

Employer Checklist for Module 1: Prevention & Pre-Diagnosis

Assessing Your Cancer Care Strategy

The following areas below are highlighted for *Module 1: Prevention & Pre-Diagnosis*. Please use this as a list of action items to encourage discussion with your health plan/carrier/TPA, Employer Benefits Consultants (EBC's) 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 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 utilization of preventive services offered by your health plan/carrier/TPA and other partners and request they provide demographic data including racial and/or ethnic segments and/or by 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 - this directly impacts cancer screening rates; consider incentives for annual wellness exams and cancer screenings
- Provide resources in the area of Advance Directives, including how to discuss and develop a plan that addresses them so that family and providers are clear on 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 recommended screening utilization rates (including by income, type of plan (e.g. HDHP), job function, race and ethnicity). Request an action plan from your health plan/carrier/TPA and other partners that will improve rates. Benchmark data across the general population and measure trends over time.
 - Require your health plan/carrier/TPA and other partners identify drivers of low screening rates (e.g. provider performance, member reluctance) and request an action plan that addresses issues and identifies strategies they will take over a specified time (e.g. 6-12 months) to improve these rates. Explore addressing a change in screening eligibility (e.g. lowering age 45 for colon cancer).

- Collaborate with providers or other stakeholders (e.g., American Cancer Society) to make screening services more accessible; bring onsite if with a large concentration of employees
- Consider tracking rates for USPSTF recommendations for HPV and low dose lung cancer screening
- Encourage shared decision-making with personal physicians, especially where expert opinion varies (e.g. breast, prostate, colon)

Screening on Inherited (Genetic) Risk

- Confirm plan covers inherited risk screening for individuals with appropriate risk profiles (e.g., family medical history, certain occupations)
- Require your health plan/carrier/TPA and other partners keep you informed as new cancer care tests and treatments emerge into the market
- Ensure that your health plan/carrier/TPA, providers and other partners educate 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 that 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 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 diagnosis.
- 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 for [drug + administration] costs
 - Encouragement of chemotherapy in less expensive outpatient sites
- Identify what controls exist to assure 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

ADDITIONAL QUESTIONS FOR CONSIDERATION

1. Review the “patient journey” and determine how you want to define value to members as they navigate it over time. (e.g. highlighting value of consistent care, timely screenings, value of money spent for appropriate cancer treatments, etc.)
2. Determine what top two challenges you are currently facing, besides cost issues, with your cancer population, and create an action plan to help you address them 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, beside 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 those plan members who are at high risk? How are you improving access for those 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.)

The following is a list of recommendations for a newly diagnosed Cancer Patients

Adapted by The Cancer Support Community Patient:

Tips for Newly Diagnosed Cancer Support Community	
<p>For Employers Determine how to incorporate these steps into your overall plan of action for your workforce</p> <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 beyond health insurance 	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
	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