



Thank you for joining us!

The webinar will begin shortly.

You are muted with camera off.

Attendees are automatically muted with their cameras off for the webinar.
Please type questions in the chat box!

September 15, 2026 | 12:00 PM ET



American Cancer Society **National Navigation Roundtable** **(ACS NNRT)**

Professional Standards in Oncology Navigation Infographic Webinar: Part One

September 15, 2026

Housekeeping



This webinar will be recorded and will be archived on the ACS NNRT website.



You will be muted with your video turned off when you join the webinar.



This webinar takes place on the Zoom platform. To review Zoom's privacy policy, please visit <https://www.zoom.com/en/trust/terms/>.



Questions? Type them in the Question-and-Answer box at the bottom of your screen.

Ground Rules

1 **Nonpartisan Commitment & Discussion Guidelines**

ACS/ACS CAN is a nonprofit, nonpartisan organization. We believe everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer. We therefore ask that you avoid partisan topics and opinions today.

2 **ACS National Roundtable Rules for Engagement**

Rules for engagement clarify the expectations for participation by members and representatives of the ACS NNRT. Members are expected to respect and comply with these Rules and all other applicable ACS policies.

You can reference the Rules for Engagement anytime on our [website](#).

3 **Confidentiality**

This webinar is being recorded. Please be mindful of our conversation and respectful of others' privacy. Do not identify or discuss specific patients by name.

Learning Objectives



- 1 Understand the history and significance of the Professional Standards of Oncology Navigation.
- 2 Explain how the standards support workforce sustainability and reimbursement efforts.
- 3 Examine the Driving Impact Infographic and its intended uses.
- 4 Summarize real-world examples of implementation and lessons learned.
- 5 Identify ways to use the infographic within their own organizations.



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



Tracie Lewis, MS



**Karen Costello,
MSS, LSW, OSW-C**

Moderators



Tribute to Dr. Harold Freeman



**Danelle Johnston,
MSN, RN, OCN**



Allison Church, MBA, LPN, CPHQ



Ann Valentine, DPT, PT

Speakers



Danelle Johnston

MSN, RN, OCN

Poll Question



What best describes your role?

- Patient Navigator
- Nurse Navigator
- Social Worker
- Program Manager
- Administrator
- Clinical Leader
- Physician
- Other

Poll Question



Have you seen the Driving Impact Infographic before today?

- Yes
- No

Biden Cancer Initiative

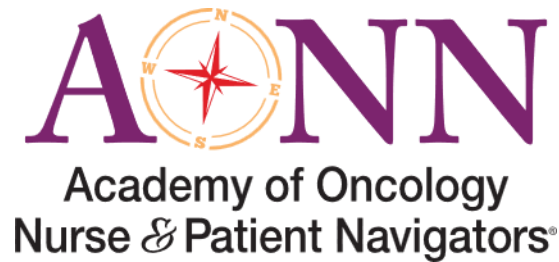
- 2017 created in response to “the lack of a cohesive, comprehensive, and timely approach to cancer prevention, detection, diagnosis, research, and care”

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.

Professional Oncology Navigation Task Force





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

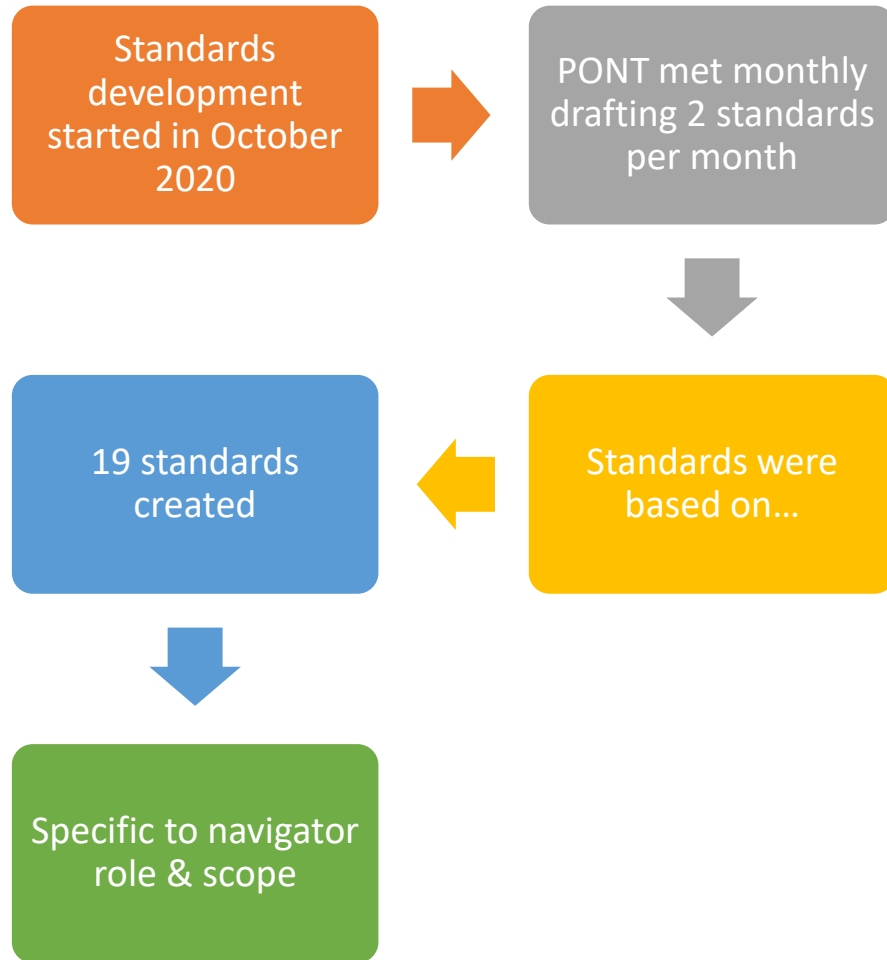
Provides benchmarks for healthcare employers

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



- 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

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**.

How the Oncology Navigation Standards Inform Navigation Reimbursement

- The Standards provide the professional framework and measurable competencies that underpin CMS Principal Illness Navigation (PIN) reimbursement.
- [Resource Center - National Navigation Roundtable](#)
 - Webinars
 - Articles
 - FAQs
 - Collaborative Learning Community

How the Standards Support Patient Navigation Sustainability Assessment Tool (PNSAT)

- The Standards reinforce the sustainability domains measured by PNSAT and help organizations operationalize best practices.



**Promising Practices Supporting the Sustainability of Patient Navigation:
An Implementation Guide**



Key Takeaway

- The infographic creates a common language for discussing navigation value and responsibilities across stakeholders.



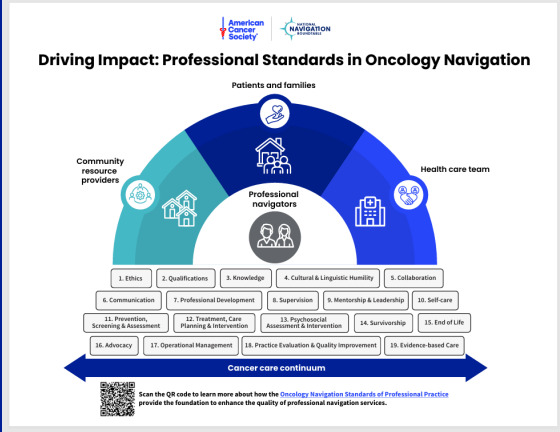
Allison Church
MBA, LPN, CPHQ

SEGMENT 3 • 10–12 MINUTES

From Standards to Action

A guided tour of the Driving Impact infographic

- Allison Church
American Cancer Society National Navigation Roundtable



Why a 19-standard document needed a one-page tool

The Standards were never the bottleneck. Published March 2022, endorsed by six national organizations, freely available — and still underutilized in day-to-day practice.

1

Awareness

Navigators who have never read the Standards cannot cite them. Leaders who have never seen them cannot fund against them.

2

Translation

Written to guide practitioners and administrators alike. Both get stuck in the same place: turning a framework into defined scope and role clarity.

3

Portability

There was nothing short enough to send in an email, drop in a board packet, or leave behind after a meeting.

So, the design brief was narrow: one page that shows how the Standards define scope and role — usable by a navigator and an administrator in the same conversation, and traceable back to the published Standards.

How the tool was built

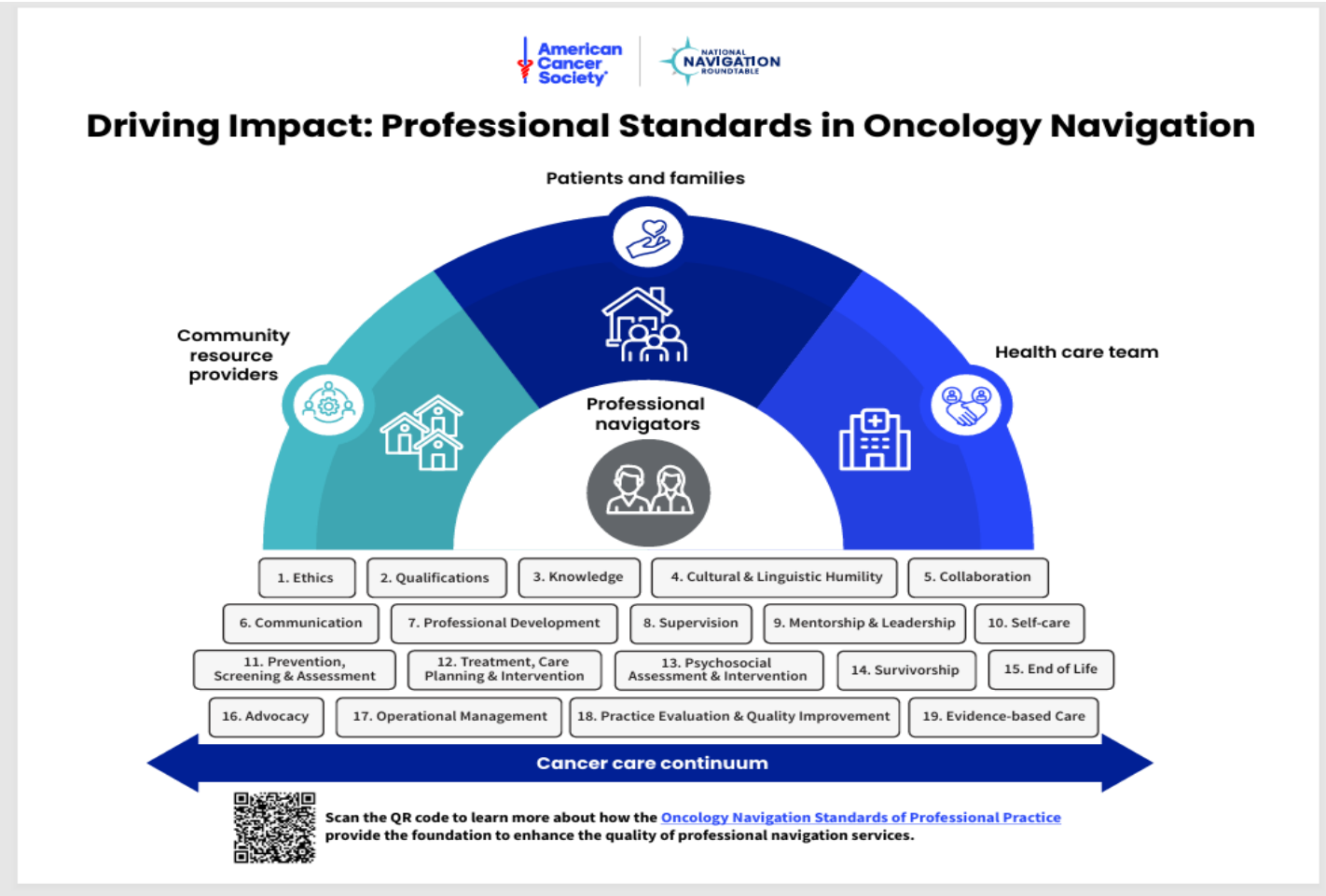
Provenance

- Framed by a subgroup of NNRT members, co-led by Danelle Johnston and Allison Church
- Built directly on the Oncology Navigation Standards of Professional Practice (PONT, March 2022)
- Multiple iterations — but two elements never moved
- Two companion pieces: a one-page flyer and the infographic itself
- Published by the American Cancer Society, free to download and share
- Distributed through the NNRT Resource Center alongside webinars, articles, and FAQs

Why it looks like a house

- **The navigator is at the center.**
Where they sit in a real patient journey.
- **The Standards are the foundation.**
Laid as bricks, because that is what they are.
- **It should read as a house.**
Structure, shelter, something built to last.
- **Two fixed points.**
Across every iteration, these two never moved.

One page. Three moves.



1 The center

The navigator — where they sit in a real patient journey.

2 The structure

The three groups the navigator coordinates among.

3 The foundation

All 19 Standards, laid like bricks across the continuum.

We drew a house on purpose. Read it as one and it argues a case.

Start in the center: three roles, named precisely



Patient Navigators

Professional individuals whose focus is on connecting patients to resources, reducing logistical and systemic barriers, and serving as a consistent point of contact. They do not have or use clinical training.



Clinical Oncology Nurse Navigators

Registered nurses with oncology-specific knowledge. Using the nursing process, they provide education and resources to help patients and families make informed decisions.



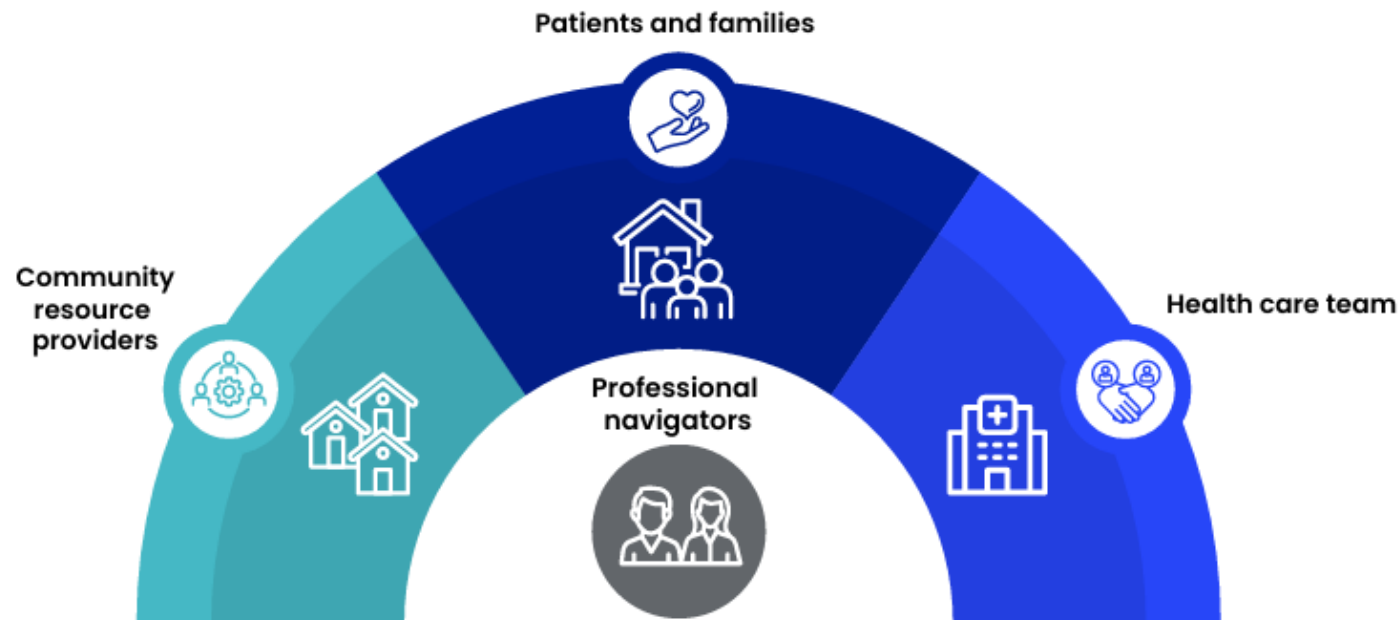
Clinical Navigator — Oncology Social Worker

Professional social workers with a master's degree in social work, an appropriate clinical license, and oncology-specific knowledge. Using the social work process, they provide education and resources to help patients and families make informed decisions.

Why the center was never up for debate

The navigator is drawn at the center because that is where they sit in a real patient journey — coordinating between the patient and their family, their provider, and the rest of the health care team. And one sentence here settles more scope disputes than anything else on the page: “They do not have or use clinical training.”

The arch: navigation is a three-way position



- **Patients and families**

The group everyone already credits navigation with serving.

- **Health care team**

The group that most often forgets navigation serves them too.

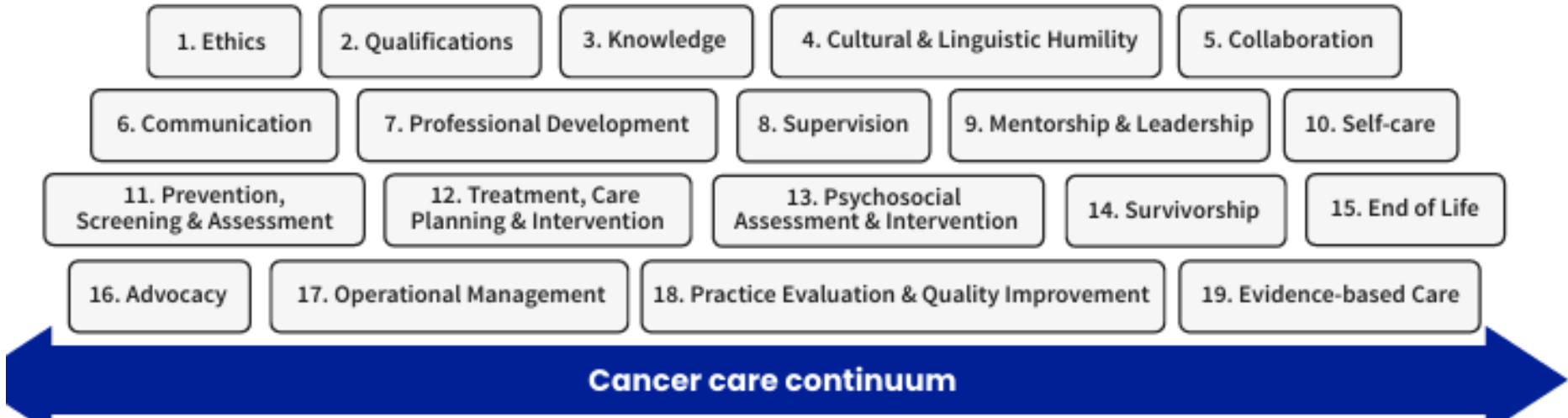
- **Community resource providers**

The group that disappears first when a program gets squeezed.

The strategic read

If you can only defend navigation on the patient side, you are defending a third of its value.

The foundation: 19 Standards, whole continuum



Drawn as bricks, on purpose

Not a list at the bottom of a page — a foundation. Take the Standards away and there is nothing underneath the profession.

Lift the row that fits the conversation

HR and a job description? 2, 3, 7. A CNO on burnout? 8, 9, 10. Quality? 18, 19. Never all nineteen at once.

Four ways to put it to work this month

1 Leadership engagement

Bring the one-pager to your next dyad or service-line meeting. Lead with what navigation is before you defend what it costs.

Start here: Send it ahead as pre-read, not a handout.

2 Workforce sustainability

Use the 19 Standards as the skeleton for job descriptions, onboarding, and competency checklists.

Start here: Map one JD against the 19 Standards this week.

3 Program development

The arch names three groups your program must serve. Find the one you are under-serving.

Start here: Audit your community-resource linkages.

4 Professional advancement

Standards 2, 7, and 9 give navigators language for career ladders, certification, and promotion cases.

Start here: Pair it with ACS LION credentialing.

Be honest about what this tool is

WHAT IT IS

- A role-clarity and legitimacy tool
- A shared vocabulary across stakeholders
- A door-opener for the harder conversation
- Anchored in published, multi-organization standards

WHAT IT IS NOT

- A business case — no volumes, no ROI, no outcome data
- A staffing ratio or productivity benchmark
- A substitute for reading the Standards themselves

Pair it with PNSAT and the PIN reimbursement resources the moment the conversation turns to money.

Hand-off to Ann

“That is the tool as designed. Ann is going to show you what happens when it leaves the PDF and walks into a real organization.”



ACS National Navigation Roundtable Members



Poll Question



Fact: Successful implementation of navigation standards of practice requires support and buy-in from key decision-makers across our health systems and practices.

Question: Can you identify the top 3 decision-makers that you perceive as most critical to the Standards being successfully adopted into practice.



Ann Valentine

DPT, PT

FROM STANDARDS TO PRACTICE

Using the ACS Navigation Infographic to Champion Our Team's Scope

A case study in role clarity, leadership engagement, and organizational growth

Manager, Oncology Supportive Care
Comprehensive Cancer Center

Patient Navigation Team + Assignments



Ann Valentine
Manager Oncology Supportive Care



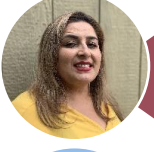
Jana Fortune
Lead Patient Navigator- Hematology and Cellular Therapies



Hamza Ahmed
Patient Navigator – Gastrointestinal (GI) Medical Oncology



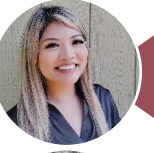
Maria Avelar
Patient Navigator – Head & Neck Oncology



Ramona Gonzalez
Patient Navigator – Neuro Oncology & Gynecologic Oncology



Zuli Malikyar
Patient Navigator – Gastrointestinal (GI) Surgical Oncology, Sarcoma



Jennifer Reyes
Patient Navigator – Lung and Ortho Oncology



Linda Rodriguez
Patient Navigator – Genitourinary (GU) Oncology, Cutaneous, Hematology & Cellular Therapies

**7 Patient
Navigators
covering
10 Disease
Teams**

The Challenge: Defining Our Role Across the Care Team

Our non-clinical Patient Navigation scope became a hot topic while participating in the ACS CARES student navigation pilot — a program that placed us shoulder-to-shoulder with students, social work, nursing, and physicians, all needing a shared, consistent understanding of where navigation begins and ends.



Multiple Disciplines, One Patient

Students, social work, nursing, and physicians all touch navigation — without a shared map, roles blur.



No Common Reference Point

Teams needed one visual, credible source to anchor conversations about scope.



Recurring Questions

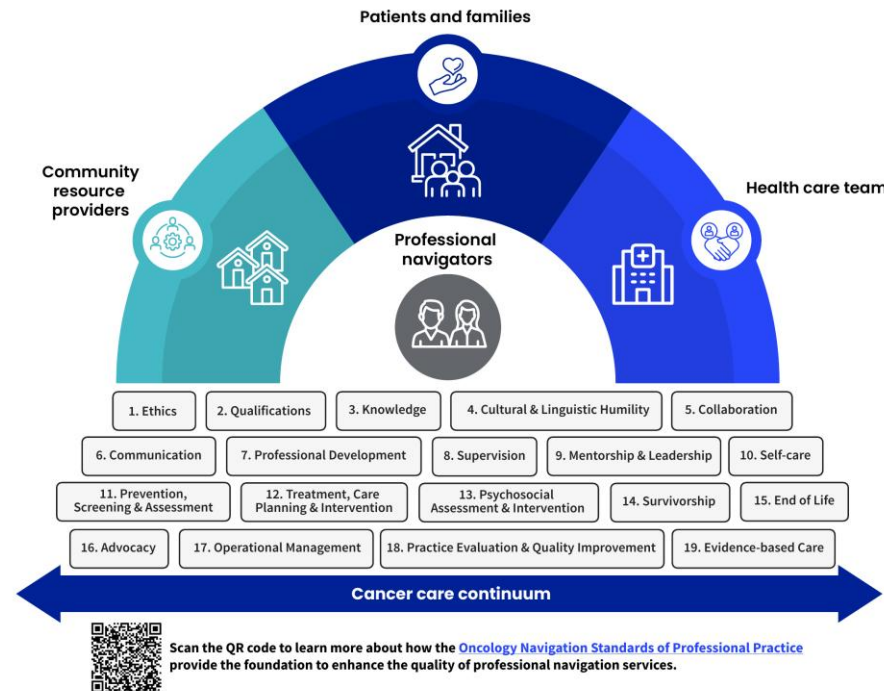
"Is this in our scope?" surfaced often enough to need a durable, repeatable answer.

THE TOOL

Anchoring the Conversation: ACS/NNRT Professional Standards

The Oncology Navigation Standards of Professional Practice infographic — jointly published by the American Cancer Society and the National Navigation Roundtable — became our visual anchor for scope conversations with staff and leadership.

Driving Impact: Professional Standards in Oncology Navigation



Turning the Infographic into a Working Tool

The infographic alone answers "what is navigation?" To answer "what do we do, day to day?" we built a companion scope table for the team.



Team Scope Reference Table				
Standard	→	What It Means in Practice	→	Barrier Type → Person-Centered Action → When to Escalate (RN/SW)

Used in our monthly staff meeting with the Patient Navigation team to clarify:

- What's ours to own
- What's a partnership
- What belongs with clinical or specialty colleagues.

Example

Treatment, Care Planning, and Intervention

Patient Navigators support and share information to patients and care partners to assist them in navigating throughout their cancer journey.

Standard (Applies to All Navigators)	What This Means in Practice	ACS LION Concepts / Enhancements	Barrier Types Addressed (SDOH-Aligned)	Person-Centered Actions	Outside Scope for Non-Clinical Navigator → Escalate To RN/SW
Care Coordination Across Continuum	Coordinate across care settings	Continuity, transitions	System, logistical	Align providers/services	Clinical coordination → RN

Navigator Team Development



Building Role Clarity from the Ground Up

- Shared the infographic and scope table directly with our non-clinical navigator team
- Used it to support role clarity — helping navigators recognize what's fully in scope, a partnership, or an escalation
- Anchored professional development conversations in a nationally recognized standard, not just local convention

Leadership Engagement, Awareness & Organizational Growth



Leadership Engagement

- Aligned with Director on use for sharing Patient Navigation scope with leadership
- ACS CARES Physician Champion Alignment
- Future Opportunity:
 - Measurable program impact



Expanding Awareness

- Assisted other multi-disciplinary team members in discussing Patient Navigation scope
- Provided coaching and messaging support for consistent framing
- Shifted the conversation to what navigators are trained and positioned to do
 - Emphasizing broad spectrum of duties
- Increased Volunteer awareness on Patient Navigation role for our Patient Resource Centers



Organizational Growth

- Positioning the infographic as a repeatable, exportable model
- Future Opportunities:
 - New departments have reached out for guidance
 - Sharing scripts, scope-of-practice examples, and implementation resources

Where This Tool Is Being Used Today

7

Non-clinical patient navigators using the tool

10

Disease teams across the cancer department

2

Patient Resource Centers referencing shared scope



Upcoming Project: ACS CARES Student Navigation Expansion

Opened new cancer care location in July 2025 and are expanding ACS CARES Student Navigators program here. We plan to have infographic-anchored conversations as we add physician champions, continue scope discussions with new team members, and identify opportunities for growing student navigator presence.

A Simple Tool, Consistently Applied

One nationally recognized infographic, adapted with a team-built scope table, became a leadership talking point, and a team development anchor.

Questions & Discussion

Questions

Additional Q & A



1

Q: How do the clinical oncology nurse navigators differ from clinic nurses? (role and scope)

A: The ONN role is defined by navigation standards, not clinic nursing standards. ONNs are care-coordination specialists accountable for timeliness, barrier resolution, patient empowerment, and continuity across the cancer continuum. Clinic nurses are clinical care providers focused on episodic, treatment-related care within the clinic. Using the Oncology Navigation Standards of Professional Practice ensures the organization protects the integrity, impact, and sustainability of the ONN role.

Please reference the Oncology Navigator Standards of Professional Practice . Each of the 19 standards outlines the required knowledge and skills across all three navigator roles: Registered Nurse (RN), Social Worker (SW), and Patient Navigator (PN) and specifies when a competency is unique to a particular discipline.

In addition, review the ONS Oncology Nurse Navigator Core Competencies and the George Washington (GW) Patient Navigator Competencies, both of which provide role-specific guidance on the skills and knowledge expected for each navigator type.

2

Q: As a patient navigator, how have you built trust and secured buy-in from social workers, nurses, and other team members so they see navigation as a collaborative resource rather than a duplication of their work?

A: Effective programs build trust and secure buy-in from social workers, nurses, and other team members by grounding navigation practice in the Oncology Navigation Standards of Professional Practice, which clearly define navigation as a barrier-focused, longitudinal role rather than a duplication of existing disciplines. Using the standards to establish role and scope clarity helps the multidisciplinary team understand how navigation complements clinical nursing, social work, and physician care. Organizations that leverage physician and executive champions to reinforce this message create shared accountability and elevate navigation as a collaborative resource that improves timeliness, care coordination, and patient experience. Over time, consistent alignment with the standards and transparent communication across disciplines strengthens trust and positions navigation as an essential partner in the care team.

Additional Q & A



3 **Q: What objective tools, criteria, or assessment methods do you use to determine when a clinical navigator versus a non-clinical navigator is needed?**

A: The determination of when a clinical versus non-clinical navigator is needed is guided by the Oncology Navigation Standards of Professional Practice, which clearly define role scope, required skills and the boundaries of clinical versus non-clinical navigation. Organizations use these standards as objective criteria evaluating patient , complexity of clinical decision-making, need for clinical assessment or symptom interpretation, and the level of education required for treatment understanding. When navigation requires clinical judgment, triage, or interpretation of medical information, a clinical (RN) navigator is indicated. When the needs center on barrier mitigation, resource coordination, logistics, and psychosocial support without clinical assessment, a non-clinical navigator is appropriate. Applying the standards ensures consistent, role-aligned decision-making and prevents duplication or role drift across the multidisciplinary team.

4 **Q: For someone who has completed oncology patient navigation training and is starting a new navigation program, what are the most important first steps to successfully establish the role and demonstrate value?**

A: Network - this is a small community of professionals who love to support one another. The networking can happen in such groups as ACS NNRT, AONN+, ONS and ASOW. Get involved. AONN+ has local navigator networks, and ONS has a Navigation Community blog. Attend national meetings. Also, ONS has Oncology Nurse Navigator Core Competencies available, and GW has Patient Navigator Core Competencies. These both are excellent resources.

• **Other professional organizations:**

- Academy of Oncology Nurse and Patient Navigators
- Oncology Nursing Society
- Association of Oncology Social Workers
- Community Health Workers -CHW

Other Organizations that offer training:

- ACS LIONS
- ONS has an online course available for new clinical navigators
- ONCC will be launching an accredited certification for clinical nurse navigators -currently will be going into BETA testing then open to nurses sometime in 2027
- For Breast Navigators, NCBC has certification for navigators that are accredited.

Additional Q & A



5

Q: In mature programs where navigators are still picking up the pieces or filling system gaps, how can we continue to keep patients' needs centered while advocating for our own distinct role and not being the default solution every time (which can keep us from getting our own role established and patient needs met?)

A: Mature navigation programs keep patients at the center by grounding practice in the Oncology Navigation Standards of Professional Practice, which clearly define role scope, competencies, and boundaries. When system or workflow gaps emerge that fall outside navigation's defined scope, these are elevated to leadership so the multidisciplinary team can determine how the gap should be addressed and which roles are best suited to manage it. This protects navigators from becoming the default solution to operational issues, reinforces role clarity, and ensures navigation remains focused on barrier mitigation, care coordination, and timely access. Leveraging physician and executive champions strengthens advocacy efforts and maintains fidelity to the standards while supporting a patient-centered, team-based approach.

6

Q: What resources, strategies, or best practices are available for navigators and navigation leaders who are being asked to implement PIN codes but face barriers such as a non-employed physician model or limited organizational alignment?

A: Check out these resources:

- [Business Case ACS LION](#)
- [ACS NNRT PIN Codes FAQ](#)
- [Webinar: Advancing Navigation Sustainability: Reimbursement Implementation for Principal Illness Navigation](#)
- [Webinar: Understanding the Impact of New Billing Codes on Patient Navigation: Survey Insights](#)

7

Q: How have organizations identified and developed local community resources and partnerships to support patients when establishing or expanding navigation services?

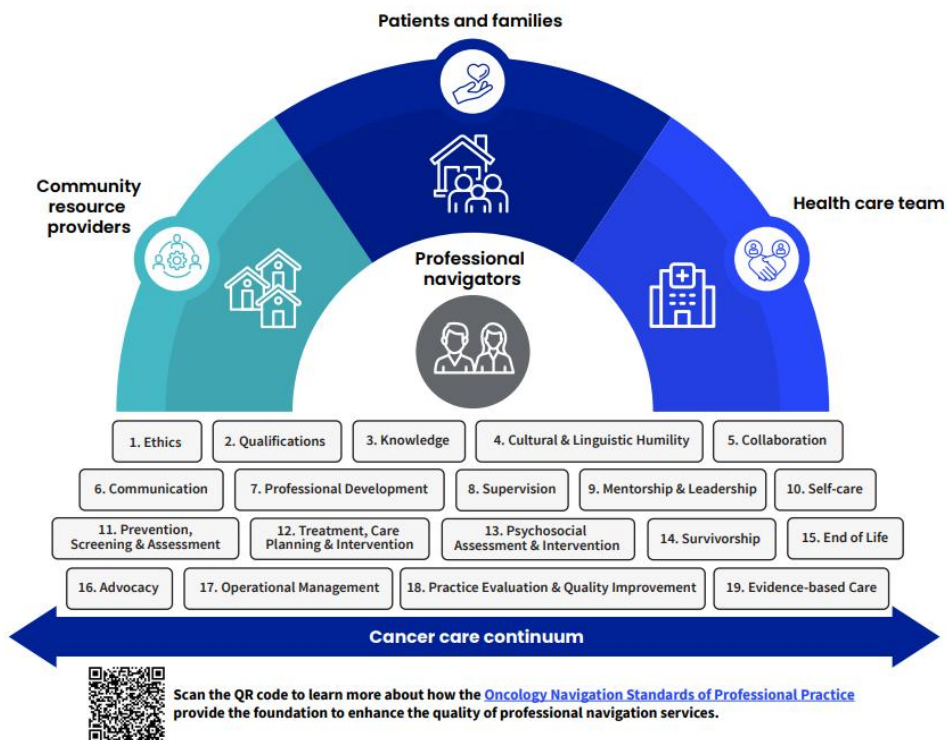
A: Organizations identify and develop community resources and partnerships by using their navigation barrier assessment tool to objectively map the specific barriers patients experience and align those barriers with available internal, local, state, and national support services. The Oncology Navigation Standards of Professional Practice reinforce this structured, needs-based approach to resource development. When gaps are identified, teams conduct targeted research and leverage their broader navigation network to tap into peer expertise and uncover additional community partners. This systematic mapping process ensures resources are built around actual patient needs, strengthens collaboration with community organizations, and supports the expansion of navigation services in a way that is both sustainable and standards-aligned.

Additional Q & A



- 8 Q: What strategies have been effective when administrative or operational leaders do not fully understand the navigator role, and that becomes a barrier to implementation or growth?**
- A:** Organizations address gaps in administrative understanding of the navigator role by grounding education in the Oncology Navigation Standards of Professional Practice and using evidence-based resources such as the ONS and AONN navigation textbooks, which clearly outline role scope, competencies, and the business case for navigation. Identifying executive and physician champions is essential—they help reinforce role clarity, elevate navigation within strategic discussions, and support program implementation. Effective strategies include providing leaders with data on barrier trends, timeliness outcomes, and patient experience; sharing case studies that demonstrate navigation’s impact; and conducting structured role-clarity sessions with multidisciplinary teams. Many organizations also use workflow mapping to show where navigation adds value versus where operational gaps belong to other departments. These approaches build shared understanding, prevent role drift, and strengthen organizational support for sustainable navigation growth.
- 9 Q: How are organizations managing HIPAA-compliant communication and information exchange between community-based Community Health Workers (CHWs) and health system-based patient navigators when CHWs do not have access to the EHR?**
- A:** Organizations manage HIPAA-compliant communication between community-based CHWs and health-system navigators by using secure, non-EHR communication pathways such as encrypted email, HIPAA-compliant messaging platforms, and structured referral forms that limit shared information to the minimum necessary. Many programs establish data-sharing agreements or MOUs to define what information can be exchanged and how follow-up will occur. Effective tracking of referrals and outcomes is often achieved through shared, secure referral logs, centralized care-coordination platforms, or jointly maintained tracking spreadsheets that document referral status, follow-up activities, and patient outcomes without exposing full clinical records. CHWs provide updates through standardized workflows, while navigators enter relevant information into the EHR on the health-system side. Clear processes, standardized communication tools, and defined roles allow CHWs and navigators to collaborate seamlessly while maintaining HIPAA compliance and ensuring patients receive coordinated support across organizations.

Driving Impact: Professional Standards in Oncology Navigation



Professional Standards in Oncology Navigation Infographic Webinar: Part Two

Thursday, October 22,
12:00 – 1:15pm ET

REGISTER HERE: https://zoom.us/webinar/register/WN_jK4HTL66SAyJNMazqyYoPw

Sponsors



Thank you to our sponsors, whose support is vital to our collective mission!



Daiichi Sankyo Company, Limited

GSK

HELP SHAPE THE FUTURE OF NAVIGATION REIMBURSEMENT

PIN Pulse Survey | July 20 - October 14



Your Voice Matters

Whether your organization is actively billing, planning implementation, exploring options, or just learning about reimbursement opportunities, your experience can help guide national efforts to strengthen and sustain patient navigation programs.

WHO SHOULD PARTICIPATE?

- ✓ Currently using navigation billing codes
- ✓ Planning to implement billing codes
- ✓ Not currently pursuing billing codes
- ✓ Interested in learning more about reimbursement

Why participate?

Your feedback will help the National Navigation Roundtable better understand reimbursement adoption, barriers, and opportunities across the country.



SCAN TO TAKE THE BRIEF SURVEY

Every perspective counts. Every response helps advance navigation sustainability.



Connect With Us



[linkedin.com/company/nnrt](https://www.linkedin.com/company/nnrt)



[@NNRTNews](https://twitter.com/NNRTNews)



www.navigationroundtable.org

Thank You



Please complete the survey that automatically opens after this webinar!