

Oncology Learning Collaborative Session #2

October 17, 2023

Moderators

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- Karen van Caulil, PhD, President and CEO, Florida Alliance for Healthcare Value

MBGH Employer Advisors

- Dan Dentzer, Manager: Health and Welfare Strategy, United Airlines
- Carole Mendoza, VP of Benefits, Voya Financial
- Sherri Samuels-Fuerst, VP, Total Rewards, Sargento Foods

Florida Alliance Employer Advisors

- Kenneth Aldridge, Director of Health Services, Rosen Hotels & Resorts
- Ray L. Bowman, Ph.D., Senior Vice President, Talent and Team Development, MarineMax (Excused)
- Lea Ann Biafora, CEO/Founder of Professional Cancer Care Experience Advisors, Beacon Advocates
- Jane Lutz, Senior Employer Account Executive, Genentech on behalf of Cody Adams, Benefit Manager, Genentech
- Susan McBroom, Director of Human Resources, Patriot Rail Company
- Rosa Novo, Executive Benefits Director, Miami-Dade County Public Schools

Coalition Support

- John Butler, Project Management Consultant (MBGH)
- Sandra Morris, Principal, About Quality Benefits Design, LLC (MBGH)
- Ashley Tait-Dinger, Vice President, Florida Alliance for Healthcare Value

Project Sponsors

- Genentech
- Merck
- Pfizer

Link to Project Resources

Locate additional information and project resources, including the webinar recordings and slide presentations, at flhealthvalue.org/our-work/oncology-learning-collaborative/.

Oncology Learning Collaborative Timetable

Employer-Driven Collaborative

- Four educational and interactive webinars
- Hear and learn from your fellow employers
 - Get insight on the best practices in oncology management
 - What is and isn't working
 - How to work more effectively with your vendors and partners
 - Provide feedback
 - Gain new tools to support your efforts
- September 19 – Prevention, Screening, Early Identification, Diagnosis, 2nd Opinion & Site of Care
- October 17 – Navigation, Psychosocial Support, Survivorship/Return to Work
- November 17 – 1-2:30 PM CT; 2-3:30 PM ET - Diagnosis, Precision Medicine/Biomarker Testing & Treatment
- December 8 – 2:30-4 PM CT; 3:30-5 PM ET – Employer Guide to Managing Oncology – to be unveiled
- If any employer would like to share their unique experiences or benefits, feel free to contact Cheryl or Karen.

Key Areas of Focus

Session #1

- Prevention and Screening
- Testing and Diagnosis – Early and Correct Diagnosis

Today

- Correct Treatment at the Right Place – including Palliative Care, Hospice/End of Life Care
- Early Access to Navigation – Needed Support and Guidance
- Survivorship/Return to Work

November

- Pharmacy/Specialty Pharmacy Management – Right Drug for the Right Patient at the Right Price and the Right Place
- Coverage of Precision Medicine/Biomarker Testing

Follow-Up From Session #1

- Merck sent additional information as a follow-up to our prevention and screening recommendations from the first session. The information is available on the OLC webpage.
- Also included on the webpage are the detailed notes of the sessions.

Cancer has become more complex and challenging to navigate

- Diagnostic testing and treatments have expanded and come with pricing and reimbursement challenges.
- Variations in oncology care occur across settings and programs, even from provider to provider. It is important for the patient to know where the best care for their cancer is.

- There are reimbursement challenges with increased billing errors which include duplicate billing, extra testing, etc.
- Navigating cancer is overwhelming for the patient, family, and caregivers.
- The healthcare system is fragmented and siloed.
- Inefficiencies drive treatment delays and misdiagnosis. Some are due to turnover and vacancies.
- 1 in 3 cancer patients enter bankruptcy. The majority of money spent on cancer care is spent in the last two weeks when a patient might benefit more from palliative or hospice care.
- A high percentage of patients are initially misdiagnosed.
- 75% of patients do not seek a 2nd opinion because of cost, fear of delaying treatment, and because they don't want to hurt the feelings of the original provider.
- Employers often cannot address the underlying social and economic conditions their employees live in. They try to understand the social risk factors and mitigate the social needs of the employees.
- Most cancer patients would benefit from mental health support but do not receive it during their treatments/cancer journey.
- Employees do not understand their benefits despite the best efforts of employers to educate them.
- Privacy is important – employees like having “anonymous, non-judgmental” support outside of the work setting when dealing with serious health conditions like cancer.

What can employers do to help members get through the cancer journey easily?

Navigation and Care Management

- Each plays an important, role.
- There is overlap, but there are also important differences.

Care Managers

- A lot of health care plans provide for them.
- They work collaboratively with physicians, nurses, etc. to provide comprehensive care coordination.
- They serve as advocates for patients, helping them navigate the healthcare system and access services and resources.
- The main goal is to ensure patients receive high-quality care and that their needs are met.
- They assess patients' physical, psychological, and social needs, develop care plans, coordinate services and resources, monitor patient progress, and provide education and support to patients, their families, and caregivers.

Navigators

- Connect a patient to the help and support they need.
- Many are social workers who know about cancer care and can assist with the social and mental health needs of the patient.
- Their goal is to find ways to overcome issues that keep patients from getting access to quality care.
- They help the patient manage financial issues.
- Navigators help the patient understand what their health insurance plan may cover and what they will have to pay. They help patients find benefits most people don't know are available.
- They help set up payment plans and find ways to lower costs. They may point patients to less expensive services or providers.

Participant Comments

- Employees are not aware of the availability of accelerated payments available through their life insurance for terminal illness to assist with financial burdens.
- There are a lot of emerging roles and the roles are not always crystal clear. A navigator may be a nurse navigator or a financial navigator. All hospitals probably have oncology nurse navigators, but what they do at each hospital varies. The most important message is there is a lot of variation.
- When you hire a point solution, you really need to understand how much of the array of services the person is providing. It is most likely that one provider is not providing all services.
- We have to get patients connected to care managers or navigators as quickly as possible after diagnosis. Today, it can take up to 3 months for the health plan to get members connected to the care managers.

The Solution: Needs Navigation is a Lifeline for Patients, their Families, and Caregivers

- A National Patient Advocate Foundation (NPAF) environmental scan in 2020 revealed six domains as key features of providing high-quality needs navigation services. They include
 - Finance Advocacy,
 - Financial Care Planning,
 - Medical Billing Assistance,
 - Social Needs Assistance,
 - Insurance and Enrollment Advocacy, and
 - Workplace Services and Support.

Polling Results – Question: Do you offer oncology care management services to your plan members?

- Yes – 75% (21/28)
- No – 25% (7/28)

Polling Results – Question: How does the patient get connected to a nurse or healthcare professional?

- Outreach from health plan – 48% (20/42)
- Outreach from point solution vendor – 10% (4/42)
- Patient calls into the point solution/third-party vendor – 19% (8/42)
- Outreach from COE / healthcare provider – 12% (5/42)
- Other – Can we reach out to you for more details? - 7% (3/42)
- Other – 5% (2/42)

Polling Results – Question: How quickly does the patient get connected to a nurse or healthcare professional?

- Less than 5 business days from diagnosis or initial contact – 40% (8/20)
- Between 6 business days to two weeks from diagnosis or initial contact – 35% (7/20)
- Between 3 to 4 weeks from diagnosis or initial contact – 15% (3/20)
- Greater than 4 weeks from diagnosis or initial contact - 10% (2/20)
-

Polling Results – Question: What is the percentage utilization of the program for those with cancer?

- < 5% – 17% (4/24)
- 6 – 14% – 4% (1/24)
- 15 – 24% - 4% (1/24)
- 25 – 49% - 0% (0/24)
- 50% + - 8% (2/24)
- Don't Know - 67% (16/24)

Polling Results – Question: If you would like to share how your oncology care management services work, please provide your email and we will follow up.

- Signode Industrial Group and Miami-Dade County Public Schools are willing to share.

Polling Results – Question: Do you offer navigation services to your plan members?

- Yes – 80% (20/25)
- No – 20% (5/25)

Polling Results – Question: How does the patient get connected to the Navigator? Select all that apply.

- Outreach from health plan – 35% (12/34)
- Outreach from point solution vendor – 15% (5/34)
- Patient calls into the point solution/third party vendor – 32% (11/34)
- Outreach from COE/healthcare provider – 12% (4/34)
- Other – Can we reach out to you for more details? - 3% (1/34)
- Other - 3% (1/34)

Polling Results – Question: How quickly does the patient get connected to a navigator?

- Less than 5 business days from diagnosis or initial contact – 53% (9/17)
- 6 – 14 business days from diagnosis or initial contact – 29% (5/17)
- Between 3 to 4 weeks from diagnosis or initial contact – 6% (1/17)
- Greater than 4 weeks from diagnosis or initial contact - 12% (2/17)

Polling Results – Question: What is the percentage of utilization of the program for those with cancer?

- < 5% – 10% (2/20)
- 6 – 14% – 5% (1/20)
- 15 – 24% - 5% (1/20)
- 25 – 49% - 5% (1/20)
- 50% + - 0% (0/20)
- Don't Know - 75% (15/20)

Polling Results – Question: If you would like to share how your navigation services work, please provide your email and we will follow up

- AbbVie and Miami-Dade County Public Schools would like to share

Share how your oncology care management and navigation services work

Miami-Dade County Public Schools

- We make sure all our employees have access to all our benefits offered outside of our health plan.
- We utilize all of our personnel including our employees in Human Resources, those in benefits, payroll, leaves, disability, and recruitment.

Abbott Labs

- We came up with a Cancer Care Guide to highlight all of our resources.
- Our care coordinators do a good job from a medical perspective but a lot of other parts are missed. We had an employee give us a testimonial of what she learned and from her, we learned of some of the gaps we had in our medical coverage. From a mental health perspective, it can cause a lot of anxiety when your wig coverage is limited and employees cannot get different looks, natural hair, or skull caps. The same can be true if aesthetic services such as mastectomy bras or other prosthetic undergarments are not covered. These may seem small but they can have a big impact on people going through the journey.
- We have City of Hope which can be good for specialists or rare cancers.
- There are lot of tests that are not approved so how do you get them reimbursed, how do you direct people, and how do you find the right COE? We have not found some of those solutions.

Voya Financial

- I was not surprised by the survey results.
- We offer our employees AccessHope. They offer cancer services and navigation.
- In 2022, two people used them and one used them for an advisory review. We did have 100% satisfaction.
- Of course, I don't believe we only had two cancer patients. Currently, employees or their family members have to self-refer so to increase participation, I am working on converting to AccessHope reaching out to cancer patients they identify via a claim feed from the insurance company.
- I am going to talk about a pilot program that had very low participation until we did a communication campaign in which we asked if you or anyone you love has cancer. One hundred and eighty people called the first day and of course, that slowly trailed off. (Karen)

United Airlines

- When we offer benefits to the masses, we get very little traction. What works for us is employee testimonials.
- As far as how quickly people get connected to our resources, it is all over the board. Some get connected in five days, some in two weeks, and others in five weeks. There is no consistency.

Miami-Dade County Public Schools

- I was not surprised by the survey results and I found the results to be a testament to our work here being needed.

- We are working on our own cancer support materials and we see a disconnect between what the health and what we put out. For instance, the health plan will not share any information about how to utilize the accelerated payments of the life insurance plan so we have to.
- We also like it when the employees give testimonials.

Sargento Foods

- We have both navigators and care managers. Patients get connected once they have a diagnosis. They are in shock so we hope the navigation services and case management are working together for them.
- We don't have a specific cancer bolt-on or specific services for oncology. We use the general case management of UHC 's UMR which does include an oncology component.
- We started using Quantum as a single point of contact for navigation services in January and utilization is fairly low.
- For those who want it, we also have the local oncology and hematology offices with whom I am working. Their nurse navigators or case managers can be the patient's sounding board when they don't understand what they are hearing. I am not sure how to get them connected to the patient because I don't want our people to think they have to go and that they have to use them because they are one of many options.
- We do have a way to go when it comes to communicating with our employees about the services and getting employees to engage with Quantum. You have to communicate, communicate, and then communicate more while at the same time making sure you don't cannibalize your other communications.
- Internally, I am working with our Leave Coordinator. This person is a good, centralized point for education, tools, or solutions.
- It takes multiple efforts and you have to make each effort multiple times.

Comment: I wonder if some of the low utilization isn't due to mistrust. Is it realistic to include the main healthcare clinician to encourage the patient to use these services? (Chat Box)

Cancer Navigation Pilot Program – Employee Benefits Advocate Program

- The Florida Alliance for Healthcare Value and the Patient Advocate Foundation partnered to create an innovative, employer-based benefit program designed to help employees and their dependents more effectively navigate their cancer treatment journey by providing insightful and proactive benefit education, making connections to the social and practical community resources they are eligible for but may not be aware of, and providing critical, responsive support for access to care and for financial barriers that impact and impair their ability to access and afford care.
- The pilot was conducted with The Walt Disney Company and Orange County Public Schools and funded by Genentech.
- The goals of the program were to improve employees' understanding and utilization of their benefits, to reduce financial and emotional stress, to have a positive impact on employee productivity and satisfaction, and to improve access and adherence to care.
- Serving as a complement to the medical case management programs offered by both the health plan and the provider, the Cancer Navigators were trained professionals and trusted resources who had the intent

of helping patients overcome physical, emotional, social, and financial barriers to receiving timely cancer treatment. The Cancer Navigators provided support in the following areas:

- proactive benefit education, navigation, and empowerment,
- community resource navigation and enrollment,
- benefit utilization navigation and intervention, and
- responsive intervention and solutions for specific access to care and financial issues faced by the cancer patient and their family.
- This pilot program was provided as an offering by the employer to eligible plan members. To be eligible for the program, the individual had to be enrolled in the employer-sponsored group health insurance plan as an employee, spouse, or dependent and had to have a diagnosis of cancer. The program was sponsored by the employer and all the services were provided to the employee free of charge. The employer paid a very reasonable \$200 per participant.
- Individuals accessing the program were assigned a personal Cancer Navigator who provided education, navigation, and hands-on interventions throughout the cancer experience. There was no limit on the number of times assistance could be requested from the Cancer Navigator.
- Results
 - Able to resolve your issue & address concerns: 24% Yes, a little; 71% Yes, a lot
 - Improves access and adherence to care/treatment plan: 14% Yes, a little, 86% Yes, a lot
 - Helped minimize time away from work: 25% Yes, a little, 25% Yes, a lot
 - Made you feel like the employer cared and was supportive: 18% Yes, a little, 77% Yes, a lot
 - Reduced stress: 15% Yes, a little, 81% Yes, a lot
 - 83% had a reduction in their financial distress; on average their score improved by 10 points.
 - 77% had a reduction in general distress.
 - 81% increased how well they understood their healthcare plan.
 - 46% improved their confidence in communication.
 - 95% increased their understanding of the details of their healthcare plan.
 - 100% felt it helped them get the fullest value from their plan, understand the costs of their treatment and care, understand who was in their network, and increase awareness of local community resources.
 - Program users rated the benefits of the services at 9.4/10, professionalism and knowledge of the staff at 9.8/10, and 100% would recommend the program to others.

Self-Navigation Tools to Share

- CancerCare.org
- National Comprehensive Cancer Network Patient Guides
- <https://www.nccn.org/patientresources/patient-resources/guidelines-for-patients>
- <https://triagecancer.org/> (participant provided)
- Genetech's Cancer Care Guide, <http://viewer.zmags.com/publication/f10e83b8#/f10e83b8/1> (Participant provided)
- There was a testimonial from someone who used the tools by downloading them and using them to take notes. The user found them to be
 - A good check between her and the care team,

- A good navigation tool,
- A good support system, and
- Written in an easy-to-read and understand format.
- The recommendation is for employers to download a few to give you insight into the imaging and testing that should be happening.
- A close friend just went through breast cancer and used it because it was recommended to her by a nurse. She said they are fantastic. (Boeing)

Polling Results – Question: Have you shared any cancer-related resources with your employees/members?

Select all that apply.

- Yes – 20% (4/20)
- Yes, via vendors/support programs – 15% (3/20)
- Yes, via our intranet or health library – 20% (4/20)
- Yes, in newsletters or member/employee communications for ‘health’ months – 30% (6/20)
- No – 15% (3/20)

Polling Results – Question: If yes above, did it help anyone get screened earlier or better understand a diagnosis?

- Yes – 43% (3/7)
- No – 29% (2/7)
- Answer above was no – 29% (2/7)

Polling Results – Question: If you answered yes and are willing to share more details about this like who is sending them or what the source of the resource is, please provide your email and we will follow up.

- Miami-Dade County Public Schools is willing to share

Sargento Foods

- We do a very comprehensive campaign around cancer and prevention in general. On our employee portal, we did a campaign around oral cancer in April and prevention screening awareness in January. We also did campaigns around breast and colon cancer. We tried to tie our Oral Cancer campaign to our Delta Dental benefits.
- We bring these things to our people in the plants. They have two paid 15-minute breaks and don’t often go to the employee portal, The Block, unless it is Annual Enrollment. We do table tents with QR codes, messages on the TVs in the lunchroom, and electronic bulletin boards.
- We have our on-site Health and Wellness Centers which are always promoting and providing education.
- We do a vendor summit where we bring our 17 to 20 vendors together every year to educate them on all of our services so they can really support and navigate individuals through the different benefits in order for the individuals to maximize their benefits. It is not 100% effective but it does move in the right direction.
- I have mentioned the on-site mobile mammograms and the resources we use for prevention and education. We also brought dermatologists on-site. These programs fill up very fast and they have

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diagnosed a few cancers. As a clarification to a question, yes, the mobile mammograms all offer ultrasound for high-density breasts. Author's Note: Participants were asking for more information on these resources in the Chat Box, Abbott Labs specifically.

- If we cannot build our own, we work with local oncology and hematology centers. We leverage their nurse navigators and use them to give proactive and preventive education.

Psychosocial Support

- Although the objective of hospice and palliative care is pain and symptom relief, the prognosis and goals of care tend to be different.
 - Hospice is comfort care without curative intent. The patient no longer has curative options or has chosen not to pursue treatment and has a prognosis of six months or less.
 - Palliative care is comfort care with or without curative intent. It can be pursued at diagnosis, during curative treatment and follow-up, and at the end of life.
 - Interdisciplinary teams deliver both – they address physical, emotional, and spiritual pain, including such common worries as loss of independence, the well-being of the family, and feeling like a burden.
- Coverage for hospice services – 100% by Medicare, Medicaid, and private insurance, but in many cases the patient has to give up curative treatment to access hospice services.
- Palliative care reimbursement varies by insurance plan.
- Most money on cancer care is spent in the last two weeks, but it is not on palliative or hospice care which may be more efficient at this time and less expensive.
- I would like to reiterate the importance of palliative care to help with symptom management and I want to remind everyone not all systems or community services offer it. (Beacon Advocates)
- I really learned a lot about palliative care. (Boeing)

Free Catalyst for Payment Reform (CPR) Resources for Employers/Healthcare Purchasers

- How to Guide for Serious Illness Care Strategies explains the value of palliative care, how it can improve the quality of life, and in doing so, it reduces healthcare costs for the patient and the employers.
- The Purchaser Toolkit for Serious Illness Care Strategies has an RFI, evaluation guidance and model responses, model health plan contract, health plan conversation guide, ACO checklist to ensure their ACO has palliative care capabilities, and a case management vendor checklist.
- <https://www.catalyze.org/product/palliative-care-purchaser-resources/>

CPR Employer Case Study – Dow Chemical Co.

- Their problem was few employees were taking advantage of the company-provided hospice benefits.
- The root cause of the low utilization was the employees had to give up curative treatment in order to take advantage of the benefit.
- The solution was Dow worked with Aetna to implement the Compassionate Care Program, palliative care on steroids, allowing employees to utilize hospice benefits without having to abandon curative care.

Survivorship

- By 2040, the survivorship of cancer in the US is estimated to be 26.1 million.

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- People with cancer are living longer.
- Survivorship care includes recovering from cancer and promoting health.
- A person is a survivor starting at the time of diagnosis, during and right after treatment, and through the balance of their life.
- The definition of survivor must include caregivers, family, friends, and colleagues of the patient.

Survivorship Care Standards

- Prevention of late effects of cancer and treatment
- Routine testing for the return of cancer
 - Employers report some members do not go for routine testing because they don't want to go through it or put their families through it again. This is often driven by financial concerns.
 - This highlights the need for survivorship to be part of the journey from day 1 and navigation and financial support needs to also be part of that journey along with surveillance, outreach, and psychosocial support of the patient.
- Assessment and treatment of late effects of cancer and treatment
- Coordinated care between providers
- Planning for ongoing survivorship care

Survivorship Resources

- Pfizer's "This is Living With Cancer" Program, https://www.thisislivingwithcancer.com/be-inspired?cmp=911558de-03a6-4539-8e9e-1703445ade98&gclid=EAlaIQobChMI-Zvr6OT9gQMVRrqtBh2CqwrqEAAAYASAAEgIn7PD_BwE&gclsrc=aw.ds - this program provides tools and resources to support those who have been affected by cancer, including a mobile app designed to help manage some of the daily challenges faced by people living with cancer.
- **Northeast Business Group on Health – Cancer Survivorship: Challenges and Opportunities for Employers** – <https://online.flippingbook.com/view/48119/> - this guide has identified how employers can get help for each category of needs – physical health, mental and social health, wellness and healthy lifestyle, family and friends, finances, and workplace accommodations.

Polling Results – Question: Has your organization been proactive in the survivorship space?

- Yes – 18% (3/17)
- No – 82% (14/17)

Polling Results – If you would like to share how you are supporting patients, as well as family members and caregivers, please provide your email and we will follow up.

Comments:

- Survivorship is a big issue for any organization that receives financial money from Medicaid and Medicare. They need to have a survivorship plan and more than the majority do not. It is a serious gap in our care area.
- Survivorship was something I wanted to work on when my father had cancer and the care team was open to the concepts and questions we asked. But it was something we had to push for, it was not offered to us.

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Return to Work

- Physicians have begun to recommend that people work during the treatment process.
- Research says those who return to work during treatment, full or part-time, have better outcomes.
- Financial stress negatively impacts cancer patient outcomes and patients cite both financial and emotional reasons for going back to work. They feel the job restores normalcy, stability, social contact, and income.
- For businesses, supporting the return to work improves retention of experienced employees, reduces sickness-related absences, and sustains a productive workforce.
- Employers can create a culture that supports the employees and helps them adapt to challenges they face from their illness.
- Employers must comply with employment laws. People with cancer may face discrimination because of assumptions about their ability to work even though they may be as productive on the job as other workers. They still may need to modify their work schedules or responsibilities or take time off for cancer treatment.
- Possible accommodations include working from home, flextime, modified schedule, exchanging shifts, change in duties, graduated return to work, additional breaks, and access to a private place to take medications.
- The Americans with Disabilities Act (ADA) may protect the employee's right to equal employment opportunities. It requires the employers to provide reasonable accommodations that are not an undue hardship.
- Employers should help the employee find information about the company's sick leave and paid time off, state disability insurance, state-paid family leave, federal unpaid leave, the EAP, and mental health and well-being resources.

Employee Story – MarineMax

- Marine Max contracted with a partner who employs nurse-led cancer care management and offers a unique end-to-end solution that focuses on early detection all the way to return to work or end of life.
- The vendor's oncology nurse case managers have over 10 years of oncology experience and are patient advocates who go through the whole journey with the patient.
- They use flyers, postcards, a dedicated web page, and quarterly newsletters to communicate with the employees and their family members. They use testimonials which were slow to start but are picking up steam.
- Their customizable cancer care guidance programming
 - Focuses on risk assessments to be more proactive
 - Reaches the patient earlier by using triage data, human resource folks, employee self-referrals, and teammate referrals
 - Eliminates waste by making sure documents are moving between the interested parties
 - Makes sure the right diagnostic tests are completed and that the treatment plan is right for the patient
 - Shares the decision-making with the patient and the providers
 - Reviews the clinical treatments, gets 2nd opinions, reviews cases, and has geneticists review cases
 - Becomes the liaison between the different stakeholders and collaborates with the medical team

- Uses safe, trusted advisors
- Gives the patient, families, and caregivers tools and access to financial resources and care
- Guides them through working with cancer and helps them understand their EAP, STD & LTD, and other benefits as well as helps guide them through their side effects
- Places importance on surveillance and survivorship
- Coordinates, if necessary, the end-of-life process. They have this discussion with everyone from stage 0 to stage 4
- Review clinical trials for appropriateness
- The benefits to MarineMax include
 - Expedited right care at the right time in the right place. Ensures the patient is using the right benefit like STD or LTD,
 - Reduces ER visits and unnecessary or duplicate tests,
 - Improves productivity,
 - Earlier and appropriate transition off-plan,
 - Less costly end-of-life care,
 - Increased clinical trial utilization,
 - Bridges communication gaps,
 - Empowers employees and gives them a better cancer experience with better outcomes, and
 - Helps remove barriers to care.

Action Items from this call

- Case studies
- Additional information and resources
- Update the link recording, slides, and resources
- Brief follow-up survey
- Calendar invitations for future meetings

Polling Results – Question: Does your company offer a return-to-work strategy for cancer patients?

- Yes – 31% (4/13)
- No – 69% (9/13)

Polling Results – If you would like to share your return-to-work strategy, please provide your email and we will follow up.

- Work from home, hybrid work arrangement, flex time

Thank you for your commitment to this important project! If you were not able to weigh in or if you have any questions, please reach out to either of us!

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