

## What is Patient Navigation?

In 2024, the projected number of new cancer diagnosis in the U.S. will top 2 million for the first time. This number is equivalent to about 5,480 diagnoses each day.<sup>i</sup> Navigating the health care system can be confusing and complicated. Making decisions after receiving a complex medical diagnosis such as cancer is challenging for anyone, but particularly for populations that have been historically marginalized. **Access to patient navigation services could help cancer patients and survivors get the care they need.**

Patient navigation is the individualized assistance that helps a patient overcome health care system barriers from prevention and early detection of disease to accessing necessary access to quality health and psychosocial care.

The American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) are united in the goal of achieving health equity and access to quality care across the cancer continuum through effective patient navigation, beginning with preventive screening and early detection, and extending through diagnosis, treatment, survivorship, and end-of-life.



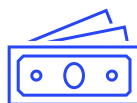
## Why is Patient Navigation Critical?

Patient navigation can help to eliminate health disparities and reduce costs across the cancer care continuum by addressing the needs of people who have been historically marginalized and excluded as well as those living in under resourced communities. For example, one study showed that women in the patient navigation intervention group had significantly higher likelihood of being up to date on their mammography screening at the end of the follow-up period compared to women in the control group who did not receive these services, with the largest impact among African American Medicare beneficiaries living in urban areas who were previously not up to date on their breast cancer screenings.<sup>ii</sup> Other benefits of patient navigation include:



### Access Across Cancer Care Continuum

Patient navigators have been shown to help increase cancer screenings rates, help patients better understand treatment options after diagnosis and help ensure patients receive the post treatment care they need in survivorship.<sup>iii,iv</sup>



### Cost Savings & Treatment Adherence

Patient navigator programs help identify diagnosis at earlier stages when less invasive and less costly treatment options are available to patients, often resulting in better outcomes and reduced overall costs.<sup>v,vi</sup>



## Advances Health Equity

Culturally appropriate patient navigation services can improve health outcomes for diverse populations through community outreach and targeted care coordination.<sup>ii,vii</sup>



## Patient & Provider Satisfaction

Patient navigation offers tailored patient-centred cancer care and the opportunity to prioritize unique patient needs. Patient navigation has also been shown to increase patient retention and reduce provider administrative burdens.<sup>v</sup>

## Evidence Supporting Patient Navigation's Return on Investment

Patient navigation services have become increasingly recognized for reducing cancer costs for both patients and the health care system by:

- ❖ Increasing adherence to treatment regimens by helping patients better understand their treatment options;<sup>vi,v</sup>
- ❖ Reducing unnecessary resource utilization, such as costly emergency department visits and hospitalizations;<sup>v</sup>
- ❖ Reducing burdens on oncology providers by potentially reducing workforce burnout, provider errors, and costly staff turnover through expanding capacity to support the patient during their treatment;<sup>v</sup> and
- ❖ Decreasing patients moving to other health facilities for care, improving patient satisfaction, and increasing patient retention.<sup>v</sup>

Prior to the creation of Medicare's new Principal Illness Navigation codes, one Centers for Medicare and Medicaid demonstration project showed that costs to Medicare declined significantly for navigated patients compared with matched comparison patients, with total costs reduced by \$781.29 more per quarter per navigated patient for an estimated \$19 million decline per year across the network compared to the non-navigated group.<sup>viii</sup>

## Increasing Access to Patient Navigation Services

ACS CAN has been a long-standing advocate in making patient navigation services available for everyone at risk of cancer, those diagnosed with cancer, and cancer survivors. Yet to date, patient navigation services are still absent or limited in many cancer programs and hospital settings due to cost concerns and lack of clinical reimbursement. Throughout the U.S., a patchwork of coverage exists depending on the where patients live and the type of insurance coverage they have and is not continuous throughout the cancer care continuum. Ensuring access to patient navigation services will only be achieved by ensuring payment for patient navigation services is available across both public and private payers.

Medicare's reimbursement for non-clinical navigation, which took effect on January 1, 2024, was a first step. The [final 2024 Medicare Physician Fee Schedule rule](#) created the new Principal Illness Navigation reimbursement codes for patient navigation services for Medicare enrollees diagnosed with high-risk conditions, including cancer.

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## ACS CAN's Position

ACS CAN is advocating for state and federal legislation and policies to increase access to patient navigation for people with cancer, prioritizing policies that create sustainable funding to ensure patient access to patient navigation services across the cancer continuum.

As part of our advocacy, ACS CAN is requesting funding in the Fiscal Year 2025 Labor-Health and Human Services bill for the National Academy of Sciences to provide a roadmap of reimbursement policy pathways and recommendations to expand access to sustainable patient navigation services, including oncology patient navigation for those at risk of cancer, cancer patients and survivors.

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<sup>i</sup> American Cancer Society. *Cancer Facts & Figures 2024*. Atlanta: American Cancer Society; 2024.

<sup>ii</sup> Marshall, J.K., Mbah, O.M., Ford, J.G. et al. (2016) Effect of Patient Navigation on Breast Cancer Screening Among African American Medicare Beneficiaries: A Randomized Controlled Trial. *Journal of General Internal Medicine*, 31, p. 68–76. <https://doi.org/10.1007/s11606-015-3484-2>.

<sup>iii</sup> Guide to Community Preventive Services. Cancer Screening: Patient Navigation Services to Increase Cervical Cancer Screening and Advance Health Equity. <https://www.thecommunityguide.org/findings/cancer-screening-patient-navigation-services-to-increase-cervical-cancer-screening.html>. Page last updated: January 24, 2023.

<sup>iv</sup> Nelson HD, Cantor A, Wagner J, et al. Effectiveness of patient navigation to increase cancer screening in populations adversely affected by health disparities: a meta-analysis. *J Gen Intern Med*. 2020;35(10):3026-3035. doi:10.1007/s11606-020-06020-9

<sup>v</sup> Kline, R. et al., (2019). Patient Navigation in Cancer: The Business Case to Support Clinical Needs, *JCO Oncology Practice*, <https://ascopubs.org/doi/full/10.1200/JOP.19.00230>.

<sup>vi</sup> Natale-Pereira, A., Enard, K., Nevarez, L., Jones, L. (2011) The Role of Patient Navigators in Eliminating Health Disparities, *Cancer*, p. 3543-3552, <https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/cncr.26264>

<sup>vii</sup> Noguchi, Yuki, (2022). Delaware is reducing cancer disparities. One big reason? Patient navigators, *NPR*, <https://www.npr.org/sections/health-shots/2022/03/07/1084317639/delaware-is-shrinking-racial-gaps-in-cancer-death-its-secret-patient-navigators>

<sup>viii</sup> Rocque GB, Pisu M, Jackson BE, Kvale EA, Demark-Wahnefried W, Martin MY, Meneses K, Li Y, Taylor RA, Acemgil A, Williams CP, Lisovicz N, Fouad M, Kenzik KM, Partridge EE; Patient Care Connect Group. Resource Use and Medicare Costs During Lay Navigation for Geriatric Patients With Cancer. *JAMA Oncol*. 2017 Jun 1;3(6):817-825. doi: 10.1001/jamaoncol.2016.6307. PMID: 28125760; PMCID: PMC5540048.