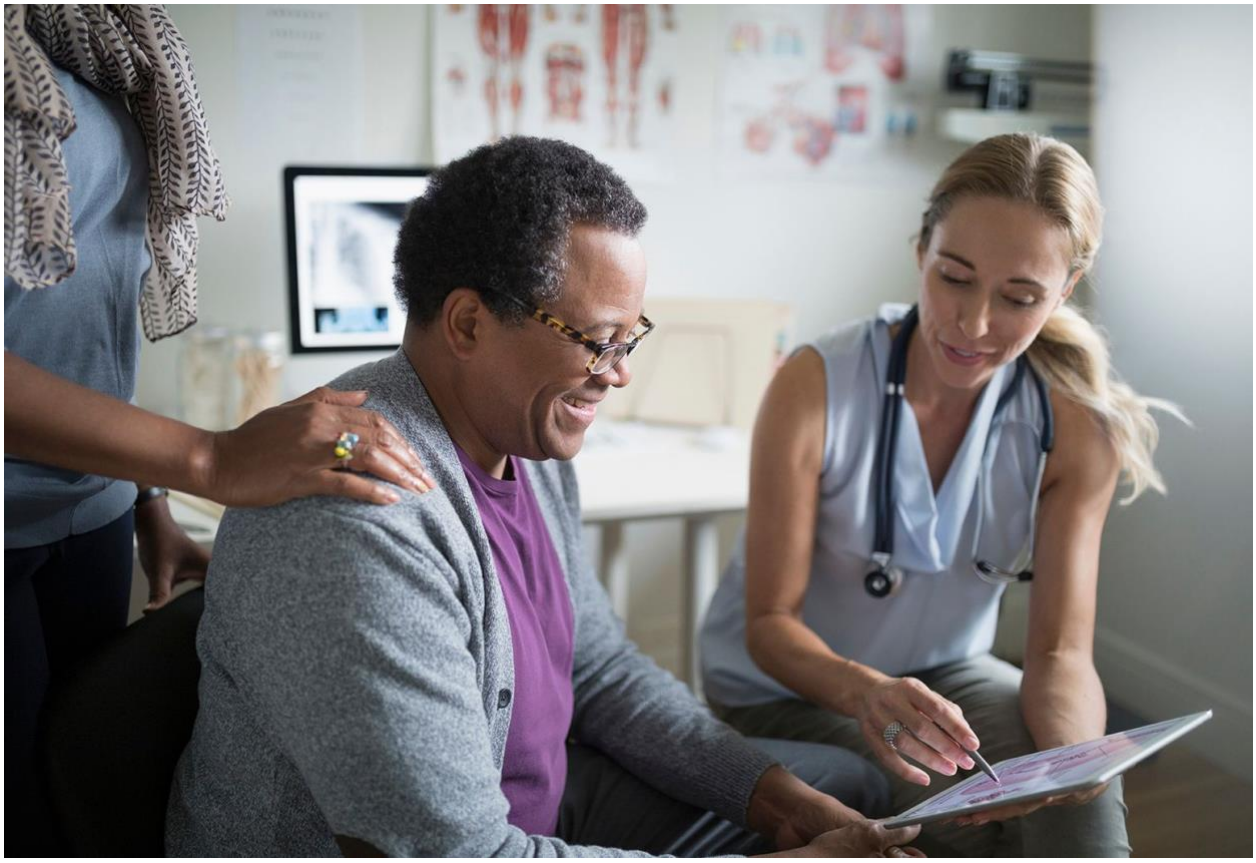

Expanding Access to Cancer Navigators for Federal Employees

April 2025

Prepared by
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U.S. Office of Personnel Management

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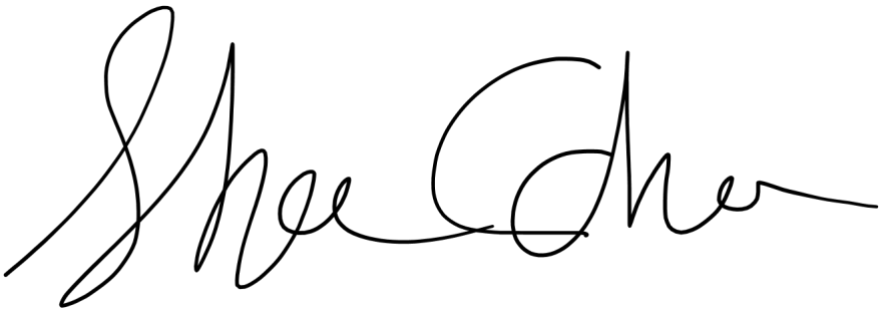
I am deeply appreciative of everyone who has supported me throughout this journey. Completing this APP would not have been possible without the kindness and encouragement of my fellow members of the Batten community. Their unwavering support, thoughtful advice, and reassurance in moments of need meant the world to me. I am especially grateful to the Batten Class of 2025.

*Cover Page photo done by Northwell Health Cancer Institute (*Navigating Care, n.d)

Disclaimer:
This study was conducted as part of the professional education program at the Frank Batten School of Leadership and Public Policy at the University of Virginia. This paper is submitted in partial fulfillment of the requirements for the Master of Public Policy degree. The views and conclusions expressed are solely those of the author and do not necessarily reflect the positions of the Batten School, the University of Virginia, or any other institution.

Honor pledge:
On my honor as a student, I have neither given nor received unauthorized assistance on this assignment.



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List of Acronyms

- FEHB - Federal Employee Health Benefits
- OPM - Office of Personnel Management
- ACS - American Cancer Society
- PNRP - The Patient Navigation Research Program
- AMS - American Medical Society
- NHI - National Institutes of Health
- CMS - Centers for Medicare & Medicaid Services
- OMB - Office of Management and Budget

Assumptions

- Three million federal employees in the U.S (The United States, 2025)
- Cancer navigators see on average 130 patients per year (Johnston, n.d)
- There are two cancer navigators per center (Baldwin, 2018)
- Readmission rates drop **1.6%** patients that leverage cancer navigators (Johnston, n.d).
- Readmission rates drop **.2%** for patients that leverage telehealth (*The Impact*, 2024).
- Federal employers cover about **72% to 75%** of the health insurance premiums for their employees (United States Office of Personnel Management, 2022)
- Telehealth – Allows patients to participate in remote consultations and audio calls with providers (Health Resources and Services Administration, 2019).
- We are assuming that readmission rates are for uncalled visits after being diagnosed (Dhaliwal, 2024)
- **Targeted conditions** refer to specific illnesses that are directly addressed by hospital readmission reduction programs, such as heart failure and pneumonia (Dhaliwal, 2024).
- **Non-targeted conditions** include all other medical conditions not explicitly covered by these programs but may still experience reductions in readmission rates due to overall improvements in healthcare resources and patient care (Dhaliwal, 2024).

Original Study	
Total Number of Patients	4,462
Number of Cancer Navigators	64
90-day readmission rates	17.9% to 16.3%

(Johnston, n.d)

Executive Summary

Cancer remains one of the leading causes of morbidity and mortality in the United States, affecting millions of individuals annually. For those diagnosed, navigating the complexities of treatment, insurance, and care coordination can be overwhelming. Cancer navigator services play a critical role in bridging gaps in healthcare by guiding patients through medical, financial, and emotional challenges. These services improve patient outcomes by reducing treatment delays, enhancing adherence to care plans, and providing essential support for decision-making.

Federal employees represent a significant workforce demographic, with nearly three million individuals covered under the Federal Employees Health Benefits (FEHB) Program (The United States, 2025). While some FEHB plans offer cancer navigator services, access is not universal, these services are typically available only in higher-tier insurance plans, leaving many employees without essential guidance during their cancer journey. This limitation highlights a pressing policy concern: ensuring equitable access to cancer navigation services for all federal employees, regardless of their chosen health plan.

This study aims to evaluate four alternative strategies to improve federal employees' access to cancer navigator services upon diagnosis. Each alternative will be assessed using a structured set of criteria to determine the most effective approach for enhancing access to these critical resources. The primary evaluation metric will be effectiveness, as the goal is to identify the implementation that yields the most significant improvement in patient outcomes. An outcomes matrix will be utilized to systematically compare the benefits of each alternative based on the established criteria.

Based on the established criteria, integrating cancer navigator services into basic Federal Employees Health Benefits (FEHB) programs demonstrates the most significant impact on expanding patient access to care. By allowing more patients to be seen, this approach ensures that a greater number of individuals experience fewer 90-day readmissions over a five-year period. This approach effectively balances the need to expand access to critical resources for federal employees while ensuring broad implementation feasibility. Incorporating cancer navigators into FEHB plans could also set a precedent for other insurance providers. Therefore, expanding access to these services for a larger patient population will lead to improved overall healthcare outcomes for a greater number of individuals.

Introduction

Scope of the Issue

This paper explores the challenges federal employees face in accessing cancer navigator services and evaluates potential policy solutions to enhance availability and affordability. Key areas of focus include:

- The role and impact of cancer navigators in improving patient care and reducing disparities.
- The existing gaps in FEHB coverage and the consequences of limited navigator access.
- Policy alternatives to address these gaps, balancing cost, feasibility, and effectiveness.

Policy Alternatives Considered

(1) Maintaining the current state of cancer patients' access to navigator services,
(2) Allocating federal grant money specifically to cancer navigator centers and hospitals to increase patient resources,
(3) Raising awareness through campaigns about the expansion of telehealth will open new opportunities for patients to access care, and
(4) Expanding FEHB programs to include navigator services on basic plans to ensure resources are readily available for patients,

Each alternative is assessed based on its **effectiveness, cost implications, political feasibility, implementation timeline, and cost effectiveness**. Considering the significant impact of expanding access to navigator services for federal employees, the focus is on ensuring meaningful improvements in availability and utilization. The four alternatives I propose will increase the resources available for patients who are specifically federal employees.

How do We Know This is a Problem?

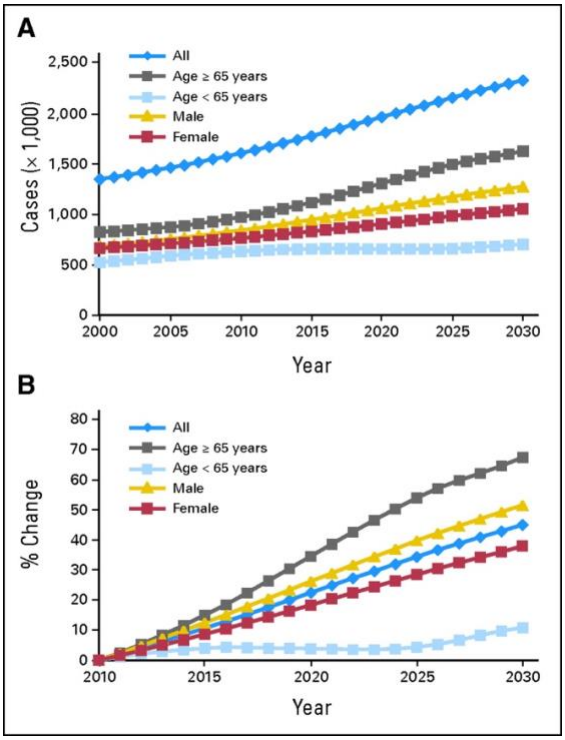
The lack of cancer navigators is a well-documented problem that contributes to disparities in cancer care, particularly among medically underserved populations. Logistic, cultural, and educational barriers often prevent disadvantaged patients from accessing timely and high-quality care, leading to worse health outcomes (Dohan & Serrag, 2005). Research has shown that patient navigator programs can help address these issues by guiding patients through the healthcare system, coordinating care, and reducing obstacles such as language barriers, transportation difficulties, and financial concerns (Natale-Pereira, 2011). Observational studies have demonstrated that navigators provide critical support at every stage of cancer care, from prevention to survivorship, by identifying patient-specific barriers and implementing targeted solutions (Dohan & Serrag, 2005). Although rigorous research is still needed to evaluate the cost-effectiveness of these programs, existing evidence suggests that patient navigators play a key role in improving access, patient satisfaction, and potentially even survival rates, making them an essential tool in reducing healthcare disparities.

Problem Statement

Federal employees make up one of the largest workforces in the country, with close to three million employees (A profile of the 2023 workforce, 2023). In 2022 alone, there were approximately 1.9 million new cancer diagnosis cases, with 609,360 deaths from cancer (Cancer Facts, 2022). Highlighting that of the three million federal employees, if the prevalence rate of being diagnosed with cancer is around .878%, we can suggest around 26,220 patients in the federal workforce will be diagnosed. These calculations are found in Appendix 1. **We will be highlighting the need for increasing resources for patients to obtain access to cancer navigator services and propose alternatives and criteria that will effectively increase resource availability for federal employees who want to access these services.** Options include:

Federal employees do not have guaranteed access to cancer navigators through their basic health plans and must opt for a higher-tier plan to receive these services. Therefore, initiatives like the Cancer Moonshot introduced reimbursement codes, enabling healthcare providers to compensate patients who utilize them (*CMS*, 2021). With the increase in patients being diagnosed with cancer, there needs to be more available resources for cancer to help patients. Each alternative will be evaluated with criteria to ensure that the implementation will most effectively increase resource availability. Alternatives will be assessed based on their effectiveness, cost, political feasibility, implementation timeline, and overall cost efficiency.

Future of Cancer prevalence:



Source: Smith, https://ascopubs.org/doi/10.1200/JCO.2008.20.8983

Background

The Federal Employees Health Benefits (FEHB) program provides comprehensive health insurance options to federal employees, who leverage it by selecting plans that best meet their healthcare needs, including coverage for medical services, prescriptions, and sometimes navigator services (OPM, n.d). Federal employees are members of the Federal Employee's Health Benefits Program (FEHB) is crucial for ensuring these employees can effectively navigate complex healthcare systems, particularly during critical health events such as cancer diagnoses. Utilizing navigator services is essential for creating a well-designed program to tackle the issue, which is why using the logical model to show the importance of these services will have the most substantial impact.

Navigator services require resources to ensure an increase in accessibility to federal employees is initiated. Having the availability of trained healthcare navigators is critical to adequately support the federal employees who want access to these services (Budde, 2022). Their expertise and comprehensive understanding of the healthcare system enable them to establish the services cancer patients require and give them the support needed (Budde, 2022). Additionally, an increase in funding is essential to match the increase in navigator salaries and support from federal sources like FEHB. Although having an adequate budget helps increase the number of navigators, it is not the only resource needed to make these services a successful implementation (Guidance, n.d). Increasing collaboration between federal employees and insurance carriers is critical for a smooth transition between employees and support. Federal employees can quickly benefit from improved coordination and access to healthcare resources by evaluating the necessary steps for implementing navigator services. This contributes to noticeable improvements, such as greater access to services and faster delivery of essential care for employees (Whitehouse, 2024). Assessing how many federal employees can access these services will increase their awareness of the available resources. According to the American Medical Society (AMS), they are doing what they can to update their guidelines on reporting navigator systems to keep a transparent process with federal employees. (Whitehouse, 2024). As navigator services expand, staff must improve accessibility for their employees by creating new training programs to make sure everyone is included. Collaborations between federal employees and insurance providers are critical to ensure clear and mutual understanding, allowing both parties to benefit from this service fully (Dowling, 2025). Effective teamwork among healthcare providers is crucial for preventing clinical errors, particularly with medications (Rosen, 2018). The lack of communication between physicians and insurers regarding the name, dose, and timing of medication can lead to a greater number of mistakes for the patients. Accurate medical care and teamwork will ensure successful treatment delivery and enhance patient outcomes (Rosen, 2018).

Navigator services play a critical role in improving patient outcomes, as they allow federal employees to gain access to the resources needed and enhance awareness, which leads to better short-term health outcomes (Natale-Pereira, 2011). By streamlining communication and coordination, patient navigators help close the gaps in healthcare disparities, and promoting adherence to cancer prevention and screening protocols (Natale-Pereira, 2011). During challenging times, dealing with healthcare providers and insurance can be daunting. Still, the role

of navigators is to ease this burden, making it easier for individuals to access necessary support and services. As a result, these programs promote earlier detection of cancer, prompt treatment initiation, enhanced patient satisfaction, and improved care quality (Chen, 2024).

By delivering resources and support, navigator services improve communication and coordination between healthcare professionals and patients, resulting in significant enhancements in access to care and a greater understanding of health-related information (Centers, 2024). The intermediate outcomes of these resources ultimately lead to a greater acknowledgment of navigator services and the support they provide for employees. By addressing the challenges to cancer screening and enhancing access to vital resources, the services offered crucial information that improved patients' understanding of their health (Centers, 2024). By resolving the issues related to cancer screening, these services provided essential information that significantly improved patients' understanding of their health and produced measurable outcomes to demonstrate the effectiveness of the initiatives implemented.

Long-term Outcomes

The long-term outcomes are a product of the resources and improvements that we intend to address while evaluating the issues on cancer navigator systems. Cancer Moonshot launched in 2022, which was an initiative by the Biden administration, which aims to reduce the age-adjusted cancer death rate by 50% over the next 25 years, potentially preventing over 4 million cancer-related deaths by 2047 (Fact Sheet, 2022). Increasing the number of cancer navigators, as highlighted in the Cancer Moonshot initiative, would be vital in reaching these goals and boosting health outcomes (Fact Sheet, 2022). By encouraging collaboration between one another, the mistrust between healthcare providers and patients seeking cancer navigator services can be reduced (Aspiras, 2023). Building partnerships between health systems and employees would foster stronger connections while effectively addressing health and safety concerns in a cost-efficient manner.

Literature Review

What does research say?

It is evident that research on Cancer Navigators is limited; existing studies show that it is effective for patients too. They are offering patients the valuable support that they need.

Federal employees often receive healthcare coverage through this which allows them to have insurance, however, the limitations of some of these coverages do not allow the support patients need. Federal employees face significant gaps in access to cancer navigator services, limiting their support through complex care journeys. According to the American Cancer Society (ACS), a 2022 report indicated that only 55% of cancer patients have access to navigator services, highlighting the need to make these services more widely available (Bernhardt, 2024). Without dedicated research for federal employees the gap between patients and navigator services will continue to widen.

Federal Grant

Funding for cancer navigators is a crucial investment in improving patient health outcomes, particularly for medically and socially complex populations. Patient navigation programs have been shown to increase adherence to cancer screenings, reduce delays in diagnosis and treatment, and improve patient satisfaction and quality of life (Wiatrek, 2019). Studies indicate that navigators help patients overcome barriers related to insurance, transportation, and language, leading to higher treatment completion rates and lower hospital readmission rates. Additionally, federally funded programs, such as the National Cancer Institute's Patient Navigation Research Program, have demonstrated that navigation services decrease emergency department visits and unnecessary healthcare costs (Wiatrek, 2019). The Patient Navigation Research Program (PNRP) allocated 20 million dollars over a 5-year period which focused on developing and testing patient navigation interventions for follow up treatment. This resulted in increased resolution of abnormal cancer screenings, treatment initiation and most importantly improved quality of life of the patients (Osundina, n.d). Although, patient navigators are different and focus on the broad term of helping patients it still suggests similar outcomes for the patients that are being seen. However, despite their proven effectiveness, these programs often lack sustainable funding, limiting their reach and impact. A dedicated federal grant for cancer navigators would ensure that more patients, particularly those from underserved communities, receive timely and coordinated care, ultimately reducing health disparities, and improving cancer survival rates.

Expand FEHB Coverage to Include Cancer Navigators

The Cancer Moonshot initiative, launched to accelerate progress in cancer research and treatment, has prioritized expanding patient navigation services as a critical component of comprehensive cancer care. Cancer navigation programs help patients overcome barriers to timely diagnosis, treatment, and survivorship care, ultimately improving health outcomes. This literature review examines the similarities between the Cancer Moonshot's efforts and the push for integrating cancer navigators into all basic healthcare plans, with a focus on policy advancements, reimbursement strategies, and the impact on health disparities.

Cancer navigators serve as liaisons between patients and healthcare providers, assisting with scheduling, financial concerns, and understanding treatment options. Research demonstrates that navigation programs reduce treatment delays, improve adherence to care plans, and enhance patient satisfaction (Freeman et al., 2011). Studies further indicate that patient navigation can lead to improved survival rates by ensuring timely access to care, particularly among underserved populations (Paskett ED et al., 2012). The recent decision by the Centers for Medicare and Medicaid Services (CMS) to reimburse patient navigation services underscores their value in improving care quality and reducing costs. This growing recognition could serve as a model for insurers, incentivizing them to support similar initiatives as a way to enhance patient outcomes and reduce long-term healthcare expenditures (Chen, 2024).

A significant challenge to expanding cancer navigator services has been the lack of sustainable funding. The Cancer Moonshot has facilitated efforts to increase reimbursement for non-clinical patient navigation services under Medicare, effective January 1, 2024 (Biden Cancer Moonshot, 2024). This policy shift represents a critical step toward broader insurance coverage for patient navigation, encouraging private insurers to adopt similar models. Studies emphasize that integrating navigation services into standard healthcare plans could lead to cost savings by reducing emergency visits and preventing treatment lapses (Rocque et al., 2017).

One of the central goals of both the Cancer Moonshot and broader navigation advocacy is reducing health disparities. Low-income, rural, and minority patients often face substantial barriers to accessing timely cancer care (Wells et al., 2018). Patient navigation programs have been shown to mitigate these disparities by providing culturally competent support and connecting patients with financial and social resources (Dohan & Schrag, 2005). The Cancer Moonshot's collaboration with insurance providers and comprehensive cancer centers further reinforces this approach by ensuring navigation services are more widely accessible.

The Cancer Moonshot aims to reduce cancer mortality rates through early detection, improved treatments, and enhanced patient support systems. The integration of patient navigation into healthcare plans aligns with these goals by facilitating earlier diagnoses, reducing gaps in treatment, and promoting equitable access to care (Dohan & Schrag, 2005). By investing in navigator programs, healthcare systems can move closer to achieving the Cancer Moonshot's vision of ending cancer as a life-threatening disease.

Expanding Telehealth Access to Cancer Navigators

The cost of time and geographic access is crucial for patients who are recently diagnosed with cancer. Additionally, telehealth allows navigators to provide ongoing support and follow-up with patients, checking in more frequently and addressing emerging needs in real time (Ezeamii, 2024). This additional availability allows navigators to offer more services for the patient's needs, providing extra support and answering any questions needed. Telehealth access is a primary driver of the increase in patients having access to cancer navigators. Patients who have used telecommunication measures for cancer navigators had increased access and engagement in cancer care (Totten, 2024).

Telehealth allows patients to participate in remote consultations and audio calls with providers, ensuring timely support, condensing for conciseness, and improving readability. (Health Resources and Services Administration, 2019). This technology allows the patients and providers to perform online meetings and audio calls to ensure the help the patient needs (Hazin & Qaddoumi, 2010). Reducing time cost, and geographic barriers, telehealth allows patients to connect with these navigators to ensure they are getting the resources they need for their cancer diagnosis. Another limitation to this approach is the access to the internet, many patients might not have the available resources to use telehealth (Emfield, 2024). However, this approach creates more opportunities for patients who do not face this barrier. Specifically, looking at rural areas having this extra access to telehealth, patients will have the opportunity to reach navigators to help ensure help (Emfield, 2024). The rationale for this is to provide an online presence for the patients who do not have access to time and location to visit a center. Studies have shown that telehealth consultations consistently enhanced access reduced the frequency of visits and led to better clinical outcomes (Totten, 2020). Although this form of communication does not solve all complex problems it does ensure that patients are being accessed promptly and can be seen (Totten, 2020). Cancer patients often encounter physical, economic, and psychosocial challenges that can be alleviated through teleoncology services provided by nurses and other healthcare professionals (Emfield, 2024). Expanding telehealth for federal employees in underserved areas, will foster greater engagement, and ultimately improve access.

New Administration

Securing sustainable funding for healthcare programs, particularly cancer navigator services, will be increasingly difficult with President Donald Trump returning to office. His administration has historically sought to cut Medicaid funding, a critical source of financial support for hospitals that serve low-income patients (Southwick, 2025). Moody's Ratings has already warned that hospitals should prepare for reductions in Medicaid and state-directed payments, which could disproportionately affect institutions in states that expanded Medicaid under the Affordable Care Act. Additionally, the potential rollback of enhanced subsidies for ACA marketplace insurance could increase the number of uninsured patients, raising the burden of uncompensated care on hospitals (Southwick, 2025). With Trump prioritizing tax cuts and protecting Social Security and Medicare from reductions, Medicaid and ACA-related funding remain prime targets for budget cuts. If these cuts materialize, hospitals will struggle to maintain essential services, let alone secure additional funding for cancer navigation programs (Southwick, 2025).

Identifying Alternatives

The literature highlighted in this report will suggest that there are two general ways to make resources more available for patients. The first approach focuses on providing direct support to enhance healthcare accessibility and financial relief for cancer patients, which corresponds with the first two alternatives. At the same time, the other emphasizes policy changes and innovations in care delivery with the third alternative of telehealth resources. The first alternative is implementing a federal grant that is $25 million dollars over a 5-year period, this would help secure funding allocating specifically for navigator services. Next, we have integrating cancer navigators into basic FEHB programs, which would allow access to all federal employees under FEHB policies. Lastly, we have leveraging telehealth resources, which make it more accessible for federal employees to access cancer navigators virtually.

Each alternative will be assessed based on the selected criteria, with a primary emphasis on maximizing the number of patients who experience reductions in 90-day readmissions, ultimately enhancing overall healthcare outcomes.

Alternative: Status Quo

The lack of adequate funding for cancer navigators prevents many federal employees and other patients obtaining access to these navigator services. Reducing the workforce that helps provide health insurance coverage could make it harder for people to get regular check-ups, cancer screenings, and access to treatment or survivorship care. This is important because without proper guidance and support, many patients, especially those facing complex diagnoses, may struggle to navigate the healthcare system, leading to delayed treatment and worse health outcomes (*Significant HHS*, 2025). Federal employees make up the largest workforce in the entire country, however, many do not have access to cancer navigators. Studies show that a cancer navigator can have between 60-70 patients per 6 months between hospitals and clinics (Johnston, n.d). Which would suggest that yearly, cancer navigators see on average 130 patients. From 1975 to 2005, the 5-year survival rate increased from 49% to 68%, Although, this has to do with the population growing and more cancer diagnoses, it highlights the survival rate of patients due to the cancer navigators. On average patients who have been admitted for cancer have between 10-22% readmission rates (Dhaliwal, 2024).

Criteria

Effectiveness:

Tracking the effectiveness of this status quo has similar metrics to the above alternatives, except it measures the baseline suggestions from the lack of resources that patients have trying to obtain navigator services. In the same study readmission rates have decreased by 1.6% over a 90-day period with a study of 4,462 patients, having access to cancer navigators, compared to those without having cancer navigators. (Johnson, n.d). A study conducted by the National Institutes of Health (NIH) examined the impact of resource availability on targeted and non-targeted hospital readmission rates, demonstrating a similar trend of decline in both categories. Specifically, readmission rates for targeted conditions decreased from 21.7% to 17.8%, while non-targeted conditions saw a reduction from 15.3% to 13.1%, highlighting the effectiveness of enhanced healthcare resources in minimizing hospital readmissions (Dhaliwal, 2024). However, for the purpose of this thesis we are suggesting that all readmission rates are the same as the first sample experiment which is a 1.6% reduction in 90-day readmission rates.

*Cost***:**

Cancer navigators make, on average, between 60,000-100,000$ dollars. The average cost to hire and train a patient navigator was $2,460, with ongoing maintenance costs per navigator, excluding wages, at $24,140 annually (Bensink, 2014). Additionally, patients with insurance who visit the emergency room, cost 400-600$ (Smith, 2025). We will be assuming to hire and train cancer navigators is roughly $100,000 per navigator.

Political Feasibility:
Similar to the alternatives above, the political feasibility takes on the same metrics. Trying to partner with agencies and organizations that will help support this. Additionally with the new administration it might be hard to allocate funding for a federal grant, with all the cuts being made in the healthcare industry (Southwick, 2025). However, optimism remains as bipartisan support for cancer care initiatives often exists and demonstrating cost-effectiveness, such as reducing hospital readmissions and improving patient outcomes, could increase the likelihood of securing targeted funding (Freeman et al., 2011).

Cost-effectiveness:
Benefits and retirement contributions can add between 20-30% for employees (United States Office of Personnel Management, 2022). For instance, the average cost for navigation services was $343 per patient compared to those who did not utilize them. Patients that utilize navigator services has been shown to significantly reduce inpatient hospitalizations and emergency department visits, leading to annual cost savings ranging from $7,423 to $10,698 per patient (Orme, 2022).

Alternative: Federal Grant Description

Navigator services lack the necessary resources to ensure all patients have access to their support. One of the alternatives that would ensure their support would be enacting a federal grant expansion for federal health programs and specifically allocating money toward navigator services (Pifer, 2025). Enacting a grant that funds 25 million dollars is the one I propose because it is enough to make an impact without allocating too much money causing backlash. The U.S. Department of Health and Human Services (HHS) would be responsible for administering the grant, leveraging its oversight of federal health programs and its extensive experience in managing grants that fund healthcare navigation services (*Grants*, 2023). Health insurers participating in the FEHB program, as well as hospitals, cancer centers, and healthcare providers serving federal employees, would be eligible to apply for the grant to implement or expand navigator services within their plans and integrate them into patient care (*Grants*, 2023). The conditions of the grant are to ensure funding is being allocated to underserved communities, so that resources are more readily available for federal employees. Evidence has shown that funding has significantly improved patients' access to the necessary resources for navigator services (*Significant HHS*, 2025). An example of the contribution is 42 U.S code 256a that allocates funding for patient navigators and which it improves timely coordination of care, assisting individuals in overcoming healthcare barriers, and facilitating early detection and treatment of cancer and other chronic diseases to improve patient outcomes (Legal Information Institute, n.d). Also, it helps centers partner with community organizations and advocacy groups, in which these funds help expand access to high-quality healthcare services, particularly for underserved populations. Additionally, patient navigators help enroll eligible individuals in clinical trials, increasing access to cutting-edge treatments that can improve survival rates and overall health outcomes (legal Information Institute, n.d). This suggests that the budget is being allocated to Cancer navigators services to help bridge the gap patients face when accessing care. Specific funding should go into FEHB programs that ensure that this employee population is exposed to

navigator service resources. Authorizing 25 million dollars over a 5-year deal can allow patients to have more resources for getting cancer navigators.

Criteria

Effectiveness:

In order to measure the effectiveness of this alternative, we can look at existing government plans that are allocating money to specific areas in the healthcare industry and see where navigator services can fit into it. This fund could be used to hire more cancer navigators to support the growing number of cancer patients. According to indeed.com cancer navigators make roughly $80,000 a year with, with an additional cost of $20,000 in cost per cancer navigator. To be train and hired a cancer navigator with the total cost being $5 million per year hospitals and oncology centers can hire 50 new navigator services for the first year. That means that, discounted over 5 years, a $25M grant program would allow 226 more cancer navigators than today. Assuming that each navigator can see on average 130 patients a day, we expect that 29,380 more patients can be seen with this implementation over the 5-year span. We do the 226 multiplied by the 130 since that is roughly how many patients they can see yearly and we get a total of 29,380 additional patients that can be seen over 5 years with this budget, This suggests that if the 29,380 additional patients experience similar readmission rate reductions, more patients could see an increase in their survival rates, given the evidence linking reduced readmissions with better outcomes.

Figure 1:

Cancer navigators can see 120-140 patients yearly.			(Avg 130)
So that means that 226 more navigators can see up to			
(226*130)=	29,380	more patients per year	

The original study suggest that 64 cancer navigators can see 4,462 patients, which would conclude with the same readmission rate of 1.6% there would be 71 fewer readmissions over a 90-day period (Johnston, 2024). While implementing this the federal grant with an increase to 226 more cancer navigators there would be roughly 29,380 more patients being seen which leads to 470 fewer readmissions over a 90-day period. Which concludes that more patients will be having greater health outcomes with the use of cancer navigators. These calculations are found in appendix 2. Over a five-year period, the addition of 226 cancer navigators, each managing approximately 130 patients, would enable access to care for an additional 29,380 patients. Applying a readmission rate of 1.6%, this expansion is projected to prevent approximately 470 hospital readmissions within the newly treated population.

Cost Feasibility:
The total cost of the grant would be 25 million dollars over a 5-year period. In 2020, The HHS made a cut on existing cancer navigators only providing 10 million a year which resulted in staff layoffs, reduced outreach, and restrictions on the amount of time these assisters can dedicate to everyone (Pestaina, 2025). Appropriating close to 5 million dollars yearly towards navigator services would enhance the resources that patients have. We know the average cost to fully hire, train and wage a cancer navigator is 100,000$. With this budget we can hire around 50 more cancer navigators in hospitals and centers per year. With a discount of 4.5% on average, over the 5 years we will only appropriate to a total of 22,937,687.49. Refer to figure 2 for yearly cost of funding. Over a 5 year-span we can hire 226 more cancer navigators with the implementation of this fund.

Figure 2:

	Implementing Federal Grant					
						Cost per Cancer navigator ($100,000)
		year	cash flow	disocunt rate		Hospitals can Hire
		0	$ 5,000,000.00	4.5%	$ 5,000,000.00	50
		1	$ 5,000,000.00	4.50%	$ 4,784,689.00	47
		2	$ 5,000,000.00	4.50%	$ 4,578,649.76	45
		3	$ 5,000,000.00	4.50%	$ 4,381,483.02	43
		4	$ 5,000,000.00	4.50%	$ 4,192,806.72	41
	Total				$22,937,628.49	226

Political Feasibility:
Congressional approval is required to secure federal funding, underscoring the importance of expanding financial support for cancer navigator resources. Looking at previous policy implementations like cancer moonshot makes it evident that there is support for healthcare grants. Cancer Moonshot brought together several departments and agencies across the federal government to strategize the plan for implementation. This suggests that coalition building between agencies is beneficial in having support from the government. However, with the executive order cutting funds in the federal bureaucracy it makes it more difficult to secure new federal grants, especially for discretionary spending, by requiring agencies to justify every payment and prioritize cost-cutting. A $25 million healthcare grant would face significant scrutiny, as agencies must prove it is necessary, efficient, and aligned with the administration's priorities. Since the order focuses on reducing or reallocating funds, healthcare grants could be at risk if deemed non-essential. Additionally, public transparency requirements mean any perceived waste or inefficiency could lead to political backlash (United States, 2025).

National Cancer Institute has supported close to 250 projects, which has helped increase collaboration and expanded data sharing among the research community. This support suggests that research and evidence to support federal grants for cancer navigators can gain support from groups like the (NCI) which would help the coalition build with other groups. Using NCI's research as a foundation, OPM can present a compelling case to Congress and stakeholders that increasing navigator resources is necessary, practical, and aligned with federal health priorities.

Cost-effectiveness:

- **Patients Benefiting:** 29,380 additional patients receive navigation services
  - If you allocate $5 million over five years, its value will depreciate to $22,937,687.49 by the fifth year. This amount could fund 226 cancer navigators, each assisting 130 patients, resulting in 29,380 more individuals receiving care.
- **Readmission Reduction:** 470 fewer 90-day readmissions over 5 years
  - With the readmission rate being 1.6% for patients that leverage cancer navigators, over the total of 29,380 patients being seen, 470 of the patients would have fewer readmissions over a 90-day period suggesting that they are seeing stronger health outcomes.

Cost patients with insurance 400-600$ per ER visit (Smith, 2024). Reducing 470 readmissions would save hospitals between $188,000 and $282,000 just on ER visits, depending on the cost per ER visit.

Alternative: Expand FEHBP Coverage to Include Cancer Navigation Services

With the amount of people that are getting cancer every year, cancer navigators should be on all basic insurance plans. Patients have access to 144 FEHB plans. Under President Biden's initiative, the Cancer Moonshot Initiative has already expanded coverage to seven of these plans with over 40 comprehensive cancer centers and community oncology practices aiding patients (*Biden Cancer Moonshot*, 2024). Only focusing on reimbursement mechanisms rather than expanding amount of cancer navigator availability. Blue Cross Blue Shield organizes its fee-for-service plans into three tiers: **Focus, Basic, and Standard**. **Focus plans** are the most affordable, costing around **$117 per month**, as they limit access to a smaller provider network. **Basic plans** offer a broader network with fewer restrictions, leading to higher premiums of approximately **$188 per month**. **Standard plans**, the most expensive option at **$308 per month**, provide the most flexibility and the widest range of provider choices (*Healthcare*, n.d). With the increase in the number of patients being diagnosed with cancer, introducing Cancer navigators to basic plans would ensure that federal employees have the access they need for going through this challenging time. OPM's role in Expanding FEHBP Coverage to Include Cancer Navigation Services, they can work with the Department of Health and Human Services (HHS) to ensure that cancer navigators are covered under the broader regulations governing federal health programs like the Affordable Care Act (ACA) and Medicaid. This would make cancer navigation services a federally supported healthcare service, OPM could integrate these services into the broader regulatory framework, requiring insurers to include them in their offerings. Additionally, OPM will have data driven research, that highlights the improved survival rates, reduced hospital readmissions, and cost savings, OPM can create a compelling argument for insurance providers to include these services in their plans.

Refer to Appendix 3 for a comparison of the average healthcare policy costs borne by employees versus the contributions made by the government.

You are eligible to enroll in an FEHB plan if you are an (*Eligibility*, n.d):

- Employee on a temporary appointment who is expected to work 130 hours per month or more for at least 90 days.
- Employee on a seasonal schedule who will be working a schedule of less than six months per year and are expected to work 130 hours per month or more for at least 90 days; or
- Intermittent employee who is expected to work 130 hours per month or more for at least 90 days.

Criteria

Effectiveness:

The effectiveness can be measured by tracking readmission rates of patients over a 90-day period year period. Implementing a cancer navigator to basic insurance programs will allow more patients to have access to these services. The benefit from this is that all insurance programs under FEHB will have access to these cancer navigators, rather than the general grant that only allocates them to specific clinics and hospitals. To expand cancer navigators across the entire FEHB covered population yearly if you take the same parameters that cancer moon shot did, with integrating 40 more clinics would have access to these services with only 2 cancer navigators were clinic. To ensure a smooth and effective implementation, this program would be gradually expanded across all health plans, integrating an additional seven insurance plans per year in a phased approach (*Biden Cancer Moonshot*, 2024). We would include 2 navigators per center over 40 centers, and if they each can see 130 patients, that would suggest that an additional 10,400 more patients can be seen per year if each cancer navigator has on average 130 patients per year. This would suggest that, over a 5-year long commitment, this number of Cancer navigators for federal employees would increase to 400 more cancer navigators over a 200 more hospitals and clinics. These calculations are found in appendix 4. With the addition of 400 cancer navigators over a five-year period, and assuming each navigator can manage approximately 130 patients, this expansion is projected to enhance access to navigation services for an estimated 52,200 additional patients. Maintaining a consistent readmission rate of 1.6% among patients utilizing cancer navigation services, the projected expansion is expected to result in approximately 820 fewer 90-day readmissions over the five-year period. These calculations are found in appendix 5).

Cost Feasibility:

Evidence suggests that the initial cost of implementing this would be a burden in the short term. The addition of navigator services would increase the cost of premiums for patients and the federal government, with them matching contributions towards insurance plans with the addition of services (Swindle, 2025). The government provides premium subsidies to lower-income individuals who qualify for ACA assistance. If premiums increase due to the inclusion of cancer navigators, the amount of federal subsidies required would also increase to keep coverage affordable for those receiving assistance (Swindle, 2025. However, in the long term, patients with navigator services can see cost savings of up to 10,000$ per patient on reducing hospital visits and having the adequate resources needed. With the cost of hiring and training a cancer

navigator is roughly $100,000, adding an additional 80 cancer navigators per year would cost 8 million dollars, and over a 5-year period it would cost roughly 40 million dollars.

A study from the Patient Navigation Research Program highlighted that it would cost an additional $275 per patient for the implementation of cancer navigator into basic plans (Bensink, 2014). In practical terms if OPM were to implement this they would have to budget an additional $275 per patient that is added. For this implementation over the five years, we would need to budget an additional $14,300,000. However, since these federal employees receive benefits from the government, this burden can be split between the insurer and the government through federal funding. Federal employers often pay between 72-75% of the health insurance premiums for their employees (United States Office of Personnel Management, 2022). Which would mean that patients premiums would increase by $77 and the employers would bear the extra $198 in cost. In total, if 52,000 more patients were seen over the 5-years the employers would have an additional $10,296,000, which is about $2,059,200 per year with additional cost. However, once successfully implemented, and these services have been demonstrated to be effective in reducing readmission rates. The government could reduce premium costs for FEHB plans that incorporate cancer navigation services, encouraging broader adoption, while insurers, recognizing the cost savings from reduced hospital readmissions, and which might voluntarily adjust their pricing models including navigators (Osundina, n.d).

Figure 3:

		Over 5-years		
Extra Cost: $275 per patient	Total cost:	275*52,000	$ 14,300,000.00	
Employers pays 72% of health insurance from employees:	275*.72	$ 198.00		
insurer pays	275-198	$ 77.00	Which means that each insurer premiums would increase by $77	Employers would be paying $198*52,000 (number of patients) which is $10,296,000 over the 5-years

Political Feasibility:

Similarly, to the alternative one, this would require the same political support as the federal grant. It is evident that former President Biden was a supporter of the addition of cancer navigators due to the implementation of the cancer moonshot. However, President trump, has cut a lot of funding towards the health care department and specifically cancer navigators. Although, the benefits in the long term with cost savings are significant the political feasibility of this will be more tough with President Trump in office (Weixel, 2025). When the Affordable care act went into action, republicans won a lot of the seats in the House of Representatives, and the act was still able to be passed, which highlights that is still feasible to adopt this (Jost, 2014).

Additionally, the expansion of cancer navigator services as part of President Biden's Cancer Moonshot initiative, with private health insurers and Medicare now covering these services. Navigators assist patients in managing complex treatment plans, reducing delays in care, and improving patient outcomes. Starting this year, the Centers for Medicare & Medicaid Services (CMS) introduced coverage for navigation services for Medicare beneficiaries. Additionally, CMS implemented specific billing codes, enabling healthcare providers, including hospitals and physicians, to bill health insurance companies for the provision of navigator services (Alltuker, 2025).

Cost-effectiveness:

- **Total Budget**: $40 million over 5 years
  - It cost $100,000 to hire a navigator in centers
  - The cost to hire and train 400 cancer navigators

- **Cost to Insures and Government**:
  - It would cost an additional 275$ of the implementation of cancer navigator into basic plans (Bensink, 2014).
  - Federal employers cover approximately 72% to 75% of their employees' healthcare costs (United States Office of Personnel Management, 2022).
  - Which would mean that insurers could see increases in premiums up to 77$
  - Federal employers would also see an increase in cost by 198$ per patient.
  - Employers could see increase of $10,296,000 over 5-years.

- **Total Cancer Navigators:** 400
  - With the implementation, if you added 2 cancer navigators for every site and adding 40 sites per year, by the 5th year there would be a total of 400 cancer navigators over the 5 years.

- **Total Patients Benefiting**: 52,000 over 5 years
  - With the increase of 400 cancer navigators, with the average of seeing 130 patients per navigator per year, over five years, cancer navigators could see up to 52,000 patients**.**

- **Readmission Reduction**: 820 fewer 90-day readmissions
  - With the readmission rate being 1.6% for patients that leverage cancer navigators, over the total of 52,000 patients being seen, 820 of the patients would have fewer readmissions over a 90-day period suggesting that they are seeing stronger health outcomes.

Alternative: Leveraging Telehealth

Since the COVID pandemic, Telehealth has been a crucial innovative approach to accessing care while facing the cost barriers of transportation and cost. Telehealth provides the ample services needed for patients to battle the health disparities they face. In 2021, only 37% of adults leveraged telehealth services for themselves. The study found that telemedicine had little impact on 90-day readmission rates, as patients who had in-person postoperative visits (16.5%) and those who used telemedicine (16.3%) experienced nearly identical readmission rates. This suggests that while telemedicine may offer convenience, it does not significantly reduce the likelihood of hospital readmissions within 90 days of discharge (*The Impact*, 2024). This highlights that there is not significant data to show the impact that cancer navigator telehealth has on 90-day readmission rates.

Criteria

Effectiveness:

Telehealth improves accessibility, convenience, patient monitoring, cost savings, and engagement, leading to better healthcare experiences and management of chronic conditions. However, while it enhances many aspects of care, its impact on patient survival rates remains less significant (Daniell, 2025). Compare this to original study 90-day readmission rates decrease by .2 percentage points with the use of cancer navigators via telehealth (*The Impact*, 2024). This suggest that even with the increase of patients that have access to telehealth navigator resources there is not a strong correlation. If you took the same number of patients from the previous studies 4,462, there would not even be one fewer readmission over a 90-day period due to having more access of telehealth recourses. Although, telehealth is crucial in providing more resources for patient's facing barriers it does not have a strong link to reducing readmission rates over a 90-day span. Taking roughly around the average of the two other implementations and stating that telehealth has reached 39,910 patients, the number of fewer readmissions due to this is not enough to be effective on patient outcomes. This assumption of 39,910 patients serves as an illustrative example, demonstrating that even if a substantial number of individuals were granted access, the reduction in 90-day readmissions would remain relatively modest. However, the analysis highlights that increased access yields significant benefits in other areas.

Figure 4:

Assumptions :	2 cancer navigators per center			
	Each cancer navigator seeing 130 patients			
Cost to implement telehealth:	$ 200,000.00			
Number of patients being seen	40,000			
Number of cancer navigators	307			
# of patients being seen	307*130=	39,910		
Number of Centers needed	307/2=	153		

Cost Feasibility:
There are several stages that hospitals/clinics need to take while a startup program for telehealth. The cost for one a hospital to open a telehealth resource would cost between 150,000-200,000, for each location.

- **Discovery Stage:** This phase involves market research, audience analysis, and UI/UX planning, costing between $5,000 to $15,000.
- **Proof-of-Concept Stage:** A basic prototype is developed to validate the idea, with costs ranging from $20,000 to $50,000.
- **MVP Development:** A minimum viable product with essential features is built for testing and feedback, costing between $60,000 to $120,000.
- **Deployment Stage:** The system is set up on servers or cloud platforms, with costs typically ranging from $10,000 to $30,000.
- **Licensing and Compliance:** Legal fees, audits, and regulatory compliance measures cost between $10,000 to $25,000.
- **Maintenance and Support:** Ongoing system updates, bug fixes, and technical support require an annual budget of $15,000 to $40,000.

This comes outs to have a total between $150,000-$200,000, for each service that is used at a location (Shpachuk, 2024). Which shows that expanding this into 153 centers, allocating 2 cancer navigators per center to achieve the 40,000 patients being seen, we would need funding between $22,950,000 – $30,600,000 to achieve this.

Figure 5:

Cost to implement per center:	$150,000-$200,000		
Total implementation	$150,000*153=	$ 22,950,000.00	**Cost would be between**
	$200,000*153=	$ 30,600,000.00	**$22,950,000-$30,600,000**

Political Feasibility:
Political support could be secured using a similar approach to the Cancer Moonshot initiative. OPM can align these priorities within the FEHB framework, demonstrating how they complement existing federal policies and initiatives. We can also partner and engage with other organizations like the American Cancer Society and National Cancer Institute to push for legislation backing. Positioning the campaign as a natural extension of existing telehealth policies to gain bipartisan support. One of the setbacks is with the new administration, President Trump has made cuts to health care funding which could substantially hurt the chances of this being passed (Jost, 2014).

Cost-effectiveness:

- **Total Budget**: $61,300,000 dollars
  - To make significant impact we are suggesting that 39,910 patients will be seen so Implementing telehealth at a cost of $150,000-$200,000 per center would require 153 centers, each staffed with two cancer navigators, to serve 39,910 patients. This would mean hiring a total of 307 cancer navigators.
  - The cost to implement telehealth in 153 centers at $150,000-$200,000 per center would total $22.95 million - $30.6 million. Hiring 307 cancer navigators at $100,000 each would add another $30.7 million
- **Total Cancer Navigators:** 307
- **Total Patients Benefiting**: 40,000 over 5 years
- **Readmission Reduction**: 8 fewer 90-day readmissions
  - With telehealth reducing the readmission rate by just 0.2 percentage points, out of 39,910 patients seen, roughly 8 fewer 90-day readmissions would be prevented.

Even if you assume that 39,910 patients have access to cancer navigator telehealth, if you take the readmission rate from the study mentioned above which is **.2%** utilizing telehealth, it would only be 1 fewer readmission for every 5,000 patients that are seen through telehealth systems. In order to even get to 39,910 patients being seen through telehealth, with the average cost per hospital to implement this system is $200,000. If you took this upon a 5-year span, saying that there is an average of 2 navigators per hospital/clinic you would need this structure for 307 hospitals/clinics. This would cost roughly between $53,650,000- $61,000,000 dollars through 5 years, with an average of 10.73 million - 12.2 million dollars per year.

According to cost models, telehealth was associated with nearly $1.2 million in savings in otherwise lost income due to driving time and $467,000 in savings in lost income due to visit time, for a total estimated savings in lost revenue of $1.6 million across the 11,600 participants in the study (Winstead, 2023). Which would mean per patient each would save roughly 137$ per visit due to travel and missed income. These calculations are found in appendix 6. However, with 90-day readmission rates being so low (.2%) this alternative would not be effective on patient outcomes (*The Impact*, 2024).

Weight of Criterion

We will be projecting this on a 3-point scale and multiplying the criteria by the weight of which one is the most significant. The main goal for OPM is to see the effectiveness on cancer patients, which will ensure that Survival rate increases for patients who are experiencing cancer over a 5-year span. Next, the Cost effectiveness for increasing cancer navigators is important because it ensures that spending being allocated is being outweighed by the benefits being produced. In this case we want to increase patient outcomes for patients in the most affordable way. The next important criteria to look at is the cost, we want to make sure the cost of the implementation is feasible to enact. Political feasibilities are weighted the same because they are not as relevant for the implementation. Due to the impact that cancer navigators have policymakers want to bridge the gap for cancer patients. Additionally, time is not weighted as much because this implementation will help future programs be enacted for patients.

Outcomes Matrix:

	Effectiveness	Cost: (5-year Period)	Political Feasibility	Cost-effectiveness
Alternative 1 (Implementing grant)	2	3	3	2
Alternative 2 (Including Cancer navigators into basic FEHB programs)	3	2	2	3
Alternative 3 (Leverage telehealth)	1	1	3	1

Since we prioritize the effectiveness of the alternative, the most impactful implementation for reducing readmission rates over a 90-day period will be the inclusion of cancer navigators in basic healthcare plans. With the implementation of similar initiatives across insurance programs under the Cancer Moonshot, this approach presents a viable alternative for broad dissemination, maximizing patient access on a global scale (*Biden Cancer Moonshot*, 2024).

Tradeoffs

Selecting Alternative 2, which integrates cancer navigators into basic insurance programs, represents the most effective strategy for expanding resource availability and improving federal employees' access to these critical services. Implementing Cancer navigators to basic programs presents the greatest opportunity for reaching a global stage and significantly reducing hospital readmission rates compared to the other options. While telehealth is an essential component of modern healthcare and represents the future of patient accessibility, its primary strengths lie in convenience and expanding reach rather than directly reducing readmission rates (Daniell, 2024). Alternative 2, however, focuses on a more comprehensive care coordination model that ensures sustained patient engagement and follow-up, leading to long-term reductions in hospitalizations. Although the grant funding supporting this initiative provides an initial boost, it lacks long-term sustainability, as securing continuous funding would be challenging. Without a reliable financial structure beyond the grant period, maintaining the same level of impact could prove difficult. Nevertheless, Alternative 2 remains the most promising solution for global scalability and sustainable improvements in readmission rates.

Recommendation

Expanding FEHB basic plans to include cancer navigator services (**Alternative 2**) is the most effective solution. This approach ensures that more patients are being seen, which allows a greater number of patients to have reduced 90-day readmission rates, which ultimately leads to improvements in health care outcomes. With the Biden administration's Cancer Moonshot initiative emphasizing improved cancer care, integrating navigators into FEHB plans aligns with broader national healthcare goals.

By implementing this policy change, federal employees diagnosed with cancer will receive the guidance and support necessary to navigate complex treatment pathways, ultimately improving health outcomes.

Figure 6:

Implementation:	Federal Grant	Cancer navigators in basic plans	Telehealth
Number of Patients	29,380	52,000	40,000
Number of fewer 90-day readmissions	470	820	8
90-day readmission rates	1.60%	1.60%	0.20%

Implementation

I recommend that the Office of Personnel Management adds cancer navigators to all basic health insurance programs for the FEHB.

As cancer care becomes increasingly complex, navigators serve as vital guides, helping patients through the medical system, ensuring timely treatments, and offering emotional support. Implementing this initiative will involve multiple stakeholders, coordination, and a clear sequence of actions to ensure success.

Necessary Steps for Implementation

1. **Policy Development**
    - **Step**: Draft the policy for including cancer navigators in basic insurance plans, ensuring compliance with existing laws and healthcare regulations.
    - **Responsible**: OPM in consultation with legal teams, healthcare organizations, and insurance providers.
    - **Timeframe**: 3-6 months.

I propose adopting a model similar to the Cancer Moonshot initiative by integrating two cancer navigators at each center, prioritizing implementation in locations with the highest demand for such services. Choose insurance providers with the largest federal employee enrollment and broad geographic coverage to ensure widespread accessibility and select 7 insurance providers per year. This policy would maintain a framework like current guidelines, ensuring that patients meet the necessary criteria. The Office of Personnel Management (OPM) must ensure funding is available for training, compensation, and coordination of navigator services, allowing more patients to access these resources. OPM would need to secure new funding, which may involve overcoming budget constraints and competing federal priorities. By leveraging existing programs like the Cancer Moonshot, the OPM could optimize available funds and reimbursement mechanisms, making cancer navigator services more accessible to a broader range of patients.

The new administration's funding cuts may present significant challenges in leveraging existing programs to support the integration of cancer navigator services. However, OPM can gather data and look at case studies demonstrating that cancer navigation services reduce overall healthcare costs by improving care coordination, reducing service duplication, and enhancing patient outcomes. Which would allow us to present the cost-benefit analysis to Congress or the Office of Management and Budget (OMB) to secure funding or reallocate resources from less effective programs (Osundina, n.d). Additionally, highlighting evidence from private insurers or public programs such as Medicaid, which have experienced cost reductions following the integration of navigator services, could further strengthen the case for support.

2. **Stakeholder Engagement and Collaboration**
    - **Step**: Form a coalition of key stakeholders including insurance companies, cancer care organizations, and federal employee representatives.
    - **Responsible**: OPM and healthcare organizations.
    - **Timeframe**: 6 months.

The Office of Personnel Management (OPM) must collaborate extensively with insurance providers to ensure the inclusion of cancer navigator services within basic coverage plans, while also partnering with healthcare providers and cancer navigator programs to effectively integrate these services into the patient care continuum. Collaboration with federal employee groups and patient advocacy organizations would be essential for raising awareness and meeting the needs of those affected by cancer. Additionally, coordination with policy and regulatory bodies would be necessary to ensure compliance with healthcare laws and secure funding. This process could take approximately 6 to 12 months to ensure all stakeholders are aligned and ready to implement the policy. Insurance providers may resist the idea due to increased administrative costs and the potential for higher initial expenses, but the evidence of long-term savings will sway them. Additionally, there will be administrative and logistical challenges, such as integrating navigators into existing insurance frameworks and healthcare systems. However, given the evidence that cancer navigators help reduce long-term readmission rates for hospitals and clinics, insurers may be incentivized to support the initiative. Federal employees may also have some concerns regarding potential premium increases to offset the added cost of expanding cancer navigator services, but the cost savings utilizing this will show its effectiveness. Nevertheless, with evidence supporting the long-term savings from reduced readmissions, the overall financial benefit to employees, especially those diagnosed with cancer, could make this policy a worthwhile investment.

3. **Design and Train Cancer Navigators**
    - **Step**: Develop a standardized training program for cancer navigators in partnership with experts like the American Cancer Society.
    - **Responsible**: Cancer care organizations, healthcare providers.
    - **Timeframe**: 9 months.

With the increased access to cancer navigators, it is crucial to ensure there is enough supply to meet patient demand. This can be achieved by creating a standardized training program through the American Cancer Society to ensure all cancer navigators are well-versed in the necessary protocols. One challenge that may arise is the increased demand for navigators as the number of patients grows. To address this, creating incentives for cancer navigators, such as offering free benefits through the FEHB policies, could help attract and retain qualified professionals. Hiring and training cancer navigators can be completed within 8 to 9 months of implementation, ensuring that the workforce is ready to support the expanded services.

4. **Pilot Program Implementation**
    - **Step**: Launch a pilot program in select agencies, tracking its effectiveness through data collection on patient satisfaction and treatment outcomes.
    - **Responsible**: OPM, healthcare providers, and insurance companies.
    - **Timeframe**: 12-18 months.

Creating a pilot program and increasing expanded coverage yearly will be the most effective strategy implementing this. By partnering with insurance providers and organizations such as the American Cancer Society, we can analyze readmission rates in targeted regions where cancer navigator programs have been implemented. Focusing on the underserved populations and implementing two navigators per center that are within specific healthcare programs, this will be a step towards bridging the gap that patients face. Every year expanding two more cancer navigators per hospital and clinics for 40 different locations will lead to more access to federal employees and decrease readmission rates for more patients. Additionally, looking at add this program into seven more providers every year will help make it more available for everyone.

5. **Full Program Rollout**
    - **Step**: Expand the navigator program to all federal employees, ensuring it is incorporated into all insurance plans.
    - **Responsible**: OPM, insurance providers, healthcare organizations.
    - **Timeframe**: expand seven of these plans with over 40 comprehensive centers/clinics each year providing 2 cancer navigators per center.

Given limited funding, expanding access to cancer navigator services across all FEHB programs nationwide is a more effective approach than concentrating resources in a single location. Which is why suggesting 2 cancer navigators per hospital/clinic, can be affordable and reduce readmission rates in hospitals. Also, with the partnership of 7 insurance programs per year to equally increase the utilization of this effort. One of the challenges will be if an insurance program does not want to include this as part of basic plans and having to change billing claims. However, with the evidence of increase in cancer every year and readmissions decreasing due to having access to cancer navigators will lead programs to reconsider. With FEHB patients have an increase in premiums can offset some of the cost that goes into it.

6. **Monitoring and Evaluation**
    - **Step**: Continuously monitor program outcomes (e.g., patient outcomes, cost-effectiveness), making adjustments based on feedback.
    - **Responsible**: OPM, insurance providers, cancer care organizations.
    - **Timeframe**: Ongoing.

Implementing cancer navigators in federal healthcare plans will require strong collaboration between insurance providers, cancer care organizations, and federal employees. By expanding the program in stages, addressing logistical challenges, and utilizing proven evidence on the benefits of cancer navigators, this initiative will effectively reduce 90-day readmission rates and ultimately lead to better patient outcomes to cancer patients. While the process may take time, it will ultimately ensure broader access to essential services for federal employees.

Conclusion

With the increase of cancer diagnoses every year, cancer navigators are the backbone for ensuring these patients have the resources they need to battle the journey. The Office of Personnel Management has the opportunity to expand access to critical support services for federal employees navigating a cancer diagnosis. This report highlights the importance of integrating cancer navigators into basic Federal Employees Health Benefits (FEHB) programs to ensure equitable access to resources, improve care coordination, and enhance health outcomes across the federal workforce.

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Appendices

Appendix 1:

The U.S population is roughly around 341.5 million people, and we know there are around 3 million federal employees in America (*Population clock*, 2025) (The United States, 2025). With this we can contextualize how many Federal employees are being diagnosed with cancer specifically. Which is why we did divide the number of federal employees by the U.S population. (3 million / 341.5 million) which we got to be .00878. which means that in a percent there is .878 of the population that are federal employees. Now we know there are roughly around 2 million cancers diagnose per year, so we multiplied (2 million times the rate .00878) which we can suggest that there are around 26,220 federal employees that are being diagnosed with cancer (A profile of the 2023 workforce, 2023).

Appendix 2:

Alternative 1, implementing a federal grant we know we can hire 226 more cancer navigators which means that we can see now 29,380 more patients over the 5 years. Using the readmission rate 0f 1.6% for those utilizing cancer navigators we can suggest that if we do 29,380*.016, which would lead to 470 fewer readmissions for the patients. Showing that implementing this will lead to more patients receiving better health outcomes in the long term.

Alternative 1		
	Study:	**Implementaiton**
Total patients	4,462	29,380
Number of fewer readmissions	4,462*.016=	29,380*.016=
	71	470
readmission rate drops 1.6% with cancer navigators over 90-day span		

Appendix 3:

This graph illustrates the monthly healthcare premiums paid by federal employees compared to the government's contributions for select Nationwide Blue Cross Blue Shield services (*Healthcare*, n.d). These figures are particularly relevant in the context of integrating cancer navigators into basic Federal Employees Health Benefits (FEHB) programs, as the premium amounts would be subject to adjustment following implementation. Notably, the government bears the majority of healthcare costs, reducing the financial burden on insurers. However, by emphasizing the cost savings associated with reduced hospital readmissions, this analysis underscores a potential incentive for government investment, as the long-term financial benefits of fewer readmissions may justify the initial expenditure.

	2023 Monthly Premium Rates - Government Pays	2023 Monthly Premium Rates - Employee Pays
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self	562.73	187.78
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self & Family	1324.74	515.48
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self Plus One	1214.46	472.12
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self	352.4	117.46
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self & Family	833.27	277.75
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self Plus One	757.55	252.51
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self	562.73	308.53
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self & Family	1324.74	753.77
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self Plus One	1214.46	690.84

Appendix 4:

Alternative 2 highlights that with integrating cancer navigators with the same parameters as the cancer moonshot. We can expand access to 40 different centers, with 2 cancer navigators In each per year. Which shows that year 1 there would be an additional 80 cancer navigators, and with each navigator seeing on average 130 patients that this would expand access to 10,400 patients.

		Total Patients per year	total # of cancer navigators	Numer of plans per year
Year 1		10,400	80	7
year 2		20,800	160	14
Year 3		31,200	240	21
year 4		41,600	320	28
year 5		52,000	400	35

Appendix 5:

The implementation cancer navigator for basic insurance plans would add 400 additional cancer navigators over a five-year period which is projected to increase patient access by approximately 52,000 individuals. Applying the existing readmission rate of 1.6% to this expanded patient population, it is estimated that the initiative will result in approximately 832 fewer 90-day readmissions over the same period.

Total patients	Readmission rate
52,000	1.60%
Number of fewer readmissions	
(52,000*.016)	832

:

Appendix 6:

In the study, a total of 11,600 patients utilized telehealth services, resulting in overall cost savings of $1.6 million. To determine the average savings per patient in terms of time and wages lost due to travel to a healthcare facility, each patient is estimated to save approximately $137.93 (Winstead, 2023).

Study:		
Savigs	$1,600,000	
Participants	11,600	
Avg savings per patient	1.6 mil / 11,600 =	$137.93