

Building a Business Case for the Investment and Sustainability of Patient Navigation



December 11, 2024

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.

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The objectives of this session are to:

1

Highlight the Importance of Building a Business Case:

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Understand the necessity of creating a compelling and sustainable business case for patient navigation programs.

2

Develop Business Case Competencies:

a

Learn about key components and tools to craft effective and sustainable business cases.

3

Understand the Value of Patient Navigation:

a

Recognize its role in eliminating barriers to quality care and advancing health equity.



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/>

Presenters:



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Vice President of Navigation
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Building the Business Case for Navigation

Bonny Morris, PhD, MSPH, RN
Vice President, Navigation
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Why is a business case important for navigation?

Justification of Investment and Resource Allocation:

- Outline the rationale, expected benefits, costs, and risks
- Document how the proposed project is in line with the broader mission, vision, and values of the organization
- Justify the allocation of resources, whether financial, human, or time-related
- Allow decision-makers to strategically prioritize competing demands for resources within the organization efficiently and effectively

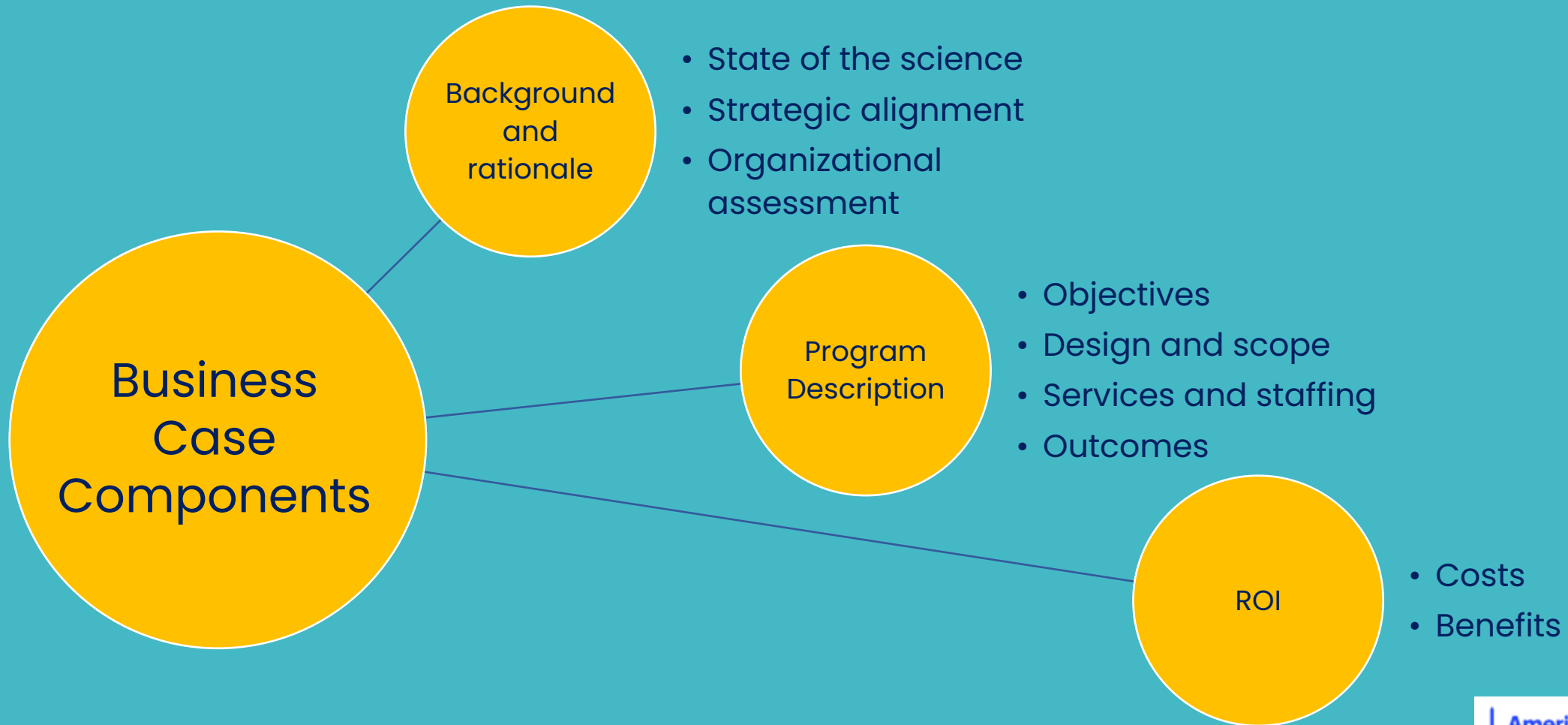
Why is the proposed navigation program or expansion important?

How does the proposal strategically align with the broader mission?

Why should it be prioritized?

What are the program risks and how are they mitigated? What is the risk of doing nothing?

What goes into an effective business case?



Background and Rationale: Strategic Alignment



What forces are most compelling at present for your institution?

Improved Patient Outcomes & Satisfaction

Patient navigation enhances care by providing personalized support, leading to better treatment adherence, increased patient satisfaction, and overall improved health outcomes.

Increased Patient Volume & Retention

Offering comprehensive, supportive care attracts more patients, increases overall patient volume, and enhances patient loyalty, retention, and positive word-of-mouth referrals.

Enhanced Care Coordination & Operational Efficiency

Streamlined communication and handoffs between healthcare providers reduce errors, improve patient experiences, optimize workflows, and free up staff time for direct patient care.

Staff Satisfaction, Retention & Compliance

Clear roles, professional development, and oversight for navigators enhance job satisfaction, reduce turnover, and ensure compliance with healthcare regulations, managing legal and operational risks.

Cost Savings and Revenue Growth

Patient navigation reduces no-show rates, ER visits, and readmissions, lowering healthcare costs. Revenue opportunities are generated through billing and capturing missed reimbursements.

Quality Incentives Accreditation

Participation in quality programs offers financial incentives and enhanced payment rates for meeting healthcare quality metrics.



Background and Rationale: Organizational Assessment



Assess the Current State

Examine the existing operations, workflows, and IT infrastructure to understand how patient navigation would be implemented. Includes a Community Needs Assessment.

Define the Ideal State

Describe the ideal operations, workflows, and IT setup needed to support the patient navigation program, including tools, software, and EMR updates for PIN billing and documentation.

Identify Gaps and Required Changes

Compare the current and ideal states to find gaps. Focus on changes needed to improve efficiency, cost-effectiveness, and reduce risks.

Evaluate Risks and Benefits

Identify risks of staying in the current state and risks of transitioning to the ideal state.

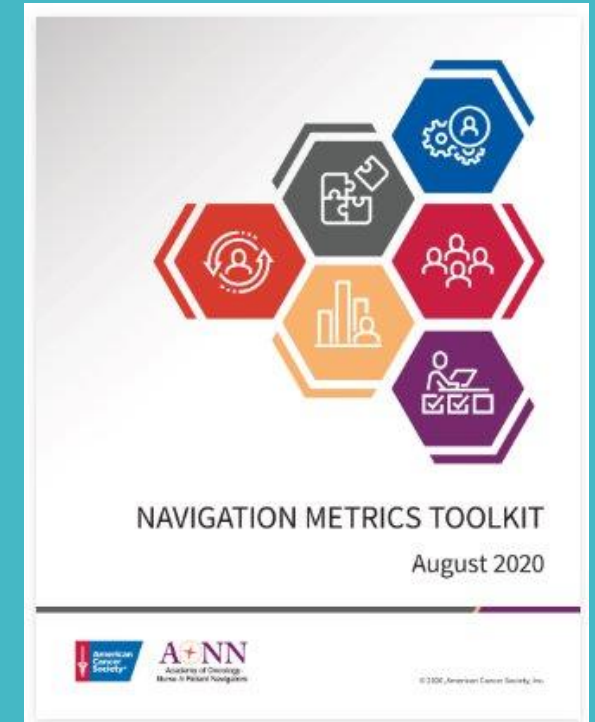


Program Description: Formulating Measurable Outcomes



Define how the program's success will be measured, including specific indicators that are timebound outcomes of the program, and who will be impacted by the program.

***Important to collect both process and performance measures**



Process

Our team will navigate 100 patients receiving radiation therapy by end of Q1, 200 by end of Q2, 300 by end of Q3, and 400 by EOY.

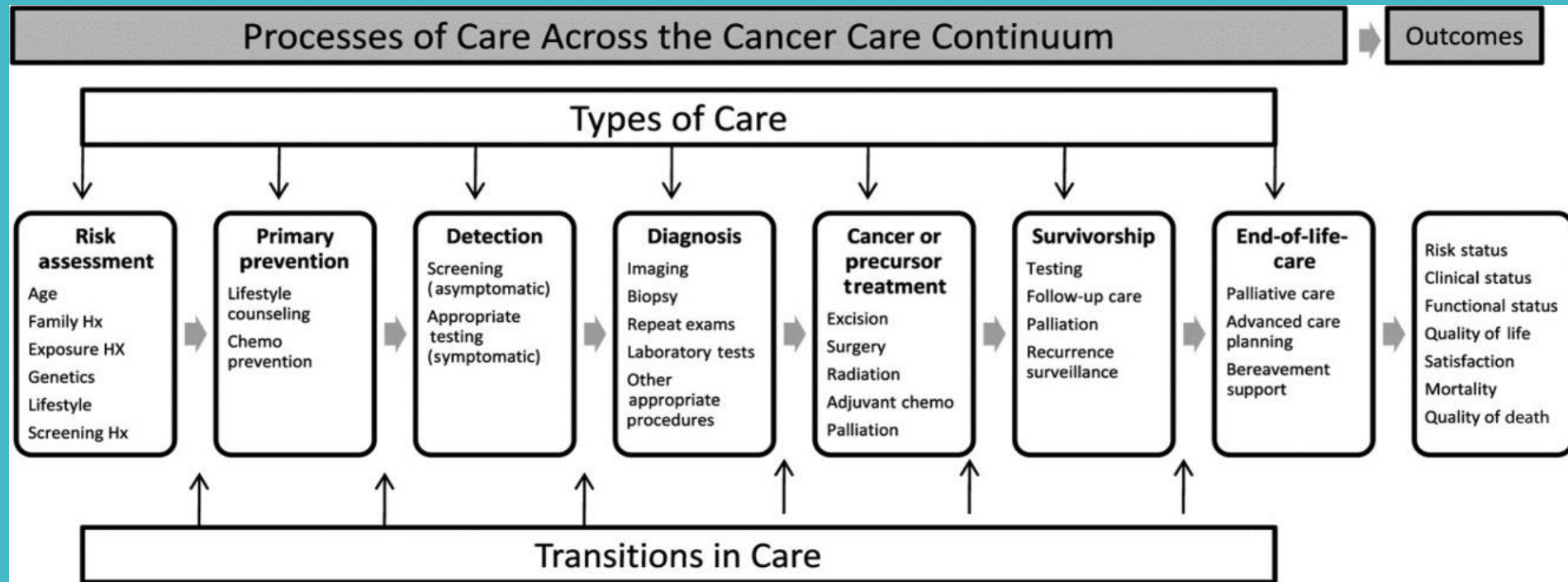
Performance

Decrease in treatment appointment no shows by 25% in oncology patients receiving radiation therapy served by navigation team by December 31, 2024.



Program Description: Design and Scope

- What services are offered and where are there gaps?
- What are the most common patient barriers to care?



Program Description: Services



Principal Care Management (PCM) activities provided by clinical staff include:

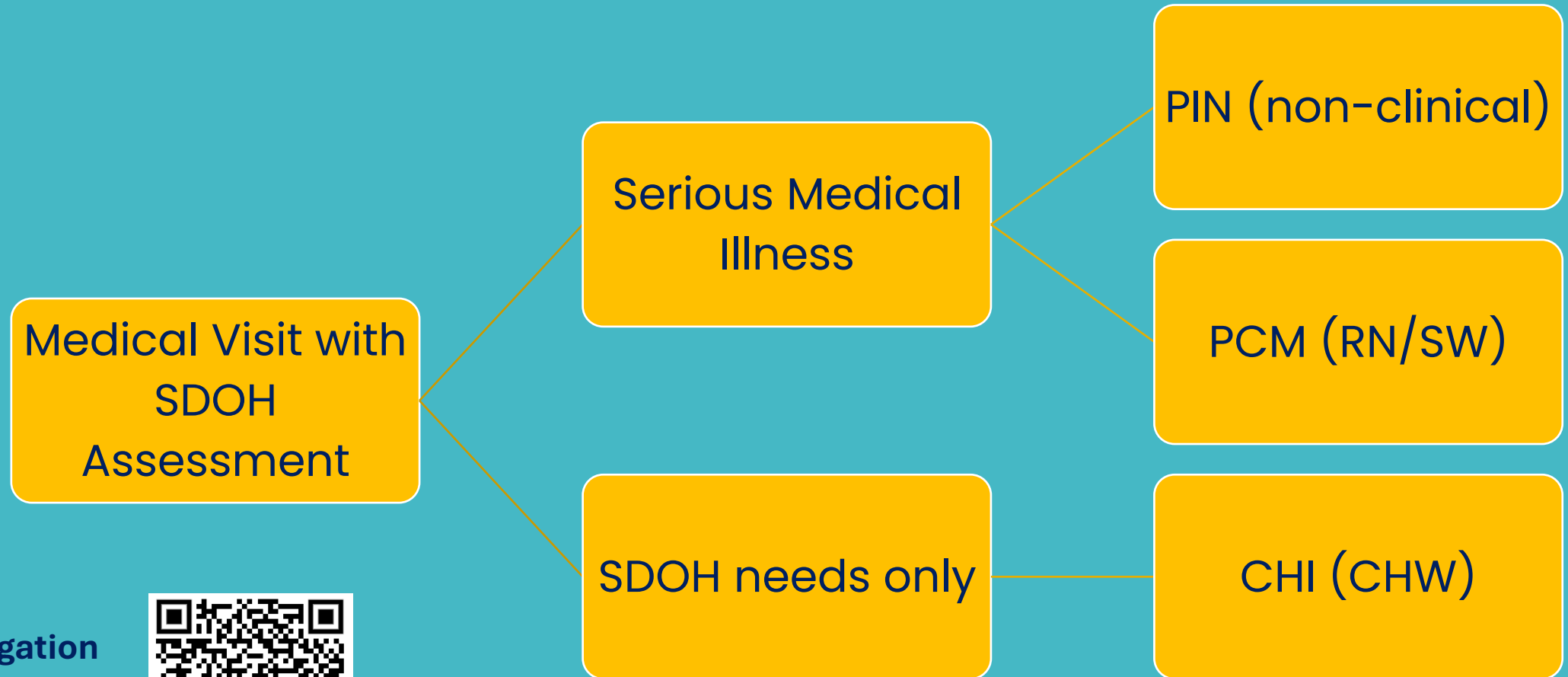
- Development, communication, and maintenance of a **disease specific care plan**
- **Care communication** and engagement with patients, families, healthcare professionals, and community services
- Patient/family **education** to support self-management, independent living, and activities of daily living
- Assessment and support for **treatment adherence and medication management**
- Identification of available community and health **resources**
- Facilitating **access** to care and services needed by patient/family
- Management of care **transitions**
- **Ongoing review** of patient status
- Collection of health outcomes **data** and registry **documentation**

Community Health Integration (CHI) and Principal Illness Navigation (PIN) nonclinical activities include:

- **Person-centered assessment**, including cultural and linguistic factors and unmet SDOH needs
- Facilitating patient-driven **goal setting** and **action plans**
- Providing **tailored support** for treatment plan
- **Coordinating** receipt of healthcare and community-based health services
- Facilitating **access** to community-based social services to address SDOH needs
- **Communication** with healthcare professionals based on person-centered assessment results
- Coordination of care **transitions** between and among health care practitioners and settings
- Helping the patient contextualize **health education** provided by the treatment team
- Educating the patient on how to best participate in **medical decision-making**
- Building patient **self-advocacy skills**



Program Description: Staffing



Oncology Navigation
Standards of
Professional Practice



Program Investment and Return On Investment (ROI)



What to include:

- **Benefit analysis (over X time period):** Quantify the expected benefits, such as reductions in no-show rates and emergency room visits, decreased hospital readmissions, improved patient satisfaction scores, reduced cancer disparities, and potential increases in patient volume due to better service.
- **Alternatives:** List possible alternatives that may meet the business problem or opportunity, then narrow the list to include only viable alternatives.
- **Assumptions:** Describe all critical assumptions and the impact of a sensitivity analysis. Apply all common/general assumptions consistently across each alternative.
- **ROI Calculation:** Combine the cost and benefit analyses to estimate the return on investment over a reasonable time frame.

What tools are available?

Purpose of the section

Section 1.0 | Background and Rationale

Purpose:

The purpose of this section is to align the patient navigation program with the organization's strategic goals, assess the impact of inefficiencies due to the lack of navigation, and demonstrate the urgency of addressing gaps in patient care coordination through a structured needs assessment.

Helpful Tip:

When aligning the navigation program with strategic goals, directly tie the program's benefits to the organization's mission and any existing initiatives around quality care, growth, and patient experience. Highlight specific operational inefficiencies and risks, such as patient care gaps, using quantitative data or case studies to emphasize the need for immediate action.

Tips on writing the section

Section 1.1 - Background

The Background section should explain the importance of patient navigation, citing key evidence from the literature that demonstrates how it reduces barriers to care, improves access to timely treatment, and addresses health disparities. Use studies and reports to support the need for a navigation program in healthcare systems.

Section 1.2 - Rationale



Strategic Alignment

Align the navigation program with the organization's vision, mission, and strategic goals, addressing gaps in quality, growth, and initiatives.



Impact of not addressing the problem

Highlight risks such as decreased patient satisfaction and gaps in care if a navigation program is not implemented, using data to demonstrate urgency.



Impact on operations

Identify inefficient business processes due to the absence of navigation, focusing on patient care coordination, billing, and workflow management.



Needs Assessment

Identify the organization's needs through a [Community Needs Assessment \(CNA\)](#) or a [Strengths, Weaknesses, Opportunities, and Threats \(SWOT\) Analysis](#), helping to prioritize areas where a navigation program can address gaps and improve patient outcomes.

Template with example boilerplate text

Resource Links:

- [Background and Rationale Template \(see Appendix B\)](#).
- [Patient Navigation in Cancer Care 2.0 - Navigating the Cancer Continuum in the Context of Value-Based Care](#).

Public Sites for Data on Communities:

- [Community Health Rankings and Roadmaps](#)
- [United States Census Bureau - American Community Survey](#)

What to include in that section

Resource links

To access tools and resources:



www.cancer.org/lion

- ✓ Access recorded and upcoming learning sessions, resources and tools
- ✓ Building the Navigation Business Case Toolkit
- ✓ Register for ACS LION training



ACSLION@cancer.org



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“Navigation is great but how do you pay for it?”



≠



Traditionally, most services and staff are covered by directly billable charges (CPT codes) or are included as part of overall overhead (or the “cost of doing business”).

UPFRONT EXCEPTION:

If the **navigator** is going to be the **educator** as well, you can bill for this service in some instances.

98960 Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with patient

Criteria:

- Standardized curriculum that is consistent with guidelines or standards established or recognized by a health care professional society or association.
- Patient must be present and actively engaged in the education and training.
- Usually, 30 minutes but NEVER less than 15 minutes.
- Cannot be billed on the same day as any other service.
- Must be a healthcare personnel but not a physician or provider (i.e. PA or APRN, etc.)

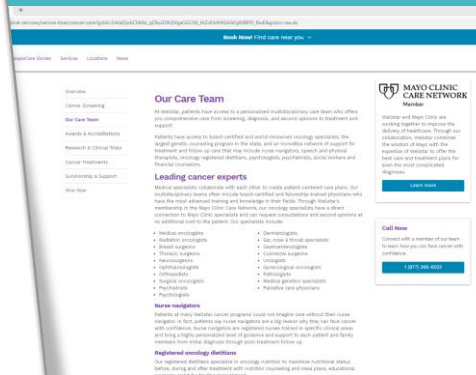
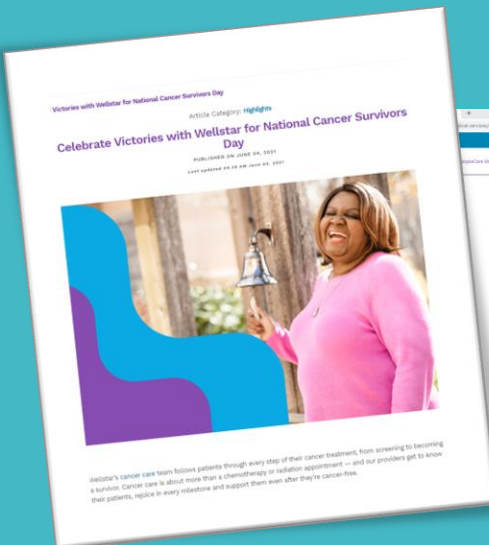
Evaluate Strengths and Weaknesses



- Evaluate your Program.
- Evaluate your Program from multiple perspectives.
- Be candid in your evaluation.
- Be realistic.
- Intent of Program. Quality/Revenue/Volume/Satisfaction

Highlight the good.

Highlight that which can be improved.



Software Tools – Benefits and Limitations
Current Offerings in Program and locations
Current Processes and Bottlenecks
Workflows
Timeliness to Care
Patient Satisfaction
Physician Satisfaction
Workspace in Use and Available
Current Staff and their roles

Registry and Data Analytics



Analytic Volumes
≠
Patient Volumes



Downstream Revenue = Funding



- Radiology Procedures
 - Imaging
- Retention of Patients
 - Surgery
- Infusion Therapy
 - Provider Practices

⚡ Noise in the metrics:
⚡ Lag in realizing the revenue.
⚡ Departments vary by facility.
⚡ Competing priorities.



- \$ Overhead
- \$ Salaries
- \$ Indigent Care
- \$ Community Services
- \$ Navigation

Downstream Revenue = Funding



Downstream Revenue	\$ or Non-\$	Outcomes
Retained patients	Profit Margins Surgery, Infusion, Radiology, Radiation, Visits	Patients remain close to home for or during care
New patients	Profit Margins Surgery, Infusion, Radiology, Radiation, Visits	Drawn to a community resource Barriers removed to approach care
Grant Opportunities	Staffing, Services Provided, Transportation, Patient Care, Research	Services Provided, Transportation, Research
Care Continuum	Decreased use of emergency services; Increased screening volumes – decreased late- stage diagnosis; Ability to skill focus roles	Increased trust in healthcare provider or system, enhanced community confidence in healthcare provider or program, and social barriers to care removed allowing patients to seek care sooner.

Measuring the Outcomes and Performance Metrics



Key Performance Indicator	Benchmark Example
New patients navigated	20 /month if using volume model
Patients outmigrated	Less than 15% of total
Mean Time from Diagnosis to: <ul style="list-style-type: none"> - Surgeon Appt. - Med Onc Appt. - Chemotherapy Start - Surgery - ?? 	5 days, 14 days Use national benchmarks i.e. NQMBC® Use institutional benchmarks Use CoC Quality Processes
Tumor Board Presentations	20 /month
Number of Emergency Room Visits for chemotherapy sequelae/post-surgical events	Less than 25
Average Acuity	2.0-3.0 /30 days if using acuity model
Overall Case Load Average	100-300 /year
Touchpoints	150 /month if using touchpoint model
Community Events	1 /quarter
Number of patients scheduled for mammograms during event(s):Appointment No Shows	150:13
Grants written or received	1 /month

The Business Case Audience



CEO

The chief executive officer is the highest-ranking person in a company. This person has final authority in most cases.

CNO

The chief nursing officer is the highest-ranking nurse leader in an organization. This person is accountable for all nursing and ancillary staff in most cases.

COO

The chief operating officer is the second in command of a company. This person oversees the operations and workings of departments in most cases.

CMO

The chief medical officer is the highest-ranking physician in a healthcare entity. Physician programs and needs usually report through this person.

CFO

The chief financial officer is the highest-ranking finance person in a company. This person ensures the company is running in a financially sound manner and is the owner of the financial risk for the company.

Director
(Administrative, Executive, Program, etc.)

A Director can be any number of roles that oversee the management of a department or group of departments.

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Objectives

- **Define the Strategic Importance**
- **Demonstrate Value and Impact**
- **Quantify Financial Benefits**
- **Align Stakeholder Priorities**

Getting Started

- **Assess your program and needs**
- **Engage with key stakeholders**
- **Analyze data**
 - Intake Data
 - Analytic Case Volumes
- **Connect with finance**
 - Downstream revenue
 - Patient retention
 - Readmission Rates
 - Volume Growth

Know Your Audience

CEO

Strategic alignment and overall impact

COO

Operational efficiency and effectiveness

CNO

Patient care and nursing impact

CFO

Financial impact and return on investment (ROI)

Executive Summary



Defy Gravity General Hospital

- Request: 2.0 FTE Oncology Navigators
 - Breast Navigator
 - Complex GI Navigator
- At Risk
 - Patient & Provider Satisfaction
 - Timeliness to Treatment
 - Programmatic Growth & Revenue
 - Cancer Accreditations & Multidisciplinary Tumor Boards
- Break-even for 1 FTE
 - 39 patients or 2.3 months

Navigated Patients/year	200
Incremental CM per Patient	\$3,000
Navigation CM x 1 FTE	\$600,000
Total Navigation CM x 2 FTE	\$1,200,000
Less Labor Expense per FTE	
Salary	\$84,000
Benefits (34%)	\$28,560
New hire expense	\$3,500
Total Labor Expense	\$116,060
Return on Investment	\$967,880

97% of Navigated Patients Retained

29 days

Avg From Dx to 1st Treatment

>\$960K

Increase in Contribution Margin

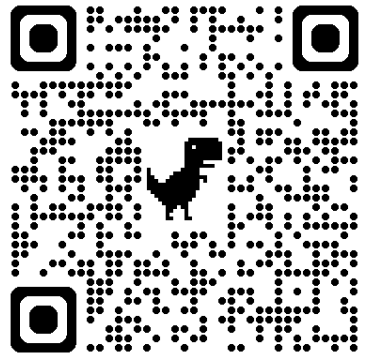


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Question and Answer

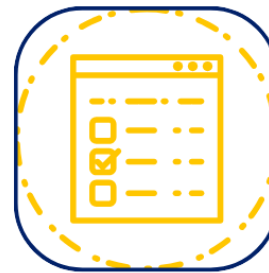
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on Patient Navigation:
Survey Insights and Recommendations**



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