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AACI

Commentary

The Urgency of Now: Improving Cancer Outcomes Through Professional and Reimbursable Oncology Navigation

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Commentary Overview

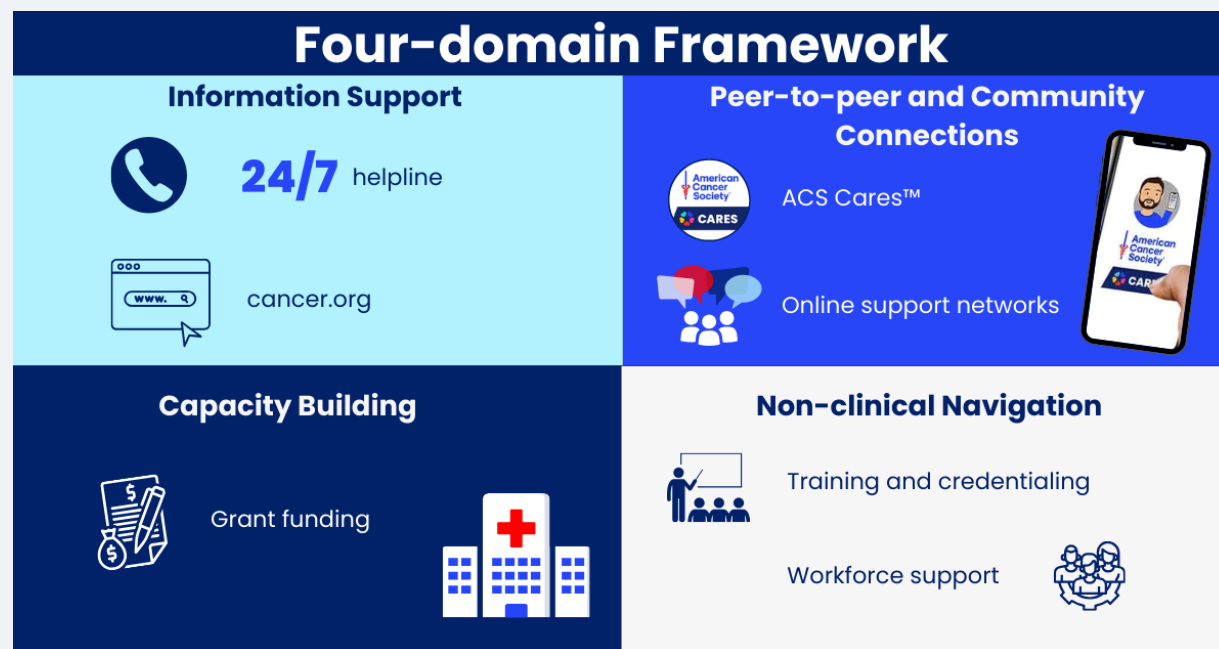
- Non-clinical navigation is an evidence-based intervention that improves outcomes across the entire cancer continuum. Due to previous reimbursement limitations, non-clinical navigation services have often been inconsistent and inaccessible.
- On January 1, 2024, the Centers for Medicare & Medicaid Services released its newest Medicare Physician Fee Schedule, which now includes a sustainable reimbursement method for non-clinical navigation.
- To coincide with this reimbursement pathway, the American Cancer Society launched Leadership in Oncology Navigation (ACS LION) – a standardized training and credentialing navigation program for individuals and organizations.
- Everyone deserves a fair and just opportunity to prevent, find, treat, and survive cancer. The reimbursement pathway and ACS LION expand access to navigation services and are anticipated to improve patient, caregiver, and health system outcomes.

Many of the 2 million patients who will receive a cancer diagnosis this year will find their care journey fraught with complexity. In our leadership and clinical roles, we frequently hear terms such as "confusing," "like a maze," and "overwhelming." Due to investments in research from the American Cancer Society (ACS) and discoveries based in major cancer centers, scientific progress has led to a significant increase in innovation and personalized treatments that steer away from a one-size-fits-all approach. These tailored journeys require skilled guidance to ensure the right care, for the right person, at the right time.

Strikingly, more than 30 years of research has demonstrated that patient navigation services reduce complexities and improve outcomes. Multiple options exist to deliver oncology navigation. At ACS, we use a four-domain framework to organize services across the navigation continuum.

First is information navigation. We offer a 24/7 contact center and a robust website ([cancer.org](https://www.cancer.org)) to navigate people to the educational resources they need. Second, we use peer-to-peer support mechanisms with our ACS CARES app and online forums to facilitate peer navigation so people with shared life experiences can help each other. Third, we build capacity for clinical navigation, so nurses and social workers can address barriers around individualized, timely, and equitable access to care. Fourth is professional, non-clinical navigation. In some communities, these navigators are known as "community health workers," "health coaches," or "promotores de salud." Professional non-clinical navigators help address logistical challenges and health-related social needs—such as rescheduling appointments or billing assistance—for patients, caregivers, and families.

Like any other health care profession, this workforce is compensated, trained, and credentialed to ensure standardized competencies of practice. Professional non-clinical navigators are often employed by a clinical practice to ensure seamless team integration and to gain access to the same systems and resources. Furthermore, these navigators usually share lived experiences with the people they support. They may come from similar communities or backgrounds, or even have similar connections to cancer. These commonalities build trust and provide hope, creating a positive ripple effect on the navigation that follows.



Despite the proven benefits of non-clinical navigation, execution thereof has historically been inconsistent and inaccessible. Until recently, federal, state, and commercial insurers did not recognize such services through dedicated reimbursement pathways and codes. Thus, oncology practices have had to make difficult decisions around starting and continuing navigation programs due to unreliable philanthropic funding. Through advocacy efforts of ACS, the Association of American Cancer Institutes (AACI), and others—and in close partnership with the White House Cancer Moonshot—a new federal reimbursement mechanism went into effect on January 1, 2024, in the Physician Fee Schedule (PFS). The updated Centers for Medicare & Medicaid Services (CMS) rule is a meaningful step forward, presenting for the first time a sustainable reimbursement method for professional, non-clinical cancer navigation. It also creates momentum for additional navigation reimbursement pathways, including those for clinical navigators.

Critical to the new rule is the requirement of professional navigators to demonstrate mastery of core competencies related to cancer navigation. To that end, ACS—in collaboration with partners from [American Cancer Society National Navigation Roundtable](#) (ACS NNRT)—launched [Leadership in Oncology Navigation](#) (ACS LIONSM). ACS LION is a standardized training and credentialing program that meets CMS training requirements for "Principal Illness Navigation" reimbursement and is aligned with [professional oncology navigation \(PONT\)](#)

standards. To earn the ACS LION credential, learners must complete 10 online modules and pass a proctored exam. Immediately following the exam, they can **bill navigation services** through Medicare. For eager participants, this entire process can be completed within one week.

In addition to credentialing, ACS is offering two robust provider trainings free of cost: a virtual "bootcamp" series—the first class is co-presented with the Academy of Oncology Nurse and Patient Navigators (AONN+)—and virtual webinars that will be available on demand. These opportunities cover a range of topics, including CMS navigation billing codes, developing a business case for professional navigation, staffing models, health insurance, social determinants of health, and financial toxicity. Most importantly, they will further educate oncology providers and support our goal to develop high-quality, sustainable navigation services.

Transforming Cancer Care Together

At ACS, we are committed to working with organizations and individuals to improve the patient experience and rapidly expand the nation's capacity for oncology navigation. **But there is an urgency of now.** Just as the scientific landscape is evolving, the reimbursement and policy ecosystem remains subject to shifting pressures.

Our ACS teams and partners have spent decades completing formative tasks that culminated in these recent patient navigation milestones. We've passionately advocated with others to change policies and eliminate reimbursement barriers. We've invested in groundbreaking research. We've increased access to navigation through direct funding of both clinical and non-clinical navigators for more than 30 years, totaling a \$33M+ investment. We've created gold standards through the ACS NNRT. Now, it's time for our health care delivery and patient advocacy communities to demonstrate that navigation is valuable enough for all of us to lean in to and grow. When we first learned of the impending CMS ruling in 2023, we made the bold decision to develop and launch ACS LION by the time the PFS went into effect on January 1. Because like you, we firmly believe everyone deserves a fair and just opportunity to prevent, find, treat, and survive cancer.

CMS has passed us the baton. Let us rise to the occasion together by investing in professional navigation and achieving more equitable outcomes. To enroll in ACS Lion and register for the bootcamp series or upcoming webinars, visit cancer.org/lion. Details on an educational webinar, hosted by AACI and ACS, will be forthcoming.

Our Mission

The Association of American Cancer Institutes (AACI) represents over 100 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

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