

*An Employer's Guide to*

# Cancer Treatment & Prevention



## ***Employer-Sponsored Services for the Cancer Continuum of Care: How Does Your Program Measure Up?***



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National Business Group on Health

National Comprehensive Cancer Network®



# Speakers

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# Agenda

- About the Quick Reference Guide
- Medical Benefits
  - General Medical
  - Pharmacy
  - Clinical Support and Case Management
- Health/Productivity
  - EAP/Work-Life
  - FMLA
  - Disability Programs
- Wellness/Health Promotion/Prevention

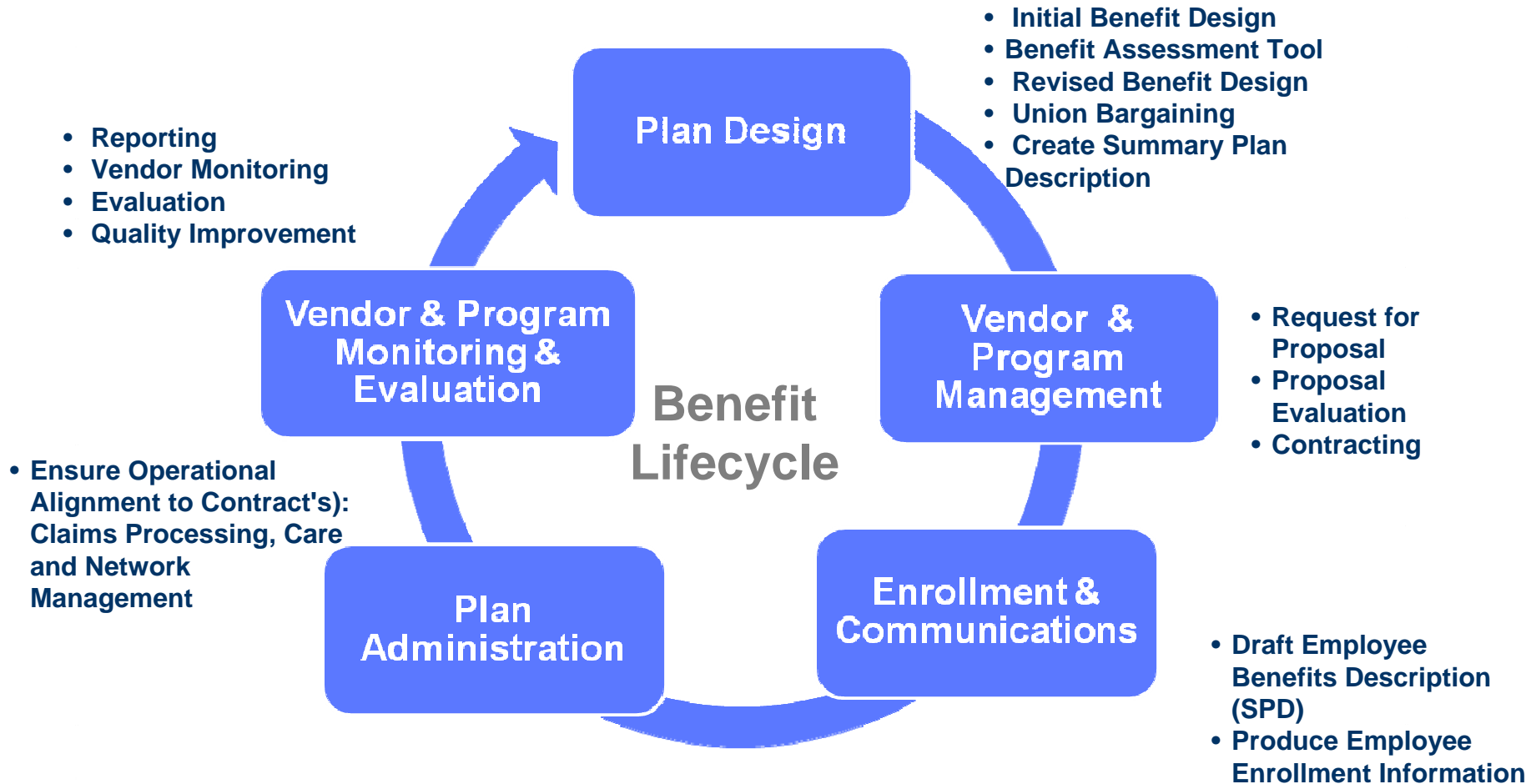
# About the Quick Reference Guide

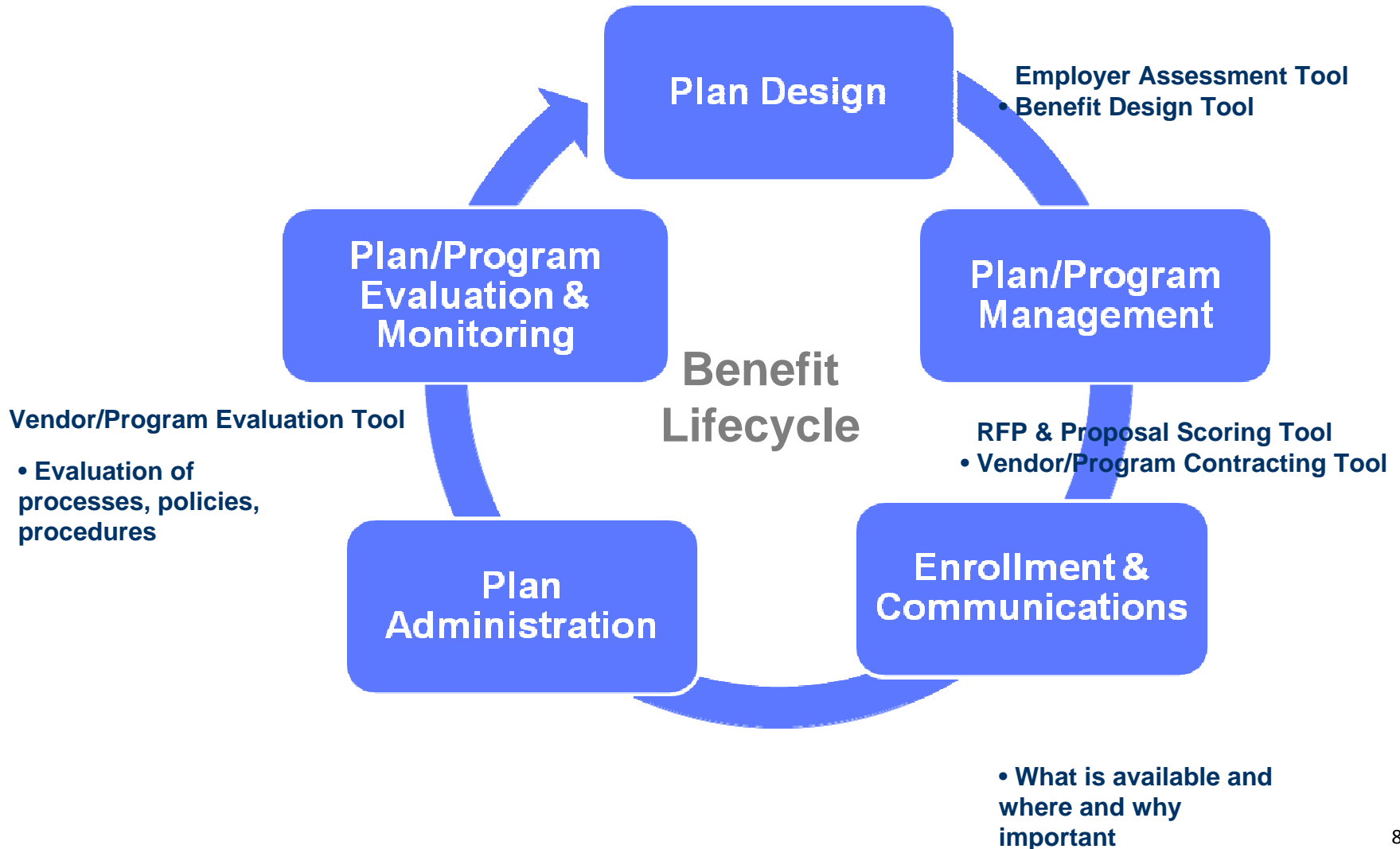
- National Business Group on Health
- Partnership with NCCN
- Overview of Project
  - Goal and Objectives
  - Deliverables
  - Quick Reference Guide

- Background
  - How we decided to work together
- Evidence-based Benefits
- Personalized Care
- Vertical and Horizontal Integration (health provider)  
(benefits and programs)
- Standardization
- Accountability
- NCCN has the evidence/NBGH can work to  
translate the evidence

- Health Care Benefit
  - General Medical Benefits
  - Pharmacy Benefits
  - Mental Health Benefits
- Health and Productivity Programs
  - Incidental Absence
  - Short-term Disability
  - Long-term Disability
  - Family Medical Leave
  - Workers' Compensation
  - Employee Assistance Programs/WorkLife
- Health Promotion/Wellness

# Where We Start: Employer Benefit Lifecycle and Activities



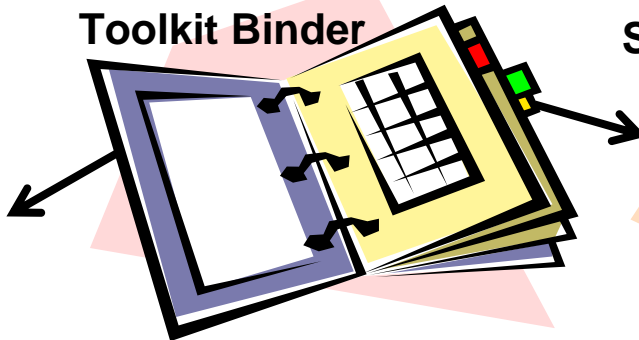




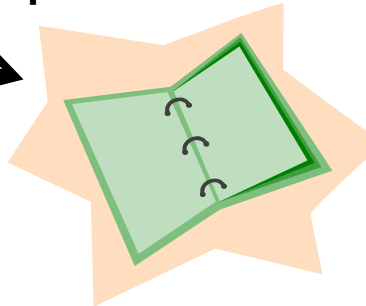
## Quick Reference



## Toolkit Binder



## Specific Tools



### Binder Sections – Specific Tools

Reference	Tool One: Employer Quick Reference Guide And Assessment
Plan Design	Tool Two: Benefit Design
	Tool Three: Detailed Assessment (Gap Analysis)
Vendor & Program Management	Tool Four: Request-for-Proposal & Proposal Scoring
	Tool Five: Vendor & Program Contracting
Vendor & Program Evaluation	Tool Six: Vendor & Program Evaluation
Appendix	APPENDIX: Practice Recommendation Reference

Defines “What” and Assists Employers in Assessing Status

Defines “How?” in the Context of the Benefit Lifecycle

Defines, from the Employer’s Perspective: “What” & “Why”



# National Advisory Committee on Employer-Sponsored Services for the Cancer Continuum of Care

- Develop National Advisory Committee on Employer-Sponsored Services for the Cancer Continuum of Care
  - Role of Advisory Committee is to review and recommend an integrated structure for delivery of comprehensive employer-sponsored cancer benefits, services and programs for employees and their dependents
  - Decision-makers who sit around the cancer care table
  - Publication: An Employer's Guide to Cancer Treatment and Prevention
- Sub-Committee Structure
  - Health Plan Benefits
  - Health and Productivity Management
  - Health Promotion/Wellness/Prevention

# **General Medical: Medical Benefits**

# Medical Benefits Recommendations #1, 2: Provider Network

- 1. Benefit plan should include access, within the available provider network, to a wide range of cancer care providers. This should include providers in the community setting and in large, academic cancer centers, including National Cancer Institute (NCI)-designated Comprehensive Cancer Centers that provide access to multidisciplinary care for rare and complex cancers.**
- 2. Out-of-pocket costs (deductible, copayment and coinsurance levels) should not differ between in-network community providers and in-network academic providers.**



# Medical Benefit Recommendation #3: Stem Cell Transplant COE Network

3. **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.**
  - Employers should evaluate the Transplant Centers of Excellence (COE) Program(s) offered to employees. Employers should require that the Transplant COE Program(s) use specific criteria for evaluation and qualification of transplant providers.
  - The transplant COE program should provide access to clinical staff to help those needing a transplant make an informed decision about where to go for transplant.



\* See additional documentation



# Medical Benefit Recommendation #3: Stem Cell Transplant COE Network

**Benefit plan should include travel and lodging assistance to help those who must travel to receive a transplant at a COE, including a per diem intended to defray a substantial portion of the costs.**

- Up to two persons may accompany a child (defined as up through 18 years of age). An adult may be accompanied by one caregiver.
- This benefit is outside any routine stop loss coverage.



# Medical Benefit Recommendation #4: Second Opinions

## 4. **Benefit plan should cover services that are components of a second opinion for individuals with a diagnosis or suspected diagnosis of cancer.**

- The second opinion may be for review of the diagnosis, review of the treatment plan or both.
- To be most valuable, the second opinion should be obtained from a large academic cancer center, in particular an NCI-designated Comprehensive Cancer Center or Cancer Center.
- At a minimum, the second opinion should be obtained from a cancer center with extensive experience and expertise and a multidisciplinary team that focuses on the patient's specific type of cancer.



# Medical Benefit Recommendation #5: Clinical Trials

- 5. Benefit plan should provide coverage for routine costs of care when the patient is enrolled in a qualified cancer clinical trial. Level of coverage should be the same as for comparable services provided outside of a clinical trial.**



\* See additional documentation



# Medical Benefit Recommendations #6, 7: Hospice Services and Decision Making

- 6. Benefit plan should include at least 6 months of hospice coverage for hospice-eligible beneficiaries.**
- 7. Benefit plan should cover physician fees for patient and family consultation about all options both during active treatment and at end of life.**



# Medical Benefit Recommendations #8, 9: Collaborative Care

- 8. Benefit plan should cover initial and subsequent screening for depression for all cancer patients and other beneficiaries. The screening should be conducted with a standardized instrument (e.g., PHQ-9 or PHQ-2).**
- 9. Employers should provide benefit coverage for collaborative care for patients who are diagnosed with cancer.**



# **General Medical Pharmacy Benefit**

# Pharmacy Benefit Recommendation #1: Out-of-Pocket Costs for Drugs

- 1. Reasonable out-of-pocket thresholds should be established so that cost is not a barrier for patients to obtain medications needed to treat their condition, including maintenance and supportive care drugs.**
  - The benefit plan should include one individual and one family out-of-pocket maximum that applies to combined medical and pharmacy expenditures.
  - Per-prescription copayment and/or coinsurance requirements should be established at a reasonable level.
  - Employers should provide access to information on programs that can assist patients with the costs of prescription drugs through information on their benefits website, their EAP or other resources.



# Pharmacy Benefit Recommendation #2: Off-Label Use of Drugs in Cancer Care

2. **Administrators of medical plans, pharmacy benefit management programs (PBM) and other relevant organizations should ensure that their plans cover evidence-based cancer treatment, whether paid under the medical benefit or pharmacy benefit.**
  - This includes coverage for off-label use of drugs and biologics when supported by evidence as indicated in NCCN Guidelines and Drugs & Biologics Compendium with Category 1, 2a or 2b level of evidence.



\* See additional documentation



# Case Management Recommendation #3: Parity of Patient Cost-Sharing

- 3. Benefit plan should establish parity of patient cost-sharing (copayment and/or coinsurance) between the medical benefit and pharmacy benefit, so that treatment decisions can be made without regard to which benefit will cover the treatment.**



# **General Medical: Clinical Support and Case Management**

# Case Management Recommendation #1: Clinical Support Services

- 1. Benefit plan should provide access to information and assistance related to a cancer diagnosis, including, at a minimum, a “nurseline” service for clinical information and to receive supportive services.**

Nurses and others staffing these resources should be trained and prepared to talk about important topics such as advance directives, hospice, palliative care and clinical trials.



# Case Management Recommendation #2: Cancer Management

- 2. When contracting for case/disease management services, employers should require that oncology nurses be available to work with patients.**



# **Health and Productivity Employee Assistance Programs (EAPs)**

# EAP Recommendation #1: Eligibility Statement

- 1. EAP should provide counseling and/or support services relative to cancer to all employees and their dependents who are living with cancer. EAP should be available to provide assessment, intervention and referral services relative to the psychosocial aspects of serious illnesses, including cancer.**



# EAP Recommendation #2: Knowledge and Referrals

## 2. EAP needs to have knowledge of and referral relationships with:

1. Wellness/preventive resources
2. Community resources and support groups
3. Transportation services
4. Childcare and eldercare services
5. Financial and legal consulting
6. Bereavement counseling
7. Advanced directives
8. Patient advocacy services



# EAP Recommendation #3: Workplace Teams

## **3. EAP should have demonstrated skills to consult with management and workplace teams about workplace issues specific to cancer :**

1. Assisting coworkers in understanding how to talk with those diagnosed with cancer and/or caregivers and loved ones (what to say and what not to say).
2. Addressing coworkers' questions and concerns about cancer.
3. Developing plans coordinated with human resources department to stabilize the workplace and maintain productivity following a cancer-related emergency.



# EAP Recommendation #4: Management/Supervisor Training

- 4. EAP should provide managers and supervisors with accurate information and appropriate training for dealing with cancer in the workplace that is tailored to the characteristics of the workforce.**

This includes methods to develop a plan to address coworkers' issues that is sensitive to the employee living with cancer and caregivers or coworkers.



# **Health and Productivity**

## **Family Medical Leave (FML)**

# FML Recommendation #1: FML Applicants to be Screened for Depression

- 1. FML program should, if appropriate EAP and support services are available, screen employees who apply for FML for depression, using a standardized instrument (e.g., PHQ-9 or PHQ-2).**
  1. FML program should refer employees to appropriate behavioral health specialists or EAP for those that screen positive for depression.
  2. FML program should provide employees with information on caregiving and depression.



# FML Recommendation #2: Supportive Work Environment for Caretakers

- 2. Employers should create a supportive work environment for employees serving as caregivers. Employer should provide reasonable accommodations to affected employees, which may include:**
  1. Options for reduced hours and/or workload.
  2. Modified work responsibilities and gradual return to work.
  3. Accommodations for appointments and/or treatment plans.



# FML Recommendations #3, #4: Integration; Policy

- 3. Employers should integrate FML with EAP, disability management and health plan benefits.**
- 4. Employers should include language in their FML policy that addresses common issues for employees serving as caregivers.**



# **Health and Productivity**

## **Short- and Long-Term Disability**

# Disability Recommendation #1: Protocols

- 1. Employers should require disability vendors to utilize protocols based on clinical information for certifying and managing cancer-related disability cases.**



## Disability Recommendation #2: Knowledge of NCCN Guidelines

- 2. Disability case managers should have knowledge of evidence-based guidelines (e.g., NCCN Guidelines) to ensure that patients are receiving appropriate care. Disability case managers should have access to an oncologist or oncology-certified nurse (OCN) when needed for consultation.**



# Disability Recommendations #3, 4: Return-to-Work; Criteria for Reasonable Accommodations

- 3. Disability management should evaluate barriers and motivations for returning to work following long- and short-term disability and coordinate with EAP in developing return to work plans.**
- 4. Disability management, in conjunction with the EAP and legal department, should establish criteria for determining reasonable accommodations for employees with cancer.**



# Disability Recommendation #5: Ongoing Treatment After Return-to-Work

- 5. Short- and long-term disability policies should provide coverage for ongoing scheduled treatment after return to work, under the disability leave.**



# **Wellness, Health Promotion, and Prevention**

# Wellness Recommendation #1: Access to Cancer Information

- 1. Employers should provide access to accurate information about cancer and cancer resources, including support groups, via their employee benefits website, EAP or other resources.**



## Wellness Recommendation #2: Preventive Services and Resources

### **2. Employers should be aware of evidence-based recommendations and provide the following preventive services and resources to employees and eligible dependents:**

1. Alcohol misuse programs and tobacco cessation programs.
2. Access to age- and risk-appropriate screenings.
3. Information on the importance of compliance with all routine immunization recommendations .



## Wellness Recommendation #3: Promote Healthy Behaviors

- 3. Employers should promote healthy behaviors that decrease the risk of cancer, in the areas of:**
  1. Nutrition
  2. Environment
  3. Obesity
  4. Tobacco use
  5. Alcohol misuse



## Wellness Recommendation #4: Internal Analysis

4. **Employers should periodically review claims data across all health plans in order to understand the impact of cancer in the workplace:**
  1. Expenditures on cancer (malignant neoplasms) relative to other disease categories and as a proportion of total medical and pharmacy expenditures;
  2. Number of claimants by type of cancer (the 5 or 10 cancers that are most often seen and are the most expensive in the aggregate in the employee population);
  3. High cost claimants by type of cancer (which types of cancer are the most costly on a per claimant basis); and
  4. Incidence and expenditures by state or work site location.



## Wellness Recommendation #5: Benchmarking

- 5. Employers should evaluate their wellness programs using the Wellness Impact Scorecard (WISCORE) to determine best practices and identify areas of improvement.**



## Wellness Recommendations #6 Health Assessments

6. **Employers should offer a health assessment with questions that include cancer risk factors and ensure appropriate follow-up such as disease-specific interventions and self-management techniques. Questions addressing cancer risk factors may include the following:**
  1. Family history
  2. Personal history and basic demographics
  3. Behavioral-based factors



Questions?

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