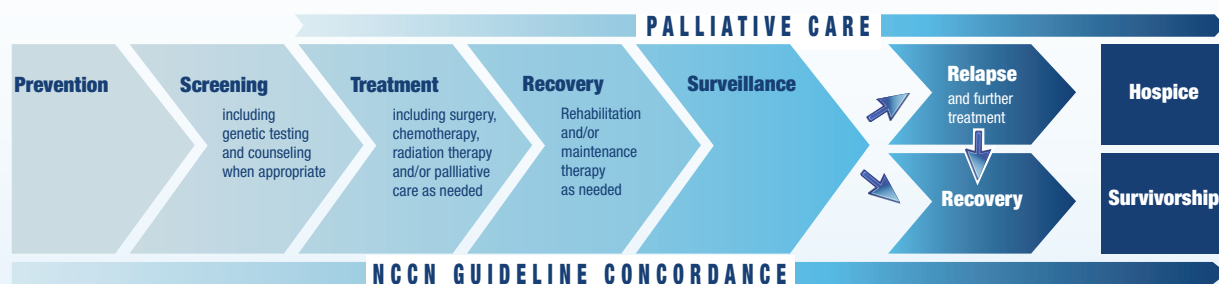


Executive Summary

Project Overview

Over the course of three years, the National Business Group on Health, in cooperation with the National Comprehensive Cancer Network® (NCCN®), is addressing the growing impact of cancer in the workplace by developing *An Employer's Guide to Cancer Treatment & Prevention* (The Guide). The Guide is a comprehensive set of tools designed to help benefit managers deal effectively with the many issues about cancer that arise in the workplace. The Practice Recommendations represent a fusion of NCCN's evidence-based clinical guidelines with employer-sponsored health care benefits, programs and practice recommendations.

Figure 1: Addressing Cancer Across the Continuum of Care



A guide of this type is not currently available. As much as possible, this document is intended to be a “plug and play” resource that can be readily applied to many aspects of the benefit life cycle, including benefit planning, budgeting and implementation; request for proposal (RFP) development; and vendor management, plan administration, and evaluation. The *Guide* will address issues related to cancer across the continuum of care (see Figure 1), including prevention and wellness; medical, pharmacy and behavioral health benefits; employee assistance programs (EAPs); and disability and family medical leave. Recommendations are supported by evidence and knowledge from a wide range of sources. Therefore, anyone using the *Guide* can be confident that their benefit dollars for cancer are invested wisely and meet the needs of employees and their dependents.

About the National Business Group on Health

The National Business Group on Health (the Business Group) is the nation's only non-profit organization devoted exclusively to representing large employers' perspectives on national health policy issues and providing practical solutions to its members' most important health care problems.

Business Group members are primarily Fortune 500 companies, with 64 among the Fortune 100. Members also represent large public-sector employers—including the nation's most innovative health care purchasers—that provide health coverage for more than 55 million U.S. workers, retirees and their families. The Business Group fosters the development of a safe, high-quality health care delivery system and treatments based on scientific evidence of effectiveness.

About the National Comprehensive Cancer Network (NCCN)

The National Comprehensive Cancer Network, a not-for-profit alliance of 21 of the world's leading cancer centers, is dedicated to improving the quality and effectiveness of care provided to patients with cancer. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians and other health care decision-makers. The primary goal of all NCCN initiatives is to improve the quality, effectiveness and efficiency of oncology practice so that patients can live better lives.

NCCN is dedicated to improving care along the continuum of cancer screening, diagnosis, treatment and follow-up. NCCN communicates sound, evaluative clinical information to enhance the decision-making processes of patients, physicians and others who influence access to and availability of cancer care.

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the recognized standard for clinical policy in oncology, are the most comprehensive and most frequently updated clinical practice guidelines available in any area of medicine. Covering 97% of all patients with cancer and updated on a continual basis, the NCCN Guidelines are developed through an explicit review of the evidence integrated with expert medical judgment by multidisciplinary panels from NCCN Member Institutions. Specific treatment recommendations are implemented through performance measurement. NCCN Guidelines® Panels address cancer detection, prevention and risk reduction, cancer treatment and supportive care issues.

About the National Advisory Committee on Employer Services for the Cancer Continuum of Care

The National Advisory Committee on Employer Services for the Cancer Continuum of Care serves as the expert advisory body for the *Guide*, ensuring that all information and recommendations are relevant to employers and their partners. The Committee helps develop recommendations for the design, quality assurance, structure, and integration of resources, programs and services around the full spectrum of employer benefits and programs. This includes the medical and pharmacy plans, health and productivity programs and health promotion/wellness services. The Committee consists of benefit managers, clinical cancer experts, medical directors, health plan representatives, pharmaceutical representatives, health care consultants, disability managers, EAP professionals and health promotion/wellness professionals.

Guide Overview

This *Guide* provides technical assistance to help employers design, implement and monitor the performance of their cancer-related strategies in an efficient, effective way. The Practice Recommendations in each tool are based on published research and reports, including *NCCN Clinical Practice Guidelines in Oncology*, the *NCCN Drugs and Biologics Compendium*, National Cancer Center-Designated Cancer Centers, American Cancer Society reports, and recommendations supported by the Advisory Committee.

In order to achieve the stated objective, the *Guide* is organized as follows:

- The *Guide's* recommendations are structured as actionable employer Practice Recommendations. Employers can view them as an opportunity to assess their current benefits and improve upon them, where appropriate.
- Each Practice Recommendation includes information that supports an employer's work activities within the benefit life cycle and across multiple types of benefit plan administrators and/or vendors. These include:
 - the medical and pharmacy plans;
 - disability management;
 - Family Medical Leave (FML);
 - employee assistance programs (EAP);
 - work/life programs; and
 - health promotion programs.
- Each Practice Recommendation is formatted to address multiple vendors. This is done to help employers assess and verify whether their benefits are consistent with the recommendations.

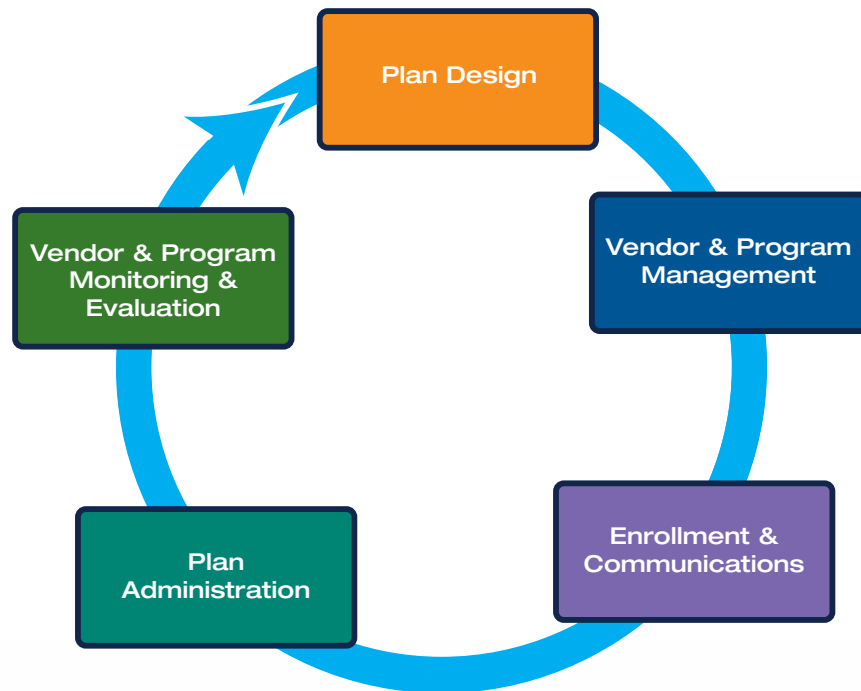
Employer Benefit Life Cycle

To facilitate implementation of the *Guide* by employers, the Practice Recommendations are designed to coincide with the benefit life cycle. The tools are divided into the steps illustrated in Figure 2, beginning with knowledge of evidence-based benefits, followed by plan design, vendor and program management, enrollment and communications, plan administration, and vendor and program monitoring and evaluation.

Evidence-Based Benefit Design Tools

- **Tool 1 – Quick Reference Guide and Assessment:** Provides benefit managers and their partners with a short summary of evidence-based benefits and program recommendations across the entire benefit spectrum.

Figure 2: Steps in the Benefit Life Cycle



Plan Design and Assessment

- **Tool 2 – Plan Design & Assessment:** Provides Practice Recommendations and suggested comprehensive benefits, along with a methodology employers can use to assess the extent to which they and/or their vendors have adopted the recommendations. The “Objectives” and “Administrative Guidance” sections include the rationale and context for each recommendation.

Vendor and Program Management

- **Tool 3, Part I – Request for Proposal (RFP) Questions and Requested Evidence for Vendors:** Intended to be used in creating an RFP that will be sent to current and/or potential medical and pharmacy plan vendors. The tool can be used in two ways: to determine the extent to which current vendors are meeting or can meet an employer’s benefit specifications and to evaluate potential vendors to determine which are able to implement the benefit plan in a way that is consistent with the employer’s specifications.
- **Tool 3, Part II – Request for Proposal (RFP) and Response Evaluation for Employers:** Provides benefit managers with guidance on evaluating vendor RFP responses for the benefits outlined in *Tool 2: Plan Design & Assessment*. To make it easier to follow the RFP guidance information, each benefit is also listed in this tool. Evaluation criteria are provided for each recommendation.
- **Tool 3, Part III, RFP and Vendor Scoring:** Scores the responses of the medical, pharmacy, Centers of Excellence (COE) and care management program vendors to the RFP questions outlined in Tool 3: Part I. Employers can use this scoring tool to evaluate, rate and rank multiple vendor responses. This tool is provided in Microsoft Excel® format.

Enrollment & Communications

- **Tool 4 - Summary Plan Description (SPD) Guidance:** Offers guidance to help employers translate the recommended benefit or practice from *Tool 2: Plan Design & Assessment* into SPD language for beneficiaries. Only those recommendations considered to be part of the plan design have been included in this document.

Plan Administration

- **Tool 5 - Vendor Contracting and Administration:** Assists benefit managers in developing the metrics and reporting components of an employer's contracts with medical and pharmacy vendors and, if applicable, Centers of Excellence (COE) and care management program vendors.

Vendor & Program Evaluation & Monitoring

- **Tool 6 - Evaluation and Plan Reporting:** Provides a model that employers can use to both assess the performance of vendors and evaluate the overall effectiveness of the employee benefits.

Guide Organization

Each tool has been color-coded to its corresponding step within the employer benefit life cycle. This technique is designed to make it easier for employers to track the implementation of a specific Practice Recommendation. Both Figure 2 and Table 1 use a similar color scheme so that each recommendation is linked to a specific step in the Benefit Life Cycle.

- Tools supporting the **Quick Assessment** of the *Guide* are **RED**
- Tools associated with **Plan Design and Assessment** are **ORANGE**
- Tools associated with **Vendor and Program Management** are **BLUE**
- Tools associated with **Enrollment & Communications** are **PURPLE**
- Tools associated with **Plan Administration** are **TEAL**
- Tools associated with **Vendor Program Evaluation and Management** are **GREEN**

Numbering System for Practice Recommendations

The Practice Recommendations in each tool are organized by benefit type. The numbering system refers to the vendor that manages each benefit.

- 1.0: General Medical and Behavioral Health
- 2.0: Pharmacy Benefit Manager
- 3.0: Clinical Advocacy
- 4.0: Disability and Absence Management
- 5.0: Family Medical Leave and Caregiving
- 6.0: Employee Assistance Program
- 7.0 : Wellness/Health Promotion

The numbers associated with each plan administrator/vendor type allow *Guide* users to quickly locate the Practice Recommendation application across the benefit life cycle (Tools 1 - 6). Table 1 gives one example of how this works. It shows that one Practice Recommendation (1.1) can be addressed using multiple tools.

Table 1: Practice Recommendations Across An Employer’s Guide to Cancer Treatment & Prevention

Practice Recommendation	Plan Design		Vendor & Program Management			Enrollment & Communications	Plan Administration	Vendor & Program Monitoring
Plan Administrator/ Vendor Type General Medical	Benefit Design & Assessment		Tool 3, Parts I, II and III Request for Proposal			Tool 4	Tool 5	Tool 6
1.1 Benefit plan should include access to a “Centers of Excellence” (COE) program for transplants, including bone marrow/stem cell transplants (SCT), that employs a rigorous qualification process using transplant-specific quality criteria.	Tool 1	Tool 2	Tool 3, Part I: Questions and Requested Evidence for Vendors	Tool 3, Part II: Response Evaluation for Employers	Tool 3, Part III: Vendor Scoring	Summary Plan Description (SPD) Guidance	Vendor Contracting and Administration	Evaluation and Plan Reporting

Tool-Specific Quick Assessments

Most tools provide an assessment to help employers determine the extent to which they have implemented the Practice Recommendations. Specific questions about the recommendations help employers assess and verify whether they and their vendors are incorporating them into their operations. After completing the evaluation process, employers and vendors should have a better understanding of how their plan design and administrative performance compare to the referenced best practices.

Executive Summary



National
Business
Group on
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National
Comprehensive
Cancer
Network®

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About the National Advisory Committee on Employer Services for the Cancer Continuum of Care

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National Business Group on Health

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