

Patient Navigation and the Landmark CMS Reimbursement Decision

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Patient navigation is an evidence-based intervention that started more than 30 years ago with the vision and initial body of work of Harold P. Freeman, MD, addressing breast cancer disparities in Harlem, New York, in 1990.¹ Patient navigation was created as a strategy to improve outcomes for marginalized populations by removing barriers to timely diagnosis and treatment of cancer and other chronic diseases.² Inspired by Dr Freeman's vision to address cancer health disparities, incidence, and mortality, patient navigation has emerged as an intervention to help bridge gaps in our fragmented healthcare system. Over the past 3 decades, the field and profession have experienced significant growth and impact.

Research

The Patient Navigation Research Program defined patient navigation as the support and guidance provided to vulnerable individuals facing abnormal cancer screenings or a cancer diagnosis, with the aim of overcoming barriers to timely, high-quality care. The primary outcomes included (1) time to diagnostic resolution, (2) time to initiation of cancer treatment, (3) patient satisfaction with care, and (4) cost-effectiveness, specifically for breast, cervical, colorectal, and prostate cancers.³

Established Metrics

In 2011, the National Patient Navigation Leadership Summit convened cancer clinicians, researchers, public health and measurement experts, funders, and patient navigators to build a national consensus on common metric outcomes to strengthen the scientific evidence and effectiveness of patient navigation. The Summit aimed to develop and propose core metrics to measure the impact of navigation on both individuals and populations across the care continuum.⁴

Six years later, the Academy of Oncology Nurse & Patient Navigators (AONN+) established 35 navigation metrics focused on patient experience, clinical outcomes, and return on investment, guided by the AONN+ domains of knowledge. These 35 metrics serve as baseline standards that all navigation programs, regardless of their structure, can use for evaluation and ongoing monitoring.⁵

National Collaborations Advancing Patient Navigation

Launched in 2017, the National Navigation Roundtable is a collaborative effort among over 200 navigation stakeholders, organizations, and field experts. It is dedicated to establishing patient navigation as an integral and valued component of the healthcare system, aiming to ensure optimal health outcomes for cancer patients.⁶

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The Professional Oncology Navigation Task Force, comprised of leading professional navigation societies and patient advocacy organizations, spearheaded the development of the *Oncology Navigation Standards of Professional Practice*, released in 2022. These 19 standards provide oncology clinical navigators and patient navigators with clear guidelines on professional practices, outlining the knowledge and skills all professional navigators should have to deliver high-quality, competent, and ethical care for individuals affected by cancer. The standards also serve as benchmarks for healthcare employers and inform policymakers, other health professionals, and the public about the essential role of professional oncology navigators.

These standards also contributed to the development of the 2024 Centers for Medicare & Medicaid Services (CMS) Principal Illness Navigation reimbursement codes.⁷


The Future Starts Now

Reflecting on 2023, the announcement of reimbursement for navigation services marked a pivotal moment for the patient navigation profession. Securing payment for these services has been a longstanding legislative priority for AONN+, and we applaud this recognition of the role and the importance of training, credentialing, and certifying navigators.

As stated by one of the leaders of patient navigation: Finally, achieving the goal of having navigation services recognized as valuable and therefore billable has been a priority for AONN+ and truly a labor of love for nearly 15 years. Certainly, one of the keys was demonstrating measurable metrics. We have always been able to demonstrate our true value to individual patients. But anecdotal information is never listened to when discussing the value of our roles. Finally institutional leadership and the government have grasped what navigation is for and why it should be a reimbursable service! We are on our way!

—Lillie D. Shockney, RN, BS, MAS, HON-ONN-CG

Closing

As AONN+ marks 15 years as the only professional practice association for oncology navigators, we have much to celebrate. This milestone reflects the growing recognition of the crucial role navigators play in supporting patients with cancer, their families, and care partners. While we celebrate the first year of reimbursement for navigation services, we recognize that there are still questions to be addressed. Nonetheless, this is a significant step forward for the field of navigation and, most importantly, for the well-being of cancer patients. 

References

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REIMBURSEMENT
