 AM
THE WORK OF THE ACS NNRT	11:15 AM – 12:15 PM
“OPEN MIC,” WRAP UP AND DEPARTURE	12:15 PM – 1:00 PM

Armchair Conversations: The Impact of Patient Navigation

Day 3 – Session 1

8:45 AM – 9:15 AM

Armchair Conversations: The Impact of Patient Navigation



Facilitator:
**Jennifer Bires, LCSW,
OSW-C, CST**
Inova Schar Cancer
Institute



Cheryl Perry
Lived Experience Expert



**Eva Ruiz Olivares,
BSN, RN**
Inova



Molly Harden, MSW
Inova Peterson Life with
Cancer



Thank You

Armchair Conversations: From Practice to Policy – Bridging Local Initiatives to State and Federal Change

Day 3 – Session 2

9:15 AM – 10:45 AM

Armchair Conversations: From Practice to Policy – Bridging Local Initiatives to State and Federal Change



Facilitator:
Carter Steger
ACS CAN



Julie Nickson
ACS CAN



Rebecca Kirch, JD
NPAF



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



Ray Liu, MD
Kaiser Permanente
Northern California

The Federal Landscape



Julie Nickson
ACS CAN

We Believe the Healthcare System Should Work for ALL OF US



Rebecca Kirch, JD
NPAF EVP Policy and Programs

Continuity of Care from Clinic to Community



Patient Navigation
personalized focus on
supporting disease-
directed treatment in
clinical settings



**Social Risk
Screening**
Identify unmet financial
and social support
needs



Needs Navigation
personalized focus on
financial health and
finding safety net
supports while coping
with disease

PIN + Needs Navigation

- Needs Navigation provides hands-on support for patients and caregivers to find and use resources that address their essential needs.
- This service improves health outcomes and is integral to achieving health equity.
- It's provided by people skilled in person-centered communication and resources coordination who serve as a key contact for patients in helping find and access safety net support and other assistance they need.

Policy Objectives

- Position PATIENTS and PROVIDERS as leading force driving holistic healthcare reforms
- Promote needs navigation care model on the value-based menu

Brass Ring Bold Goal: Establish needs navigation as a standard of care. In all care settings.

Overcome-able Challenges

- Clarify “navigation” messaging confusion through strategic communications and effective advocacy
- Establish inclusive leadership of needs navigation agenda and buy-in that builds connected coalition
- Secure leading edge over insurance companies, for-profit ventures, others – we otherwise risk race to the bottom supplanting quality care
- Anticipate and address uncertainty of political landscape and implications for our policy agenda

Resource Needs

Advancing this campaign extends well beyond policy proposals and government affairs activities...

- Messaging research and Grassroots advocate skills development
- New community connections cultivation with CBOs, CHCs, others
- Certified Patient Advocate, SW, CHW and navigation workforce alignment
- Partnered projects to generate actionable research showing RETURN TO PATIENT value of needs navigation
- Strategic paid media outreach is a new investment area we may consider

The Colorado Experience



Andi Dwyer, BS
University of Colorado Cancer Center

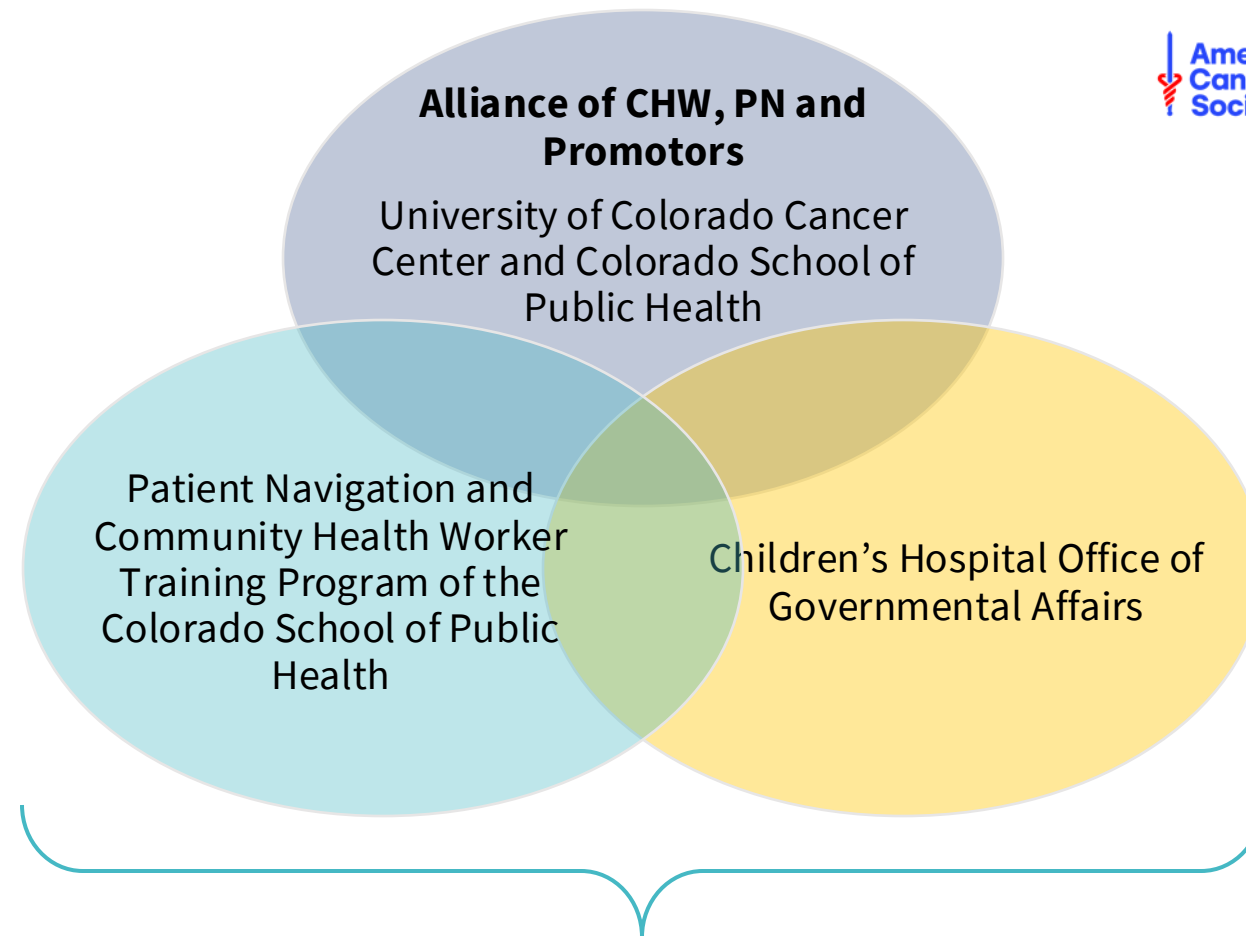
Agenda



Colorado experience passing Medicaid legislation for CHW services, engaging in the CMS PIN Code Implementation and Discussion of Private Insurance



The Patient Navigation and Community Health Worker Training as an example of training the workforce for Medicaid and Medicare reimbursement.



Ad-Hoc Coalition focused on CHW Medical Legislation

Governor's effort to reduce healthcare costs

Colorado Department of Public Health and Environment

Colorado Health Care Policy and Finance

Brings together the workforce, supervisors and agencies for testimony and CO-specific project data.

Expertise on competencies, scope of practice. State recognized PN Training Provider. Cost analysis literature review.

Relationship with legislators, bill drafter, large institution with pediatric CHW/PN programs.

Significant support (& pressure) from rural agencies & providers & legislators.

Non-credentialed or Licensed (Community Health Workers and Professional Navigators)

Training:
Community Health Worker Training for
State CHW Competencies

Colorado CHW Competency Assessment
with Colorado Department of Public Health

Medicaid
Reimbursement

Training:
More in-depth knowledge and skills related
to specific diseases

Medicare via Community
Health Integration

Medicare via Principal
Illness Navigation

Credentialed or Licensed (Social Workers and Nurses)

Training:
Through nursing and social work education,
do we receive education in all the listed
required competencies?

YES

Training:
More in-depth knowledge and
skills related to specific diseases

Medicare Principal Illness
Navigation

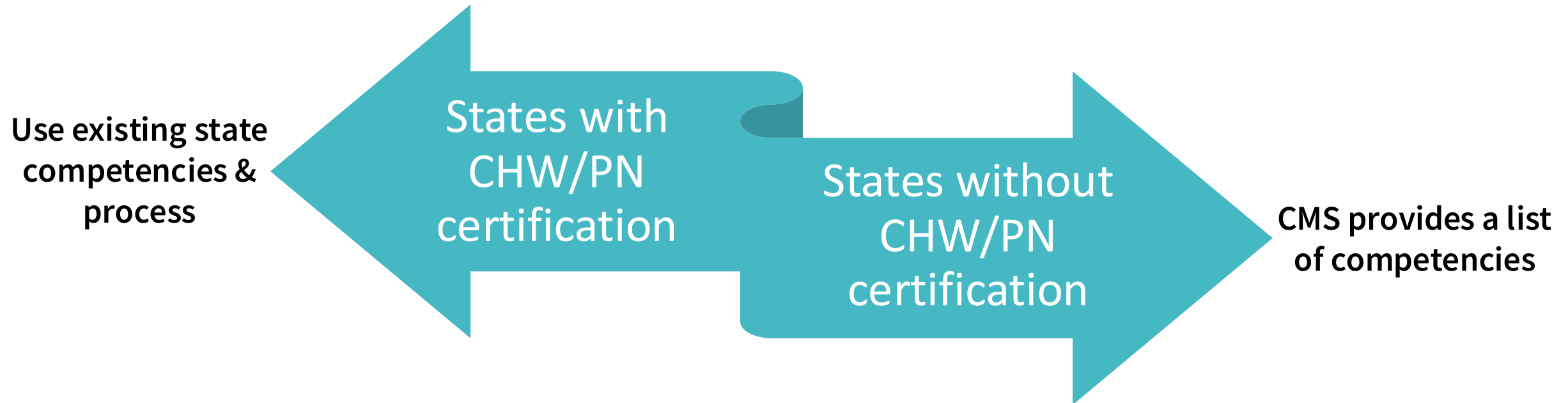
NO

Training:
Need training for gaps

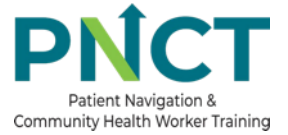
Training

Training for Medicaid and Medicare Reimbursement – Eligible CHWs and PNs

Medicare Provider Rule



PNCT – Patient Navigation & Community Health Worker Training



A skills-based program serving thousands of trainees in Colorado and nationally



COMPETENCY BASED

Curriculum meets state
Medicaid and national
Medicare training
requirements for
reimbursement



SKILLED INSTRUCTORS

Trainees learn from expert
instructors in-person or
virtually
Financial aid available for CO
residents; fee-for-service if
outside CO



RELEVANT

Program designed to be cross-
cutting and applies to
principal illness navigation,
general care coordination,
chronic disease prevention,
and community work



INCLUSIVE

Curriculum soon to be
available in other languages
Of trainees enrolled since Sept
2022, 78% identify as BIPOC

Commercial and Private Insurance: The Colorado Landscape



Most plans have some form of CHW, PN or care coordination element.



Not all plans actively share what they are offering or their products that are specific to CHW PN and care coordination



Most are not using a fee-for-service approach but rather quality improvement, team-based care payment strategies, etc.

Fall 2024 – Implementation of Reimbursement Mechanisms and Sustainability Support for the CHW/PN workforce in Colorado: Latest Perspectives and Technical Assistance



Session 1 September 30th | 1:00pm-2:15pm MT

Centers for Medicare & Medicaid Services (CMS) Principal Illness Navigation Codes and Community Health Integration Codes - How Do The New Codes Work? What to Know...What Are Your Questions?

Presenter: Katie Garfield, JD, Clinical Instructor – Center for Health Law and Policy Innovation, Harvard Law School

Session 2 October 9th | 11:30am-12:45pm MT

Colorado SB 23-002: Medicaid Reimbursement for Community Health Workers- What to know to prepare for reimbursement implementation in 2025!

Presenter: Alaina Kelley, MPH, Community Health Worker and Prevention Services Policy & Benefit Specialist – Policy Office, Colorado Department of Healthcare Policy and Financing

Session 3 October 23rd | 12-1pMT

Community Health Worker and Patient Navigator Workforce and Training Development Opportunities: Impact and resources of the HRSA CHW training program and linkages between training and CHW reimbursement

Hosted by Trailhead Institute, Patient Navigator and Community Health Worker Training Program, and The Alliance

Session 4 November 6th | 1:00-2:15pMT

Performance-Based and Quality-Based Payment Approaches to Support Sustainability of Patient Navigation and Community Health Work in Colorado: Examples in the field and your experience

Presenters: Mary Kay Knode, Specialty Clinic Director – Melissa Memorial Hospital; Linda Overholser, MD, MPH, Associate Professor, Internal Medicine – University of Colorado Anschutz Medical Campus

The Experience in California Thoughtful Observations



Ray Liu, MD
Kaiser Permanente Northern California

Develop a Strategy

Developing a strategy to include Patient Navigation Policy supporting Medicaid reimbursement in your state

- Are you ready to consider a piece of legislation in your state? Or should you spend time on an education campaign to build coalition and legislative support?
- Is there a coalition/committee/network in your state dedicated to Patient Navigation?
 - Who is a part of your coalition?
 - Who should be added?
 - How might you initiate such a coalition if one does not exist.
 - What persons/resources are available or would you need?
- What is the level of understanding about Patient Navigation among the state legislators and partners in your state?
 - What do you think would be needed to be successful?
 - What are steps can be taken to improve the knowledge of both the legislators and identified partners?
- Do you have an identified legislative sponsor? Do you have a sponsor identified in both houses of the state legislature?
 - How would you build bipartisan support?
 - Can you identify the committees a potential sponsor sits on?
 - Are they the committees the legislation would go to?
 - Who would oppose the legislative effort and why?
- What are your next steps?



Thank You



Break

10:45 AM – 11:15 AM

2024 ACS NNRT Annual Meeting Feedback Survey



The Work of ACS NNRT

Day 3 – Session 3

11:15 AM – 12:15 PM

Task Groups

Workforce Development

Policy

Public Awareness and Communication

Evidence-Based Promising Practices

Workforce Development



**Linda Burhansstipanov, MSPH,
DrPH**



**Arti Patel Varanasi, PhD, MPH,
CPH**

Task Group

Task Group Projects – 2024

Workforce Development

- Implementation & Application of Standards
- Equitable Salaries Based on Job Roles
- Job Descriptions

Policy

Communication & Public Awareness

Evidence-Based Promising Practices

Workforce Development Task Group Projects – 2024

Implementation & Application of Standards

Co-Chairs: Allison Church, MBA, LPN, Exact Sciences Corp and Danelle Johnston, MSN, RN, HON-ONN-CG, OCN, Genomic Life

- Align work with National Groups to ensure the dissemination and identification of implementation tools needed and strategy to support the application of Standards

Equitable Salaries based on Job Role

Co-Chairs: Shane Esmundo, MPH, CHES, Colorado School of Public Health and Dalia Antunez, MSW, LCSWA, Duke Cancer Institute Office of Health Equity

- Develop a strategy to gather information on the present salary base for patient navigators practicing in different settings across the country.
- Explore strategies to promote equitable salaries and benefits for patient navigators.

Job Descriptions

Co-Chairs: Linda Burhansstipanov, DrPH, MSPH, Native American Cancer Research Corporation and Arti Patel Varanasi, PhD, MPH, Advancing Synergy

- Develop tools to create relevant and meaningful job descriptions
- Offer case studies for implementation
- Illustrate how the table from the 2024 article can be used to generate job descriptions that align with training and evaluation of navigators.

Workforce Development Task Group – 2024

What are the goals for this task group?

- Support patient navigation workforce
- Address issues raised by patient navigators

What projects/products does the task group hope to create?

- Publications, surveys in collaboration with all NNRT Task Groups, Case Studies, sample job descriptions & resources supporting Oncology Navigation Professional Standards of Practice

What are the barriers to accomplishing desired goals?

- 51 members of which 33 are Active (18 Inactive members)
- Competing priorities

What other opportunities exist?

- Collaboration with other national organizations and other NNRT Task Groups

What resources or support do you need from the membership to achieve your task group's goals?

- Continued engagement & commitment

2017–2024: Workforce Development Task Group

Where We've Been and Where We're Going

2017-2019: WFD aims focused on Training & Certification with the goal to ensure there is an activated and competency-based trained workforce.

- Reviewed competency-based patient navigation training
- Consensus-guided set of PN competencies
 - Valverde PA, Burhansstipanov L, Patierno S, Gentry S, Dwyer A, Wysocki KL, Patterson AK, Krebs LU, Sellers J, Johnston D. Findings from the National Navigation Roundtable: A call for competency-based patient navigation training. *Cancer*. 2019 Dec 15;125(24):4350-4359. doi: 10.1002/cncr.32470. Epub 2019 Sep 10. PMID: 31503340.
- Survey on the impact of COVID-19 on patient navigation
 - Valverde, Patricia A, Sheldon, Lisa Kennedy, Gentry, Sharon, Dwyer, Andrea J, Saavedra, Elba L. Wightman, Patrick D. Flexibility, adaptation, and roles of patient navigators in oncology during COVID-19. *Cancer* / Volume 128, Issue S13 / p. 2610-2622

2020-2023: WFD identified PN job behaviors based on Standards and equivalent experience working full-time as PN [Entry: 1-2 years, Intermediate: 3-4 years full-time or Advanced : 5+ years]

- Varanasi AP, Burhansstipanov L, Dorn C, Gentry S, Capossela MA, Fox K, Wilson D, Tanjasiri S, Odumosu O, Saavedra Ferrer EL. Patient navigation job roles by levels of experience: workforce Development Task Group, National Navigation Roundtable. *Cancer*. 2024; 1-19. doi:10.1002/cncr.35147. <http://doi.org/10.1002/cncr.35147>

Why?

1

To provide a resource for administrators to create job descriptions for navigators with specific levels of expertise.

2

To provide a resource for patient navigators to advance their oncology careers and attain a higher level of expertise.



Clearer job descriptions with better training & evaluation opportunities
Integration of navigators within healthcare teams and improved care coordination
Task-shifting and task-sharing to overcome barriers



PRIORITIES
2024–2026

Standards

Salaries

Job Descriptions

Policy



Katie Garfield, JD



Elizabeth Franklin, PhD, MSW



Gladys Arias, MPA

Task Group

Welcome Policy Task Group Meeting

- Welcome, introduction, and icebreaker
- Survey
 - Discussion of Results – Katie
 - ACS Letter – Gladys
 - Next steps – Katie
 - Other uses of data?
 - What should the survey look like next year?
- Looking beyond the CMS Codes - Gladys
 - Intro
 - How do we reach populations outside of Medicare?
 - Legislation/state policy
 - Legislative Toolkit
- Opportunity for updates from task force members – Katie

Task Group Projects – 2024

Policy January 2024

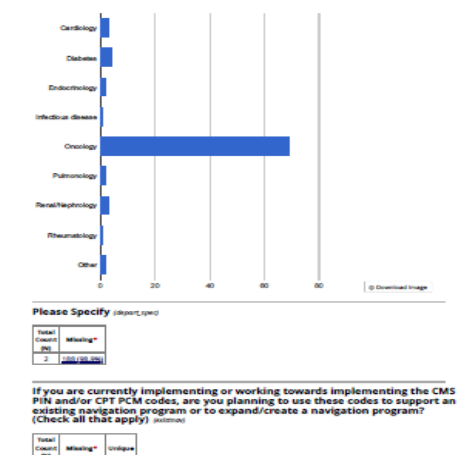
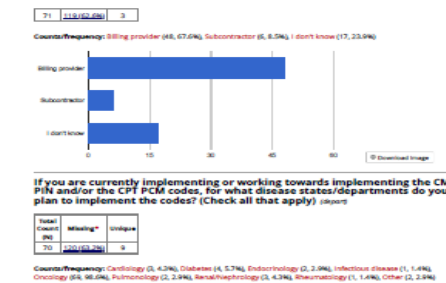
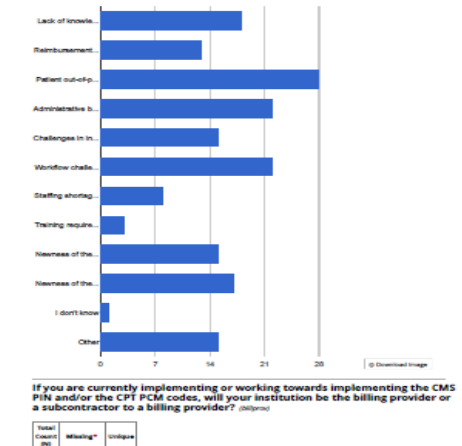
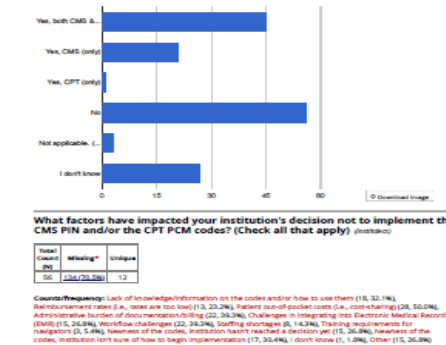
- FAQ Update
- Collaboration opportunities with ACS CAN
- Pulse Survey on usage of CMS
- Upcoming Trainings

Policy September 2024

- Pulse Survey Findings on usage of PIN Codes
- ACS CAN Sign-On Letter
- ACS NNRT Patient Navigation Legislative Toolkit

Policy Task Group

- The **ACS NNRT fielded a survey to 175 organizations with patient navigation programs** to gather information about the use of the CMS PIN codes since the codes went into effect January 1, 2024.
- Survey respondents are **geographically distributed across the US** and represent a **wide range of institutions**
- Early data reveals that **59% of those surveyed are either implementing the CMS PIN and/or CPT PCM codes or are working toward implementing them.**
- Over a third (39%) say the development of the new codes has increased buy-in or support of a navigation program from leadership,**
 - 30% say it has expanded knowledge** through regional/national workshops,
 - 25% say it has increased job satisfaction** for navigators, and
 - 24% report the development of the new codes resulting in the approval of new patient navigation positions.**



Policy Task Group

- The **survey also identified challenges** to implementing the new codes:
 - **administrative and workforce burden,**
 - **a need for education/information** about how to use or implement the codes,
 - **concerns about out-of-pocket patient costs** and organizational reimbursement,
 - **burden of documentation/billing,** integrating with the electronic health record, and
 - **training/staffing/workforce issues**
- The ACS NNRT **will continue to collect this survey data** over the coming months to elucidate readiness of uptake, current use, and any challenges in utilizing the PIN codes. We want to use these **data as resource to CMS** to continue to build upon the progress to date.

Policy Task Group

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 Patient Navigation provisions of CY2025 Medicare Physician Fee Schedule.

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.

Policy Task Group



ACS NNRT Patient Navigation Legislative Toolkit

This toolkit is comprised of several documents to help advocate for legislation that will increase access to patient navigation services.

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Public Awareness and Communication



Julie McMahon, MPH



Tracie Lewis, MS

Task Group

Task Group Projects – 2024

Workforce
Development

Policy

Communication &
Public Awareness

Evidence-Based
Promising Practices

- Develop 2024 PowerPoint deck
- Website Content and Resources
- Newsletter
- Dissemination of Implementation Guide
- Roll out of Public Awareness Campaigns

Communications and Public Awareness

What are the goals for this task group?

- Revitalize the Communication Task Group
- Ensure the work of NNRT and the Task Groups are promoted within the membership and externally

What projects/products does the task group hope to create?

- 2024 NNRT slide deck (*complete*)
- Refresh NNRT communication (website, newsletter, social media) (*in progress*)
- Task group reporting template (*in progress*)
- Patient Navigation Day materials (*clarifying scope of work*)

What are the barriers to accomplishing desired goals?

- Newly formed small group
- Time and resources
- Overwhelming amount of website material to review

Communications and Public Awareness

What other opportunities exist?

- How to align all the different efforts and disseminate this information effectively

What resources or support do you need from the Steering Committee to achieve your goals? From membership?

- Continue administrative support
- Clarification around resource sharing (internal vs individual's organization)
- Growth of Task group members
- Ownership of processes and alignment of priorities

Evidence-Based Promising Practices



Elizabeth Calhoun, PhD, MEd



Electra D. Paskett, PhD

Task Group

Task Group Projects – 2024

Workforce
Development

Policy

Communication &
Public Awareness

**Evidence-Based
Promising Practices**

- Quality Measures & Improvement Strategies
- Utilization of the PIN
- Screening for & Documentation of PN Services
- Developing a Business Case without a Reimbursement Stream

Evidence-Based Promising Practices

What are the goals for this task group?

- Evaluate challenges of new guidelines & assist in developing strategies to support implementation

What projects/products does the task group hope to create?

- Development Business Case Template
 - Metrics contributing to fiscal sustainability
 - Utilization of PIN & PCM codes

What are the barriers to accomplishing desired goals?

- Copays (prevention/ACA)

What other opportunities exist?

- Collaboration on surveys with Policy & Work Force

What resources or support do you need from the Steering Committee to achieve your goals? From membership?

- Survey Tools
- Collaboration with AONN re Codes Utilization
- Think Tank – Focus Group on Utilization of Codes
- Call to Action Armchair Session on Utilization

Thank You



Open Mic & Wrap Up

Day 3 – Closing Session

12:15 PM – 1:00 PM

Insights for the Future



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

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Thank You