

Employer Learning Modules in Oncology



Table of Contents

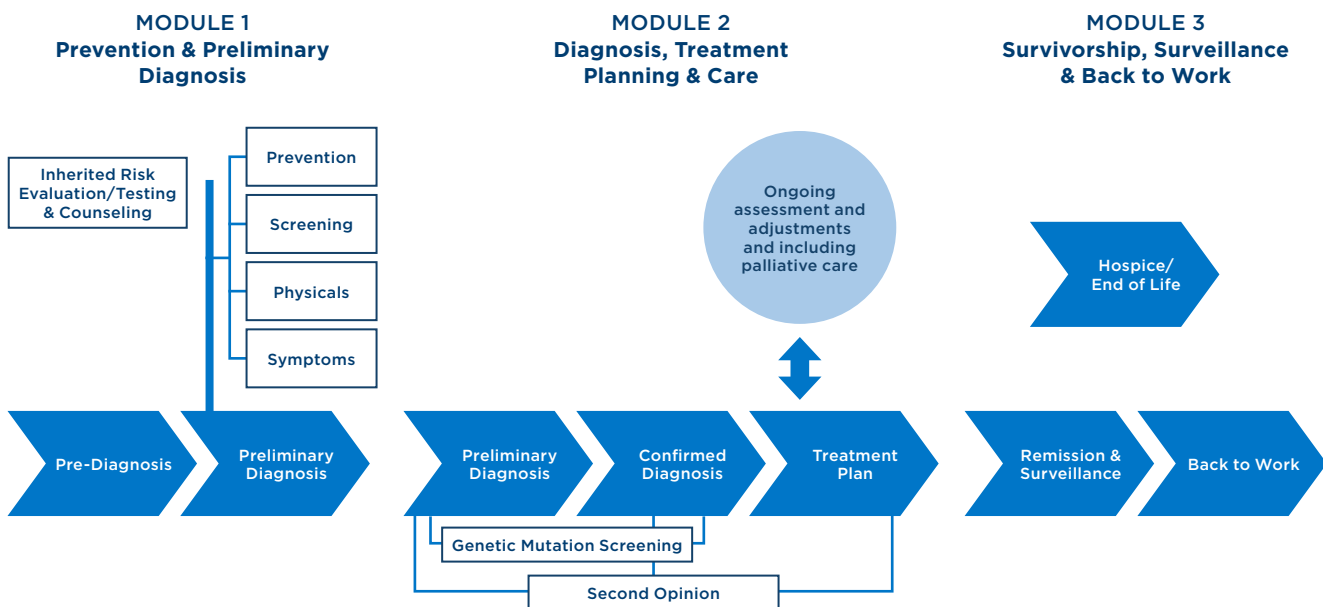
Project Overview	3
Participating Coalitions	4
Key Takeaways from the Roundtables	6
Appendices	9
Appendix A. Employer Checklist for Module 1: Prevention & Preliminary Diagnosis.....	10
Appendix B. Employer Checklist for Module 2: Diagnosis, Treatment Planning & Care.....	14
Appendix C. Employer Checklist for Module 3: Advanced Care Planning, Survivorship & Back to Work.....	17
Appendix D. Complete List of Employers' Future Plans.....	20



Project Overview

As purchasers assess how to best address the impact of cancer care for their workforce, they are increasingly looking to impact how care is delivered across the entire cancer patient experience. To support education and resources for coalitions and their members across the country, the National Alliance developed a series of learning modules in 2022 that use the following framework below to support the cancer patient journey from prevention and preliminary diagnosis to survivorship and back to work. The main goals of this project were to:

- ▶ Support coalitions in conducting an educational series for employers focused on opportunities for achieving greater value in cancer care.
- ▶ Provide a forum for employers to review and enhance their current cancer care strategy and to share information.



This project was sponsored by Genentech and Cancer Treatment Centers of America and implemented by a project team from the National Alliance. The project team drafted a curriculum to address the goals above, with the benefit of expert input from an advisory council composed of:

Robert Baird, *president, NCTA*

Lisa Coe, *senior employer account executive, Genentech*

Andy Creighton, *president, CEO Cancer Roundtable*

Emma Hoo, *director, Pacific Business Group on Health*

Cheryl Larson, *president & CEO, Midwest Business Group on Health*

Mary Seery, *national director, employers, Amgen*

Scott Shuford, *corporate account executive, Merck*

Kim Thiboldeaux, *CEO, Cancer Support Community*

Karen van Caulil, *president & CEO, Florida Alliance for Healthcare Value*

Participating Coalitions

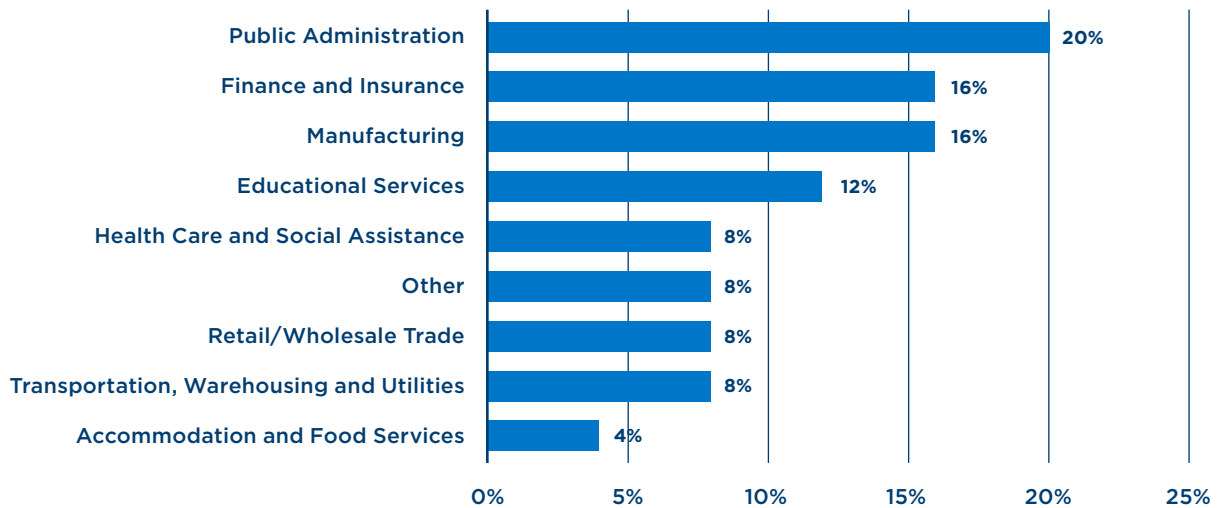
The project team collaborated with National Alliance member coalitions to further tailor curriculum materials to the needs of employers. Based on input received from coalition employer members, the project team refined the content and presentation of the learning modules to align with the three stages of the cancer patient journey:

1. Prevention & Preliminary Diagnosis
2. Diagnosis, Treatment Planning & Care
3. Survivorship, Surveillance & Back to Work

Participating coalitions then invited member employers to a series of roundtables that employed video presentations with pauses for attendee discussion between changes in topic. Each coalition host was provided a discussion guide and employer checklist to help facilitate learning and interaction among attendees.

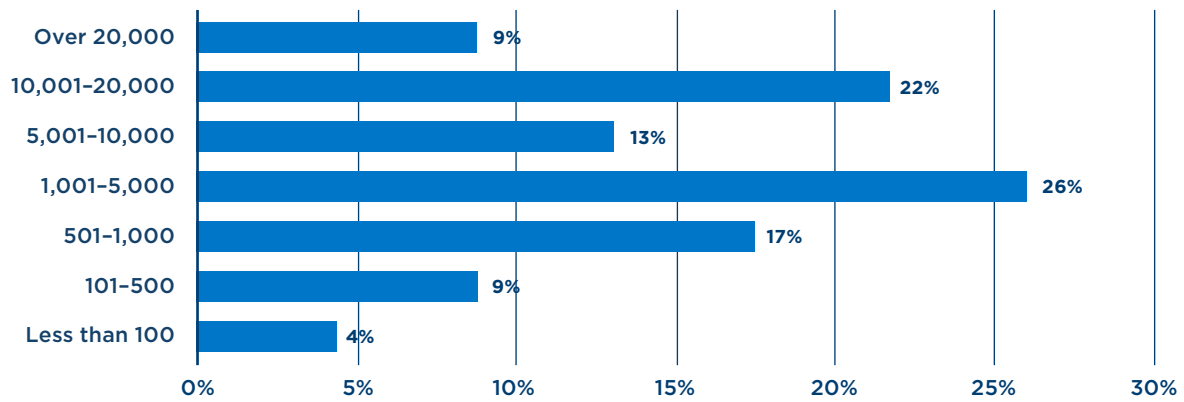


Exhibit 1: Roundtable Participants by Industry



A total of eight coalitions and approximately 80 employers from these coalitions participated. The employers came from a broad cross-section of industries (Exhibit 1).

Exhibit 2. Roundtable Participants by Size (Number of Employees)



In addition, roundtable attendees represented employers with workforces ranging from fewer than 100 to more than 20,000 employees (Exhibit 2).

Following each roundtable, the project team surveyed the participating employers regarding how valuable they found each roundtable (Table 1), as well as their plans and needs.

Table 1. Level of Value Received from Learning Modules

MODULE	% HIGHLY VALUABLE OR VALUABLE
1 Prevention & Preliminary Diagnosis	87%
2 Diagnosis, Treatment Planning & Care	87%
3 Survivorship, Surveillance & Back to Work	80%



Key Takeaways from the Roundtables

Each of the employer roundtables focused on *actionable* strategies and tactics outlined in the employer checklist for each module (see Appendices A, B and C for copies of the checklists).

Employers prioritized strategies to consider. After each roundtable, attendees were asked about their plans to implement the cancer benefit strategies discussed. As shown in Table 2, employers varied in the extent to which they considered different strategies.

Cancer benefit categories discussed fall into four categories:

1. Collaboration with health plans.
2. Employee communications.
3. Adopting new technology.
4. An environmental “wild card”: Covid-19.

Table 2. Employers’ Plans to Implement Cancer Benefit Strategies

CANCER BENEFIT STRATEGY FOCUS	TOTAL CONSIDERING	NOT CONSIDERING OR DON'T KNOW	TOTAL
Prevention effectiveness	48%	100%	100%
Identification of centers of excellence	45%	95%	100%
Coordination of medical and Rx	24%	95%	100%
Site of care appropriateness	24%	95%	100%
Advance care planning communication	33%	91%	100%
In-network palliative care	27%	86%	100%
Gaps in screening	14%	82%	100%
Psychosocial screening	55%	77%	100%
Psychosocial, financial or navigational support	32%	76%	100%
Plan for increased survivorship	59%	68%	100%
Identify inherited risk	41%	67%	100%
Address impact of disparities in cancer	55%	64%	100%
Survivorship offerings	18%	64%	100%
Genomic profiling/biomarker testing	18%	55%	100%
Impact of COVID-19	23%	50%	100%

KEY Benefit Category Strategy

- Work with health plan to increase value
- Employee communications
- Adopt new technology
- Wild card

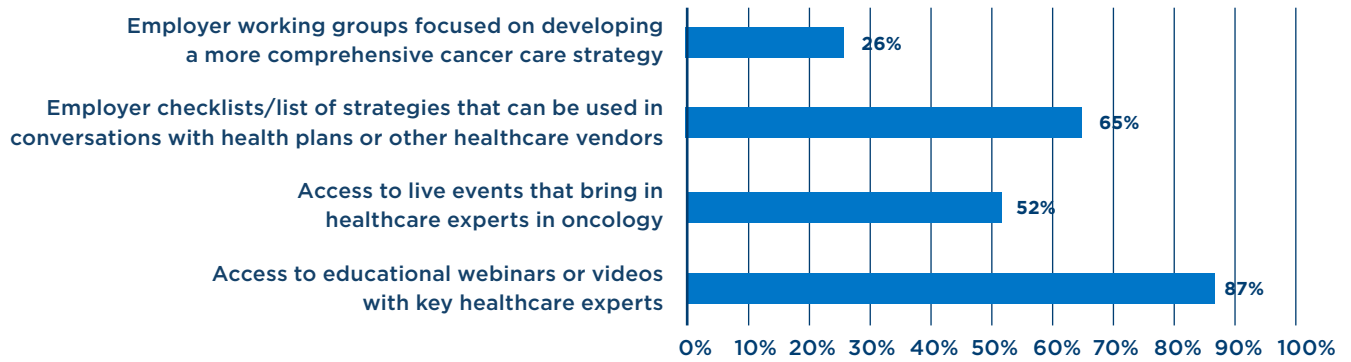
Employers prioritize collaborating with health plans. The most frequently cited cancer benefit strategies involve employers’ collaboration with their health plans, typically encouraging value-enhancing benefit *utilization* (e.g., use of Centers of Excellence, appropriate sites of care, and cancer and psychosocial screening) or *plan administration* (e.g., coordination of medical and prescription drug benefits, availability of in-network palliative care) (Table 3). Employee communication strategies, typically aimed at educating employees and cancer patients about available resources, were also cited more than plans to adopt new technologies or deal with the Covid-19 pandemic.

Table 3. Top Cancer Benefit Strategies Employers Plan to Address in the next 24 Months

PLAN TO ADDRESS	% PLAN TO ADDRESS IN NEXT:		
	12 MONTHS	12-24 MONTHS	24 MONTHS
Review/assess effectiveness of current prevention programs/services (1)	48%	43%	90%
Confirm health plans coordinate oncology services across both medical and pharmacy benefits (2)	59%	18%	77%
How members identify Centers of Excellence (local and regional) (3)	55%	18%	73%
Confirm health plans offer a complete set of in-network palliative care benefits and address hospice (3)	55%	18%	73%
Review/assess approach for communicating advance care planning (including available resources, EAP, specialty vendors, etc.)	41%	27%	68%
Address gaps in screening	45%	23%	68%

Two-thirds of employers plan to address six cancer benefit strategies within the next two years. Not only are the six strategies listed in Table 4 also the most frequently listed action items in Tables 2 and 3, but they are slated for consideration within the next two years. Apart from the communication of advance care planning resources, all the strategies listed entail collaboration with health plans. Employers typically rely on health plans for data collection about the utilization of benefits (e.g., prevention, palliative care, hospice, screening) and claims-related processes (e.g., medical and prescription drug claims processes). Employers’ benefits organizations typically take a lead role in communicating benefits to their workforces (e.g., use of Centers of Excellence or related advice—e.g., advance care planning).

Exhibit 3. What resources or tools would you need from either your regional coalition or the National Alliance?



Employers seek experts, tools, and peer interactions to inform their cancer benefit strategies.

Advances in cancer care, resultant survivorship, and associated costs present challenges for all involved. Employers need education, advice from experts and peers, and tools to help them formulate cancer benefit strategies (Exhibit 3). The coalitions and employers participating in this project received all of this assistance and said they would implement significant cancer benefit strategies over the next 12–24 months. Health plans need to support employers’ initiatives, and healthcare providers and pharmaceutical companies must translate those employer plans into specifics that deliver greater value.

One opportunity, in particular, surfaced for more education: the implementation of newer, gene-based interventions, i.e., comprehensive genomic profiling/biomarker testing and identification of inherited risks. As shown below, while only 14%–24% of survey respondents said they plan to address this topic in the next 12 months, more than 40% were enthusiastic enough to consider it for the future.

Table 4. Employer Plans to Address Biomarker Testing

CANCER BENEFIT STRATEGY	PLAN TO ADDRESS IN NEXT		CONSIDERING FOR THE FUTURE	NOT CONSIDERING	DON'T KNOW	TOTAL
	12 MONTHS	12-24 MONTHS				
Coverage for comprehensive genomic profiling biomarker testing in benefit design (2)	14%	0%	41%	18%	27%	100%
Identify inherited risk (e.g. coverage, genetic counseling, etc) (1)	24%	0%	43%	10%	24%	100%

Appendices



APPENDIX A.

Employer Checklist for Module 1: Prevention & Preliminary Diagnosis

Assessing Your Cancer Care Strategy

Module 1: Prevention & Pre-Diagnosis covers the topics below. Use this list of action items to encourage discussion with your health plan/carrier/TPA, employer benefits consultants (EBCs), and other oncology partners/vendors.

What Purchasers Can Do

About Prevention

- ✓ Assess current prevention programs offered through your health plan/carrier/TPA and other partners, and:
 - Confirm that employee education aligns with your current benefits strategy and is easy to understand and accessible.
 - Determine how programs are delivered and how often they are updated to reflect new guidelines and standards.
- ✓ Assess the use of preventive services offered by your health plan/carrier/TPA and other partners; request a demographic breakdown of data, including racial and/or ethnic segments and/or comorbidities (e.g., obesity & high blood pressure).
- ✓ Be sure your health plan/carrier/TPA and other partners have an engagement plan in place that targets sub-populations with low utilization.
- ✓ Leverage existing awareness campaigns to convey the importance of cancer screenings.
- ✓ Review coverage policy for preventive screenings—are age/frequency edits creating an unnecessary barrier to screening for patients who do not meet US Preventive Services Task Force (USPSTF) criteria but have other risk factors?
- ✓ Promote the importance of annual wellness exams, which directly affect cancer screening rates; consider incentives for annual wellness exams and cancer screenings.
- ✓ Provide resources on advance directives, including how to discuss and develop a plan so that family and providers clearly understand what steps to take.

About Screening Rates

- ✓ Know cancer screening rates for your population. Since the pandemic began in 2020, screening rates have dropped.
 - Work with your health plan/carrier/TPA and other partners to compare actual screening rates with recommended rates—including a breakdown by income, type of plan (e.g., HDHP), job function, and race and ethnicity. Request an action plan from

your health plan/carrier/TPA and other partners to improve rates. Benchmark data across the general population and measure trends over time.

- Require your health plan/carrier/TPA and other partners to identify causes of low screening rates (e.g., provider performance, member reluctance) and request an action plan with strategies they will take to over a specified time (e.g., 6–12 months) to overcome these barriers and improve screening rates. Explore changes in screening eligibility (e.g., lowering the age for colon cancer screening to 45).
- ✓ Collaborate with providers or other stakeholders (e.g., American Cancer Society) to make screening services more accessible; bring screening onsite if a large concentration of employees makes this practicable.
- ✓ Consider tracking rates for USPSTF recommendations for HPV and low-dose lung cancer screening.
- ✓ Encourage shared decision-making with personal physicians, especially when expert opinion varies (e.g., breast, prostate, colon).

Screening on Inherited (Genetic) Risk

- ✓ Confirm the plan covers inherited-risk screening for individuals with significant risk profiles (e.g., family medical history, certain occupations).
- ✓ Require your health plan/carrier/TPA and other partners to keep you informed as new cancer-care tests and treatments come to market.
- ✓ Ensure that your health plan/carrier/TPA, providers, and other partners educate the population about risk factors and their connection to cancer.
- ✓ Encourage and pay for shared decision-making between patients and providers when considering genetic testing.
- ✓ Ensure the health plan includes genetic counseling in its overall cancer care strategy; be sure to reimburse costs of genetic screening/ risk evaluation when there is a positive finding.

Site of Care

- ✓ Have your health plan/carrier/TPA and other partners encourage the use of recognized high-value sites of care.
- ✓ Confirm with your health plan/carrier/TPA and other partners that members have timely access to a qualified care team.
- ✓ Ask your health plan/carrier/TPA and other partners how they encourage treatment of less complex cancers with well-defined treatment protocols at local, high-quality providers.
- ✓ Make sure that centers of excellence are available for high-cost cancers and that coverage directs their use.
- ✓ Require, cover and reimburse second opinions for all cancer diagnoses.
- ✓ Ask your health plan/carrier/TPA how they manage initialization of chemotherapy, including:

- Coordination of chemotherapy across Rx and medical pharmacy benefits.
- Comprehensive or bundled pricing for chemotherapy drugs and their administration.
- Encouragement of chemotherapy in less expensive outpatient sites.
- ✓ Identify controls to ensure that care planning is based on accepted protocols, such as those from the National Comprehensive Cancer Network (NCCN), National Cancer Institute (NCI), or American Society of Clinical Oncology (ASCO).
- ✓ Ask benefits consultants to provide objective information on support services that encourage and promote screenings, value-driven sites of care, preferred provider networks, and navigation services.
- ✓ Determine if your health plan offers effective bundled payment arrangements or other alternative payments for cancer care; discuss an appropriate implementation timeline.
- ✓ If you have separate contracts for your health plan, PBM, and specialty PBM, determine who bears responsibility for coordinating care and payment.
- ✓ Review how the plan identifies and promotes high-value cancer care providers or centers; monitor utilization and top categories/services utilized.
- ✓ Review incentive strategy for high-value cancer providers; monitor engagement over time.

Additional Questions for Consideration

1. Review the patient journey to determine how you want to define value to members as they navigate the journey over time (e.g., highlighting the value of consistent care, timely screenings, money spent for appropriate cancer treatments, etc.).
2. Determine what top two challenges, besides cost, you currently face with your cancer population, and create an action plan to help you address both over the next 12 months.
3. What type of support do you need that you are not getting from your health plan/carrier/TPA? PBM? Other partners?
4. What additional ways, besides the options identified in this module, are you using to support prevention and screening?
5. How is your health plan/carrier/TPA working with you to improve preventive care and provide better cancer screening rates, especially since the pandemic started? How are you improving access to care, especially for those who may face health disparities? What about psycho-social support for plan members who are at high risk? How are you improving access for plan members who work in rural locations?
6. Ask your benefits consultant to provide examples from other clients of effective strategies to encourage cancer screenings, best sites of care, and access to support services for the newly diagnosed (e.g., navigation, financial advisors, nutrition, mental/behavioral support, caregiving services, etc.).

Recommendations for Newly Diagnosed Cancer Patients

Adapted by The Cancer Support Community Patient

Tips for Newly Diagnosed | Cancer Support Community

<p>For Employers</p> <p>Determine how to incorporate these steps into your overall plan of action for your workforce.</p>	1. Find out the exact diagnosis and stage of disease; gather and write down facts.
	2. Ask your doctor how much time you have to make a decision and begin treatment.
	3. Write down the questions you have in advance of your appointment.
	4. Bring a friend or family member to medical appointments.
<p>For Employees</p> <ul style="list-style-type: none"> • Access <i>navigation</i> services early on. • Find out about clinical trials. • Learn about benefits. 	5. Learn about your treatment options and goals of care, including frequency of treatments.
	6. Ask about the risks and benefits of any given treatment.
	7. Get a second opinion [including pathology].
	8. Ask if there might be a clinical trial that is right for you.
	9. Take time to get to know your insurance coverage.
	10. Ask to be screened or talk to someone about emotional and social distress.

APPENDIX B.

Employer Checklist for Module 2: Diagnosis, Treatment Planning & Care

Assessing Your Cancer Care Strategy

Module 2: Diagnosis, Treatment Planning & Care covers the topics below. Use this list of action items to encourage discussion with your health plan/carrier/TPA, employer benefits consultants (EBCs), and other oncology partners/vendors.

Ongoing Need for Psychosocial Support and Care Coordination

- ✓ Confirm how the health plan identifies patients with cancer: Prior authorization process (often the earliest option), claims (can be very late), self-identification (patient calling to ask for case management services), or other.
- ✓ Confirm who is coordinating care and case management for each newly diagnosed patient and how and when they (e.g., health plan, specialized cancer care program, provider organization, or other) connect with the patient.
- ✓ Determine “ownership” of support services that are needed at each step along the patient journey; monitor and assess each over time to ensure high quality.
- ✓ Consistently communicate the availability of these services to your workforce; provide resources and access to a “nurse line” to address immediate needs. Identify and address gaps in communication.
- ✓ Confirm what type of leave or work accommodation benefits are available to the workforce.
- ✓ Identify how the health plan helps the member identify high-value provider options; confirm website information, process for pre-authorization, individualized case management, etc.
- ✓ Identify and communicate with plan members the psychosocial support services that are offered and how these are accessed across all employee benefits—health plan, EAP, specialized cancer care programs, and community organizations.
- ✓ Identify and confirm available mental health resources; be sure to coordinate with provider networks. Confirm psychosocial support services across all benefits (e.g., EAP, healthcare navigator, disability, medical, and pharmacy).
- ✓ Consistently monitor the use of psychosocial support services across your population; determine if additional services are needed for populations who don’t use or underutilize these services.
- ✓ Evaluate psychosocial support services in terms of their ability to (1) increase each plan member’s understanding and navigation of their benefits; (2) decrease financial and emotional stress by addressing social needs/social determinants of health so that access to care is appropriate to the level of need; (3) increase access and adherence to care (e.g., cancer care networks, centers of excellence, treatment plans).

- ✓ Assure a high-value network of cancer providers. Ask health plans for the criteria used to credential cancer care providers and how the quality of care is monitored. Does the network include providers who meet the cultural and linguistic needs of your employees?
- ✓ Encourage local networks or centers of excellence (CoEs) for common cancers. Determine a consistent strategy to communicate their availability to your workforce.
- ✓ Ask plans how centers of excellence are chosen and how members can identify them. Is there a notation or identification in the directory or website?
- ✓ Require coverage for a second opinion as part of your benefit plan design.
- ✓ Be sure to assess and evaluate your overall strategy to address and support those with complex or rare cancers. How does the health plan support patients' access to the appropriate site of care for rare or complex cancers?
- ✓ How often does the health plan update oncology coverage positions? How quickly can they review an innovative treatment plan for a rare or complex cancer and determine coverage options?
- ✓ Evaluate coordination of care/case management strategy to make sure it includes resources for shared decision-making, caregiver support, and palliative care.
- ✓ Evaluate care/case management to be sure it supports the management of non-cancer conditions and any co-morbidities.
- ✓ Evaluate case/care management to ensure it addresses patients' need for support (basic infrastructure) such as caregivers, transportation, nutrition, etc.
- ✓ Use best practices strategies on workplace accommodations for employees currently receiving treatment. Also include best practice strategies that address patients' needs after therapy is completed.
- ✓ Determine what social determinants of health most affect your population so you can work with the health plan to mitigate disparities in cancer outcomes. Identify organizations that provide community support, such as the American Cancer Society and other patient advocacy organizations aligned with specific common types of cancer, such as breast cancer (cancerfighters.com/s/cancer-support-organizations).
- ✓ Identify the party responsible for coordinating benefits between the health plan, pharmacy, specialty pharmacy, EAP, disability insurance, and any specialty vendors.

Testing for Biomarkers*

- ✓ Ensure that **comprehensive genomic profiling** biomarker testing to drive treatment decisions is covered as part of your benefit design.
- ✓ Ensure all tests that are FDA-approved are covered as a companion diagnostic to match patients to all FDA-approved targeted therapies and immunotherapies. Confirm that your benefits cover tests that include all guideline-recommended genes for any given tumor type.
- ✓ Confirm that your benefits cover tests inclusive of all genes which could indicate potential resistance to FDA-approved therapies.

- ✓ Determine what your plan is doing to reduce delays in getting patients started on treatments. Confirm the plan is taking action to eliminate gaps in care.
- ✓ Confirm whether your plan covers clinical trials. If not, would the plan consider covering them?
- ✓ Monitor that testing is performed before beginning treatment to ensure that the cancer has the characteristic likely to produce a positive treatment response.

* For additional information on biomarker testing, view the resource “What Employers Need to Know About Biomarker Testing,” available through your regional coalition.

Prior Authorization (PA) for Chemotherapy & other Therapies

- ✓ Prior authorization should be timely (<72 hours for urgent requests) with transparent criteria; confirm whether PA will refer through to proper case management.
- ✓ Confirm that health plans coordinate oncology services across both medical and pharmacy benefits.

Determine the availability of biosimilars on formulary (both pharmacy and medical)

- ✓ Confirm that health plan and specialty pharmacy work together to arrange care at the site with the lowest overall cost of treatment, whether outpatient infusion center, doctor’s office, patient’s home, or other location.
- ✓ Confirm how the health plan reviews a request for participation in a clinical trial.
- ✓ Does the health plan review treatment plans for consistency with accepted guidelines such as those from the National Comprehensive Cancer Network (NCCN) or American Society of Clinical Oncology (ASCO)?

Addressing Health Equity, Racial and Ethnic Disparities

- ✓ Ask plans what support they give that is culturally appropriate or what relationships they have with centers that can provide culturally appropriate care.
- ✓ Work with the plan to access utilization data by race, along with other demographic data; identify trends, then take action to address any disparities or gaps in care.

Palliative Care, Financial and Advance Care Planning

- ✓ Address palliative care (symptom management) early on in the patient’s journey; determine the rules and what paperwork and resources are needed to get started.
- ✓ Which entity—health plan, specialty care vendor, or other—can help employers educate patients about palliative care and advance care planning early in the patient journey? What benefits are available from any source (e.g., health plan, EAP, etc.)?
- ✓ Identify resources for financial planning—EAP, American Cancer Society, community organizations—to address both the financial cost of cancer and other financial issues.

APPENDIX C.

Employer Checklist for Module 3: Advanced Care Planning, Survivorship & Back to Work

Module 3: Advanced Care Planning Survivorship & Back to Work covers the topics below. Use this list of action items to encourage discussion with your health plan/carrier/TPA, employer benefits consultants (EBCs), and other oncology partners/vendors.

Advanced Care Planning, Palliative Care, and Hospice

- ✓ Review your approach for communicating advance care planning to all employees and dependents:
 - Assign primary responsibility for advance care planning to one entity, whether health plan, EAP, or another vendor.
 - Make sure current information is accessible and explain how employees and dependents can get their questions answered.
 - Address population segments with different cultural expectations and attitudes.
 - Make sure to include any state-specific requirements.
 - Ask health plans whether they include advanced care planning as part of case management.
 - As part of your overall strategy, be sure to include outreach to caregivers so they know patients' wishes (e.g., DNR orders).
- ✓ Identify all resources that are available to employees and dependents to support advance care planning: providers, health plan, EAP, specialty vendors, community organizations, as well as the American Cancer Society and National Hospice and Palliative Care Organization.
- ✓ Confirm the health plan offers a complete set of in-network palliative care and hospice benefits.
- ✓ Consider educating plan members and dependents on palliative care coverage/services and how they differ from hospice coverage/services (e.g., grief counseling).
- ✓ Require health plans to monitor and report the use of palliative and hospice care over time; identify strategies to improve quality of life and healthcare value by offering and encouraging early palliative care, lengthening patient stays in hospice, and reducing inappropriate use of emergency rooms and hospital stays near the end of life.
- ✓ Ask plans to report the rate of member days in hospice and the availability of in-network hospice and active hospice programs in the contracted network.

- ✓ Consider addressing other areas in your overall planning, including access to a social worker, financial planning, transportation, caregiver support, coverage for mental health issues, and coordination of nutrition and exercise plans within the overall treatment plan.

Survivorship, Surveillance, and Return to Work

- ✓ Anticipate and plan for increases in the number of cancer survivors who return to work (also called “survivorship”):
 - Ensure that you support survivorship in your offerings, policies, and procedures, with the understanding that survivorship starts at the time of diagnosis and continues through treatment and remission.
 - Coordinate support for workplace accommodations, job modifications, and ongoing confidentiality.
- ✓ Support employees and dependents who are caregivers for cancer patients with accommodations at work and periodic respite benefits.
- ✓ Determine if your organization’s EAP or other local or national organizations can provide support to employees and dependents who are cancer survivors or are caregivers; be sure to include an appropriate referral strategy.
- ✓ Review your “returning to work” strategy; determine and implement best practice strategies that support individuals through the process. This includes educating and supporting managers at all levels. Be sure to include employees working remotely.
- ✓ Devise a plan to address survivorship. How will this plan affect employees or dependents diagnosed with cancer? Monitor and evaluate the plan’s engagement and effectiveness over time.
- ✓ Continue to ensure easy access to cancer screening and educate employees, family members, and cancer survivors on the signs and symptoms of cancer and the importance of early detection. Survivors may need more frequent screenings than the standard age-based protocols indicate; streamline authorizations accordingly.
- ✓ Coordinate services across different benefits—health plan, disability, EAP, and others. Identify resources to assist employees in addressing their financial burden.

Impact of COVID-19

- ✓ Identify how COVID-19 has affected your employees’ and their dependents’ access to care. Work with your health plan to create an action plan that engages populations so that screenings, tests, and regular care are up to date, and any gaps in care are closed. Be sure to ask the plan for comparative data of cancer care utilization over the last three years to demonstrate improvement over time.
- ✓ Determine if providers in your community offer virtual sessions vs. in-person care; be sure to confirm your health plan’s coverage policies for virtual sessions and its strategy to engage populations, including low-wage workers; resolve challenges and monitor engagement over time.

- ✓ When reviewing data with the health plan, discuss reasons for any change in volume or cost of claims. For example, people have put off preventive care and elective procedures during the COVID-19 pandemic. They will catch up post-COVID-19 with increased demand for the missed preventive and other care.
- ✓ Remind patients with cancer and other diseases to check with their providers about obtaining vaccinations; check CDC for any guidance.
- ✓ Review your preventive care strategy to make sure that primary care and behavioral health care are provided. Confirm appropriate access measures are in place. When reviewing your overall cancer care strategy, be sure to address the total cost of care, which includes medications, as well as long-term/short-term disability. To evaluate trends, ask the plan for comparative data about preventive care for the last three years.

APPENDIX D.

Complete List of Employers' Future Plans

Employer Plans 2022–2024 to Implement Cancer Benefit Strategies

CANCER BENEFIT STRATEGY (MODULE)	PLAN TO ADDRESS IN NEXT		CONSIDERING FOR THE FUTURE	NOT CONSIDERING	DON'T KNOW
	12 MONTHS	12–24 MONTHS			
Review/assess effectiveness of current prevention programs/services (1)	48%	43%	10%	0%	0%
Address gaps in screening (1)	45%	23%	14%	5%	14%
Identify inherited risk (e.g. coverage, genetic counseling, etc) (1)	24%	0%	43%	10%	24%
Review/assess appropriate site of care (1)	24%	33%	38%	0%	5%
Assess outreach strategy that informs employee/family about psychosocial, financial or navigational support (1)	33%	24%	19%	5%	19%
Improve psychosocial screening (2)	27%	9%	41%	9%	14%
Coverage for comprehensive genomic profiling biomarker testing in benefit design (2)	14%	0%	41%	18%	27%
How members identify centers of excellence (local & regional) (2)	55%	18%	23%	0%	5%
Understanding/addressing impact of disparities in cancer patients (2)	32%	18%	14%	18%	18%
Confirm health plans coordinate oncology services across both medical and pharmacy benefits (2)	59%	18%	18%	0%	5%
Review/assess approach for communicating advance care planning (including available resources, EAP, specialty vendors, etc.) (3)	41%	27%	23%	5%	5%
Confirm health plans offer a complete set of in-network palliative care benefits and addresses hospice (3)	55%	18%	14%	9%	5%
Planning for increased survivorship (3)	18%	9%	41%	9%	23%
Support for survivorship in your offerings, policies, and procedures that starts at the time of diagnosis and continues through treatment and remission (3)	18%	5%	41%	14%	23%
Addressing the impact of COVID-19 on patient journey (3)	23%	9%	18%	32%	18%



National Alliance of Healthcare Purchaser Coalitions

1015 18th Street, NW, Suite 705

Washington, DC 20036

(202) 775-9300 (phone)

(202) 775-1569 (fax)

nationalalliancehealth.org

twitter.com/ntlalliancehlth

<https://www.linkedin.com/company/national-alliance/>



**National Alliance
of Healthcare Purchaser Coalitions**
Driving Innovation, Health and Value