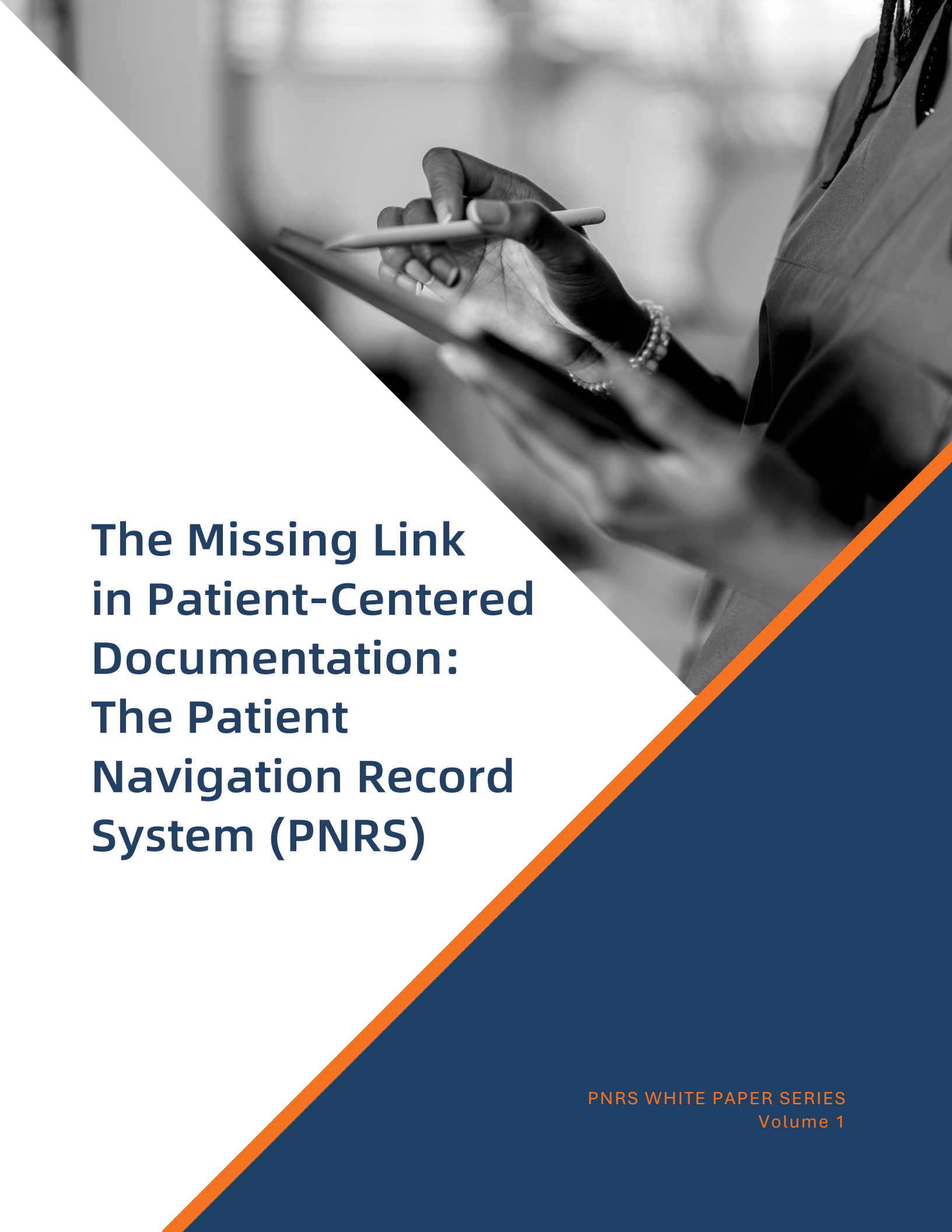




The Missing Link in Patient-Centered Documentation: The Patient Navigation Record System (PNRS)

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The Missing Link in Patient-Centered Documentation: The Patient Navigation Record System (PNRS)

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Executive Summary

Electronic medical records (EMR) have transformed clinical documentation but were never intended to capture the full scope of patient navigation and care coordination. As healthcare systems increasingly prioritize value-based care and whole-person support, there is a growing recognition that a dedicated platform is needed to document these critical yet often invisible aspects of care.

Patient navigation, care coordination, and community health workforces now represent some of the fastest-growing roles in healthcare. There are over 35,000 navigators working in the U.S., alongside more than 50,000 community health workers (CHWs) and tens of thousands of care coordinators and case managers.^{1,2,3} These professionals play essential roles in improving access, reducing delays in care, supporting chronic disease management, and reducing emergency department utilization across all therapeutic areas.^{4,5,6,7} Studies and industry reports have shown that effective care coordination can reduce avoidable healthcare costs significantly—by as much as 35% in some programs.^a While outcomes vary based on patient population, model design, and health system infrastructure, multiple models have demonstrated measurable cost savings and improved outcomes. Competency-based navigation programs have demonstrated measurable improvements in treatment adherence, no-show rates, and patient satisfaction.^{8,9,10,11,12,13}

Despite these impacts, such services remain inconsistently documented and underfunded. In 2024 the Centers for Medicare and Medicaid Services (CMS) introduced the Principal Illness Navigation (PIN) codes. These sets of codes^b are designed specifically to reimburse for navigation services. These codes represent a major policy shift toward recognizing and reimbursing navigation and coordination services. However, adoption is hindered by a lack of structured documentation systems that align with these billing requirements. The Patient Navigation Record System (PNRS) is emerging as a focused solution to this challenge.

This white paper explores the emergence of the PNRS as a new category of healthcare technology developed to fill this gap. In line with the priorities of organizations such as the

^a This 35% reduction figure reflects aggregate estimates cited in industry discussions and presentations, including those by healthcare system leaders and professional associations. Published research on specific models (e.g., Guided Care at Johns Hopkins) shows cost reductions ranging from 11% to over 30%, depending on program scope and evaluation methods.

^b HCPCS Level II codes are used to report specific services, particularly those not covered by Current Procedural Terminology (CPT) codes. The latter codes describe procedures that are reimbursable for anything that patient receives within hospital

Academy of Oncology Nurse & Patient Navigators (AONN+), the American Cancer Society (ACS), the Oncology Nursing Society (ONS), National Association of Community Health Workers (NACHW), the Association of Oncology Social Workers (AOSW), and others, this paper underscores the importance of advancing navigation through standardized workflows, measurable outcomes, and technology platforms designed specifically for the role. It reflects the shared commitment across the field to strengthen navigation infrastructure and position it as a critical component of high-quality, patient-centered care.

The Case for a Dedicated Documentation Platform for Navigation & Care Coordination

Despite the increasing importance of navigation and coordination roles, the current state of documentation remains inconsistent and inefficient across most healthcare organizations. In the absence of purpose-built systems, many navigators rely on spreadsheets, shared drives, paper notes, or makeshift templates in Google Sheets or Excel to track their work. Navigators frequently document in multiple systems or retrofit EMR templates to fit their workflows, which leads to inconsistent documentation of navigation efforts and unstructured or free-text records that pose challenges when trying to quantify and extract data for reporting or other purposes. These ad hoc methods result in significant challenges:

- Disparate, unstructured data that cannot be analyzed for impact
- Dual uploading of patient data both into an EMR and another form of manual documentation
- Time-consuming manual documentation that increases burnout
- Inability to collect the data necessary to bill for reimbursement, and support audit concerns
- Data collection that is critical for advancing navigation programming and billing of navigation services is cumbersome and challenging to gather
- Continuity of care suffers because of the inability to shift patient cases (staff vacations, personnel changes, or shifting of staff roles)
- Inability to easily and timely generate reports and/or tailor reports specific to one's program or for an individual or group of patients
- Inability to achieve seamless, electronically integrated communication and coordination between navigation and care coordination team members, limiting continuity of care across the entire patient journey

EMRs, while robust for clinical documentation, were never intended to track non-clinical workflows such as barrier resolution, care coordination, or patient outreach. While some EMRs, such as Epic, have introduced navigation modules or oncology-specific workflows, these tools are typically clinician-centric in design, making them difficult to adapt for the broader and more nuanced responsibilities of navigation teams. They often struggle to capture the longitudinal, non-clinical interactions that define navigation, and rarely offer the level of customization needed for diverse roles such as community health workers, non-clinical navigators, and social workers. In addition, they generally lack the advanced analytics and forecasting capabilities required for robust program evaluation and reimbursement optimization (e.g., incomplete

information, abbreviated interaction data and unstructured data cannot be searched or categorized for efficient report generation).

As a result, navigators are often forced to work outside the EMR's intended framework, documenting in multiple systems or retrofitting EMR templates in ways that compromise efficiency and data quality. This fragmented approach can result in inconsistent documentation practices, duplicate data entry, and a lack of clear connections between navigation activities, patient outcomes, and reimbursement opportunities.

Without a centralized, purpose-built platform, much of the critical work performed by navigation teams remains invisible to leadership, making it difficult to assess performance, justify staffing, or demonstrate return on investment. In an era where healthcare organizations are under increasing pressure to improve care coordination, optimize resources, and prove value, a dedicated solution is urgently needed. PNRS is a solution that can meet the operational, financial, and strategic requirements of robust navigation programs while elevating the role of navigators as integral members of the care team.

These limitations make it challenging to establish a clear linkage between navigation activities, patient outcomes, and reimbursement potential, ultimately restricting the ability to demonstrate the true value of navigation services. It also causes considerable challenges to generate any sort of actionable reporting in real time that would enable oversight of staff to ensure everything of optimization of time to appropriate workload to working to the highest level of competence.

A dedicated, technical infrastructure can reflect the full scope of navigation work, regardless of licensure level, care setting, or funding source. A purpose-built PNRS allows for consistent documentation, revenue capture, workforce planning, and strategic growth of navigation programs in ways that EMR modules cannot adequately support. PNRS allow program staff to manage to a high standard due to in-depth information on what is going well, and what isn't. It allows supervisors to pinpoint critical training needs, and identify customized insufficiencies where additional support is needed.

The Emergence of the Patient Navigation Record System (PNRS)

The EMR was originally created to support medical documentation, billing, and compliance for clinical encounters, with its design and functionality centered squarely on the needs of physicians and other clinical providers. However, the work of navigation and care coordination is fundamentally different from traditional clinical care. These roles focus on identifying and addressing barriers to care, managing the social determinants of health, and coordinating the logistical elements that enable patients to access and adhere to treatment and increase positive patient outcomes. Navigators' workflows often span multiple departments, care settings, and episodes of care, requiring a level of flexibility and cross-functional collaboration that EMRs were never built to handle. Navigation also is characterized by frequent, high-touch interactions—many of them non-clinical—that are nonetheless critical to achieving positive patient outcomes. Current EMR systems do not accommodate this type of work well, which often results in inconsistent documentation, navigator burnout from duplicative or manual data

entry, and limited visibility into the financial and operational impact of navigation and care coordination services. Without the ability to systematically capture, analyze, and report on these activities, healthcare organizations risk undervaluing a function that plays a central role in improving patient experiences, driving care quality, and reducing costs.

The PNRS is a purpose-built technology platform designed specifically for patient navigators, care coordinators, social workers, non-clinical navigators and community health workers. Much like medical billing systems that draw data from the EMR but are optimized for the unique workflows of billing teams, the PNRS integrates with existing systems while placing the needs of navigation at the forefront. It offers a dedicated environment where the navigator’s role, data requirements, and workflow priorities take center stage. One such platform, NACI Care® in use since 2005 and recently enhanced through funding from the National Institutes of Health (NIH)^c exemplifies the broader movement toward creating systems that:

- Standardize documentation for navigation and care coordination activities
- Allow for real time reporting
- Align with reimbursement models such as CMS Principal Illness Navigation (PIN) codes
- Enable Return on Investment (ROI) tracking and financial forecasting for navigation programs
- Capture patient interventions, resolution status, and referral pathways
- Integrate with EMRs to support interoperability without duplicating effort
- Align with nationally recognized standards and metrics for patient navigation

Together, these capabilities enable organizations to fully realize the value of navigation—transforming it from a supportive function into a measurable, strategic asset that drives both patient outcomes, realized revenue and financial sustainability.

PNRS vs EMR: Understanding the Difference

While some EMRs have introduced navigation modules, they fall short of meeting the comprehensive and evolving needs of modern navigation teams. The table below compares key features of traditional EMR navigation tools with dedicated PNRS platforms:

	EMR	PNRS
DESIGNED FOR	Clinicians	Navigators (clinical and non-clinical), Care Coordinators, CHWs, SWs
FOCUS	Medical care delivery	Barrier resolution and support services
DOCUMENTATION PURPOSE	Clinical notes, CPT billing	Navigation tasks, PIN code alignment
BUILT-IN ROI TOOLS	Rare	Yes (e.g., PIN revenue, staffing metrics)
REPORTING FOR NAVIGATION	Unavailable, unless custom created	Yes, customizable based on user and reporting needs
INTEROPERABILITY	High	Designed to integrate within EMRs

^c NACI Care™: A Tool to Improve Evaluation of Patient Navigation Services in Underserved Populations” (PI: Burhansstipanov, R43MD011350-01 [2017] and R44 MD011350-02A1 [2018-2021])

This comparison makes it clear that while EMRs excel at documenting clinical care, they were never designed to capture the full scope, complexity, and strategic value of navigation and care coordination. PNRS platforms fill this critical gap by providing tools, workflows, and analytics built specifically for navigators, care coordinators, and community health workers—enabling them to work more efficiently, document with precision, and demonstrate measurable impact. Rather than replacing the EMR, PNRS solutions complement it, creating a more complete digital ecosystem that supports both clinical excellence and patient-centered coordination of care with the goal of improving patient care and outcomes.

Timing, Reimbursement and Policy Tailwinds

Several converging trends are accelerating the need for PNRS platforms. In 2024, CMS introduced the PIN codes, marking a significant milestone in the recognition and reimbursement of navigation and coordination activities. These codes allow both licensed professionals and auxiliary staff to bill for their work, creating new financial opportunities for programs that can document services effectively. At the same time, payers and providers are broadening the scope of value-based care contracts, increasingly tying reimbursement to measurable care coordination and patient engagement outcomes.

In parallel, national organizations such as the Academy of Oncology Nurse & Patient Navigators (AONN+) and the American Cancer Society's National Navigation Roundtable (ACS-NNRT) are elevating navigation standards and driving workforce development efforts, reinforcing the profession's strategic importance.^{14,15} The Community Health Worker (CHW) profession also is gaining national momentum, bolstered by expanded state-level certification, Medicaid integration, and targeted funding streams such as the ground breaking progress made in the state of Colorado. Starting January 1, 2026, Colorado Medicaid will begin reimbursing for CHW services^d, as authorized through State Plan Amendment CO-24-0046 (approved by CMS in September 2024^e).^{16,17} This milestone marks a full integration of CHWs into Medicaid-covered preventive and navigation services, transforming their role into a formally recognized and reimbursable component of care delivery. The navigator role itself is expanding beyond traditional barriers-to-care functions to include specialized domains such as financial navigation, where professionals help patients manage the cost of care, and clinical trial navigation, which improves trial access, recruitment, and retention. Collectively, these changes are reshaping expectations for navigators and care coordinators, who are now being asked to deliver more complex services with fewer resources. In this evolving environment, there is a pressing need for technology solutions—like PNRS—that not only match the complexity of their roles but also empower teams to capture, measure, and demonstrate the value of their work.

^d Patient Navigation is included within the CO definition of CHW

^e Systematic reviews and policy reports on community health worker (CHW) competencies often overlap with navigation skills—for instance, core capabilities in communication, health coaching, cultural mediation, and linkage to services. These are typically found in fields like maternal health, chronic disease, or social services, even if not labeled “navigation.” Centers for Medicare & Medicaid Services. Colorado State Plan Amendment (SPA) CO-24-0046. Approved September 20, 2024. Available at: <https://www.medicaid.gov/medicaid/spa/downloads/CO-24-0046.pdf>

From Invisible to Indispensable: Making Navigation Count

“I used to track my patients in five different places—none of them gave me the full picture. PNRS finally brings everything together in one place.”

— Karen R., Midwest Cancer Center

“Epic’s navigation module is okay for documenting basic notes, but it’s not built for what we really do—resolving barriers, following patients across systems, and showing our value.”

— Terri P., Academic Health System

“With PNRS, I can actually forecast how many patients I can support, and our leadership can see what navigation is worth.”

— James C., Community Hospital

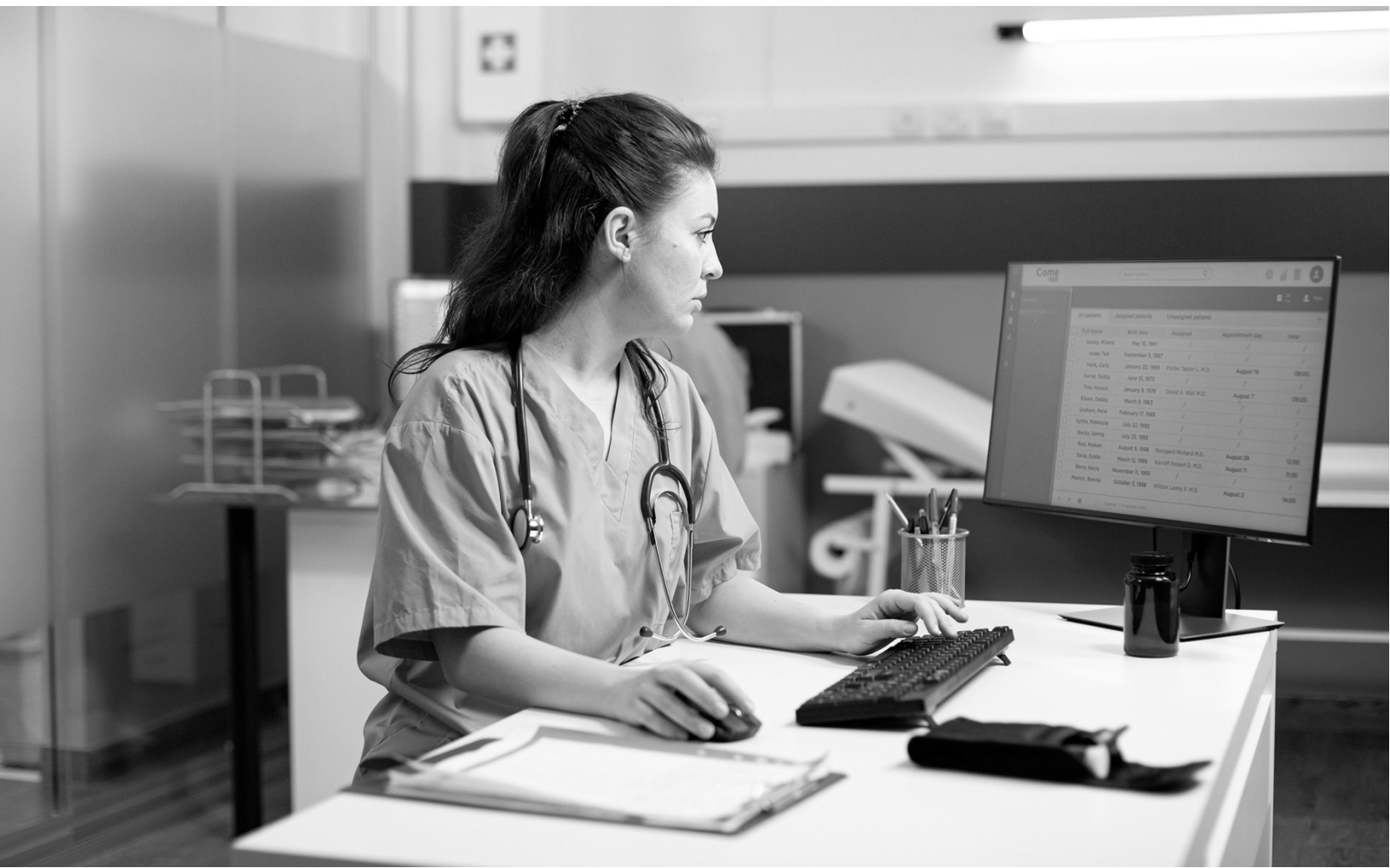
Healthcare professionals consistently report that existing systems fail to capture the true scope and value of navigation work. Real-world feedback shared above illustrates the demand for a purpose-built solution. By leveraging purpose-built systems like PNRS, healthcare organizations can elevate navigation, coordination, and community-based support services from underrecognized functions to essential components of high-quality, patient-centered care. Rather than existing on the margins of clinical operations, these services become fully integrated, measurable, and strategically aligned with organizational goals. With PNRS, leaders gain the ability to produce accurate, comprehensive reports that clearly demonstrate the value of their programs, making it easier to secure funding, advocate for expansion, and sustain operations over time. Standardized workflows embedded in the platform promote consistency in patient support, reducing variability in care and ensuring that every patient benefits from the same high standard of service.

Beyond operational efficiency, PNRS provides deep visibility into program performance, enabling data-driven decisions around staffing, budgeting, and quality improvement initiatives. This level of insight allows supervisors to manage teams to the highest standard of their licensure, pinpoint areas where additional training is needed, and identify geographic or service gaps that require attention. The result is not only more effective navigation programs but also measurable improvements in patient outcomes, satisfaction, and equity. Ultimately, PNRS positions navigation as a recognized driver of both patient well-being and organizational success, reinforcing its critical role in the evolving healthcare landscape.

A Call to Action

As the importance of navigation and care coordination continues to grow, so too does the need for focused infrastructure that reflects their value. The growing complexity of quality patient care demands that navigation and care coordination be recognized, resourced, and measured as core functions of care delivery. Continuing to operate without dedicated infrastructure like a PNRS will keep these essential services undervalued, underfunded, and operationally constrained. Interested parties across the healthcare ecosystem—including provider organizations, payers, health systems, policymakers, and accrediting bodies—must move beyond acknowledgment to implementation. This means making PNRS adoption a standard of practice, embedding it into program requirements, and aligning it with reimbursement and quality reporting frameworks.

The data and insights generated by PNRS have the power to elevate navigation from a supportive role to a strategic driver of clinical outcomes, patient satisfaction, workforce efficiency, and financial sustainability. National organizations have already laid the groundwork by raising awareness of the gap and championing tools that meet the profession's needs. Now is the time to act decisively-- accelerating adoption, establishing national benchmarks, and integrating PNRS into the digital infrastructure of healthcare. Those who prioritize implementation today will be well-positioned to lead in delivering measurable improvements in patient care, operational performance, and long-term program sustainability.



About the Authors

Rani Khetarpal, MBA, is a healthcare executive, entrepreneur, investor and thought leader with over 25 years of experience spanning startups, Fortune 500 companies, and emerging ventures. She is the CEO and Co-Founder of NavPoint Health, a digital health company transforming patient navigation and care coordination through technology, data, and reimbursement solutions, and serves as President of the Academy of Oncology Nurse & Patient Navigators (AONN+). Her expertise spans the healthcare ecosystem and is a recognized subject matter expert and key opinion leader. Rani frequently advises on scalable solutions that improve patient experience, drive operational efficiency, and deliver measurable financial impact. She is known for her ability to unite diverse voices and drive collaborations in advancing innovative, sustainable models of care.

Dr. Linda Burhansstipanov (Cherokee Nation), MSPH, DrPH, OPN-CG, is a nationally recognized leader in Native American cancer research, public health, and patient navigation. She founded and continues to serve as Founder of Native American Cancer Research Corporation (NACR) and is President of Native American Cancer Initiatives, Inc., both organizations dedicated to reducing health disparities through culturally tailored, community-based research. Her 40-year tenure in the field of navigation and care coordination, includes professorships at accredited universities, as well as developing the Native American Cancer Research Program at the National Cancer Institute. Author of over 175 peer-reviewed publications and recipient of numerous NIH grants, her work spans cancer prevention, survivorship, and navigation. Over the last 4 decades, Dr. Burhansstipanov's efforts have shaped national policy, advanced patient navigation standards, and improved cancer outcomes for Indigenous communities across the U.S. and globally.

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