

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

### *Assessing Your Cancer Care Strategy*

The following areas below are highlighted for *Module 2: Diagnosis, Treatment Planning & Care*. Please use this as a list of action items to encourage discussion with your health plan/carrier/TPA, Employer Benefits Consultants (EBC's), EAP, employee services and other oncology vendor partners.

#### **Ongoing Need for Psychosocial Support & 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; have each monitored and assessed over time to ensure high quality
- Consistently communicate availability of these services to your workforce; be able to provide resources and access to a “nurse line” to address immediate needs. Identify gaps in communication that need to be addressed.
- 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, other?
- Identify and communicate with plan members the psychosocial support services that are offered and how they are accessed across all employee benefits – health plan, EAP, specialized cancer care programs, 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, Pharmacy
- Consistently monitor utilization of psychosocial support services across your population; determine if additional services are needed for population who don't 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 level of need; (3) increase access and adherence to care

## 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 quality of care is monitored. Does the network include providers that meet the cultural and linguistic needs of your employees?
- Encourage local networks or Centers of Excellence (CoE's) for common cancers. Determine a consistent strategy to communicate these to your workforce
- Ask plans how Centers of Excellence are chosen and how members can identify them. Is there a notation or identify 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 health plan support patient 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 that it supports management of non-cancer conditions and any co-morbidities.
- Evaluate case/care management to assure that it addresses patients need for support (basic infrastructure) such as caregivers, transportation, nutrition, etc.
- Use best practices strategies on workplace accommodations for people currently receiving treatment. Also include best practice strategies that address after therapy is completed.
- Determine what social determinants of health most affect your population so you can best work with your health plan to mitigate disparities in cancer outcomes. Identify local resources that can provide community support such as the American Cancer Society and other patient advocacy organizations that are aligned with specific common types of cancer such as breast cancer.
- Identify who is responsible for coordinating benefits between the health plan, pharmacy, specialty pharmacy, EAP, disability insurance and any specialty vendors.
- Community Resource: <https://www.cancerfighters.com/s/cancer-support-organizations>

## Testing for Biomarkers

- Ensure that **comprehensive genomic profiling** biomarker testing is covered as part of your benefit design to drive treatment decisions.
- 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 which include all guideline-recommended genes in any given tumor type.

- Confirm that your benefits cover tests inclusive of all genes which could indicate potential resistance to an FDA-approved therapies.
- Determine what your plan is doing to reduce delays in getting patient started on treatments. Confirm they are taking action to eliminate gaps in care.
- Confirm whether your plan covers clinical trials. Would the plan consider covering them?
- Monitor that testing is performed prior to beginning treatment to ensure that the cancer has the characteristic likely to produce a positive treatment response

\*\* For additional information on biomarker testing, view resource “What Employers Need to Know About Biomarker Testing” - which is 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 if PA will refer through to proper case management
- Confirm that health plans coordinate oncology services across both medical and pharmacy benefits

### **Determine the availability for 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 – outpatient infusion center, doctor’s office, patient’s home, other?
- Confirm how 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 [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 plan to access utilization data by race along with other demographic data; determine trends and 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 what rules and paperwork is needed; what resources are needed to get started.
- Which entity, health plan, specialty care vendor, or other, is able to support employers in educating patients about palliative care and advance care planning early in the Patient Journey. What benefits are available from any source – health plan, EAP, other?
- Identify resources for financial planning – EAP, American Cancer Society, community organizations – to address both the financial cost of cancer and other financial issues.