Background

In 2011, Tool 2 was rolled out with extensive medical, pharmacy and clinical care benefit recommendations. In this updated version of Tool 2, those recommendations have been revised and new recommendations related to short-term disability (STD), Family Medical Leave (FML), employee assistance programs (EAPs) and health improvement programs (HIPs) have been added. The latter set of recommendations share the common denominator of offering strategies to balance medical needs with the ability to remain productive in the workplace.

The new recommendations address STD, FML and EAP policies and practices for managing cancer and other chronic conditions. The recommendations cover certification of disability, case management, return-to-work issues, workplace accommodations, cognitive impairment and fatigue and functional limitations. They also address applicable legal, regulatory and policy matters. While this is not a legal document, potential legal and regulatory issues are identified and discussed. The HIP recommendations focus on the need for program integration and address the psychosocial issues surrounding a cancer diagnosis.

1.0: General Medical & Behavioral Health

Medical Benefit 1.1

**Recommended Benefit or Practice**

Benefit plan should include access, within the available provider network, to a wide range of adult and pediatric cancer care providers, including medical oncologists, hematologists, pediatric hematologist-oncologists, radiation oncologists, surgeons who specialize in cancer, palliative care specialists, rehabilitation specialists, pathologists and other specialists. Also included are providers in the community setting and in large, academic cancer centers, such as National Cancer Institute (NCI)-designated Comprehensive Cancer Centers and Cancer Centers, which can be found at [http://cancercenters.cancer.gov/](http://cancercenters.cancer.gov/).
| Recommended Benefit or Practice (continued) | These centers provide access to multidisciplinary care for rare and complex cancers. Pediatric hospitals and academic cancer centers should be available. Provider contracts at hospitals and in cancer centers should include services provided in inpatient, outpatient (ambulatory) settings and the emergency department. |
| Objective(s) | • To ensure that employees and their dependents have access to the expertise needed to accurately diagnose and appropriately treat their cancer. |
| Benefit Plan Recommendation | • **Applicable Plan**: General Medical  
• **Benefit or Practice Definition**: Adequacy of number of specialists and a sufficient number of providers in the network for cancer care.  
• **Recommended Cost Sharing**: Should not differ between network providers in the community and those in academic medical center settings.  
• **Recommended Copayment/Coinsurance Level**: Should not differ between network providers in the community and in academic medical center settings.  
• **Covered Providers**: In addition to documented adequacy of network providers, the plan should have no restrictions on the ability of employees and their dependents to choose and access any network provider. |
| Administrative Guidance | An estimated 15% of individuals have cancers that are uncommon, complex, difficult to diagnose and/or require complex medical or surgical interventions. These include subsets of common cancers as well as complex cancers. While most cancers can be treated effectively in the community setting, individuals with these more complex cancers may benefit from or require access to expertise that is only available at large, academic cancer centers. These individuals should have access to physicians with the needed expertise as well as cancer centers within their health plan network. In addition, individuals should not be penalized by having to pay a greater share of costs for those services.  

Pediatric cancer care is most often provided in children’s hospitals that have cancer programs and in academic cancer centers.  

Individuals who need to or choose to be treated at an academic cancer center should not be penalized by having to pay a greater share of the cost than those who can receive care in a community setting.  

An individual with an uncommon or complex cancer, a cancer that is difficult to diagnose or requires complex medical or surgical treatment should not be prohibited from receiving care from a non-network provider. |
### Medical Benefit 1.2

**Recommended Benefit or Practice**

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 and both adult and pediatric SCT criteria, where applicable. For more information about these criteria, go to [http://www.businessgrouphealth.org/pub/f3151559-2354-d714-5153-e9c277465d24](http://www.businessgrouphealth.org/pub/f3151559-2354-d714-5153-e9c277465d24).

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### Administrative Guidance (continued)

subspecialist physician with extensive expertise. This practice should be followed even if a network physician or surgeon is available, unless the network physician has comparable experience and expertise. The utilization review process should take the unique needs of the individual into consideration while evaluating a request to be seen outside the plan network and should be fully documented.

**Supporting Documents**


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### Assessment

**Current Benefit**

Does the medical plan offer a network that provides access to a wide range of cancer care providers, including medical oncologists, hematologists, pediatric hematologist-oncologists, radiation oncologists, surgeons who specialize in cancer, palliative care specialists, rehabilitation specialists and pathologists, both in the community setting and in large, academic cancer centers ([http://www.facs.org/cancer/coc/categories.html#thcp](http://www.facs.org/cancer/coc/categories.html#thcp)), including National Cancer Institute (NCI)-designated Comprehensive Cancer Centers and Cancer Centers ([http://cancercenters.cancer.gov/cancer_centers/index.html](http://cancercenters.cancer.gov/cancer_centers/index.html))?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
Recommended Benefit or Practice (continued)

- Employers should evaluate the Transplant COE program offered to employees to ensure that it uses specific criteria for evaluation and qualification of transplant providers.
- Transplant COE contracts should include inpatient and outpatient behavioral health/psychosocial services at the transplant center as a component of the global set of services.
- 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 the procedure.

2. In addition to covering pre-transplant, transplant and post-transplant care as recommended by the transplant center, the benefit plan should cover donor search and typing costs, including:
  - Full cost of biological sibling typing;
  - Full cost of unrelated donor search, including typing and testing of potential donors, through the National Marrow Donor Program (NMDP) or other approved registry;
  - Full cost of related donor procurement, including travel and lodging of the selected related donor for the donation process; and
  - Full cost of donor cell product procurement for the unrelated donor.

Objective(s)

- To provide employees and their dependents of all ages with access to high-quality stem cell transplant providers with the experience and expertise needed to treat the individual’s condition in a competent, cost-effective way.
- To provide access to information and guidance that will enable employees and their dependents to choose the transplant center that best meets their needs.
- To provide coverage for donor search, testing and acquisition to ensure that transplant candidates requiring donor stem cells/bone marrow are not prevented from proceeding to transplant.

Benefit Plan Recommendation

- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Transplant COE program offered as part of the General Medical Plan or through a separate vendor relationship.
- **Recommended Benefit Coverage Limits:** At a minimum, consistent with Affordable Care Act.
- **Recommended Cost Sharing:** Out-of-pocket maximum should apply. Employer should require higher cost-sharing if the patient chooses a transplant center that is not a designated COE for the specific type of transplant the patient is receiving.
- **Recommended Copayment/Coinsurance Levels:** There should not be a separate coinsurance requirement or out-of-pocket maximum for transplant services.
### Benefit Plan Recommendation (continued)

- **Covered Providers:** Transplant COE providers, including hospitals, all applicable physicians and other health care professionals who provide care during the contracted transplant period.

### Administrative Guidance

- Most employers are likely to have arrangements with a transplant COE program. Stem cell transplants, like organ transplants, are very expensive, complex procedures with significant risks of morbidity and mortality.
- Substantial differences exist among transplant centers in terms of their capabilities and outcomes. Transplant centers with extensive experience and expertise in the patient’s specific diagnosis and type of transplant generally have better outcomes.
- Careful evaluation of SCT programs is important to help ensure that patients have access to information about services, credentials, quality and outcomes to help them make an informed choice about where to go for their transplant. In addition, an evaluation helps ensure that expenditures for transplant services are well spent.
- Guidance from knowledgeable professionals in choosing a transplant center is a very important component of transplant COE programs. Transplant COE programs should have nurses available who are knowledgeable about stem cell transplantation and can share information to help individuals make an informed decision on where to go for treatment.

### Assessment

#### Current Benefit

Does the transplant COE program vendor or medical plan that offers the program employ a rigorous qualification process using transplant-specific criteria?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know
### Medical Benefit 1.3

#### Recommended Benefit or Practice

Benefit plan should include access to a cancer COE program that uses a rigorous qualification process. The cancer COE network should be available, in particular, for individuals with complex, aggressive and rare cancers; those that are difficult to diagnose; and those that require complex treatment.

- Employers should evaluate the cancer COE program offered to employees. Employers should require that the cancer COE program use specific criteria for evaluation and qualification of cancer centers and should specifically address pediatric cancer center requirements. Criteria may be cancer-specific, apply to overall attributes of the cancer center or both.
- Cancer COE programs should ensure that participating cancer centers have physicians available from all relevant specialties, as well as other clinical staff needed for each patient’s multidisciplinary treatment team. These physicians and other clinical staff should be contracted network providers.

#### Current Benefit (continued)

Are transplant COE contracts all-inclusive of hospital services and all applicable physicians, ancillary and other health care professionals (including behavioral health specialists) who provide care during the transplant period?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

Does the transplant COE program provide access to nurses to guide patients in understanding their condition and choosing an appropriate transplant center?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

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<th>Current Benefit (continued)</th>
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<tr>
<td>Are transplant COE contracts all-inclusive of hospital services and all applicable physicians, ancillary and other health care professionals (including behavioral health specialists) who provide care during the transplant period?</td>
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<td>- Yes</td>
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<td>- Yes – Partial</td>
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<td>- No</td>
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<th>Current Benefit (continued)</th>
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<tr>
<td>Does the transplant COE program provide access to nurses to guide patients in understanding their condition and choosing an appropriate transplant center?</td>
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<td>- Yes</td>
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<td>- Yes – Partial</td>
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<td>- Other</td>
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<td>- Don’t know</td>
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</table>
### Recommended Benefit or Practice (continued)
- The cancer COE program should provide access to clinical staff to help individuals who need cancer care make an informed decision about where to go for care.
- Cancer COE programs should include access to network behavioral health providers for inpatient and outpatient behavioral health/psychosocial services at the cancer center.

### Objective(s)
- To provide employees and their dependents access to high-quality cancer providers with the subspecialty experience and expertise to diagnose and treat the individual’s cancer in an appropriate, cost-effective way.
- To provide access to information and guidance that enables employees and their dependents to choose the cancer center that best meets their needs.

### Benefit Plan Recommendation
- **Applicable Plan**: General Medical – Cancer COE program as part of General Medical Plan or through relationship with a separate vendor.
- **Benefit or Practice Definition**: Cancer COE program
- **Recommended Benefit Coverage Limits**: At a minimum, consistent with Affordable Care Act.
- **Recommended Cost Sharing**: Out-of-pocket maximum should apply.
- **Recommended Copayment/Coinsurance Levels**: Should not differ from normal cost sharing.
- **Covered Providers**: Cancer COE providers, including hospitals, all applicable physicians and other health care professionals providing services along the continuum of care.

### Administrative Guidance
Substantial differences exist among cancer centers in terms of their experience, capabilities and outcomes, especially for cancers that are complex, aggressive or rare; difficult to diagnose; and require complex treatment. Cancer centers with extensive experience and expertise in the patient’s specific diagnosis and type of treatment generally have better outcomes. Expertise in pediatric cancer is most often available at large children’s hospitals and academic cancer centers.

Careful evaluation of cancer centers is important to help ensure that patients have access to information about services, credentials and quality to help them make an informed choice about where to go for care. In addition, an evaluation helps ensure that cancer care expenditures are well spent.
### Administrative Guidance (continued)

A Cancer COE network should include, but not necessarily be limited to, NCI-designated Comprehensive Cancer Centers and Cancer Centers. (For more information about these centers, go to [http://cancercenters.cancer.gov](http://cancercenters.cancer.gov)). Organizations that develop cancer COE programs consider not only clinical program attributes, but also employer/payer requirements, geographic location and contractual issues.

Guidance from knowledgeable professionals about choosing a cancer center is an important component of a cancer COE program. A cancer COE program should have nurses available who are knowledgeable about cancer, cancer treatments and attributes of cancer centers who can provide information to help individuals make an informed decision about where to go for care.

### Supporting Documents

- **Cancer Center of Excellence Criteria:** [http://www.businessgrouphealth.org/pub/f3131588-2354-d714-5137-54d58bc3882d](http://www.businessgrouphealth.org/pub/f3131588-2354-d714-5137-54d58bc3882d)
- **Cancer Diagnoses for Referral to COEs:** [http://www.businessgrouphealth.org/pub/f3131e57-2354-d714-5195-535b4f532c91](http://www.businessgrouphealth.org/pub/f3131e57-2354-d714-5195-535b4f532c91)
- **Complex Cancer Surgery: Volume-Outcome Correlation:** [http://www.businessgrouphealth.org/pub/f3131e57-2354-d714-5195-535b4f532c91](http://www.businessgrouphealth.org/pub/f3131e57-2354-d714-5195-535b4f532c91)
- **Diagnostic Errors:** [http://www.businessgrouphealth.org/pub/f3132a09-2354-d714-5192-d28087af5964](http://www.businessgrouphealth.org/pub/f3132a09-2354-d714-5192-d28087af5964)
- **Multidisciplinary Cancer Teams:** [http://www.businessgrouphealth.org/pub/f3144524-2354-d714-513a-2fa3be983727](http://www.businessgrouphealth.org/pub/f3144524-2354-d714-513a-2fa3be983727)

### Assessment

#### Current Benefit

Does the cancer COE program vendor or medical plan that offers the cancer COE program use specific criteria for evaluation and qualification of cancer centers?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know
<table>
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<tr>
<th>Medical Benefit 1.4</th>
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<tr>
<td><strong>Recommended Benefit or Practice</strong></td>
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<tr>
<td>Benefit plan should include travel and lodging assistance to help those who must travel to receive a transplant or cancer treatment at a plan-designated COE.</td>
</tr>
<tr>
<td><strong>Objective(s)</strong></td>
</tr>
<tr>
<td>• To ensure that lack of funds for travel to a selected transplant or cancer treatment center or for lodging near that center does not prevent cancer patients from choosing treatment at the center most qualified to provide care.</td>
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<tr>
<td><strong>Benefit Plan Recommendation</strong></td>
</tr>
<tr>
<td>• <strong>Applicable Plan:</strong> General Medical – Transplant COE program and/or Cancer COE program as part of General Medical Plan or through a relationship with a separate vendor.</td>
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<tr>
<td>• <strong>Benefit or Practice Definition:</strong> Travel and lodging assistance applies only when the patient is being evaluated for or receiving a stem cell transplant or cancer treatment at a plan-designated COE that has met the criteria for the patient’s specific transplant or type...</td>
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**Benefit Plan Recommendation (continued)**

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<td>of cancer. Travel and lodging assistance is typically offered when the transplant or cancer COE is at least 50 miles from the patient’s home. The employer covers travel costs (coach air, train or mileage at IRS level for travel by car) for patient plus one companion if the patient is an adult (≥18 years old) or up to two companions if the patient is a child (under age 18). The employer covers a per diem intended to defray a substantial portion of lodging and living expenses near the transplant or cancer center.</td>
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<tr>
<td><strong>Recommended Benefit Coverage Limits:</strong> Travel reimbursed at actual cost for modes of travel described above; the maximum amount is optional. Per diem at employer’s discretion.</td>
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<td><strong>Recommended Cost Sharing:</strong> Employees and their dependents are responsible for travel and lodging costs not covered by the employer.</td>
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<td><strong>Recommended Copayment/Coinsurance Levels:</strong> N/A</td>
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<td><strong>Covered Providers:</strong> N/A</td>
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**Administrative Guidance**

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<tr>
<td>• Since patients may have to travel some distance to be treated at a transplant or cancer center with the most relevant experience and expertise, it is important that the cost of travel and lodging not be a major impediment to choosing the most appropriate center.</td>
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<td>• When a cancer COE program is offered, travel and lodging assistance should be similar to that offered for individuals receiving care at a transplant COE.</td>
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<td>• Coverage for travel (by car, train or economy coach air travel), plus a per diem to assist with lodging costs, meals, etc., are commonly provided by employers.</td>
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<td>• Clinical staff who work with transplant or cancer COE programs should make individuals aware of this benefit, as well as low-cost or free assistance programs and housing options.</td>
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<td>• Many transplant and cancer centers have low-cost lodging options (Ronald McDonald House, Hope Lodge, etc.), especially for children, but families may still incur significant costs.</td>
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<tr>
<td>• Lodging assistance should include a per diem that will defray a substantial portion of the lodging and living cost if the transplant or cancer center is not in the patient’s local community.</td>
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<td>• Employers and employees should be aware that this type of assistance may have tax implications.</td>
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</table>
## Assessment

**Current Benefit**

Does the company require the general medical plan administrator and/or transplant and/or cancer COE program to administer a travel and lodging assistance program, or does the company operate the program through its own resources?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

## Medical Benefit 1.5

**Recommended Benefit or Practice**

1. Benefit plan should cover services that are components of a second opinion for individuals with a diagnosis or suspected diagnosis of cancer.
2. The second opinion may be for review of the diagnosis, review of the treatment plan or both.

**Objective(s)**

- To validate the accuracy of the cancer diagnosis.
- To ensure that the proposed treatment plan is evidence-based and most appropriate for treatment of the specific individual.

**Benefit Plan Recommendation**

- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Second opinion services
- **Recommended Cost Sharing:** Consistent with health care plan benefits
- **Recommended Copayment/Coinsurance Level:** Consistent with health care plan benefits
- **Covered Provider:** Network providers

**Administrative Guidance**

For many cancers—especially those that are difficult to diagnose, complex, aggressive or rare—it may be important to obtain a second opinion from a large, academic cancer center with extensive experience and subspecialty expertise. Misdiagnosis is relatively common for certain types of cancer, such as lymphoma and brain tumors.
## Administrative Guidance (continued)

A second opinion may consist of sending pathology slides to a lab that specializes in a particular type of cancer, or may involve an in-person visit to a subspecialist for review of medical records and treatment options.

To be most valuable, the second opinion should be obtained from a large, academic cancer center; in particular, an NCI-designated Comprehensive Cancer Centers and Cancer Centers. For more information, go to [http://cancercenters.cancer.gov/](http://cancercenters.cancer.gov/). If the employer offers a cancer COE network program, a second opinion can be obtained at a cancer center that is part of this network. Clinical staff supporting the program should be capable of discussing second opinion options with patients. 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.

Secondary review of pathology slides and other lab testing by a subspecialist is frequently required to ensure that treatment recommendations are based on an accurate and precise diagnosis. Less often, redoing diagnostic radiology procedures may be needed if the original imaging is of poor quality or insufficient to validate the diagnosis or develop a comprehensive treatment plan. It may be appropriate to use a prior authorization process to evaluate the evidence for redoing radiology procedures.

**Supporting Documents**

- *Diagnostic Errors:* [http://www.businessgrouphealth.org/pub/f3132a09-2354-d714-5192-d28087af5964](http://www.businessgrouphealth.org/pub/f3132a09-2354-d714-5192-d28087af5964)
### Assessment

<table>
<thead>
<tr>
<th>Current Benefit</th>
<th>Does the benefit plan cover services that are components of a second opinion (for review of the diagnosis, review of the treatment plan or both) for individuals with a diagnosis or suspected diagnosis of cancer?</th>
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<td>□ Yes</td>
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<td>□ Yes – Partial</td>
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<td>□ No</td>
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<td>□ Other</td>
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<td>□ Don’t know</td>
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### Medical Benefit 1.6

**Recommended Benefit or Practice**

Benefit plan should provide coverage for routine costs of care when the patient is enrolled in an approved cancer clinical trial. For more information about clinical trials, go to [http://www.businessgrouphealth.org/pub/f312ece5-2354-d714-5143-504644957875](http://www.businessgrouphealth.org/pub/f312ece5-2354-d714-5143-504644957875). Level of coverage should be the same as for comparable services provided outside of a clinical trial.

**Objective(s)**

- To provide access, without financial penalty, to individuals who choose to participate in quality cancer clinical trials.
- To provide access, without financial penalty, to those individuals for whom cancer clinical trials are the only available option.

**Benefit Plan Recommendation**

- **Applicable Plan**: General Medical
- **Benefit or Practice Definition**: Clinical trials
- **Recommended Cost Sharing**: Same as for services that are not related to participation in a clinical trial.
- **Recommended Copayment/Coinurance Levels**: Same as for services that are not related to participation in a clinical trial.
- **Covered Providers**: Network providers

**Administrative Guidance**

For individuals with cancer, the best option—and sometimes the only option—may be treatment in a clinical trial. Starting in 2014, the Affordable Care Act will require health plans to cover routine costs of care in approved clinical trials for cancer and/or other serious illnesses. For a large proportion of pediatric cancer—more than 60%—care is received through participation in clinical trials.¹
Administrative Guidance (continued)

Several published reports indicate that the costs of treatment in a clinical trial are, at most, only slightly higher than treatment that is not part of a clinical trial. Estimated impact for an employer to cover routine costs of care for cancer-related clinical trials is approximately $0.10 per member per month.

Routine patient care costs for clinical trials include:
1. Covered health services for which benefits are typically provided absent a clinical trial.
2. Covered health services required solely for the provision of the investigational item or service, the clinically appropriate monitoring of the effects of the item or service or the prevention of complications.

Covered health services needed for reasonable and necessary care arising from the provision of an investigational item or service.

Routine costs for clinical trials do not include:
1. The experimental or investigational service or item.
2. Items and services provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the patient.
3. Items and services provided by the research sponsors free of charge for any person enrolled in the trial.

An “approved clinical trial” is one that is funded, conducted or supported by centers or cooperative groups that are funded by any of the following:
1. National Institutes of Health (NIH), including the National Cancer Institute (NCI)
2. Department of Defense (DOD)
3. Department of Veterans Affairs (VA)
4. Agency for Healthcare Research and Quality (AHRQ)
5. Centers for Medicare & Medicaid Services (CMS)
6. Centers for Disease Control and Prevention (CDC)
7. Trials conducted under an investigational new drug application (IND) reviewed by the FDA.
8. Department of Energy, provided they have been reviewed/approved through a peer review system.
9. Qualified non-governmental research entities identified in the guidelines issued by the NIH for center support grants.

An approved clinical trial must also meet the following requirements:
1. The subject or purpose of the trial must include the evaluation of an item or service that falls within a covered benefit category.
| Administrative Guidance (continued) | 2. The trial must include therapeutic intent among its objectives. Some clinical trials study prevention and diagnosis.  
3. The trial must enroll patients with a diagnosed disease rather than healthy volunteers. |

## Assessment

### Current Benefit

Does the benefit plan cover routine costs of care when the patient is enrolled in an approved cancer clinical trial comparable to coverage for services provided outside of a clinical trial?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

## Medical Benefit 1.7

### Recommended Benefit or Practice

1. Benefit plan should include hospice coverage for individuals with an estimated life expectancy of 12 months or less. Hospice coverage should include up to five days of inpatient respite care (care provided in a Medicare-approved facility to alleviate the burden on the primary caregiver) per three-month period.

2. While obtaining hospice services, employees and their dependents should continue to have coverage for participation in approved clinical trials on the same basis as when not obtaining hospice services. Reimbursement for routine costs of care when part of a clinical trial should be paid to providers separate from the hospice per diem.

3. Residential services should be a covered benefit when:
   a) Employees and their dependents are eligible for and enrolled in a hospice program;
   b) 24/7 care is needed but hospitalization is not required; and
   c) Family and/or volunteer caregivers are not available/able to provide necessary care.

4. Covered services include care in a residential hospice, skilled nursing facility or assisted living facility. Services may also be provided by home health aides or other qualified staff in the home of the employee and his/her dependent during hours when hospice staff, family or volunteer caregivers are not available. Residential care is paid in addition to the hospice per diem.
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<tr>
<th>Objective(s)</th>
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<td>• To ensure that patients are informed about and can choose hospice services in a timely manner when cure is no longer likely.</td>
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<td>• To minimize barriers to hospice enrollment.</td>
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<td>• To provide care management support to individuals with limited life expectancy and their families and caregivers.</td>
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<td>• To ensure that hospice programs available to patients through their health plan network have appropriate qualifications.</td>
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<td>• To minimize hospital admissions and emergency room visits when patients are receiving appropriate hospice services and supportive care, including residential care if indicated.</td>
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<tr>
<th>Benefit Plan Recommendation</th>
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| • **Applicable Plan:** General Medical  
• **Benefit or Practice Definition:** Hospice services  
• **Recommended Cost Sharing:** No cost sharing for hospice per diem; cost sharing for residential care should be the same as required for inpatient care.  
• **Recommended Copayment/Coinsurance Levels:** No copayment or coinsurance for hospice per diem. Copayment or coinsurance for residential care is the same as what is required for inpatient care.  
• **Covered Providers:** Approved hospice programs and other network providers. |  |

<table>
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<th>Administrative Guidance</th>
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</table>
| • Hospice is an important option for individuals with limited life expectancy who want to focus on quality of life and supportive care. Hospice programs provide support services for both patients, their loved ones and caregivers.  
• Hospice benefits should be available when the individual is considered to have less than 12 months to live if their disease runs its usual course, as attested to by the physician treating the terminal illness.  
• Aetna conducted a pilot to assess the impact of an enhanced hospice benefit. The enhanced benefit included an expanded definition of hospice eligibility to an estimated life expectancy of 12 months or less instead of the Medicare definition of 6 months or less. |  |

5. Medical plan should include access to care management nurses with training in palliative care and end-of-life issues to assist individuals who may be eligible for hospice and their families. The care manager should evaluate available options to ensure that employees and their dependents receive hospice services in the most cost-effective and medically appropriate setting.

6. Medical plan administrators should contract only with hospice providers that have appropriate certification and meet quality standards. Wherever possible, hospice programs that provide specialized services to children should be available.
Administrative Guidance (continued)

- A critical component of Aetna’s enhanced hospice program is the team of specially trained nurse care managers. These nurses receive additional training on how to work with patients and families telephonically to address end-of-life issues. They conduct a comprehensive assessment and develop individual plans of care to address patients’ needs and preferences. They assist patients and families by providing education on the disease process, completion of advance directives, determining care preferences, identifying psychosocial support resources, and addressing palliative care and other needs. They also coordinate with treating physician(s) and hospice providers.2-4

- Some patients have good performance status when they enroll in hospice and are able to live alone with support from the hospice team. As the terminal condition progresses and more assistance with activities of daily living is needed, the patient will require in-home care from family, friends, volunteers and/or paid caregivers. At some point, the patient may need to move in with a family member, move to an assisted living or skilled nursing facility (SNF) and receive hospice services there, or enroll in a residential hospice if one is available. Coverage for residential care is recommended since such support can help avoid unnecessary hospital admissions and related costs.

- Hospice programs must have Centers for Medicare & Medicaid Services (CMS) certification, should be accredited by The Joint Commission and/or the Community Health Accreditation Program (CHAP) and should participate in the National Hospice and Palliative Care Organization (NHPCO) Quality Partners program and performance measure reporting.

Assessment

Current Benefit

Does the benefit plan provide a hospice benefit consistent with this recommendation?

☐ Yes

☐ Yes – Partial

☐ No

☐ Other

☐ Don’t know
### Medical Benefit 1.8

**Recommended Benefit or Practice**

Benefit plan should reimburse network physicians for consultation with patients and family members about all options for care, both during active treatment and at end of life. Discussion topics may include evidence-based treatment options, palliative care (when needed during active treatment as well as at end of life), discontinuation of treatment with curative intent, and hospice.

**Objective(s)**

- To ensure that patients and their loved ones are aware of all appropriate options when making decisions about treatment or discontinuation of treatment when one or the other option may no longer be appropriate or consistent with the patients’ preferences.

**Benefit Plan Recommendation**

- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Patient and family consultation on care planning.
- **Recommended Cost Sharing:** Consistent with health care plan benefits.
- **Recommended Copayment/Coinsurance Level:** Consistent with health care plan benefits.
- **Covered Providers:** All network physicians. Palliative care and hospice physicians should be part of the contracted physician network.

**Administrative Guidance**

- In order to make informed decisions, patients should be made aware of all appropriate options, including the range of evidence-based, clinically appropriate treatments and the appropriate time to end active treatment. Options should take into account patient values and preferences, potential for cure, extended survival, relief of symptoms and quality of life.
- Treatment decisions should be made collaboratively among the physician, the patient and those the patient chooses to include in the decision-making process.
- Patients should also be educated about and encouraged to complete an advance directive early in the course of treatment so that their choices can be implemented if they are unable to speak for themselves.
### Assessment

**Current Benefit**

Does the medical plan cover consultation by a network physician with patients and family members about options for care at standard reimbursement rates?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

---

### Medical Benefit 1.9

**Recommended Benefit or Practice**

Benefit plan should provide coverage for nutrition counseling and medical nutritional therapy for individuals with a diagnosis of cancer.

Provider network should include registered dietitians, including registered dietitians who are Board-certified specialists in oncology (CSO).

**Objective(s)**

- To improve tolerance to treatment help maintain quality of life and ability to function during and following cancer treatment and enhance recovery.

**Benefit Plan Recommendation**

- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Medical nutrition services
- **Recommended Cost Sharing:** Consistent with health care plan benefits
- **Recommended Copayment/Coinsurance Level:** Consistent with health care plan benefits
- **Covered Providers:** Registered dietitians who are Board-certified specialists in oncology (CSO)
### Administrative Guidance

- Approximately 50%-60% of patients diagnosed with cancer experience significant weight loss and poor nutrition during the course of their illness.\(^5,6\)
- Individualized nutrition counseling results in clinically significant changes in quality of life, tolerance to treatment and improvement in performance status in patients with cancer during and after treatment.\(^7\)
- Treatment side effects causing nutritional difficulties include nausea and vomiting, inflammation of the mucous membranes and stomach (mucositis and stomatitis), changes in taste of foods (dysgeusia), dry mouth (xerostomia), diarrhea, constipation, anorexia and immune suppression.
- Medical nutrition therapy (MNT) has been shown to be of benefit through the entire spectrum of cancer care, from prevention through treatment and recovery. MNT should be provided by appropriately trained and credentialed practitioners—registered dietitians who are Board-certified specialists in oncology (CSO).\(^8,9\)

### Assessment

#### Current Benefit

Does the medical plan cover nutrition counseling and medical nutrition therapy in conjunction with a diagnosis of cancer?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

Does the medical plan network include registered dietitians within its provider network, including dietitians who are Board-certified in oncology (CSO)?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
# Medical Benefit 1.10

## Recommended Benefit or Practice

Benefit plan should provide coverage for dental prevention services and treatments in the medical plan when such services are required prior to, during or after cancer treatment or stem cell transplantation, and when not otherwise covered by the dental benefit. Specialized treatments such as maxillofacial surgery (as direct treatment of the cancer or to repair cancer surgery-related defects) should be covered when provided at a cancer center with the necessary expertise.

Provider network should include dentists and oral surgeons (DDS and MD/DDS) on faculty at academic medical centers and cancer centers.

## Objective(s)

- To ensure that patients are not prevented from receiving needed medical treatment due to dental and oral health problems.
- To minimize the detrimental effects of cancer treatment on oral structures, dental function and health.
- To restore essential functions (speaking, eating and swallowing) and improve appearance to an acceptable level following treatment to the head and neck area.
- To ensure that overall health is not negatively affected by oral disease and/or infection.

## Benefit Plan Recommendation

- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Preventive, restorative and reconstructive dental and oral health services when related to cancer, cancer treatment or stem cell transplantation and when not otherwise covered by the dental benefit, including:
  - oral examination and dental X-rays related to treatment or diagnosis;
  - extraction of teeth necessary before radiation or chemotherapy can take place;
  - non-surgical elimination of oral infection, including non-surgical periodontics;
  - preventive care related to the teeth, jawbones or gums, including fluoride treatment and prophylaxis to reduce bacterial flora of the teeth and gums, which may cause infection to spread beyond the mouth;
  - fillings, crowns or onlays if needed to treat dental disease;
  - custom fluoride trays and radiation trays;
<table>
<thead>
<tr>
<th>Benefit Plan Recommendation (continued)</th>
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<tr>
<td>- pulp testing (to help determine if a tooth requires root canal treatment);</td>
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<tr>
<td>- root canal treatment to eliminate infection from within the teeth that can spread to the surrounding tissues;</td>
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<tr>
<td>- incision and drainage to eliminate acute oral infection;</td>
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<tr>
<td>- obturators (prosthetic devices that close an opening, especially in the palate);</td>
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<tr>
<td>- prostheses such as mandibular (lower jaw) resection prosthetic, trismus appliance (to treat the inability to open the mouth), speech aid prosthetic and palatal augmentation prosthetic;</td>
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<tr>
<td>- prosthetic replacement of teeth lost due to cancer treatment in order to restore function, including crowns, bridges, dentures and dental implants; and</td>
</tr>
<tr>
<td>- post-surgical bone and soft tissue grafting to eliminate defects following resective surgery and as a result of it.</td>
</tr>
</tbody>
</table>

- **Recommended Cost Sharing:** No specific limit; coverage to be considered part of medical benefit limits.
- **Recommended Copayment/Coinsurance Level:** Same as cost sharing for medical services.
- **Covered Providers:** Dentists in community or academic settings can provide preventive services and basic procedures, such as extractions, cleaning, fillings and crowns. Treatment of infections (root canals or gum disease) can be performed by dentists who specialize in these services in community or academic settings. Dentists, including maxillofacial surgeons and maxillofacial prosthodontists in academic medical centers/cancer centers with specialized expertise in treating cancer and transplant patients, should provide surgical, prosthetic and reconstructive services and should be included in the provider network.

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<tr>
<td>- Including dental and oral surgery services in a medical benefit is appropriate when the need for dental services—including preventive, restorative and reconstructive—is directly related to the cancer and/or cancer treatment. Dental services within a medical plan are primarily needed for individuals with head and neck cancers, those whose treatments affect the oral cavity, those who require dental services prior to treatment or those who need dental services to enable cancer treatment.</td>
</tr>
<tr>
<td>- Regular dental benefits are not intended or designed to cover many of these services, and are insufficient to cover most cancer-related needs.</td>
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<tr>
<td>- The target audience for this benefit is quite small and the financial impact would also be minimal. One analysis indicated the incremental costs would be negligible—less than $0.01 per member per month (PMPM).</td>
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</table>
Many individuals have untreated dental problems, such as gum disease, dental caries or infections, that must be treated prior to receiving immunosuppressive treatment, including chemotherapy, stem cell transplantation or organ transplants. In some cases, dental fillings, crowns, root canals or extractions are required prior to treatment to prevent or treat infections.

Some cancer patients, including those who have surgery or receive radiation to the head and neck area and those who receive certain drugs that affect the oral cavity, will require both preventive and therapeutic dental services and/or maxillofacial reconstruction. This applies to most if not all head and neck cancer patients. These services are needed to restore the ability to speak, eat and swallow. Treatments include those to help patients open their mouth adequately to eat, brush their teeth and receive dental services.

Dental appliances, prostheses or jawbone reconstruction may be needed following surgery to the mouth or jaw.

Osteonecrosis (bone death caused by poor blood supply) and osteoradionecrosis (bone death caused by complications of radiation therapy) of the jaw may occur following treatment with certain chemotherapy drugs or radiation therapy. Therefore, pretreatment and medication may be required to minimize this side effect.

Dental procedures provided at cancer centers should be covered under the medical benefit. This includes oral hygiene services, orthopedic (bone) and soft tissue implants, restorations, crowns, bridges and dentures for both the upper and lower jaws. These services will enable patients to receive safe, comprehensive and effective treatment and rehabilitation.\textsuperscript{10, 11}

### Assessment

**Current Benefit**

Does the medical plan cover dental preventive services and treatments when required prior to, during and after cancer treatment or stem cell transplantation?

Does the provider network include dentists and oral surgeons, as well as maxillofacial surgeons (MD/DDS or DDS), on faculty at academic medical centers and cancer centers?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
Medical Benefit 1.11

**Recommended Benefit or Practice**
Medical plan should provide coverage for molecular or biomarker testing based on recommendations in NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). See Molecular and Biomarker Testing: Their Role in Cancer Diagnosis and Treatment at http://www.businessgrouphealth.org/pub/f3144413-2354-d714-518b-aa51381c3850 for more information.

**Objective(s)**
- To determine appropriate diagnosis and treatment for an individual patient.

**Benefit Plan Recommendation**
- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Molecular testing
- **Recommended Cost Sharing:** Consistent with health care plan benefits
- **Recommended Copayment/Coinsurance Level:** Consistent with health care plan benefits
- **Covered Providers:** Clinical Laboratory Improvement Amendments (CLIA)-accredited laboratories

**Administrative Guidance**
- Molecular and biomarker tests have a variety of clinical uses: confirmation of diagnosis, identification of cancer subtype, estimation of prognosis, prediction of effectiveness of a therapy, prediction of side effects of a treatment, and monitoring of disease while the patient is undergoing therapy.
- Molecular and biomarker testing allows pathologists to better diagnose certain cancers and gives the oncologist important information on how an individual’s cancer is expected to behave. Molecular and biomarker testing allows pathologists to monitor the tumor over time so that the therapy’s effectiveness and the risk of relapse can be estimated. After reviewing the results of these tests, the pathologist and oncologist can use them to determine if an individual has cancer; how aggressive the cancer is; what drugs, surgery, or radiation could be used to best treat the cancers; and/or whether the tumor has been eradicated after treatment.\(^\text{12}\)
- New tests are continually being developed that, while of research interest, do not have a proven role in patient management. However, at this time, there is a lack of consistent coding to clearly identify specific tests. Several initiatives are underway, including the development of a methodology to determine when claims submitted are for tests that are recommended in NCCN Guidelines® and the NCCN Biomarkers Compendium™.
**Administrative Guidance (continued)**

- NCCN has developed a molecular and biomarker testing compendium that, like the NCCN Drugs & Biologics Compendium (NCCN Compendium®), provides recommendations for the appropriate use of molecular tests and biomarkers to help oncologists provide effective care to their patients. It differentiates between those tests that comprise standard treatment and those that are not yet ready for routine use.
- Approximately 20% of molecular genetic tests are used inappropriately. Companion tests (used to determine if a drug is likely to be effective in treating an individual) that are considered “standard of care” are available for only a limited number of cancer drugs; other tests may be available but are considered unproven. As more drugs in the pipeline are labeled with a companion test, the potential for increased spending on tests also will grow. Therefore, it will be important to only cover tests that are considered standard of care.13, 14

### Assessment

**Current Benefit**

Does the medical plan cover molecular/biomarker testing based on recommendations in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and in the NCCN Biomarkers CompendiumTM?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

### Medical Benefit 1.12

**Recommended Benefit or Practice**

Benefit plan should provide coverage for genetic testing and counseling, as recommended by the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). For more information, go to [http://businessgrouphealth.org/pdfs/GeneticTesting.pdf](http://businessgrouphealth.org/pdfs/GeneticTesting.pdf).

Coverage for genetic counseling services should be limited to professionals qualified to provide genetic counseling and clinical genetic services. The medical plan network should provide access to qualified genetic counselors for services provided in person and telephonically. Qualified professionals must meet criteria specified by the NCI: [http://www.cancer.gov/cancertopics/genetics/directory/criteria](http://www.cancer.gov/cancertopics/genetics/directory/criteria).
### Objective(s)
- To determine if early screening and/or preventive care is appropriate for those with a significant family history of cancer.

### Benefit Plan Recommendation
- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Genetic testing and counseling
- **Recommended Cost Sharing:** Consistent with health care plan benefits and applicable Affordable Care Act requirements
- **Recommended Copayment/Coinurance Level:** Consistent with health care plan benefits
- **Covered Providers:** CLIA-accredited laboratories; certified genetic counselors

### Administrative Guidance
- A number of cancers have a genetic component in their risk profiles. Hereditary cancers are often characterized by mutations associated with a high probability of cancer development. Assessment of an individual’s risk of hereditary cancer is based on a thorough evaluation of family history. Advances in molecular genetics have identified a number of genes associated with inherited susceptibility to certain cancers.\(^{15}\)
- Genetic testing should be available to individuals considered to be at high risk for developing a specific type of cancer based on family history. When used appropriately (consistent with NCCN Guidelines\(^{15}\)), genetic testing and genetic counseling can help individuals make informed decisions about whether to undergo more aggressive screening for cancer (to help ensure that it is diagnosed at an early, potentially curable stage), or possibly undergo risk reduction therapy. Therapy may include risk reduction drug therapy or surgery to remove the part of the body at highest risk of cancer; for example, having a prophylactic mastectomy if a woman has the gene for breast cancer. Genetic testing can also help identify other family members who might benefit from genetic testing and counseling.
- Genetic counseling is a critical component of the cancer risk assessment process. Counseling places genetic risk in the context of other related risk factors. It should be customized to the experiences of the individual. The purpose of cancer genetic counseling is to educate individuals about the genetic, biological and environmental factors related to their cancer diagnosis and/or risk of disease to help them: (1) derive personal meaning from cancer genetic information and (2) empower them to make educated, informed decisions about genetic testing, cancer screening and cancer prevention.
The presentation of information is most effective when tailored to the age and education of the person undergoing counseling and that individual’s personal exposure to the disease, level of risk and social environment. Pre-test counseling is an essential element of the process. Post-test counseling must also be performed and includes disclosure of results, a discussion of the significance of the results, assessment of the impact of the results on the individual, discussion of the impact of the results on medical management, and how and where the patient will be followed. Discussion of other relatives’ possible inherited cancer risk and the importance of informing family members about test results may also be necessary.\textsuperscript{16}

Genetic counseling should be conducted by certified professionals. With an estimated 2,400 genetic counselors in the U.S., there is a shortage of such experts. Some physicians, however, have specific training in medical genetics. Health plans should ensure that reasonable access to these experts is available within the provider network and that genetic counseling can be obtained telephonically if a genetic counselor is not available in the local community.

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**Administrative Guidance (continued)**

**Assessment**

**Current Benefit**

Does the medical plan cover genetic testing and counseling for risk assessment of individuals with significant family history based on recommendations in NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)? Does the medical plan cover genetic counseling services only when provided by professionals certified to provide genetic counseling and medical genetic services; that is, Board-certified or Board-eligible genetic counselors or medical geneticists (physicians)?

Does the medical plan network provide access to Board-certified or Board-eligible genetic counselors and medical geneticists?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
Medical Benefit 1.13

Recommended Benefit or Practice

Benefit plan should provide coverage for standard fertility preservation treatments when a medically necessary cancer treatment (surgery, chemotherapy, radiation therapy) may directly or indirectly cause infertility. Standard fertility preservation treatments are those identified as such by appropriate professional societies, such as the American Society for Reproductive Medicine (ASRM) or the American Society for Clinical Oncology (ASCO).

Objective(s)

- To ensure that individuals likely to become infertile as a result of treatment for cancer (iatrogenic infertility) including, when standard options exist, children and adolescents, have access to fertility preservation therapies that are standard of care.

Benefit Plan Recommendation

- **Applicable Plan**: General Medical
- **Benefit or Practice Definition**: Fertility preservation for individuals with iatrogenic infertility. (This recommendation does not address benefits for in vitro fertilization [IVF] for non-iatrogenic infertility, other reproductive services or “other parenting options” such as surrogacy and adoption.)
- **Recommended Cost Sharing**: Same as for other services covered under the policy
- **Recommended Copayment/Coinurance Level**: Same as for other services covered under the policy
- **Covered Providers**: Physicians with Board certification (by the American Board of Obstetrics and Gynecology) in reproductive endocrinology

Administrative Guidance

- For benefit plans that already have traditional infertility coverage, the plan can amend the definition of infertility to allow access to the benefit for those at risk for infertility resulting from necessary medical treatments. Any requirement to demonstrate attempts to conceive for six months or longer before infertility benefits become available should be waived for individuals with iatrogenic infertility.
- If the current benefit plan does not currently include infertility coverage, then coverage should be added for medically necessary expenses for standard fertility preservation treatments when a necessary medical treatment may directly or indirectly cause iatrogenic infertility (an unintended consequence of cancer treatment).
### Administrative Guidance (continued)

- A study undertaken by LIVESTRONG estimates that covering fertility preservation services would cost approximately $0.03 PMPM. This cost calculation was confirmed in an independent analysis undertaken by the State of California as part of its review about whether to require such coverage in health plans governed by the state. The calculation assumes that covered services are sperm banking and embryo freezing. The state also estimates that cost savings may exist. Research shows that breast cancer patients take future fertility into account when making cancer treatment decisions; some patients may forgo more effective treatment to avoid infertility, leading to higher costs for treatment of metastatic cancer in the future.17-19

### Assessment

#### Current Benefit

Does the medical plan’s standard policy provide coverage for standard fertility preservation treatments for iatrogenic infertility (infertility caused by medically necessary cancer treatment) when treatments have been identified as appropriate by applicable professional societies? Has any requirement to demonstrate attempts to conceive before infertility benefits become available been waived?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

### Medical Benefit 1.14

#### Recommended Benefit or Practice

Medical plan should cover home health services, including pediatric home health services, under the following conditions:

- When the patient must be confined to the home or when leaving the home for required services would involve considerable effort or expose the patient to undesirable risk;
- When the services are clinically appropriate for the home setting;
- When the services are prescribed by the attending physician as part of a written plan of care; and
- When authorized by the health plan as clinically appropriate.
### Objective(s)
- To support cost-effective and patient-centered care in the home setting.

### Benefit Plan Recommendation
- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Home health services
- **Recommended Cost Sharing:** None
- **Recommended Copayment/Coinsurance Level:** No cost to the employee or their dependent
- **Covered Providers:** Certified home health care agencies included in the plan network

### Administrative Guidance
Cancer care may be offered in the home setting in lieu of care in a physician’s office. Furthermore, home care may be more cost-effective, more convenient and safer for the patient and the caregivers.

### Assessment

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<thead>
<tr>
<th>Current Benefit</th>
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<tbody>
<tr>
<td>Does the medical plan cover home health visits consistent with this recommendation?</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Yes – Partial</td>
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<tr>
<td>No</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Medical Benefit 1.15

#### Recommended Benefit or Practice
If purchased, stop-loss insurance should apply benefits in a way that is consistent with the company’s health care plan, including coverage of clinical trials and off-label use of drugs, as defined in Pharmacy Benefit Recommendation 2.2 as found on page 40. Approved clinical trials (as defined in Medical Benefit Recommendation 1.6 on page 13) should not be excluded under the experimental and investigational language.

#### Objective(s)
- To ensure that stop-loss insurance provides employers with the expected financial protection and is consistent with benefits described in the health care plan regarding: (1) coverage for the routine costs of care in clinical trials; and (2) evidence-based coverage for off-label use of drugs in cancer care that is consistent with the NCCN Drugs & Biologics Compendium.
### Benefit Plan Recommendations

- **Applicable Plan**: Stop-loss insurance
- **Benefit or Practice Definition**: Covered benefits are consistent between the medical plan and the stop-loss carriers.
- **Recommended Cost Sharing**: N/A
- **Recommended Copayment/Coinsurance Level**: N/A
- **Covered Providers**: N/A

### Administrative Guidance

- In health insurance, stop-loss is a policy that takes effect after a certain amount has been paid in claims. Companies providing health insurance for their employees through a self-insured plan often subscribe to stop-loss policies in order to protect themselves against catastrophic claims.
- Some companies that issue stop-loss insurance offer policies that, at times, conflict with the coverage chosen by a self-funded employer and established through language in its Summary Plan Description (SPD) or other plan documents. This misalignment of coverage policies can result in (1) the stop-loss carrier declining to cover catastrophic claims for certain patients; (2) refusal of the stop-loss carrier to write coverage for certain types of claims; or (3) the stop-loss carrier charging a substantially higher premium in exchange for agreeing to cover situations that are in conflict with the carrier’s usual policies.
- Typically, conflicting policies are found between an employer and the stop-loss carrier when claims are submitted that include (1) a patient’s current or past participation in a clinical trial and (2) drugs or biologics that do not have FDA approval for that specific use (“off-label” use).

### Assessment

**Current Benefit**

Does the stop-loss carrier’s contract with the employer clearly state that it covers claims for services consistent with the employer’s SPD and plan document language in regard to clinical trials and off-label use of drugs?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know
### Medical Benefit 1.16

**Recommended Benefit or Practice**

Benefit plan should cover initial and subsequent screening for depression (performed by oncologists and other covered providers) for all cancer patients and their dependents. The screening should be conducted with a standardized instrument (e.g., PHQ-9 or PHQ-2).

**Objective(s)**

- To identify individuals with cancer and their dependents (e.g., spouse, children) who could benefit from timely diagnosis and effective treatment of depression.
- To minimize the cost impact for patients with cancer and comorbid depression through quicker diagnosis.

**Benefit Plan Recommendations**

- **Applicable Plan:** General Medical
- **Benefit or Practice Definition:** Depression screening using a standardized instrument
- **Recommended Cost Sharing:** Same level whether in a community setting or at large, academic cancer centers
- **Recommended Copayment/Coinsurance Level:** Same level whether in a community setting or at large, academic cancer centers
- **Covered Providers:** Network physicians and other network providers

**Administrative Guidance**

Surveys have found that 20%-40% of newly diagnosed and recurrent cancer patients show a significant level of distress, a term that includes depression, anxiety and other unpleasant psychological states. However, less than 10% of patients are actually identified and referred for psychosocial help.

Failure to recognize and treat distress leads to several problems: trouble making decisions about treatment and adhering to treatment, extra visits to the physician’s office and emergency room and greater time and stress for the oncology team. Early evaluation and screening for distress leads to early and timely management of psychological distress, which in turn improves medical management.20, 21
## Assessment

<table>
<thead>
<tr>
<th>Current Benefit</th>
<th>Does the medical plan cover depression screening (performed by oncologists and other covered providers) for all cancer patients and their dependents?</th>
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<tbody>
<tr>
<td>☐ Yes</td>
<td></td>
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<tr>
<td>☐ Yes – Partial</td>
<td></td>
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<tr>
<td>☐ No</td>
<td></td>
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<tr>
<td>☐ Other</td>
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<tr>
<td>☐ Don’t know</td>
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</table>

## Medical Benefit 1.17

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>Oncologists and other approved health providers should be reimbursed for screening, assessing and diagnosing behavioral health conditions as a primary or secondary health condition.</th>
</tr>
</thead>
</table>
| Objective(s)                    | • To support and encourage adequate documentation of the incidence, prevalence, treatment and outcomes of common behavioral health conditions in the general medical environment.  
|                                 | • To provide the information necessary to correct missing or inaccurate clinical/diagnostic information that potentially impedes plan administrators’ ability to monitor and improve network performance, provider quality and patient outcomes.  
|                                 | • To minimize the cost impact of a comorbid depression condition through quicker diagnosis and effective treatment. |
| Benefit Plan Recommendations    | • **Applicable Plan:** General Medical  
|                                 | • **Benefit or Practice Definition:** Behavioral health screening  
|                                 | • **Recommended Cost Sharing:** Same level whether in a community setting or at large, academic cancer centers  
|                                 | • **Recommended Copayment/Coinsurance Level:** Same level whether in a community setting or at large, academic cancer centers  
|                                 | • **Covered Providers:** Network physicians and other network providers |
Administrative Guidance

- Because a significant number of employees select approved providers to treat their behavioral health condition, employers would be well served to work with their medical plan to clearly define the covered services and related reimbursement schedules needed to clinically manage these employees’ conditions.
- These clinical services can be organized into four types of services:
  - **Screening**: The identification of key factors/symptoms that may indicate the prevalence of a condition such as depression in patients with cancer.
  - **Assessment**: A structured, systematic process for observing and understanding the characteristics of an individual. For assessing behavioral health conditions, these characteristics are typically classified as biological, psychological or social/functioning traits.
  - **Diagnosis**: A formal method of determining whether an individual exhibits signs and symptoms that correspond to a particular disorder or disease.
  - **Treatment**: A formal intervention designed to reduce or mask the symptoms associated with a particular disorder or disease and/or increase the individual’s functional abilities.

Assessment

Current Benefit

Does the medical plan reimburse approved providers, including oncologists, for screening, assessing and diagnosing behavioral health conditions as a primary or secondary health condition?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

Medical Benefit 1.18

Recommended Benefit or Practice

Employers should provide benefit coverage and ensure that providers, including oncologists and other cancer specialists, adopt the key elements of collaborative care for patients with cancer who are diagnosed with a behavioral health disorder but are principally treated in a medical setting.
Objective(s)

- To ensure that patients with cancer who have behavioral health conditions, particularly depression and anxiety, receive effective, evidence-based care.
- To increase the coordination of behavioral health treatment with cancer treatment when a physician who is not a behavioral health specialist diagnoses a mental health or substance abuse condition.

Benefit Plan Recommendations

- **Applicable Plan**: General Medical and Behavioral Health
- **Benefit or Practice Definition**: Collaborative care
- **Recommended Cost Sharing**: Same level whether in a community setting or at large, academic cancer centers
- **Recommended Copayment/Coinsurance Level**: Same level whether in a community setting or at large, academic cancer centers
- **Covered Providers**: Network providers

Administrative Guidance

Collaborative care incorporates several key components, all of which should be covered by the employer’s general medical benefit:

- Screening for behavioral disorders to identify the symptoms associated with a behavioral health diagnosis.
- Assessment to confirm a behavioral health diagnosis.
- Patient education to help the patient select treatment options.
- Treatment (e.g., pharmacotherapy and/or psychotherapy).
- In-person and telephone care management by a qualified professional who works with and is supervised by the oncologist or primary care provider (PCP). The professional should:
  - coordinate patient education related to the behavioral health diagnosis and help the patient select treatment options;
  - coordinate an initial treatment plan with the PCP and the patient;
  - work with the patient to implement and support the treatment plan, including monitoring patient progress;
  - track clinical outcomes according to the treatment plan outlined by the PCP and work with the oncologist or the PCP to adjust treatment (including making a referral for specialty care, as needed) in cases of lack of progress or adverse effects; and
  - document all activities relating to each case in a file to be stored with the patient’s medical record.
- Clinical consultation provided to the PCP and/or care manager by a qualified behavioral health specialist.
### Assessment

**Current Benefit**

Does the medical plan cover consultation between an approved provider, a behavioral health specialist and/or a condition management specialist to provide collaborative care for patients with cancer who are diagnosed with a behavioral health disorder but are principally treated in a medical setting?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

### Medical Benefit 1.19

**Recommended Benefit or Practice**

Medical plan should contract with behavioral health providers at network cancer centers and children’s hospitals.

**Objective(s)**

- To make all evidence-based interventions readily accessible and effective for all plan members diagnosed with cancer.
- To ensure that there are in-network behavioral health providers with knowledge and skills to deliver evidence-based treatment options for individuals with cancer and their dependents, including children.

**Benefit Plan Recommendation**

- **Applicable Plan:** General Medical and Behavioral Health
- **Benefit or Practice Definition:** Evidence-based behavioral health care
- **Recommended Cost Sharing:** Same level whether in a community setting or at academic cancer centers
- **Recommended Copayment/Coinsurance Level:** Same level whether in a community setting or at academic cancer centers
- **Covered Providers:** Behavioral Health providers

**Administrative Guidance**

Individuals with cancer may benefit from or require behavioral health care services from providers with experience and expertise in working with cancer patients.
### Assessment

**Current Benefit**

Does the medical plan credential and contract with behavioral health providers at network cancer centers and children’s hospitals?

- ☐ Yes
- ☐ Yes – Partial
- ☐ No
- ☐ Other
- ☐ Don’t know
# 2.0: Pharmacy Benefits

## Pharmacy Benefit 2.1

**Recommended Benefit or Practice**

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.

Specialty Pharmacy (SP) programs should implement programs to counsel individuals who are prescribed oral oncology drugs or self-injectables to reduce the prescription abandonment rate. SP programs should also monitor patients on long-term treatment regarding failure to fill or refill prescriptions.

SP programs and 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 employee assistance programs (EAPs) or other resources.

**Objective(s)**

- To help ensure adherence to prescribed medications required to treat cancer, the side effects of their treatment and maintenance drugs.
- To prevent prescription abandonment due to unaffordable out-of-pocket costs.

**Benefit Plan Recommendation**

- **Applicable Plan**: Pharmacy Benefit
- **Benefit or Practice Definition**: Pharmacy benefit plan cost sharing
- **Recommended Cost Sharing**: Consistent with the pharmacy benefit cost-sharing structure, but not greater than $100 per prescription fill and/or an aggregate of $200 out-of-pocket maximum per month. One out-of-pocket maximum should apply to combined medical and pharmacy expenditures.
- **Covered Providers**: Pharmacy benefit manager and Specialty Pharmacy
### Administrative Guidance

- Some employers have implemented increased cost sharing and/or instituted coinsurance instead of a fixed copayment for high-cost drugs to make employees more cost-sensitive. This approach can have unintended consequences for cancer patients who are unable both to manage the cost of their medications and take their medications as directed.

- Recent studies identified the relationship between higher out-of-pocket costs to employees and their dependents and a higher prescription abandonment rate for oral oncology drugs. In the first study, the overall rate was 8.5%, but the rate rose to 16.1% for those with out-of-pocket expenses between $201 and $500. For those with out-of-pocket expenses greater than $500, the abandonment rate was 28.8%. The rate was 4.9% for those with out-of-pocket costs of $100 or less. Results of the second study were comparable.22, 23

- High deductible health plans (HDHP) with an accompanying health savings account that conforms to IRS standards may not be able to adopt this structure; employees enrolled in this type of plan must pay the full deductible before any type of cost sharing for non-preventive treatments is offered. After the deductible has been met, Pharmacy Benefit Recommendation 2.1 may be put into place. Employers offering HDHPs should consult their legal counsel prior to adjusting their plan design to ensure that it reflects Recommendation 2.1.

### Assessment

**Current Benefit**

Does the pharmacy plan include a reasonable out-of-pocket threshold consistent with this recommendation?

Do the pharmacy and medical benefit plan administrators currently work together to implement a single out-of-pocket maximum for medical and pharmacy expenditures?

Is the SP program required to provide counseling services to individuals obtaining oncology medications?

Does the SP program and/or employer provide access to information about programs to assist patients with the costs of prescription drugs?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
## Pharmacy Benefit 2.2

### Recommended Benefit or Practice

Administrators of medical plans, pharmacy benefit management programs (PBM), specialty pharmacy (SP) plans and any other relevant organizations should encourage their plans to cover evidence-based cancer treatment, whether paid under the medical or pharmacy benefit. Coverage should be available for off-label use of drugs and biologics when supported by evidence and expert consensus, as indicated in the NCCN Guidelines® and NCNN Drugs & Biologics Compendium (NCCN Compendium®); specifically, recommendations with Category 1 and 2A level of evidence. Plans should consider coverage of treatments with Category 2B level of evidence on a case-by-case basis and have an established process in place to do so.

The American Society of Clinical Oncology (ASCO) clinical guidelines also should be considered as a source of evidence-based recommendations for drugs and biologics.

### Objective(s)

- To help ensure that patients have coverage for cancer treatment that is evidence-based, using consistent standards of evidence.

### Benefit Plan Recommendation

- **Applicable Plan:** Pharmacy and Medical Benefits
- **Benefit or Practice Definition:** Evidence-based coverage of drugs and biologics
- **Recommended Cost Sharing:** Consistent with the company’s formulary; no difference in cost sharing for off-label uses of drugs and biologics when consistent with evidence-based guidance from the NCCN Compendium® and/or ASCO guidelines.
- **Recommended Copayment/Coinurance Level:** N/A
- **Covered Providers:** N/A

### Administrative Guidance

Off-label use of drugs is much more common in cancer treatment than in the treatment of other conditions. An estimated 50% or more of cancer care is off-label (off-label use means that the drug or biologic has FDA approval but not for use in that specific manner).
Administrative Guidance (continued)

Organizations that address clinical coverage, including NCCN and ASCO, support off-label use of drugs and biologics in cancer treatment when supported by evidence. Medicare and many managed care organizations cover both on-label and off-label use that are supported by peer-reviewed evidence and that are listed in selected drug compendia.

The NCCN Compendium® (found at http://www.nccn.org/professionals/drug_compendium/content/contents.asp) and the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), from which the compendium is derived, is a comprehensive, up-to-date, evidence-based set of recommendations for cancer care. See NCCN Drugs & Biologics Compendium (NCCN Compendium®) at http://www.nccn.org/professionals/drug_compendium/content/contents.asp for more information. Medicare, Aetna, UnitedHealthcare and others use the NCCN Compendium® as the basis for determining coverage policy. NCCN Guidelines® are reviewed and updated at least annually and often several times a year. Each condition-specific guideline panel is comprised of 25 to 30 subspecialists, who meet to review and evaluate newly available evidence and to reach consensus about what constitutes appropriate treatment. Each treatment recommendation is designated with one of the following categories of evidence and consensus:

- Category 1: The recommendation is based on high-level evidence (e.g., randomized controlled trials or meta-analyses); there is uniform NCCN consensus. (Approximately 6%-10% of NCCN treatment recommendations have Category 1 designation.)
- Category 2A: The recommendation is based on lower level evidence (such as smaller randomized trials); there is uniform or near-uniform NCCN consensus. (Approximately 76%-83% of NCCN treatment recommendations have Category 2A designation.)
- Category 2B: The recommendation is based on lower level evidence and there is majority or greater NCCN consensus. (Approximately 6%-13% of NCCN treatment recommendations have Category 2B designation.)

Coverage of Category 2B

There is a lesser degree of consensus about treatment recommendations with Category 2B level of evidence and consensus (between 50% and 84% of panel members concur) than about treatments with Category 2A treatment recommendations (between 85% and 100% consensus). Therefore, plan medical directors should review proposed treatments with Category 2B designation on a case-by-case basis. This could involve review of the available literature, recommendations from relevant oncology groups and individual patient information. The review should be conducted by one or more medical oncologists, preferably medical oncologists with expertise in the patient’s specific type of cancer.
### Administrative Guidance (continued)

Understanding that the final decision-making authority must rest with the treating physician based on the specific clinical circumstances, NCCN guideline panels make recommendations that are appropriate for the majority of patients. These recommendations provide appropriate treatment choices while limiting access to treatments that are more likely to cause harm than to benefit the patient.

**ASCO Guidelines**

ASCO is a professional oncology organization dedicated to treating and curing cancer through research, education, prevention and delivery of high-quality care. ASCO promotes and provides cancer research, an improved environment for oncology practice, access to quality cancer care and a global network of oncology expertise. One function of ASCO is the development of evidence-driven clinical guidelines. Its expert panels of providers “utilize the best possible evidence to identify and develop practice recommendations for specific areas of cancer care.” ASCO guideline topics, found at [http://www.asco.org/institute-quality/guidelines](http://www.asco.org/institute-quality/guidelines), are selected on the basis of significant clinical or economic importance; the presence of variations in patterns of, or access to, care; availability of suitable data; and ethical considerations.” ASCO guidelines are updated by means of systematic review of the evidence and, in particular, new evidence.

### Assessment

**Current Benefit or Practice**

Do administrators of medical plans, PBM programs, SP plans and any other relevant organizations ensure that plans cover evidence-based cancer treatment, whether paid under the medical or pharmacy benefit, based on NCCN Guidelines® and NCCN Drugs and Biologics Compendium (NCCN Compendium®) with at least Category 1 or 2A level of evidence, and/or as indicated in ASCO guidelines?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know
### Pharmacy Benefit 2.3

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>Benefit plan should establish parity of patient cost sharing between the medical and pharmacy benefit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective(s)</td>
<td>• To help ensure that treatment decisions can be made without regard to whether the treatment is covered by the medical or pharmacy benefit.</td>
</tr>
</tbody>
</table>
| Benefit Plan Recommendation     | • Applicable Plan: Medical and Pharmacy Benefits  
• Benefit or Practice Definition: Cost-sharing parity between medical and pharmacy benefits  
• Recommended Cost Sharing: Equivalent out-of-pocket costs to patients in medical and pharmacy benefit |
| Administrative Guidance         | Increasingly, oral chemotherapy is being used as an effective treatment option for certain types of cancer. However, high coinsurance or high copayment may make the oral medications unaffordable to the patient and could result in a decision to receive chemotherapy as an infusion in the physician's office or outpatient hospital setting. |

### Assessment

<table>
<thead>
<tr>
<th>Current Benefit</th>
<th>Do the medical and pharmacy benefit plans have a process to work together to establish parity of patient cost sharing between the medical and pharmacy benefit?</th>
</tr>
</thead>
</table>
|                  | • Yes  
• Yes – Partial  
• No  
• Other  
• Don’t know |
### Clinical Support & Condition Management Benefit 3.1

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>Benefit plan should provide access to information and assistance related to a cancer diagnosis, including, at a minimum, a nurseline service that offers information on clinical issues and community resources and provides supportive services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective(s)</td>
<td>To provide access to evidence-based information on a wide range of topics relevant to individuals with questions about a suspected or confirmed diagnosis of cancer, concerns or questions about cancer risk, prevention and treatment.</td>
</tr>
</tbody>
</table>
| Benefit Plan Recommendation   | • Applicable Plan: General Medical plan or through direct contracting with vendor.  
• Benefit or Practice Definition: Nurseline services  
• Recommended Cost Sharing: N/A  
• Recommended Copayment/Coinsurance Level: N/A  
• Covered Providers: N/A |
| Administrative Guidance       | • Credible information on prevention and screening, cancer diagnoses, cancer treatment options and other topics should be available and provided by clinical staff who have access to resources that have been evaluated and approved as evidence-based and credible.  
• Nurses and others staffing these resources should be trained and prepared to provide general information about cancer-related topics (diagnoses and treatments), community resources and topics relevant to those with a diagnosis of cancer, such as advance directives, hospice, palliative care and clinical trials. |
### Assessment

<table>
<thead>
<tr>
<th>Current Benefit</th>
<th>Does the medical plan or separate vendor provide assistance related to a cancer diagnosis via a nurseline service that offers information on cancer-related clinical issues and community resources?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
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<tr>
<td></td>
<td>☐ Yes – Partial</td>
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<td></td>
<td>☐ No</td>
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<td></td>
<td>☐ Other</td>
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<tr>
<td></td>
<td>☐ Don’t know</td>
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</table>

### Clinical Support & Condition Management Benefit 3.2

**Recommended Benefit or Practice**

Employers should contract for case management services and require that oncology nurses be available to work with patients, including adolescents and the parents of children, and are supported by a physician or physicians with oncology expertise.

Alternatively, employers should consider purchasing a cancer-specific case management/care management program staffed by oncology nurses who are supported by a physician or physicians with oncology expertise.

**Objective(s)**

- To provide comprehensive support to individuals with a diagnosis of cancer by offering them education about their diagnosis, evidence-based treatment options and strategies to prevent or reduce symptoms and side effects.
- To address options when cure is no longer possible, including hospice. Support provided by oncology nurses can mitigate treatment costs, help ensure that patients are receiving evidence-based care (consistent with NCCN Guidelines®) from providers with appropriate expertise, help prevent emergency room visits and admissions, increase completion of advance directives, increase hospice utilization and earlier enrollment in hospice, and provide psychosocial support to both patients and caregivers.
**Benefit Plan Recommendation**

- **Applicable Plan:** General Medical plan or through direct contracting with vendor
- **Benefit or Practice Definition:** Cancer care management
- **Recommended Cost Sharing:** N/A
- **Recommended Copayment/Coinurance Level:** N/A
- **Covered Providers:** N/A

**Administrative Guidance**

- Because cancer consists of dozens of different diagnoses, with many different treatment approaches, it is unrealistic to expect nurses without an oncology background to provide the kind of information and support that individuals with cancer and their loved ones often need.
- Nurses should have several years of oncology nursing experience and/or case management experience, with OCN (oncology-certified nurse) accreditation; CCM (certified case manager) accreditation is desirable. Nurses should be supported by a physician or physicians with oncology expertise, either as program medical directors or as consultants. Oncology social workers are an additional valuable component of such a program. They can provide information on resources and offer psychosocial support to patients and caregivers.
- Nurses and others staffing a cancer management program should be trained and prepared to provide treatment decision support and in-depth information about a wide range of cancer-related topics, including community resources, advance directives, hospice, palliative care and clinical trials. They should be able to discuss considerations in deciding where to go for treatment or to get a second opinion. They should be trained on cultural issues in order to effectively serve diverse populations in terms of age, ethnicity and education level. If possible, nurses with experience in pediatric cancer care should be represented on the team.
- Cancer case management program staff should be able to coordinate and collaborate with wellness, prevention and screening programs as part of a comprehensive cancer solution.
<table>
<thead>
<tr>
<th>Current Benefit</th>
<th>Does the medical plan or external vendor offer a cancer case management/disease management program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Yes</td>
<td></td>
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<tr>
<td>❑ Yes – Partial</td>
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<tr>
<td>❑ No</td>
<td></td>
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<tr>
<td>❑ Other</td>
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<tr>
<td>❑ Don’t know</td>
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</table>
# 4.0: Short-Term Disability (STD)

## STD Recommendation 4.1

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>STD benefit plan’s policies and practices must require operational coordination with the EAP.</th>
</tr>
</thead>
</table>
| Objective(s)                   | • To ensure effective management of employees who are on STD or returning to work after being on STD.  
                               | • To increase the rate at which employees return to work from a disability.  
                               | • To reduce the duration of STD-related absences.  
                               | • To reduce the rate of multiple STD claims. |
| Administrative Guidance         | Coordinating the activities of an employer’s STD benefit plan and the EAP has been shown to be successful at reducing the leave’s duration and expediting return to work.²⁸ |

Employers aligning EAP and STD programs can benefit from coordinated policies that address program access, case coordination and return-to-work functions, as well as case documentation requirements.²⁹ The STD benefit plan and EAP business practices should consistently address the following:

- Issues affecting compliance with the treatment plan while on short-term disability;
- Employee leave notification practices;
- Supervisor support and coaching practices to facilitate employee return to work; and
- Care coordination practices, including:
  - assessment;
  - support for employees with identified emotional and/or support needs. This is especially important because approximately 33% of cancer patients have comorbid depression;²⁹ and
  - coordination with the company’s wellness program if the employee needs strength training, exercise and/or nutritional counseling.

- Return-to-work decisions should be based on the employee’s physical, cognitive and emotional status.³¹-³⁴
- Cancer patients may need specific accommodations, including modifications to the work site, adjustments to job functions and emotional support, when returning to work after STD.²⁹

To learn more about short-term disability benefits, go to [http://www.businessgrouphealth.org/pub/f3151467-2354-d714-517b-8a34743a49cf](http://www.businessgrouphealth.org/pub/f3151467-2354-d714-517b-8a34743a49cf).
### STD Recommendation 4.2

#### Recommended Benefit or Practice
STD programs should adopt and utilize cancer-specific protocols, based on clinically validated information, for guidance in certifying and managing cancer-related disability cases.

#### Objective(s)
- To align STD programs with known evidence-based practices.
- To support a science-based approach for managing employees who need STD benefits.

#### Administrative Guidance
Employers should develop STD programs that require the use of clinically validated cancer treatment protocols to:
- Improve the efficiency and accuracy of the diagnostic process;
- Improve the effectiveness of individual treatment plans and interventions that relieve symptoms, achieve functional improvement and support a sustainable return to work;
- Improve or restore the health of workers who experience occupationally related illnesses; and
- Improve the quality and management of the clinical and administrative practices related to the STD program.35

### Assessment

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Does your vendor integrate STD with your EAP in terms of policy, procedures and practice?</th>
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<td>Yes</td>
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<td>Yes – Partial</td>
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<td>No</td>
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<td>Other</td>
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<td>Don’t know</td>
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<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Does your vendor ensure that STD case managers utilize industry-recognized, cancer-specific disability protocols to assist in certifying and managing STD cases?</th>
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<td>Yes</td>
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<td>Yes – Partial</td>
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<td>Other</td>
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<td>Don’t know</td>
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</tbody>
</table>
### STD Recommendation 4.3

**Recommended Benefit or Practice**
STD program case managers should have working knowledge of evidence-based cancer treatment guidelines (e.g., NCCN Clinical Practice Guidelines in Oncology), as well as access to an oncologist as needed for consultation.

**Objective(s)**
- To ensure that employees on STD for a cancer-related disease receive clinically validated care.
- To ensure that STD program case managers have access to expert knowledge regarding serious and/or chronic illnesses such as cancer.

**Administrative Guidance**
Management of cancer diagnoses is complex. Therefore, access to current cancer treatment options and other topics is critical to helping STD program case managers deal with their cancer-related cases effectively. In addition, having access to an oncologist and/or oncology-certified nurse can improve the STD program case manager’s ability to gather general information about cancer-related topics (diagnoses and treatments), severity of illness, work limitations and the effects of illness and treatment on productivity.31, 36

### Assessment

**Current Benefit or Practice**
Does the vendor require and present evidence that STD case managers have working knowledge of treatment guidelines for serious and/or chronic illnesses, including cancer?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
STD Recommendation 4.4

Recommended Benefit or Practice
STD program case managers should actively manage each case, gathering treatment data and information from the employee, the employee’s treating physician/the physician’s staff and others involved in the employee’s care in order to certify and determine the length of the employee’s STD leave.

Objective(s)
• To obtain accurate information from the employee's treating physician and others involved in the employee’s treatment to determine: (1) if the employee meets the STD benefit plan’s leave criteria; (2) length of absence; (3) continuing disability leave criteria; (4) return-to-work support; and/or (5) identification of workplace accommodations.
• To ensure that the employee is actively engaged in and adherent to appropriate treatment.
• To identify treatment gaps.
• To identify issues that may interfere with the employee’s full engagement in treatment and recovery (depending on the outcome, this assessment may necessitate a referral to the employee assistance program’s (EAP’s) network of behavioral medicine/health psychologists).
• To identify comorbid depression or behavioral issues that may interfere with the employee’s adherence to treatment.

Administrative Guidance
STD case managers should conduct structured interviews with the treating physician, case managers and other providers involved in the employee’s care to gather treatment information in order to certify the disability and determine the appropriate duration of leave. The information should include:
• Diagnosis;
• Severity of illness;
• Treatment plan;
• Coordination of treatment for other health care conditions;
• Projected length of absence; and
• Possible accommodations for return to work.

STD case managers should conduct a structured interview with each employee to assess the employee’s:
• Clinical needs;
• Access to needed resources (e.g., other health care providers, the EAP and a second opinion) perceived job performance and job functioning requirements;
Administrative Guidance (continued)

- Behavioral issues that may be pertinent to the treatment plan or adherence to treatment;
- Coordination requirements associated with other health and productivity programs; and
- Return-to-work issues.

The initial structured interview and subsequent interviews should include screening for anxiety and depression. This screening should be conducted with a standardized instrument (e.g., PHQ-2, PHQ-9). If the employee screens positive for depression, a referral should be made to the EAP or a qualified behavioral health provider covered by the employee’s medical plan.

Assessment

Current Benefit or Practice

Does the vendor’s STD program have policies, procedures and practices in place to ensure that STD case managers conduct structured interviews with treating physicians, case managers and other providers involved in an employee’s care so that they can gather treatment information necessary to certify a disability and determine a duration of leave?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

STD Recommendation 4.5

Recommended Benefit or Practice

When STD program case managers identify employees with behavioral issues or disorders that affect the length of disability or treatment compliance, as well as increase productivity costs, the case manager should have access to health psychology and behavioral medicine specialists or health coaches trained to work with employees with serious and/or chronic illnesses such as cancer.
Objective(s)

- To ensure that STD program case managers have access to a core group of trained specialists who can help employees cope with the ramifications of having a serious and/or chronic illness, such as coping with the diagnosis, making treatment decisions and identifying how the diagnosis affects family dynamics and job performance.

- To ensure that STD program case managers can consult with specialists about behavioral aspects of adherence to treatment, such as coping with the diagnosis, returning to work, and workplace accommodations that may be needed because of limited strength, fatigue, ongoing treatment, concerns about the stigma of the diagnosis, and the employee’s feelings about the value and meaning of work.

- To provide consultation and support to supervisors about how to manage employees returning to work from disability, workplace accommodations and day-to-day employee management issues.

- To ensure that any safety concerns employers may have about the returning employee’s physical status are addressed.

Administrative Guidance

Health psychology, behavioral medicine practitioners and health coaches can provide:

- Support services to the employee who has returned to work from a serious and/or chronic illness;

- Support to a supervisor regarding workplace modifications that correspond to the employee’s physical and personal limitations;

- Coaching for the employee to ensure adherence with treatment;

- Consultation with the employee’s treating physician to ensure effective patient-physician communications; and

- Support to human resource professionals to help them understand workplace accommodations.

Health psychologists and behavioral medicine specialists are trained in providing counseling to individuals diagnosed with complex illnesses such as cancer. These professionals should be skilled in addressing the following issues:

- Scope of the problem;

- Concerns of the cancer patient and family members;

- Effects of depression and anxiety on treatment adherence;

- Effects of acute or chronic illness on families;\(^{39}\)

- Effects of illness, including depression and anxiety, on job performance pertaining to:
  - physical limitations as a result of cancer or treatments for the disease;
  - emotional and mental aspects; and
  - the effect on supervisors and co-workers.
### Assessment

**Current Benefit or Practice**

Does the vendor ensure that STD case managers have access to health psychology/behavioral medicine specialists or health coaches trained to work with employees with serious and/or chronic illnesses such as cancer?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

### STD Recommendation 4.6

**Recommended Benefit or Practice**

When an employee’s treatment adherence and/or recovery are negatively affected by behavioral health issues, the STD program case manager should consult with the employee’s treating physician and encourage the use of collaborative care as described in Medical Benefit 1.18 on page 34.

**Objective(s)**

- To increase the coordination of treatment between behavioral health providers and treating physicians.
- To increase employee adherence to treatment recommendations.

**Administrative Guidance**

Primary care physicians and oncologists, who function as the employee’s treating physicians may not be familiar with behavioral issues associated with the employee’s serious and/or chronic illness or be skilled at treating them. By engaging in a collaborative approach to treatment, providers have been shown to deliver more effective and efficient forms of treatment. By facilitating this type of treatment collaboration, STD program case managers may reduce the amount of time an employee is away from work and increase the likelihood that the employee will return to work.
### STD Recommendation 4.7

**Recommended Benefit or Practice**
STD program case managers should have the requisite training to:
- Evaluate employee impairment and level of functioning (based on job requirements and demands);
- Understand the employee’s return-to-work requirements;
- Judge the intensity level of treatment and constellation of care needed to assist the employee; and
- Recognize and manage comorbidity and the overall health status of the employee.

**Objective(s)**
- To accurately assess the health and functional status of an employee undergoing treatment for cancer.
- To identify clinical resources that will help the employee return to work.

**Administrative Guidance**
STD program case managers perform a critical role in managing employees through the disability process. These case managers must have the requisite training to understand the employee’s work requirements, the clinical delivery system and resources available to help the employee return to work. Decisions about an employee returning to work should be based on a collaborative evaluation of the employee’s physical, cognitive and emotional readiness.31

### Assessment

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Does the vendor have an established protocol for the STD staff to use in identifying and managing comorbid behavioral health issues of individuals on disability for a serious and/or chronic illness, including cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ Yes – Partial</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>☐ Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
### Assessment

**Current Benefit or Practice**

Does your vendor have established standards to ensure that STD case managers have the requisite training to understand an employee’s work requirements (physical, cognitive and emotional readiness), the clinical delivery system and resources available to help employees return to work?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

### STD Recommendation 4.8

**Recommended Benefit or Practice**

STD program case managers, in coordination with the employee’s supervisor, human resource (HR) representatives and, when appropriate, the legal department and EAP staff, should establish criteria for determining reasonable accommodations for employees with cancer.

**Objective(s)**

- To provide a coordinated approach for managing employees who are away from work due to a serious and/or chronic illness.
- To facilitate a standardized approach for assisting employees returning to work after STD.

**Administrative Guidance**

When determining accommodations for employees returning to work, the STD case manager should consider reasonable accommodations, such as:

- Restructuring job responsibilities;
- Creating a modified work schedule (i.e., part-time return to work);
- Working remotely; and
- Transferring to a different position.
### STD Recommendation 4.9

**Recommended Benefit or Practice**

An employee who has returned to work from STD as either a full- or part-time employee and then needs to take a second STD leave will not begin a new benefit period or be subjected to a new elimination period if the second disability is the same as the first. The entire period of absence will be considered as one continuous period resulting from the disability.

If an employee returns to work but periodically needs time off for ongoing medical treatment related to the disability, the intermittent absences for treatment will be considered one episode of disability. The episode must be limited in duration to the maximum allowable disability benefit.

If the employee reaches the maximum and is still considered disabled, the employee may be considered for long-term disability (LTD).

**Objective(s)**

- To ensure that employees receive treatment in a timely and effective manner.
- To ensure that supervisors are informed about the employee’s attendance schedule and that employees are not penalized for absences related to their original STD claim.
- To ensure that time away from work accurately reflects the employee’s medical condition and treatment.

### Assessment

**Current Benefit or Practice**

Does your vendor have established criteria for determining when accommodations are appropriate and what accommodations should be considered for cancer patients returning to work?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

---

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**Objectives (continued)**

- To ensure that employees engage in physician-recommended treatment at an appropriate time and frequency, particularly after the employee returns to work. Treatments may include:
  - infusion or radiation therapy;
  - rehabilitation services;
  - travel to a Center of Excellence (COE); and
  - follow-up services.
- To eliminate potential and real barriers to obtaining treatment, such as a lengthy elimination period.
- To avoid repeated STD cases for the same illness because they may delay initiation of LTD and Social Security disability benefits.
- To ensure that employees do not have to initiate a new disability case for ongoing absences from work.

**Administrative Guidance**

Most employers require that employees comply with an elimination period before approving STD benefits. This policy should be examined on a case-by-case basis for employees who have returned to work and require continuing treatment for the condition that was the original reason for the STD (e.g., continuation of care). Otherwise, employers may experience unintended financial and productivity consequences when employees take sick leave, vacation or paid time off (PTO) to obtain treatment for their current condition. Furthermore, if the company requires the individual to restart his/her elimination period in order to obtain needed care, the employer may also be delaying potential LTD decisions that may be beneficial to the employee and the company.

STD benefit plan elimination periods are used by employers to validate the medical need for STD benefits. Elimination periods may be 7, 14 or 30 days, and in some cases up to 180 days. During this time, an employee who anticipates needing STD benefits may be required to temporarily use sick leave or other PTO benefits, if available. Once the employee has met the company’s elimination period and the STD is approved, sick leave or PTO used by the employee should be reinstated. In many instances, employees who return to work after a STD episode will require additional care to complete the treatment process. These employees should be able to continue using their STD benefits for intermittent treatment.
### Administrative Guidance (continued)

They should not have to restart the referenced elimination period, which may be lengthy and potentially result in employees delaying necessary care. While requiring employees to restart the elimination period may decrease the costs of STD, this approach may unnecessarily increase health care costs and/or result in increased absenteeism and presenteeism.41

Once the employee is within 60 days of the maximum allowable benefit under STD and it appears that the employee will not return to work within that period, then steps should be initiated to transition the employee to LTD, including establishing eligibility for Social Security disability.

### Assessment

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Do your policies and practices for employees with serious and/or chronic illnesses, including cancer, who return to work and then need a second STD leave for the same illness permit continuation of the first disability period?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑ Yes  ❑ Yes – Partial  ❑ No  ❑ Other  ❑ Don’t know</td>
</tr>
</tbody>
</table>
### FML Benefit 5.1

**Recommended Benefit or Practice**
FML should be integrated into and administered as an essential component of the employer’s health and productivity programs, including STD, EAPs, work/life programs and wellness and condition management programs.

**Objective(s)**
- To help ensure comprehensive support for individuals taking FML to care for a family member or because of their own health condition.

**Administrative Guidance**
Since FML is largely administrative in nature, the process of applying for and receiving approval for leave should incorporate practices that connect the employee with benefits and programs that may be helpful during leave and when returning to work and have an optimal impact on employee productivity and satisfaction.

**Assessment**

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Is your FML integrated into and administered as an essential component of your health and productivity programs, including STD, EAP and work/life programs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<td></td>
<td>Yes – Partial</td>
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<td></td>
<td>No</td>
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<td></td>
<td>Other</td>
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<td></td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### FML Benefit 5.2

**Recommended Benefit or Practice**
Employees applying for FML for their own illness or to care for a loved one should be given information about EAPs and work/life programs and other benefits and services that may provide information, assistance and support.

To learn more about family medical leave, go to [http://www.businessgrouphealth.org/pub/f313951d-2354-d714-51f7-b4559943fb8e](http://www.businessgrouphealth.org/pub/f313951d-2354-d714-51f7-b4559943fb8e).
### Objective(s)

- To support employees taking FML regarding challenges and issues that they and their families are likely to encounter because of illness or other circumstances that require caregiving.

### Administrative Guidance

The EAP can meet many needs by connecting employees and their dependents with behavioral health resources, caregiver support groups and other relevant resources based on each employee’s specific needs and circumstances.

Administrative staff processing the FML request should inform employees of other benefits that may be helpful, such as wellness and condition management programs, medical and pharmacy benefits and (if available) vacation donation programs.

### Assessment

**Current Benefit or Practice**

When responding to inquiries about FML, do you or your vendor provide information about benefits, such as EAPs and work/life programs, medical benefits and care management programs, which may be helpful for employees with a chronic illness or for those who are providing caregiving services to a loved one with a serious and/or chronic illness?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

### FML Benefit 5.3

**Recommended Benefit or Practice**

All employees who apply for FML due to their own illness or to care for a loved one should receive information about caregiver stress and depression and available support resources.

When possible, employees applying for FML should be screened for depression using a standardized instrument (e.g., PHQ-9, PHQ-2).

**Objective(s)**

- To help ensure that individuals taking FML understand that stress and depression are common and normal responses for those with a serious illness or serving as a caregiver.\(^{42,43}\)
- To help ensure that individuals taking FML are aware of and are encouraged to use available support services.
- To help ensure that appropriate behavioral health services are offered and made available to individuals taking FML.
### Administrative Guidance

A significant proportion of individuals taking FML subsequently take STD (18% of those taking FML for their own illness and 12% of those taking FML to care for a loved one). Unrecognized or poorly managed depression and stress are factors that may increase the risk of their needing disability leave.

The employer’s administrative staff should not evaluate employees for depression. However, if the employer has its own medical staff, those individuals can screen and evaluate employees for depression. Employees who screen positive but are not currently being treated for depression should be referred to the EAP or a behavioral health provider through the employee’s health plan.

If the employer does not have a medical department to conduct depression screening, employees can be given general information about the prevalence of depression among people with a serious and/or chronic illness and their caregivers, and they should be encouraged to contact the EAP or talk with their primary care provider. This information can be given to those applying for FML as a one-page handout with basic information about leave and the resources available to support those taking leave.

### Assessment

#### Current Benefit or Practice

When accepting inquiries about FML or applications for it, do you or your vendor provide information about caregiver stress and depression and tell employees about resources (such as EAPs) that may be able to assist them?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know
# FML Benefit 5.4

| **Recommended Benefit or Practice** | All employees who apply for FML should be provided with information about financial counseling and assistance. Employees should be informed that they can take FML to cover any gaps in paid leave during the STD qualification period to ensure continuity of employment and benefit coverage. |
| **Objective(s)** | • To help ensure that information and services related to financial and other challenges are offered and made available to individuals serving as caregivers for loved ones or dealing with their own serious illness.  
• To prevent loss of benefits or employment due to gaps during the disability qualification process. |
| **Administrative Guidance** | Since FML is unpaid leave, many employees experience financial difficulties during this time. The EAP can connect employees and their dependents with support services to address financial challenges that may arise. These resources may include free or discounted financial counseling programs and referral to other organizations that assist individuals coping with financial issues related to a serious illness. This information can be provided in a one-page handout given to those applying for FML. |
| **Assessment** | When accepting inquiries about FML or applications for it, do you or your vendor provide information about financial counseling and assistance that is available through your EAP and/or other resources? |
| | • Yes  
| | • Yes – Partial  
| | • No  
| | • Other  
<p>| | • Don’t know |</p>
<table>
<thead>
<tr>
<th>FML Benefit 5.5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommended Benefit or Practice</strong></td>
</tr>
<tr>
<td>FML should be integrated with HR planning and operations. HR should establish a formal policy and administrative process to encourage proactive planning for return to work. When feasible, supervisors should be encouraged to offer alternative work arrangements (e.g., ability to work from home or the cancer center), reduced work schedules and assistance with reentry into the workplace. The employer should establish a supportive environment for employees dealing with a serious and/or chronic condition, supervisors and co-workers.</td>
</tr>
<tr>
<td><strong>Objective(s)</strong></td>
</tr>
<tr>
<td>• To provide comprehensive and integrated services both to those taking FML and to supervisors who need to adapt to an employee’s leave or need for accommodation when he/she returns to work. • To support supervisors in managing the needs and reactions of the work team and in providing a supportive work environment for employees facing a serious illness or serving in a caregiving role.</td>
</tr>
<tr>
<td><strong>Administrative Guidance</strong></td>
</tr>
<tr>
<td>Workplace accommodations can help employees continue to be effective at work, prevent or reduce employee leave and reduce the risk that employees will leave their jobs because of their own or a loved one’s serious illness. The option of working remotely can be especially important for individuals who need to avoid crowds because their treatment has made them vulnerable to infection and for those who must travel outside their immediate community so that they, a child or other family member can receive care at a specialized cancer or transplant center. The employee’s work team also is likely to be affected by a co-worker’s illness or caregiver responsibilities, especially if the illness or caregiving responsibilities result in frequent absences, extended leave or the co-worker’s loss of effectiveness on the job. The employee’s work team is likely to be concerned about their colleague’s situation and may need to take on additional work. The team will need support to understand and cope with the changes in a constructive manner.</td>
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<tr>
<td>Current Benefit or Practice</td>
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</table>
### EAP Benefit 6.1

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>EAP policies and practices must require operational coordination with the STD program.</th>
</tr>
</thead>
</table>
| **Objective(s)**               | • To ensure effective management of employees who are on STD or returning to work after being on STD.  
• To increase the rate at which employees return to work from a disability.  
• To reduce the duration of STD-related absences.  
• To reduce the rate of multiple STD claims. |
| **Administrative Guidance**    | Coordinating the activities of an employer’s STD benefit plan and the EAP has been shown to be successful at reducing the leave’s duration and expediting return to work.  

Employers aligning EAP and STD programs can benefit from coordinated policies that address program access, case coordination and return-to-work functions, as well as case documentation requirements.  

The STD benefit plan and EAP business practices should consistently address the following:  
• Issues affecting compliance with the treatment plan while on short-term disability;  
• Employee leave notification practices;  
• Supervisor support and coaching practices to facilitate employee return to work; and  
• Care coordination practices, including:  
  ° assessment;  
  ° support for employees with identified emotional and/or support needs. This is especially important because approximately 33% of cancer patients have comorbid depression; and  
  ° coordination with the company’s wellness program if the employee needs strength training, exercise and/or nutritional counseling. |

To learn more about employee assistance programs, please click [here](#).
### Administrative Guidance (continued)

- Return-to-work decisions should be based on the employee’s physical, cognitive and emotional status.\(^{31-34}\)
- Cancer patients may need specific accommodations, including modifications to the work site, adjustments to job functions and emotional support, when returning to work after STD.\(^{29}\)

### Assessment

**Current Benefit or Practice**

Does your vendor integrate EAP with your STD in terms of policy, procedures and practice?

- ☐ Yes
- ☐ Yes – Partial
- ☐ No
- ☐ Other
- ☐ Don’t know

### EAP Benefit 6.2

**Recommended Benefit or Practice**

EAP professional staff should have a basic understanding of the cognitive, emotional and physical issues associated with serious and/or chronic illnesses, including cancer.

**Objective(s)**

- To provide knowledge-based assessment, intervention, referral and follow-up services to employees and their dependents about acute and chronic illness.

**Administrative Guidance**

EAPs provide strategic analysis, recommendations and consultation throughout an organization to enhance the organization’s performance, culture and business success. Professionally trained behavioral and/or psychological experts apply the principles of human behavior to management, employees and their families, as well as workplace situations, in order to optimize the organization’s human capital and achieve these enhancements.\(^{46}\)

- The following are key questions that EAP professionals should be able to answer:
  - Will the serious and/or chronic illness cause long-lasting and permanent impairment? If so, what kinds of accommodations should the employer consider?
**Administrative Guidance (continued)**

- Will the serious and/or chronic illness require rehabilitation? If so, what kind of support system is available to help employees navigate the rehabilitation process?
- Will the serious and/or chronic illness require long-term, supervised care? If so, what kinds of resources are available to help employees obtain appropriate long-term care?

- Key knowledge areas, basic principles and consequences of treatment that EAP professionals should be familiar with include:
  - effects of chemotherapy;
  - fatigue;
  - effects on cognitive functioning;
  - sexual dysfunction;
  - neuropathy; and
  - lymphedema.

- Major issues about serious and/or chronic illness that EAP professionals should be knowledgeable about include:
  - perceived loss of control;
  - altered self-image;
  - increased dependency;
  - stigma;
  - fear of abandonment;
  - anger; and
  - isolation.

---

**Assessment**

**Current Benefit or Practice**

Does your vendor’s credentialing process require EAP professionals to have basic training and knowledge about cognitive, emotional and physical issues associated with serious and/or chronic illnesses, including cancer?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know
### EAP Benefit 6.3

#### Recommended Benefit or Practice

EAP professional staff should be capable of providing consultation to supervisors and HR professionals, and they should be able to work effectively with employees who are coping with cancer and other serious and/or chronic illnesses.

#### Objective(s)

- To provide meaningful coaching and support to supervisors who have employees coping with cancer and other serious and/or chronic illnesses.
- To facilitate sustainable return-to-work outcomes by employees who are on disability due to a serious and/or chronic illness such as cancer.
- To assist co-workers in understanding how to talk with those diagnosed with cancer and/or caregivers for loved ones with cancer.
- To address co-workers’ questions and concerns about cancer.
- To develop plans coordinated with the HR department to stabilize the workplace and maintain productivity following a cancer-related emergent or urgent event.

#### Administrative Guidance

EAP professionals should consult with supervisors and managers about how to manage employees and their dependents coping with a serious and/or chronic illness, disabled by a serious and/or chronic illness or returning to work after a disability caused by a serious and/or chronic illness. Often, the focus of such a consultation is about developing skills to help work with or manage an employee who has a family member with a serious and/or chronic illness.

#### Assessment

Do your vendor’s policies and procedures: (1) define when and how EAP staff are responsible for providing consultation to HR staff and supervisors of employees with serious and/or chronic illnesses and (2) define how EAP staff can work with employees and their dependents who are coping with cancer and other serious and/or chronic illnesses?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
## EAP Benefit 6.4

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>The EAP should include information in employee handouts and supervisor training materials that specifically addresses serious and/or chronic illnesses and how the program can be utilized for consultation and referral of employees coping with serious illnesses such as cancer.</th>
</tr>
</thead>
</table>
| Objective(s)                   | • To ensure that supervisors and managers know that the EAP is a professional source of assistance for employees and their dependents who are coping with a serious and/or chronic illness such as cancer.  
• To ensure that supervisors and managers know that they can consult with EAP professionals when managing employees who are coping with a serious and/or chronic illness such as cancer.  
• To ensure that supervisors and managers have the knowledge and skills needed to refer an employee who is coping with a serious and/or chronic illness such as cancer to the EAP. |
| Administrative Guidance        | Many employees continue to work during cancer treatment even if they feel fatigued or lack focus or concentration. So be aware that “worsening symptoms that force the individual to consider a sick leave can precipitate an emotional crisis.”
|
| Assessment                     | Does your EAP orientation and training for supervisors and managers or your vendor’s program provide information and materials about addressing serious illnesses such as cancer?  
- Yes  
- Yes – Partial  
- No  
- Other  
- Don’t know |

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## EAP Benefit 6.5

### Recommended Benefit or Practice

The EAP and STD program case managers should have access to health psychology/behavioral medicine specialists and health coaches who are skilled at working with employees and their dependents dealing with a serious and/or chronic illness such as cancer.

### Objective(s)

- To ensure that the EAP has a core group of credentialed specialists available to assist employees who are coping with the complicated issues that result from a serious and/or chronic illness, including understanding the diagnosis, making treatment decisions, understanding how the condition affects the family and how the condition may affect job performance.
- To ensure that STD case managers can consult with specialists about the behavioral aspects of treatment adherence, how to cope with the diagnosis, return-to-work issues and workplace accommodations needed to address lack of strength, fatigue, ongoing treatment, stigma of the diagnosis and the employee’s feelings about the value and meaning of work.
- To consult with supervisors about how to manage employees returning to work from disability, related workplace accommodations and day-to-day employee management issues.

### Administrative Guidance

Health psychology and behavioral medicine practitioners can:

- Provide support services to the employee who has returned to work from STD;
- Work with the supervisor to facilitate workplace modifications based on physical and personal limitations;
- Work with the employee to ensure adherence with treatment;
- Work with the employee’s treating physician to ensure effective patient-physician communications; and
- Work with HR professionals to identify and adopt meaningful workplace accommodations.

Serious and/or chronic illnesses such as cancer are complex diseases to treat and manage. Health psychology/behavioral medicine specialists and health coaches are trained in providing counseling to individuals who are diagnosed with such illnesses. These professionals should be skilled in addressing the following issues:

- Scope of problem;
- Concerns of the cancer patient and family members;
- The effect of serious and/or chronic illness on families;
### Administrative Guidance (continued)

- The impact of depression and anxiety on treatment adherence; and
- The effect of serious and/or chronic illnesses on job performance, such as:
  - physical limitations as a result of cancer or treatments for the disease;
  - emotional and mental aspects, including depression and anxiety; and
  - the effect on supervisors and co-workers.

### Assessment

**Current Benefit or Practice**

Does your vendor’s EAP have a network of credentialed health psychology/behavioral medicine specialists who are skilled at working with employees and their dependents dealing with a serious and/or chronic illness, including cancer?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

### EAP Benefit 6.6

**Recommended Benefit or Practice**

The EAP’s network of health psychology/behavioral health specialists should be accessible and able to coordinate with STD program case managers about employees diagnosed with comorbid depression and/or other mental health or behavioral health issues.

**Objective(s)**

- To coordinate and provide short-term interventions and, when necessary, refer employees experiencing behavioral health issues associated with their illness to health psychology/behavioral health specialists.
- To provide consultation to STD program case managers.

**Administrative Guidance**

EAP and STD benefit plan policies and procedures should include a statement about the process for coordination and referral. This policy should include language detailing when coordination and referrals should take place. Accompanying procedures should address the process used by both programs to access health psychology/behavioral health specialists, along with how the EAP and STD staff will collaborate with and compensate these specialists.
**Assessment**

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Does your vendor’s EAP network include health psychology/behavioral health specialists who are available and trained to consult with STD case managers about employees diagnosed with mental health or behavioral health issues?</th>
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<tbody>
<tr>
<td>☐ Yes</td>
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<td>☐ Yes – Partial</td>
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<td>☐ Don’t know</td>
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</table>

**EAP Benefit 6.7**

**Recommended Benefit or Practice**

The EAP staff should understand issues of cognitive impairment experienced by individuals with illnesses such as cancer.

**Objective(s)**

- To ensure competent assessment of employees whose cognitive functioning may be impaired because of the cancer diagnosis, comorbid depression or treatment, including chemotherapy.
- To enable the patient to address his/her concerns with the treating physician and treatment team.

**Administrative Guidance**

Some cancer survivors have reported experiencing changes in cognitive function following chemotherapy and other treatments. Evidence supports the belief that standard-dose chemotherapy can produce cognitive deficits in a subgroup of cancer survivors.\(^47\)

Although these cognitive changes are generally subtle deficits in memory, concentration and the ability to remain focused or organized, these alterations in cognitive ability can have a significant impact on patients’ quality of life generally and on job performance in particular.\(^48\)

In some patients, the cognitive impairment may be a symptom of stress or comorbid depression or fatigue. The EAP can work with the employee so that he/she is better able to address these concerns with the treating physician or treatment team.
## Assessment

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Do the EAP staff and counselors have training necessary for understanding cognitive impairment associated with cancer and other serious and/or chronic illnesses?</th>
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<tbody>
<tr>
<td>Yes</td>
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<td>Yes – Partial</td>
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<td>No</td>
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<td>Other</td>
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<td>Don’t know</td>
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</table>

## EAP Benefit 6.8

### Recommended Benefit or Practice

The EAP should maintain a network of referral sources sufficient to meet the needs of a heterogeneous and diverse workforce. This network should be culturally competent and capable of responding to the needs of employees, spouses and children.

### Objective(s)

- To ensure that there is a culturally competent network of providers with the requisite training and skills to deal with a diverse workforce.
- To recognize and eliminate cultural, racial and ethnic disparities when supporting employees and their dependents who are coping with the complicated issues of cancer and other serious and/or chronic illnesses.

### Administrative Guidance

The EAP should have referral relationships with or information about:

- Wellness/prevention resources;
- Community resources and support groups;
- Transportation services;
- Child care and elder care services;
- Financial and legal consulting;
- Bereavement counseling;
- Advance directive counseling; and
- Patient advocacy services.
### Assessment

<table>
<thead>
<tr>
<th><strong>Current Benefit or Practice</strong></th>
<th>Does your vendor’s EAP maintain a network of referral sources sufficient to meet the needs of a heterogeneous and diverse (by race, ethnicity, gender and age) workforce?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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<td>☐ Yes – Partial</td>
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<td>☐ Don’t know</td>
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</table>
7.0: Health Improvement Programs (HIPs)

### HIP Benefit 7.1

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>As part of their efforts to develop a culture of health, employers should consider implementing a formal health improvement program. The health improvement program should be comprehensive in scope and services and address the well-being of employees and their dependents and a wide range of their health needs.</th>
</tr>
</thead>
</table>
| Objective(s)                  | • To maintain and improve the status of healthy employees and their dependents.  
• To minimize the effects of identified health risks of employees and their dependents.  
• To control the avoidable costs of chronic and serious illness.  
• To reduce health care costs associated with the health plan, absenteeism, disability and reduced job performance. |
| Administrative Guidance       | Offering a comprehensive health improvement program has been shown to be successful in identifying, controlling, and reducing health risks; decreasing presenteeism and absenteeism; increasing engagement; and decreasing health care costs. The health improvement program should include and provide:  
• Education about the relationship between lifestyle and the development of cancer, including information about overweight and obesity, inactivity and lack of exercise, nutrition, tobacco and alcohol use, exposure to sun and ultraviolet light and risky behaviors such as unsafe sexual activity. Over one-third of all cancers result from lifestyle choices.  
• Preventive services education, including those specific to cancer, offered through the health plan. Where practical, employers should provide on-site preventive services, such as skin cancer screening and immunizations.  
• Health assessment that includes identification of employees’ and their dependents’ cancer risk factors that can be modified. The assessment results should include individualized intervention recommendations for the identified risks of employees and their dependents. |

To learn more about health improvement programs, go to [http://www.businessgrouphealth.org/pub/18da1f3-782b-cc6e-2763-37316284e9e0](http://www.businessgrouphealth.org/pub/18da1f3-782b-cc6e-2763-37316284e9e0).
Administrative Guidance (continued)

- Health assessment data collection and aggregation to develop a company well-being baseline and profile, including information specific to health conditions and chronic illnesses, including cancer. The data can be utilized to develop program direction, conduct an evaluation of program effectiveness relative to objectives for participation, reduce health risks and ensure cost-effectiveness.
- Coaching services to assist employees and their dependents, including those with cancer and other chronic illnesses, develop specific wellness interventions and strategies for addressing risks and improving and maintaining a healthy lifestyle.
- Integration with other employer-sponsored programs, including the employee assistance program (EAP), as well as short-term disability (STD) and Family Medical Leave (FML), to address wellness, fitness and support needs of employees and their dependents dealing with cancer, cancer treatment, returning to work, stress, or lifestyle issues. Referral policies and processes between programs should be established to facilitate referrals.
- Programs and services, including physical activity/exercise and nutrition and weight management, to help employees and their dependents deal with the effects of cancer and cancer treatment.
- Health improvement program staff should have basic knowledge of the cognitive, physical and emotional issues of chronic illnesses, including cancer. Knowledgeable staff are better able to assist employees and their dependents dealing with the complex issues of these conditions.

The National Business Group on Health has extensive resources for developing effective health improvement programs that address lifestyle behaviors to improve health. A toolkit entitled Strategies for Driving Engagement in Wellness, Health Care and Job Performance, found at [http://www.businessgrouphealth.org/toolkits/et_engagement.cfm](http://www.businessgrouphealth.org/toolkits/et_engagement.cfm), identifies the following seven critical factors needed to successfully implement effective health improvement programs:

1. **Enlist and leverage leadership support:** Employers should enlist support of leaders at all levels of the organization. Senior leadership communicates the company’s values, while middle managers and direct supervisors often set the tone for their departments.
2. **Create a supportive work environment:** According to the Centers for Disease Control and Prevention (CDC), 20% of an individual’s health status is the result of the environment. Because of this, health improvement programs need to target both individual behavior and the surrounding environment.
<table>
<thead>
<tr>
<th>Administrative Guidance (continued)</th>
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<tbody>
<tr>
<td>3. <strong>Consider financial incentives</strong>: Financial incentives provide extrinsic motivation that can supplement existing intrinsic motivation. Employers offer financial incentives to promote participation in a variety of programs, including health assessments, biometric screenings, weight and disease management, smoking cessation programs, lifestyle coaching and physical activity.</td>
</tr>
<tr>
<td>4. <strong>Design effective communications</strong>: Communications are a necessary element of a comprehensive employer engagement strategy. A strong communication campaign can increase participation in health improvement programs, garnering more numbers than when a financial incentive is used alone.</td>
</tr>
<tr>
<td>5. <strong>Make health social</strong>: Human beings are social creatures. We have a need for interpersonal connections, and we often conform to the attitudes and behaviors of those around us to establish relationships. As a result, our peers influence many of our habits and behaviors. Therefore, being part of a group engaged in a health improvement program should make everyone healthier.</td>
</tr>
<tr>
<td>6. <strong>Leverage behavioral economics to overcome procrastination</strong>: Research indicates that employees often have the best intentions when it comes to their health. Yet often they fail to act in their own best interest and in accordance with their own intentions. Employers can design programs to help employees overcome procrastination or adhere to their good intentions in three ways: making the default option the preferred option; requiring employees to make a choice; and requesting a pre-commitment to the healthy behavior.</td>
</tr>
<tr>
<td>7. <strong>A Look at Three Promising Engagement Strategies</strong></td>
</tr>
<tr>
<td>° <strong>Designate volunteer wellness champions</strong>: Recruiting volunteers as an extension of the wellness staff, called “champions,” “ambassadors” or “advocates.”</td>
</tr>
<tr>
<td>° <strong>Getting health and safety to work in unison</strong>: There is an inextricable link between health and safety. Many health issues have been associated with increased injuries. Conversely, good physical and mental health is associated with lower injury rates.</td>
</tr>
<tr>
<td>° <strong>Engaging employees with games or game mechanics</strong>: Game developers know the elements needed to keep people engaged. Some examples include promoting video games with active game-play (e.g., Nintendo Wii) or designing a weight loss program that gives departments the opportunity to compete against one another to win prizes or gain recognition from top leaders.</td>
</tr>
</tbody>
</table>
## Assessment

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Is your health improvement program comprehensive in scope and services, addressing the health needs of employees and their dependents?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑ Yes</td>
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<td>❑ Yes – Partial</td>
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<td>❑ No</td>
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<td></td>
<td>❑ Other</td>
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<td></td>
<td>❑ Don’t know</td>
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</tbody>
</table>

## HIP Benefit 7.2

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>Health improvement programs must be operationally integrated with other health and productivity benefits and programs, including STD, EAP, FML and workers’ compensation (WC).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective(s)</td>
<td>• To ensure effective referral of employees who are returning to work after being on STD.</td>
</tr>
<tr>
<td></td>
<td>• To ensure effective referral from EAP, FML and WC for at-risk employees and dependents.</td>
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<tr>
<td></td>
<td>• To assist in rehabilitation of serious and/or chronic illnesses, including cancer.</td>
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<tr>
<td></td>
<td>• To reduce STD recidivism and the rate of STD- and FML-related absences.</td>
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<tr>
<td></td>
<td>• To ensure optimal employee utilization of health improvement program services that can assist all interested employees and dependents in improving or maintaining their health status and fitness.</td>
</tr>
</tbody>
</table>
### Administrative Guidance

Research demonstrates that health improvement programs with established formal screening and referral protocols among health improvement, EAP, STD and other health and productivity programs have been effective in reducing absences and improving productivity.49 Employer health improvement, STD, EAP, FML and other health and productivity programs should coordinate and consistently address the following:

- Return-to-work needs of employees with cancer concerning strength training, exercise, nutritional counseling, coaching and other activities;
- Coordination with after-care programs for patients returning from disability and/or hospitalization;
- Referral guidelines (warm transfer vs. information referral);
- Coordination of efforts for employees involved in multiple health and productivity programs; and
- Emotional support for employees and their dependents who are cancer patients.

### Assessment

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
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<tbody>
<tr>
<td>Is your health improvement program operationally coordinated with STD, EAP, FML and other health and productivity programs?</td>
</tr>
<tr>
<td>☐ Yes</td>
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<tr>
<td>☐ Yes – Partial</td>
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<tr>
<td>☐ No</td>
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<tr>
<td>☐ Other</td>
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<tr>
<td>☐ Don’t know</td>
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</table>

### HIP Benefit 7.3

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
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<tbody>
<tr>
<td>Health improvement program staff should have basic knowledge and skills about the cognitive, emotional and physical issues associated with serious and/or chronic illnesses, including cancer. They should be able to identify individuals who may need to receive specialized services from medical or rehabilitation specialists based on the individual’s medical circumstances.</td>
</tr>
</tbody>
</table>
**Objective(s)**

- To provide assessment, intervention, referral and follow-up services to employees and their dependents about acute and chronic illnesses in order to address environmental, policy, cultural and individual employee health needs that may affect an employee’s or dependent’s health and/or productivity.

**Administrative Guidance**

Health improvement program staff provides strategic analysis, recommendations and consultation throughout an organization to enhance its performance, culture and business success. A professionally trained health improvement staff can address policy and cultural issues affecting employees.

Having appropriate skills and knowledge enables staff to target health issues, tailor programs to address specific needs, attain high participation, communicate program value and evaluate program effectiveness.

- **Key factors to address:**
  - Will the serious and/or chronic illness cause long-lasting and permanent impairment?
  - Will the serious and/or chronic illness require rehabilitation?
  - Will the serious and/or chronic illness require long-term, supervised care?

- **Key knowledge areas—basic principles and consequences of treatment, including:**
  - Effects of chemotherapy;
  - Fatigue;
  - Pain;
  - Cognitive functioning;
  - Depression and anxiety;
  - Sexual dysfunction;
  - Neuropathy; and
  - Lymphedema (swelling of limbs and/or neck caused by fluid retention resulting from cancer treatment).

- **Major issues related to prevention and control of serious and/or chronic illnesses, including cancer:**
  - Nutrition;
  - Physical activity;
  - Obesity/overweight;
  - Tobacco use;
  - Alcohol use;
  - Stress; and
  - Mental health.
### Administrative Guidance (continued)

**Coordination of Care:** In order to avoid confusion, manage risks and ensure continuity, health improvement program services should be coordinated with an individual’s physician, the disease management program staff and/or other health care professionals involved in delivery of care.

---

### Assessment

**Current Benefit or Practice**

Does the health improvement program staff have training and basic knowledge about the physical, cognitive and emotional issues associated with chronic and/or serious illnesses, including cancer?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know

---

### HIP Benefit 7.4

**Recommended Benefit or Practice**

Health assessments and associated biometrics should include evaluation of overweight and obesity, tobacco use, alcohol misuse, physical inactivity, environmental risk and poor nutrition, all of which are associated with increased risk for cancer and other serious illnesses.

**Objective(s)**

- Develop a company fitness and health risk profile, as well as associated strategies and interventions.
- Develop a health improvement strategy and tailor the health improvement program offerings based on the company profile.
- Identify risk and develop intervention strategies and objectives for individual employees and their dependents.
- Screen for appropriateness for participation in health improvement center activities.

**Administrative Guidance**

Health assessments, combined with biometric scores, are commonly used to assess an individual’s behaviors that may increase his/her risk of developing cancer and other serious and/or chronic illnesses. Data can also be collected on epidemiological risk factors from employees and dependents in order to calculate their risk for these conditions.50
### Administrative Guidance (continued)

Those responsible for health improvement program implementation should think about how best to communicate the results if risk factors are found and how to deal with people resistant to acting on the information.

Health improvement programs are generally characterized as two-dimensional: (1) assessing individual risk factors and (2) focusing on general and individual interventions:\(^5\)

- **Methods of delivery for interventions include:**
  - Self-help educational materials;
  - Individual counseling; and
  - Classes, seminars and group activities.

- **Program focus**
  - Living with chronic illness, including cancer;
  - Physical activity;
  - Stress and anxiety management;
  - Nutrition;
  - Alcohol consumption;
  - Tobacco cessation;
  - Blood pressure;
  - Ultraviolet exposure; and
  - Health screenings.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from discriminating, or engaging in discriminatory practices, based on an employee’s genetic information that includes family medical history.

One exception to GINA allows employers to acquire genetic information about employees or their family members: when the employer offers health or genetic services, including health improvement programs, on a voluntary basis. The individual receiving the services must give prior voluntary, informed and written notice that sharing genetic information is voluntary. In addition, genetic information about employees and dependents can only be provided to employers in aggregate; individual data cannot be shared.
However, health improvement programs may use the genetic information provided by an individual voluntarily to guide that individual into an appropriate program addressing specific health concern(s). If the health improvement program offers financial incentives for participation and/or for achieving certain health outcomes, the program must also be open to employees with current health conditions and/or to individuals whose lifestyle choices put them at increased risk of developing a condition.

Specific information about GINA can be found in the Business Group’s publication entitled: *Health Assessments and Regulatory Issues*, found at https://www.businessgrouphealth.org/pub/f30ab938-2354-d714-5140-9680c2bd9e9b.

### Assessment

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Yes</th>
<th>Yes – Partial</th>
<th>No</th>
<th>Other</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the health improvement program, health assessment and biometric testing data include an evaluation of cancer risks?</td>
<td></td>
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</table>

### HIP Benefit 7.5

**Recommended Benefit or Practice**

Health improvement staff should have training and knowledge about evidence-based preventive services in order to effectively provide information, resources and appropriate guidance to employees and eligible dependents.

Preventive services include:

- Tobacco screening and counseling, including FDA-approved medications.
- Preventive screening and services, including evaluation of obesity, nutrition and physical activity and immunizations. Patients currently being treated for cancer or who have been treated for cancer in the past should consult with their treating physician/oncologist.
- Preventive cancer screenings and services covered by their health plan.
- Screening for alcohol misuse and chemical dependency treatment.
### Objective(s)
- To ensure that employees and dependents receive routine evidence-based preventive services.
- To encourage compliance with recommended cancer screenings.
- To empower individuals to become knowledgeable and engaged participants in their own health.

### Administrative Guidance
Health improvement program directors should screen health improvement staff to ensure they have training and knowledge of U.S. Preventive Services Task Force (USPSTF) and other evidence-based recommendations for cancer screening.

The Affordable Care Act requires that group health plans and insurers cover, without cost sharing, “evidence-informed preventive care and screenings.” The services to be included are defined by the USPSTF with A or B rating of level of evidence. A complete listing of these preventive services can be found in the Agency for Healthcare Quality and Research (AHRQ) publication *Guide to Clinical Preventive Services*, found at [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html). This guide contains a listing of cancer preventive screenings and services.

Healthy People 2020, found at [http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5](http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5), provides specific guidance about cancer screenings and preventive services that address risk and preventive screening. These include:

- **Risk**
  - Tobacco use;
  - Physical inactivity and poor nutrition;
  - Obesity; and
  - Exposure to ultraviolet light.

- **Preventive services**
  - Breast cancer;
  - Cervical cancer;
  - Prostate cancer; and
  - Colorectal cancer.

Healthy People 2020 provides the current rates of use of preventive services (e.g., percent of population receiving preventive screenings, number of adults who attempted tobacco cessation) that can serve as baselines for establishing objectives for employees and their dependents.
**Assessment**

<table>
<thead>
<tr>
<th>Current Benefit or Practice</th>
<th>Is the health improvement staff knowledgeable about and capable of providing information about preventive services and screenings for cancer?</th>
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<tr>
<td></td>
<td>□ Yes</td>
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<td>□ Yes – Partial</td>
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<td>□ Other</td>
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<td>□ Don’t know</td>
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</table>

**HIP Benefit 7.6**

<table>
<thead>
<tr>
<th>Recommended Benefit or Practice</th>
<th>Health improvement programs should educate employees and their dependents and promote healthy behaviors through programs and services for those who are being treated or have been treated for cancer and for healthy individuals in order to decrease their cancer risk.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Educational activities and programs may include:</td>
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<td></td>
<td>• <em>Physical activity:</em> Employers should encourage all employees to engage in physical activity. There is strong evidence that physical activity is associated with a reduced risk of developing cancer. For those recovering from cancer, as well as for caregivers, physical activity can increase quality of life and reduce stress and fatigue. Physical activity may increase survivorship for individuals with certain cancers. For more information about this topic, go to <a href="http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity">http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity</a>.</td>
</tr>
<tr>
<td></td>
<td>• <em>Nutrition:</em> Employers should provide a healthy food environment by offering fruits, vegetables and reduced fat and calorie options in the company cafeteria or dining facility, as well as in vending machines. Nutritional information about all food options should be provided. Healthy food options should be prominently displayed and moderately priced in order to encourage employees to make healthier choices. For more information about healthy eating at the workplace, go to <a href="http://www.businessgrouphealth.org/resources/topics/healthy_dining.cfm">http://www.businessgrouphealth.org/resources/topics/healthy_dining.cfm</a>.</td>
</tr>
</tbody>
</table>
### Recommended Benefit or Practice (continued)


- **Obesity:** Employers should promote the importance of healthy weight through direct employee communications, presentations, fact sheets and other resources. For more information about this topic, go to [http://www.businessgrouphealth.org/resources/topics/weight_management_1.cfm](http://www.businessgrouphealth.org/resources/topics/weight_management_1.cfm).

- **Tobacco use:** Employers should establish tobacco-free workplace policies, which are discussed at [http://www.businessgrouphealth.org/tobacco/worksite/index.cfm#policies](http://www.businessgrouphealth.org/tobacco/worksite/index.cfm#policies), and provide evidence-based smoking cessation benefits and incentives for being a non-smoker. For more information about this topic, go to [http://www.businessgrouphealth.org/resources/topics/tobacco_2.cfm](http://www.businessgrouphealth.org/resources/topics/tobacco_2.cfm).

- **Alcohol misuse:** Employers should offer education on the risk factors associated with alcohol misuse, including an increased risk of developing cancer. For more information about this topic, go to [http://www.businessgrouphealth.org/preventive/topics/alcohol_misuse.cfm](http://www.businessgrouphealth.org/preventive/topics/alcohol_misuse.cfm).

- **Stress management:** Employers should establish stress management programs that help employees build resilience to manage their emotional and physical health effectively. For more information about this topic, go to [http://www.businessgrouphealth.org/pub/f313401e-2354-d714-510f-3c4f8987d6cf](http://www.businessgrouphealth.org/pub/f313401e-2354-d714-510f-3c4f8987d6cf).

### Objective(s)

- Ensure that employees and their dependents are aware of the health risks associated with personal choices and how they can prevent illness by engaging in a healthy lifestyle.

- Prevent further illness and disability for employees with established disease.

- Maintain and/or increase the health status of employees and their dependents.

- Provide timely and professional health improvement program services that are based on evidence.
## Administrative Guidance

Health improvement programs should educate employees and their dependents about lifestyle factors that increase the risk of developing cancer. More than 30% of all cancers are considered to be preventable. The estimated percentage of cancer cases caused by identifiable and potentially preventable factors are:

1. Tobacco—33%
2. Excess weight and obesity—20%
3. Diet—5%
4. Lack of exercise—5%
5. Alcohol—3%
6. UV and ionizing radiation—2%
7. Pollution—2%

## Administrative Guidance (continued)

The American Cancer Society, found at [http://www.cancer.org/healthy/index](http://www.cancer.org/healthy/index), provides information about reducing cancer risks, including practical and usable information about the following:

- Tobacco cessation;
- Achieving and maintaining a healthy weight;
- Being physically active;
- Healthy nutrition;
- Limiting alcohol (if you drink at all);
- Protecting your skin;
- Knowing your family history and personal risks; and
- Requesting and receiving preventive services.

## Assessment

**Current Benefit or Practice**

Does your health improvement program promote healthy behaviors through programs and services that decrease the risk of cancer?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
# HIP Benefit 7.7

## Recommended Benefit or Practice

Health improvement staff should provide coaching to all employees, including those with cancer and other serious and/or chronic illnesses, to improve lifestyle behaviors associated with the risk of developing and surviving cancer. Coaching should be available to employees as well as their dependents, some of whom may be serving as caregivers.

## Objective(s)

Coaching can be used to:

- Identify and appropriately intervene with those at risk for developing cancer and other serious and/or chronic illnesses;
- Assist those who wish to improve their general health status and physical fitness levels;
- Help employees achieve their personal goals by:
  - Identifying behaviors affecting health;
  - Developing behavioral interventions; and
  - Managing the emotional and cognitive issues associated with cancer and other serious and/or chronic illnesses.

## Administrative Guidance

### Coaching:

Health improvement coaching can be used as an intervention for:

- People who are at high risk for illness;
- People dealing with an illness;
- Those wishing to improve their health status and fitness levels; and
- Managing stress associated with health risks and caregiving.

Lifestyle coaching programs may include strategies to:

- Increase adherence to the health improvement plan;
- Improve nutrition;
- Discontinue tobacco use;
- Manage stress;
- Manage overweight and obesity;
- Increase physical activity;
- Manage and treat depression and anxiety; and
- Obtain preventive screenings.

### Staff:

Staff should know their individual professional limits, program limits and when referral to a physician or other resources is needed. Staff should make sure that employees and their dependents have consulted with their physicians prior to engaging in program activities such as exercise or a change in diet.
Administrative Guidance (continued)

Caregiving: The caregiving burden is characterized as intense, complex and unpredictable. Caregivers often deal with competing priorities, as well as multiple stressful issues. At times, the stress can be unrelenting. This is especially true for those caring for individuals with cancer. Coaching provides the opportunity to identify the caregiver’s problems, intervene and attend to those negative health effects.

Assessment

Current Benefit or Practice

Does your health improvement program provide coaching services to employees and/or dependents who are experiencing serious and/or chronic illnesses, including cancer, and for their caregivers?

- Yes
- Yes – Partial
- No
- Other
- Don’t know

HIP Benefit 7.8

Recommended Benefit or Practice

Health improvement staff should have access, through the EAP, to health psychology and behavioral medicine specialists who are skilled at working with employees and their dependents about their emotional response to issues of survivorship and rehabilitation, including depression and anxiety.

Objective(s)

- To ensure that the health improvement program has a core group of credentialed specialists available to assist employees who are dealing with the complicated issues of serious and/or chronic illnesses, including dealing with the diagnosis, making treatment decisions, understanding how the illness affects the employee and family and how it may affect job performance.
- To ensure that the health improvement staff consults with specialists about behavioral aspects of adherence to treatment, coping with the diagnosis, return-to-work issues and workplace accommodations. Common behavioral issues experienced during and after treatment include loss of strength, fatigue, stigma of diagnosis and evolving feelings about the value and meaning of work.
Objectives (*continued*)

- To ensure that the health improvement staff develops individualized health improvement plans based on the return-to-work and rehabilitation needs of the employee.
- To ensure that the staff has an understanding of the dynamics of individuals recovering from cancer.

Administrative Guidance

Health psychology and behavioral medicine practitioners can work with health improvement professionals to identify and adopt meaningful approaches to nutrition, physical activity, preventive services and other needs specific to an employee with cancer.

Serious and/or chronic illnesses such as cancer are complicated diseases to treat and manage. Health psychologists and behavioral medicine specialists are trained in providing consultation about those diagnosed with such illnesses. These professionals should be skilled at addressing the following issues:

- Scope of the problem;
- Concerns of the cancer patient and family members;
- Effects of serious and/or chronic illness on job performance:
  - Physical aspects—which systems are affected and the effects on employees with cancer;
  - Emotional and cognitive aspects;
  - Effects on supervisors and co-workers; and
  - Effects on families.

To avoid duplication of effort, health improvement, STD and EAP staff should coordinate activities when dealing with the same employee or dependent.

Assessment

Current Benefit or Practice

Do health improvement program staff have access to behavioral medicine/health psychologists for consultation about employees and dependents involved in the program?

- [ ] Yes
- [ ] Yes – Partial
- [ ] No
- [ ] Other
- [ ] Don’t know
**Tool 2: Plan Design & Assessment Tool | An Employer’s Guide to Cancer Treatment & Prevention**

**HIP Benefit 7.9**

**Recommended Benefit or Practice**

Health improvement programs should provide employees and their dependents with a cancer “resource guide,” such as *The Cancer Benefits and Resource Guide* and other resources that provide accurate information about cancer, health care benefits, cancer treatment, recovery and survivorship, support and advocacy groups and other topics.

**Objective(s)**

- To ensure that employees and their dependents have accurate, timely information about cancer, cancer care and other issues relevant to individuals dealing with their own or a loved one’s cancer.

**Administrative Guidance**

Employees, their dependents and employers need pragmatic, credible and actionable information related to cancer, cancer treatment, recovery and support.

Resources to help guide employees and their dependents who have cancer or have a loved one with cancer are often needed as decisions are being made about treatment, where to receive care, how to cope with the diagnosis, how to maintain or improve the health and well-being of the individual with cancer and other issues.

*The Cancer Benefits and Resource Guide* is an easy-to-use document that includes basic information on a range of topics typically important to those dealing with cancer. It includes links to credible sources for additional, in-depth information if the individual is interested. Importantly, it highlights points in the document where the employer should insert information about relevant benefits and programs, or where the text can be adjusted to more accurately reflect what is available through employee benefits and/or in the community(ies) where employees and their dependents live.

One- or two-page “fact sheets” are another resource. They present a clear, easy-to-understand overview or summary of information on a specific topic. Examples of fact sheets are available at [http://www.businessgrouphealth.org/cancer/wellnessprogram/communication_resources.cfm](http://www.businessgrouphealth.org/cancer/wellnessprogram/communication_resources.cfm).
**HIP Benefit 7.10**

**Recommended Benefit or Practice**

Information about health improvement programs should be included in employee orientation materials, as well as in supervisor training materials that specifically address cancer and other serious and/or chronic illnesses. These orientation and training materials should describe how the staff can approach employees about the use of health improvement programs to address health issues.

**Objective(s)**

- To ensure that employees are aware of the health improvement resources available to them and can understand their value.
- To ensure that supervisors and managers are aware of health improvement programs offered as a benefit for employees and their dependents and their value for those coping with a serious and/or chronic illness such as cancer.
- To ensure that supervisors and managers understand when and how to refer an employee to the health improvement program.
- To ensure that supervisors and managers understand the strategic role of health improvement relative to prevention of an illness, maintenance of health and remediation of employees’ and their dependents’ risks.

**Administrative Guidance**

Managers and supervisors should be responsible for developing a supportive environment that addresses health protection, health maintenance and health promotion for employees and their dependents. As stated by Clayton Christensen, managers and supervisors should realize that, “employers have a bigger stake in the health and productivity of their employees and employees’ families than any other entity or institution in our society.”

Through supervisor
Administrative Guidance (continued)

Training, the supervisor’s responsibility for employee health can be emphasized, reinforcing the notion of a supportive and responsive organizational culture. The training can inform supervisors about health benefits and programs, organizational policies and company values, with supervisors being viewed as a valuable source of information and guidance.

Additionally, many individuals continue to work during treatment of cancer and other illnesses. Some will continue to work despite feeling fatigued or lacking focus or concentration. As stated by one authority, “Many (employees) value the intrinsic rewards, social benefits, and sense of normality or identity that their work provides. Hence, worsening symptoms that force the individual to consider a sick leave can precipitate an emotional crisis.” Health improvement programs are equipped to help employees manage many of the symptoms and stresses of serious and chronic illnesses. Therefore, it’s important that managers and supervisors have knowledge of how the health improvement program may provide assistance.

Assessment

Current Benefit or Practice

Do managers and supervisors receive training and materials about the health improvement program and its services?

- Yes
- Yes – Partial
- No
- Other
- Don’t know
References


44. Personal communications with Curry K. May 1, 2012.


Plan Design & Assessment Tool

A National Business Group on HealthSM Toolkit

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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 Employer's 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 health plan, health and productivity programs and health improvement programs. 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 improvement program professionals.

An Employer’s Guide to
Cancer Treatment & Prevention

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