Cancer in the Workplace: An Employer’s Toolkit on Cancer Treatment and Prevention

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Objectives

- Introduce the National Comprehensive Cancer Network (NCCN) and the National Business Group on Health (NBGH)
- Describe the NBGH – NCCN collaboration
- Project Overview – How employers can use the tools
- Q & A
About the National Business Group on Health

• Represents approximately 340 large, self-funded employers, including two-thirds of the Fortune 100; offices in Washington, DC

• The nation’s only non-profit organization devoted exclusively to:
  – Finding innovative and forward-thinking solutions to large employers’ health care and related benefits issues
  – Speaking for large employers on national and state health issues

• NBGH members provide health care coverage to over 50 million U.S. workers, retirees and their families
About National Comprehensive Cancer Network

• A not-for-profit alliance of 21 academic cancer centers across the United States
• Widely considered the arbiter of high quality cancer care
• Develops and makes available evidence-based information and programs to:
  – Improve the quality of patient care
  – Influence and improve the quality of decisions between physicians and patients about appropriate and effective cancer care
• NCCN Guidelines and other resources are used by physicians, nurses, pharmacists, billing staff, managed care organizations and patients
NCCN Clinical Resources

- NCCN Clinical Practice Guideline In Oncology (NCCN Guidelines®) address more than 95% of cancers – available free at NCCN.org (registration required)
- NCCN Guidelines for Patients™ – a selection of NCCN professional Guidelines translated for non-clinicians – available free at NCCN.com
  - Currently, nine Patient Guidelines are available
Why Is Cancer Important to Employers?

- Estimated $104 billion in direct medical costs*
- Usually among the top 3 to 5 most costly medical conditions
- An estimated $19 billion in lost productivity due to illness
- $123 billion in lost productivity due to premature death*
- Absenteeism and “presenteeism” issues
- Leading cause of long-term disability – about 12% of claims
- Care giving issues
  - More than half of women and a third of men experience workday interruptions as a result of care giving responsibilities

What Employers Want

• Evidence-driven benefits
• Evidence-based, personalized care for beneficiaries
• Integration and coordination across the benefit continuum and cancer continuum
• Standardization of benefits across health plans
• Vendor accountability
**Approach**

- **Health Care Benefits Plan (Year 1)**
  - General Medical, including:
    - Behavioral Health
    - Palliative Care
    - End-of-Life Care
    - Care management
  - Pharmacy

- **Health and Productivity (Year 2)**
  - Short-Term Disability
  - Family Medical Leave
  - Employee Assistance Programs

- **Health Promotion/Wellness (Year 3)**
  - Beneficiary Education
  - Prevention and Screening
  - Survivorship Resources

Working group consists of staff from NBGH and NCCN, supported by an Advisory Committee that includes representatives from all stakeholder groups:
- Managed care plans
- PBMs
- Cancer centers (physicians)
- Employers/benefit managers
- Patient advocates
- Pharmaceutical industry
- American Cancer Society
- Benefit consultants
- Disability & EAP vendors

All resources developed through this collaboration are available free to all.
The Toolkit

• **Tool 1 – Quick Reference Guide:** A brief summary of benefit and program recommendations across the benefit continuum.

• **Tool 2 – Employer Benefit Design and Assessment:** Provides practice recommendations and suggestions for comprehensive benefits, along with a methodology employers can use to assess their current benefits.

Focuses on medical and pharmacy benefits, including behavioral health, centers of excellence programs and care management services.
The Toolkit

• **Tool 3 – RFP and Proposal Scoring Tools:** Resources to support implementation of recommendations from Tool 2.
  - Part I details RFP questions and response requirements.
  - Part II includes evaluation criteria for vendor responses.
  - Part III provides a scoring tool to facilitate rating and ranking of vendor responses.

• **Tool 4 – SPD Guidance:** Offers guidance to help employers translate the recommended benefit or practice into summary plan description language for beneficiaries.
The Toolkit

- **Tool 5 – Vendor Contracting and Administration:** Includes reporting requirements and timing.
- **Tool 6 – Vendor and Program Evaluation:** Supports assessment of vendor performance and overall effectiveness of the entire set of employee benefits.

Year 2 recommendations on short-term disability, family medical leave and employee assistance programs will be added to these tools later this year.
To Access the Tools:

www.businessgrouphealth.org

- Click on “Cancer” under the list of “Hot Topics”
Tool 3, Part I: 
Request for Proposal (RFP) 
Questions and Requested Evidence 
for Vendors

This tool is intended to be used in creating an RFP that will be sent to current and/or potential medical and pharmacy plan vendors. The tool can be used in two ways: to determine the extent to which current vendors are meeting or can meet your benefit specifications and to evaluate potential vendors to determine which are able to implement your benefit plan in a way that is consistent with your specifications. This tool translates benefit recommendations from the Plan Design & Assessment Tool (Tool 2) into a Benefit or Practice statement so that vendors will clearly understand your requirements. Vendors are then asked to respond to a series of questions about their ability to implement these benefits according to your requirements.

Vendor responses can be evaluated using Tool 3, Part II: Request for Proposal (RFP) and Response Evaluation and then scored and ranked using Tool 3, Part III: Request for Proposal (RFP) Scoring Tool.

After each benefit and objective, questions are listed (noted in the document) that can be used if other vendors are in place for:
- A transplant Center of Excellence program (if offered and not provided by the medical plan vendor);
- A cancer Center of Excellence program (if offered and not provided by the medical plan vendor);
- Specialty pharmacy (SP) program (if offered and not provided by the pharmacy plan vendor);
- Nonfacilities and/ or care management program (if not provided by the medical plan vendor); and
- Step-sure or Reimbursement carrier (if step-sure reimbursement is purchased).

For most mid- to large-size self-funded employers, medical and pharmacy plan vendors should be able to implement each benefit or practice according to your specifications. If there are certain aspects of the benefit specifications that vendors are not able to implement, they should indicate what they are. If a vendor can only partially implement the benefit or practice, the response should describe the vendor’s limitations. If the vendor will charge an additional premium to implement the benefit or practice, the vendor should indicate that and state what the additional premium will be. The vendor should also define any additional time needed to implement the benefit or practice.
Tool 3, Part I:
Request for Proposal (RFP)
Questions and Requested Evidence
for Vendors

This tool is intended to be used in creating an RFP that will be sent to current and/or potential medical and pharmacy plan vendors. The tool can be used in two ways: to determine the extent to which current vendors are meeting or can meet your benefit specifications and to evaluate potential vendors’ ability to implement your benefit plan in a way that is consistent with your specific benefit requirements and from the Plan Design & Assessment Tool (Tool 2) view so that vendors will clearly understand your requirements. Vendors are then asked questions about their ability to implement these benefits according to your requirements.

Vendor responses can be evaluated using Tool 3, Part II: Request for Proposal (RFP) Evaluation and then second and ranked using Tool 3, Part III: Request for Proposal Response Evaluation for Employers.

After each benefit objective, questions are listed (shown in the document) for vendors in an easy-to-read format:

- A transplant Center of Excellence program (as offered and not provided by the plan)
- A cancer Center of Excellence program (as offered and not provided by the plan)
- Specialty pharmacy (as offered and not provided by the plan)
- Nonmedical and/or care management program (if not provided by the media)
- Stop-loss or Reinsurance cover (if stop-loss reinsurance is purchased)

For most mid-to-large size self-insured employers, vendors should be able to implement each benefit or specification. If there are certain aspects of the benefit not implementable, they should indicate the extent to which they can partially implement the benefit or practice, if possible. If a vendor will charge an additional premium for an implementation of the benefit or practice, the vendor should indicate the additional premium by line item. Vendors should be able to implement all benefits to the extent that they are provided. Vendors should provide a quotation for each benefit or specification.

Tool 3, Part II:
Request for Proposal (RFP) and Response Evaluation for Employers

The purpose of this tool is to provide guidance on evaluating vendor RFP responses for the benefit outlined in the Plan Design & Assessment Tool (Tool 2). To make it easier to follow the RFP guidance information, each benefit is listed here as well. Evaluation criteria are provided for each recommendation.

Not all responses can be scored using a three-star "must" or "does not meet" rating. The rating of some responses may be subjective and may vary among employers. The information provided here gives a general framework for assessing the responses of the RFP materials. For additional help, refer to Tool 3, Part III: The Request for Proposal (RFP) Scoring Tool.

1.0: General Medical & Behavioral Health

Medical Benefit 1.1

Recommended Benefit or Practice

Benefits plan should include access, within the available provider network, to a wide range of cancer care providers, including medical oncologists, hematologists, pediatric hematologists-oncologists, radiation oncologists, surgeons who specialize in cancer, palliative care 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 provide access to multidisciplinary care for care and complex cancers.

Objective(s)

- To ensure that beneficiaries have access to the expertise needed to accurately diagnose and appropriately treat their cancer.
Tool 4: Summary Plan Description (SPD) Guidance

A Summary Plan Description (SPD) explains to beneficiaries what their medical and pharmacy plans provide and how they work. This report offers guidance to help employers make the recommended benefits or practices from Tool 2: Plan Design & Assessment Tool into SPD language. Only those recommendations considered to be part of the plan design have been included in this document. Other benefits listed in Tool 2 that are not included are considered administrative practices or guidance.

Because this document is not intended to be used verbatim, rather, it should be used as a resource to assist in incorporating benefit information into the SPD. The highlighted dollar amount, if included in the employee’s coverage as guidance.

For each benefit, the following categories are included:
- Definitions
- Covered Providers
- Benefit Coverage Limits

Medical Benefit 1.1

Tools 2-6 of An Employer’s Guide to Cancer Treatment & Prevention describe medical- and pharmacy-related benefit recommendations in detail, while Tool 3 provides resources to generate RFP questions, evaluate responses and score and rank vendors. Tool 4 provides guidance in developing Summary Plan Design (SPD) language. Tool 5 provides guidance for vendor contracting, including the information and data that employers should consider requiring from vendors. These resources are intended to be concrete and directly applicable to the work of benefit managers. In contrast, this tool provides a model that employers can use to both assess the performance of vendors and evaluate the overall effectiveness of the employee benefit.

The current version of this tool addresses the medical and pharmacy plans, as well as Centers of Excellence (COE) and care management programs, from Tools 2-5. Additional measures will be added for health and productivity and health promotion/wellness programs for later stages of this project. Specifically, measures for health and productivity programs (smoke and lung cancer, disability, family medical leave and employee assistance programs) will be added during 2012, ready for health promotion/wellness metrics coming in 2013.

Because this tool will include all programs and services, it is considered an integral evaluation. It encompasses a carefully selected set of measures based on the goal of providing evidence-driven cancer benefits, programs and services for beneficiaries.

The table also provides evaluation criteria for recommendations and metrics included in the toolkit. In summary, the overarching goal of this evaluation model is to help employers develop, implement and provide evidence-driven benefits, programs and services to their employees and dependents.
Sample of Medical Benefit Recommendations

• 1.1 Medical plan network should include access to a wide range of cancer care specialists, both in the community setting and in academic and NCI–designated cancer centers.

• 1.5 Benefit plan should cover second opinion services for individuals with a diagnosis or suspected diagnosis of cancer.

• 1.6 Benefit plan should provide coverage for routine costs of care when a patient is enrolled in a qualified cancer clinical trial.

• 1.7 Benefit plan should include hospice coverage for individuals with an estimated life expectancy of 12 months or less if their disease runs its usual course.

Definitions and additional detail included in Tool 2.
Sample of Medical Benefit Recommendations

- 1.12 Benefit plan should cover genetic testing and counseling for risk assessment of individuals with significant personal or family history, based on NCCN Guideline recommendations.
- 1.18 Benefit plan should cover elements of collaborative care for patients who are diagnosed with a behavioral health disorder (e.g., depression) but are primarily treated in a medical setting.
- 3.2 Employers should contract for a cancer care management program that offers oncology nurses to work with patients.

Definitions and additional detail included in Tool 2.
Pharmacy Benefit Recommendations

• 1.1 Reasonable out-of-pocket thresholds should be established so that cost is not a significant barrier for patients to obtain their medications.

  Specialty Pharmacy programs should counsel individuals who are prescribed oral oncology drugs to reduce prescription abandonment and non-compliance.

• 1.2 Medical plans, pharmacy benefit plans and specialty pharmacy benefit plans should cover evidence-based cancer treatment, whether paid under the medical or pharmacy benefit. This includes coverage for off-label use of drugs and biologics when supported by evidence, as indicated in NCCN Guidelines.

• 1.3 Benefit plan should establish parity of patient cost-sharing between the medical and pharmacy benefits.
Year 2 Objectives
Year 2 Objectives (2012)

• Develop benefit and practice recommendations for health and productivity programs – short-term disability, Family Medical Leave, EAP – and add to Tool 2.
  – Develop RFP tools, SPD guidance, contracting and evaluation and add to Tools 3 – 6.

• Create informational resources for employees, starting with a “Cancer Benefits & Resource Guide.”

• Disseminate the tools and resources to employers, health plans, consultants and other relevant audiences via webinars, symposia and the Web.
Sample of Short-Term Disability (STD) Recommendations

• 4.1 The short-term disability plan’s policies and practices must be integrated operationally with EAP and other relevant benefits.

• 4.2 Short-term disability programs should utilize cancer-specific protocols, based on clinically validated information, for certifying and managing cancer-related disability cases.

• 4.5 When short-term disability program case managers identify employees with behavioral health issues that affect the disability leave and/or reduce productivity, the case manager should have access to health psychology/behavioral medicine specialists or health coaches who are trained to work with employees dealing with serious and/or chronic illnesses such as cancer.
Sample of STD Recommendations

• 4.6 When behavioral health issues negatively affect treatment adherence and/or recovery, the disability case manager should consult with the treating physician and encourage the use of collaborative care as described in Medical Benefit Recommendation 1.18.

• 4.7 Disability case managers should have training in order to: (a) evaluate employee impairment and level of functioning (based on job requirements and demands), (b) understand the employee’s return-to-work requirements, and (c) recognize and manage co-morbidity and the overall health status of the employee.
Sample of STD Recommendations

• 4.8 Short-term disability program case managers should coordinate with the disabled employee’s supervisor, human resource (HR) representatives and, when appropriate, legal department and EAP staff, to establish criteria for determining reasonable work accommodations.

• 4.10 Ongoing and regular treatments (e.g., for chemotherapy infusions that are provided as part of an employee’s treatment and performed after return to work from a short-term disability) should be considered and covered as part of the employee’s original short-term disability episode.
Sample of Family Medical Leave (FML) Recommendations

• 5.1 Family Medical Leave (FML) should be integrated into and administered as an essential component of the employer’s health and productivity programs, including short-term disability, EAP/Work Life programs, wellness and condition management programs.

• 5.3 Employees who apply for FML for their own illness or for caregiver leave should receive information about caregiver stress and depression and available support resources.

• 5.4 All employees who apply for FML for their own illness or for caregiver leave should receive information about financial counseling and assistance resources.
Sample of FML Recommendations

• 5.5 FML should be integrated with Human Resources planning and operations. HR should encourage supervisors to consider offering alternative work arrangements, reduced work schedules and assistance with reentry into the workplace and to provide a supportive environment for the affected employees and their coworkers.
Sample of Employee Assistance Program (EAP) Recommendations

• 6.1 EAP staff should possess training, knowledge, and skills about the basic cognitive, emotional, and physical issues associated with serious and chronic illnesses, including cancer.

• 6.2 EAP staff should be capable of providing consultation to supervisors and HR professionals and work effectively with employees coping with cancer and other serious and/or chronic illnesses.

• 6.7 EAP/Work Life program 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 parents of employees, spouses, and children.
Cancer Benefits & Resource Guide
Conceptual Model – for Beneficiaries

Components that can be customized by the employer for beneficiaries:

- Straightforward guidance for beneficiaries affected by cancer: “What do I do now? Where do I start?”
- Coping with the news of a cancer diagnosis
- Summary of relevant employer-sponsored benefits across the benefit spectrum, with links to more detailed information
- Employer-sponsored resources and services
- Where to find answers to your questions
- Community-specific resources
Components for employers, managers & supervisors:

- Guidance on becoming an organization with a “culture of health” that supports:
  - Individuals with cancer and caregivers of those with cancer
  - Managers and coworkers affected by a colleague’s cancer diagnosis or caregiver role
- Best in class employer practices
- Guidance to help develop a customized Cancer Playbook
Year 3 Objectives (2013)

- Complete “Cancer Benefits & Resource Guide” template and make it available to employers with guidance on how to customize and communicate with beneficiaries.
- Develop resources on prevention, screening, wellness and cancer survivorship.
- Achieve broad dissemination and uptake.
Contact information

For additional information about the Toolkit, please contact:

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