

# CPT Navigation: Enhancing Patient Experience and Oncology Outcomes

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#### OBJECTIVES

- 1. Understand the Benefits of Navigation
- 2. Review CMS Billable Principal Illness Navigation Codes
- 3. Share Lessons Learned from PIN Code Utilization



## Patient Benefits to Navigation

- Personalized Guidance and Advocacy:

   Cancer care is overwhelming. ONNs help patients understand their diagnosis, treatment options, and next steps.
- Holistic Support:
   ONNs offer emotional support and identify and address barriers to care.
- Better Outcomes:
   ONNs ensure seamless communication between patients and the healthcare team, leading to improved adherence to care plans, better survival rates and quality of life.
- Patient Navigation in Cancer Treatment





#### **Provider Benefits**

Improved Communication:
 ONNs act as communication bridge between
 patients, physicians, and other care team members,
 ensuring everyone is aligned on patient care.

• Fewer Missed Appointments:
When barriers to care are addressed, patient compliance improves, leading to fewer no-shows and treatment delays.

Increased Provider Efficiency:
 ONNs enable providers to dedicate more time to
 direct patient care by being the "go-to" person for
 patients and caregivers.

• Support Bi-Specific Program: work closely with the Bi-Specific treatment board to identify specific navigation needs.





#### **Practice Benefits**

 Cost Savings:

 By reducing ER visits, preventable hospital admissions, and treatment delays, ONNs lower overall healthcare costs.

- Improved Patient Satisfaction:
  ONNs improve patient experience by providing a single point of contact and personalized attention.
- Increased Revenue Capture: PIN billing & opportunities
- Stronger Reputation:
   ONNs are a differentiator for cancer programs,
   demonstrating a commitment to patient-centered
   care.
- Payer satisfaction metric





### What Can Be Measured?

DOMAIN	10 NAVIGATION STUDY METRICS (WITH MEASUREMENT TASKS)		
Care Coordination/Care Transition	<b>Barriers to Care:</b> Measure the number and list the specific barriers to care identified by navigator per month.		
Care Coordination/Care Transition	<b>Diagnosis to Initial Treatment:</b> Measure the number of business days from diagnosis (date pathology results delivered) to initial modality (date of 1st treatment).		
Operation Management Organizational Development Health Economics	<b>Navigation Caseload:</b> Measure the number of new cases, open cases, and closed cases navigated per month.		
Operation Management Organizational Development Health Economics	Measure the number of navigated patients readmitted to the hospital at 30, 60, 90 days.		
Psychosocial Support Services/Assessment	Psychosocial Distress Screening: Measure the number of navigated patients per month who received psychosocial distress screening at a pivotal medical visit, using the National Comprehensive Cancer Network distress screening tool (See Appendix 5).		
Psychosocial Support Services/Assessment	<b>Social Support Referrals:</b> Measure the number of navigated patients referred to support network per month.		
Survivorship/End of Life	<b>Palliative Care Referral:</b> Measure the number of navigated patients referred for palliative care per month.		
Patient Advocacy/Patient Empowerment	<b>Identify Learning Style Preference:</b> Measure the number of navigated patients per month whose preferred learning style was discussed during the intake process. (A validated tool must be identified).		
Professional Roles and Responsibilities	Navigation Knowledge at Time of Orientation: Measure the percentage of new hires who have completed institutionally developed navigator core competencies.		
Research Quality/ Performance Improvement	Patient Experience/Patient Satisfaction with Care: Measure patient experience or patient satisfaction results per month, using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Cancer Care Survey.		



## CMS Rule Summary

	Purpose	HCPCS Codes (i.e., billing codes)
Principal Illness Navigation (PIN) Services	Assist Medicare enrollees with high- risk conditions identify and connect with clinical and support services	G0023 – PIN services 60 minutes/month G0024 – PIN services, additional 30 minutes G0140 – PIN- Peer Support, 60 minutes/month G0146 – PIN- Peer Support, additional 30 minutes G0511 – Payment of PIN services in FQHCs/RHCs
Community Health Integration (CHI) Services	Address unmet health-related social needs (HRSN) that affect diagnosis and treatment of a Medicare enrollee's medical conditions	G0019 – CHI services 60 minutes/month G0022 – CHI services, additional 30 minutes G0511 – Payment of CHI services in FQHCs/RHCs
Social Determinants of Health (SDOH) Risk Assessment	Assessment of Medicare enrollee's SDOH/social risk factors that influence diagnosis or treatment of medical conditions	<b>G0136</b> – SDOH risk assessment 5-15 minutes, not more than every 6 months



## PIN Challenges & Lessons Learned



Estimating cost avoidance



Electronic medical record (EMR)



TIMING

Must hit 60 minutes before using G0023











#### SUMMARY

 For additional information or questions, please stop by the AstraZeneca booth in the exhibit hall.

Enhancing Oncology Care: The Role of Principal Illness Navigation

in Improving Patient Outcomes

White Paper

o eLearning Module



