

Tool 1: **Quick Reference Guide & Assessment**

Introduction

Today, more than ever before, employers are facing the growing impact of cancer in the workplace. This change is the result of several factors: an increased incidence of cancer among employees because of an aging workforce and delayed retirement; an increase in the number of employees assuming caregiving roles for family members; and reduced productivity during treatment and recovery for employees with cancer and for those caring for loved ones. With the rising direct and indirect costs associated with cancer, financial impacts also have increased. At times, too, employers must deal with the potential loss of valued employees.

Cancer casts a wide net, affecting not only those diagnosed with the disease but those who care about that individual: family members, friends, managers and co-workers. The impact on a company's culture and even its viability can be profound.

Consider the following:

- Over the course of their lives, half of men and a third of women will be diagnosed with cancer, but virtually everyone will be touched by cancer in some way.
- Because of advances made in diagnosis and treatment, cancer is increasingly becoming a chronic illness, with longer-term effects on employees and on the workplace.
- The cost of cancer treatment is typically among the top three most costly conditions representing, on average, 12% of total medical expenses. What's more, the cost of treatment is rising faster than general medical costs.
- Cancer is one of the leading causes of both short- and long-term disability.
- More than 25% of employees are acting as caregivers to family members who are experiencing an illness, including cancer.



**National
Business
Group on
Health**



National
Comprehensive
Cancer
Network®

The Need for a Comprehensive Benefits Plan

To address these growing needs, a clear, comprehensive strategy for employees with cancer and their caregivers must be considered. Through careful design and implementation of benefits and astute selection of vendors, employers can meet these needs and have a positive impact on all those affected by cancer in their workforce.

Strategies include:

- Providing access to evidence-based information about cancer;
- Motivating and rewarding employees and dependents who adopt and maintain healthy behaviors that can help reduce the risk of cancer;
- Encouraging compliance with recommended cancer screenings;
- Supporting individuals during treatment for and recovery from cancer or at end of life through appropriate medical, pharmacy, behavioral health and other benefits;
- Empowering individuals to become knowledgeable and engaged participants in their health and health care;
- Supporting employees who are caregivers for a loved one with cancer;
- Providing resources to help managers and employees cope with a co-worker's cancer;
- Retaining talented employees and optimizing productivity during cancer treatment and recovery or while employees are providing care to a loved one;
- Managing disability and leave benefits; and
- Developing evidence-based requests for proposals for vendors related to cancer in the workplace.

Goals of the Project

This project is designed to address these issues. Over the course of three years, a comprehensive set of tools has been developed. The purpose of these tools is to help benefit managers deal effectively with the many issues about cancer that arise in the workplace. The end result is this comprehensive document, *An Employer's Guide to Cancer Treatment & Prevention* (the *Guide*). There is no such resource currently available.

As much as possible, the *Guide* is intended to be a “plug and play” toolkit that can be readily applied to many aspects of the benefit life cycle, including benefit planning; budgeting and implementation; RFP development; and vendor management and plan administration. It addresses issues across the continuum, including medical, pharmacy and behavioral health benefits; short-term disability (STD); family medical leave (FML); employee assistance programs (EAPs); and health improvement programs (HIPs). Recommendations are supported by evidence and knowledge from a wide range of experts so that those who use the *Guide* can be confident that their benefit dollars for cancer are invested wisely.

This project brought together two influential and respected organizations: the National Business Group on HealthSM (Business Group) and the National Comprehensive Cancer Network® (NCCN). The Business Group brings to the project extensive experience and credibility in developing benefit

resources for its membership, and NCCN has extensive expertise and credibility in developing and communicating clinical information on cancer care. The result of this collaboration is a comprehensive set of practical and usable resources to help employers offer evidence-based cancer care to employees and their dependents.

About the National Business Group on Health

The National Business Group on Health (the Business Group) is the nation's only non-profit organization devoted exclusively to representing large employers' perspectives on national health policy issues and providing practical solutions to its members' most important health care problems.

Business Group members are primarily Fortune 500 companies, with 66 among the Fortune 100. Members also represent large public-sector employers—including the nation's most innovative health care purchasers—that provide health coverage for more than 55 million U.S. workers, retirees and their families. The Business Group fosters the development of a safe, high-quality health care delivery system and treatments based on scientific evidence of effectiveness.

About the National Comprehensive Cancer Network (NCCN)

The National Comprehensive Cancer Network, a not-for-profit alliance of 23 of the world's leading cancer centers, is dedicated to improving the quality and effectiveness of care provided to patients with cancer. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians and other health care decision-makers. The primary goal of all NCCN initiatives is to improve the quality, effectiveness and efficiency of oncology practice so that patients can live better lives.

NCCN is dedicated to improving care along the continuum of cancer screening, diagnosis, treatment and follow-up. NCCN communicates sound, evaluative clinical information to enhance the decision-making processes of patients, physicians and others who influence access to and availability of cancer care.

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the recognized standard for clinical policy in oncology, are the most comprehensive and most frequently updated clinical practice guidelines available in any area of medicine. Covering 97% of all patients with cancer and updated on a continual basis, the NCCN Guidelines® are developed through an explicit review of the evidence integrated with expert medical judgment by multidisciplinary panels from NCCN Member Institutions. Specific treatment recommendations are implemented through performance measurement. Panels convened to review the NCCN Guidelines® address cancer detection; prevention and risk reduction; workup and diagnosis; and treatment and supportive care.

Recommendation Checklist

This resource is designed to help benefits managers by providing a checklist of key benefits, such as general medical and pharmacy benefits, that can be compared to the current benefit set. It is important to note, however, that the checklist is not intended to cover all the important issues, or to cover them in detail.

Medical Benefits – Including Behavioral Health

- ☐ Benefit plan should include access, within the available provider network, to a wide range of adult and pediatric cancer care providers, including medical oncologists, hematologists, pediatric hematologist-oncologists, radiation oncologists, surgeons who specialize in cancer, palliative care specialists, rehabilitation specialists, pathologists and other specialties. 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 can be found at <http://cancercenters.cancer.gov/>. These centers provide access to multidisciplinary care for rare and complex cancers.
- ☐ Benefit plan should include access to a “Centers of Excellence” (COE) program for transplants, including bone marrow/stem cell transplants (SCT), that employs a rigorous qualification process using transplant-specific quality criteria and both adult and pediatric SCT criteria, where applicable. For more information about these criteria, go to <http://www.businessgrouphealth.org/pub/f3151559-2354-d714-5153-e9c277465d24>.
 - ⇒ Employers should evaluate the Transplant COE program offered to employees to ensure that it uses specific criteria for evaluation and qualification of transplant providers.
 - ⇒ Transplant COE contracts should include inpatient and outpatient behavioral health/psychosocial services at the transplant center as a component of the global set of services.
 - ⇒ The Transplant COE program should provide access to clinical staff to help those needing a transplant make an informed decision about where to go for the procedure.
- ☐ Benefit plan should include access to a cancer COE program that uses a rigorous qualification process. The cancer COE network should be available, in particular, for individuals with complex, aggressive and rare cancers; those that are difficult to diagnose; and those that require complex treatment.
- ☐ Benefit plan should include travel and lodging assistance to help those who must travel to receive a transplant or cancer treatment at a plan-designated COE.

- ❑ Benefit plan should cover services that are components of a second opinion for individuals with a diagnosis or suspected diagnosis of cancer. The second opinion may be for review of the diagnosis, review of the treatment plan or both.
- ❑ Benefit plan should provide coverage for routine costs of care when the patient is enrolled in an approved cancer clinical trial. Level of coverage should be the same as for comparable services provided outside of a clinical trial. For more information about clinical trials, go to <http://www.businessgrouphealth.org/pub/f312ece5-2354-d714-5143-504644957875>.
- ❑ Benefit plan should include hospice coverage for individuals with an estimated life expectancy of 12 months or less. Hospice coverage should include up to five days of inpatient respite care (care provided in a Medicare-approved facility to alleviate the burden on the primary caregiver) per three-month period.
- ❑ Benefit plan should reimburse network physicians for consultation with patients and family members about all options for care, both during active treatment and at end of life. Discussion topics may include evidence-based treatment options, palliative care (when needed during active treatment as well as at end of life), discontinuation of treatment with curative intent, and hospice.
- ❑ Benefit plan should provide coverage for nutrition counseling and medical nutritional therapy for individuals with a diagnosis of cancer.
- ❑ Benefit plan should provide coverage for dental prevention services and treatments in the medical plan when such services are required prior to, during or after cancer treatment or stem cell transplantation, and when not otherwise covered by the dental benefit. Specialized treatments such as maxillofacial surgery (as direct treatment of the cancer or to repair cancer surgery-related defects) should be covered when provided at a cancer center with the necessary expertise.
- ❑ Medical plan should provide coverage for molecular or biomarker testing based on recommendations in NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). See *Molecular and Biomarker Testing: Their Role in Cancer Diagnosis and Treatment* at <http://www.businessgrouphealth.org/pub/f3144413-2354-d714-518b-aa51381c3850>.
- ❑ Benefit plan should provide coverage for genetic testing and counseling as recommended by the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). See *Genetic Testing/Counseling* at <http://www.businessgrouphealth.org/pub/f3139f12-2354-d714-51ee-3fdcb7b4acec>.
 - ⇒ Coverage for genetic counseling services should be limited to professionals qualified to provide genetic counseling and clinical genetic services. The medical plan network should provide access to qualified genetic counselors for services provided in person and telephonically. Qualified professionals must meet criteria specified by the NCI: <http://www.cancer.gov/cancertopics/genetics/directory/criteria>.

- ❑ Benefit plan should provide coverage for standard fertility preservation treatments when a medically necessary cancer treatment (surgery, chemotherapy, radiation therapy) may directly or indirectly cause infertility. Standard fertility preservation treatments are those identified as such by appropriate professional societies, such as the American Society for Reproductive Medicine (ASRM) or the American Society for Clinical Oncology (ASCO).
- ❑ Medical plan should cover home health services, including pediatric home health services, under the following conditions:
 - ⇒ When the employee or his/her dependent must be confined to the home or when leaving the home for required services would involve considerable effort or expose the patient to undesirable risk;
 - ⇒ When the services are clinically appropriate for the home setting;
 - ⇒ When the services are prescribed by the attending physician as part of a written plan of care; and
 - ⇒ When authorized by the health plan as clinically appropriate.
- ❑ If purchased, stop-loss insurance should apply benefits in a way that is consistent with the company's health care plan, including coverage of clinical trials and off-label use of drugs, as defined in Pharmacy Benefit Recommendation 2.2 in Tool 2. Approved clinical trials (as defined in Medical Benefit Recommendation 1.6, also in Tool 2) should not be excluded under the experimental and investigational language.
- ❑ Benefit plan should cover initial and subsequent screening for depression (performed by oncologists and other covered providers) for all cancer patients and their dependents. The screening should be conducted with a standardized instrument (e.g., PHQ-9 or PHQ-2).
- ❑ Oncologists and other approved health providers should be reimbursed for screening, assessing and diagnosing behavioral health conditions as a primary or secondary health condition.
- ❑ Employers should provide benefit coverage and ensure that providers, including oncologists and other cancer specialists, adopt the key elements of collaborative care for patients with cancer who are diagnosed with a behavioral health disorder but are principally treated in a medical setting.
- ❑ Medical plan should contract with behavioral health providers at network cancer centers and children's hospitals.

Pharmacy Benefits

- ❑ Reasonable out-of-pocket thresholds should be established so that cost is not a barrier for patients to obtain medications needed to treat their condition, including maintenance and supportive care drugs.
 - ⇒ The benefit plan should include one individual and one family out-of-pocket maximum that applies to combined medical and pharmacy expenditures.
 - ⇒ Per-prescription copayment and/or coinsurance requirements should be established at a reasonable level.
- ❑ Administrators of medical plans, pharmacy benefit management (PBM) programs, specialty pharmacy (SP) benefit plans and other relevant organizations should ensure that their plans 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 the NCCN Drugs & Biologics Compendium (NCCN Compendium®); specifically, recommendations with Category 1 and 2A level of evidence and consensus. See *NCCN Drugs & Biologics Compendium* at <http://www.businessgrouphealth.org/pub/f3131e07-2354-d714-516a-50e4dd42fd2e>. Plans should consider coverage of treatments with Category 2B level of evidence on a case-by-case basis. The American Society of Clinical Oncology clinical guidelines also should be considered as a source of evidence-based recommendations for drugs and biologics.
- ❑ Benefit plan should establish parity of patient cost sharing between the medical and pharmacy benefit.

Clinical Support & Condition Management

- ❑ Benefit plan should provide access to information and assistance related to a cancer diagnosis, including, at a minimum, a nurseline service that offers information on clinical issues and community resources and provides supportive services.
- ❑ Employers should contract for case management services and require that oncology nurses be available to work with patients, including adolescents and the parents of children, and are supported by a physician or physicians with oncology expertise.

Short-Term Disability (STD)

- ❑ STD benefit plan's policies and practices must require operational coordination with the EAP.
- ❑ STD programs should adopt and utilize cancer-specific protocols, based on clinically validated information, for guidance in certifying and managing cancer-related disability cases.
- ❑ STD program case managers should have working knowledge of evidence-based cancer treatment guidelines (e.g., NCCN Clinical Practice Guidelines in Oncology), as well as access to an oncologist as needed for consultation.
- ❑ STD program case managers should actively manage each case, gathering treatment data and information from the employee, the employee's treating physician/the physician's staff and others involved in the employee's care in order to certify and determine the length of the employee's STD leave.
- ❑ When STD program case managers identify employees with behavioral issues or disorders that affect the length of disability or treatment compliance, as well as increase productivity costs, the case manager should have access to health psychology and behavioral medicine specialists or health coaches trained to work with employees with serious and/or chronic illnesses such as cancer.
- ❑ When an employee's treatment adherence and/or recovery are negatively affected by behavioral health issues, the STD program case manager should consult with the employee's treating physician and encourage the use of collaborative care as described in Medical Benefit 1.18, in Tool 2.
- ❑ STD program case managers should have the requisite training to:
 - ⇒ Evaluate employee impairment and level of functioning (based on job requirements and demands);
 - ⇒ Understand the employee's return-to-work requirements;
 - ⇒ Judge the intensity level of treatment and constellation of care needed to assist the employee; and
 - ⇒ Recognize and manage comorbidity and the overall health status of the employee.
- ❑ STD program case managers, in coordination with the employee's supervisor, human resource (HR) representatives and, when appropriate, the legal department and EAP staff, should establish criteria for determining reasonable accommodations for employees with cancer.
- ❑ An employee who has returned to work from STD as either a full- or part-time employee and then needs to take a second STD leave will not begin a new benefit period or be subjected to a new elimination period if the second disability is the same as the first. The entire period of absence will be considered as one continuous period resulting from the disability.

Family Medical Leave (FML)

- ❑ FML should be integrated into and administered as an essential component of the employer's health and productivity programs, including STD, EAPs, work/life programs and wellness and condition management programs.
- ❑ Employees applying for FML for their own illness or to care for a loved one should be given information about EAP and work/life programs and other benefits and services that may provide information, assistance and support.
- ❑ All employees who apply for FML due to their own illness or to care for a loved one should receive information about caregiver stress and depression and available support resources.
 - ⇒ When possible, employees applying for FML should be screened for depression using a standardized instrument (e.g., PHQ-9, PHQ-2).
- ❑ All employees who apply for FML should be provided with information about financial counseling and assistance. Employees should be informed that they can take FML to cover any gaps in paid leave during the STD qualification period to ensure continuity of employment and benefit coverage.
- ❑ FML should be integrated with HR planning and operations. HR should establish a formal policy and administrative process to encourage proactive planning for return to work. When feasible, supervisors should be encouraged to offer alternative work arrangements (e.g., ability to work from home or the cancer center), reduced work schedules and assistance with reentry into the workplace.

Employee Assistance Programs (EAPs)

- ❑ EAP policies and practices must require operational coordination with the STD program.
- ❑ EAP professional staff should have a basic understanding of the cognitive, emotional and physical issues associated with serious and/or chronic illnesses, including cancer.
- ❑ EAP professional staff should be capable of providing consultation to supervisors and HR professionals, and they should be able to work effectively with employees who are coping with cancer and other serious and/or chronic illnesses.

- ❑ The EAP should include information in employee hand-outs and supervisor training materials that specifically addresses serious and/or chronic illnesses and how the program can be utilized for consultation and referral of employees coping with serious illnesses such as cancer.
- ❑ The EAP and STD program case managers should have access to health psychology/behavioral medicine specialists and health coaches who are skilled at working with employees and their dependents dealing with a serious and/or chronic illness such as cancer.
- ❑ The EAP's network of health psychology/behavioral health specialists should be accessible and able to coordinate with STD program case managers about employees diagnosed with comorbid depression and/or other mental health or behavioral health issues.
- ❑ The EAP staff should understand issues of cognitive impairment experienced by individuals with illnesses such as cancer.
- ❑ The EAP 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 employees, spouses and children.

Health Improvement Programs (HIPs)

- ❑ As part of efforts to develop a culture of health, employers should consider implementing a formal health improvement program. The health improvement program should be comprehensive in scope and services and address the well-being of employees and their dependents and a wide range of their health needs.
- ❑ Health improvement programs must be operationally integrated with other health and productivity benefits and programs, including STD, EAP, FML and workers' compensation (WC).
- ❑ Health improvement program staff should have basic knowledge and skills about the cognitive, emotional and physical issues associated with serious and/or chronic illnesses, including cancer. They should be able to identify individuals who may need to receive specialized services from medical or rehabilitation specialists due to the individual's medical circumstances.
- ❑ Health assessments and associated biometrics should include evaluation of overweight and obesity, tobacco use, alcohol misuse, physical inactivity, environmental risk and poor nutrition, all of which are associated with increased risk for cancer and other serious illnesses.

- ❑ Health improvement staff should have training and knowledge about evidence-based preventive services in order to effectively provide information, resources and appropriate guidance to employees and eligible dependents. Health improvement program staff should work with employees and dependents to ensure that employees and dependents receive routine, evidence-based preventive services; are in compliance with recommended cancer screenings; and are empowered to become knowledgeable and engaged participants in their own health.

- ❑ Health improvement programs should educate employees and their dependents and promote healthy behaviors through programs and services for those who are being treated or have been treated for cancer and for healthy individuals in order to decrease their cancer risk.

Educational activities and programs should include:

- ⇒ *Physical activity:* Employers should encourage all employees to engage in physical activity. For more information about this topic, go to <http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity>.
- ⇒ *Nutrition:* Employers should provide a healthy food environment in the company cafeteria or dining facility, as well as in vending machines. For more information about healthy eating at the workplace, go to http://www.businessgrouphealth.org/resources/topics/healthy_dining.cfm.
- ⇒ *Environment:* Employers should minimize employee exposure to UV radiation (for guidelines, go to <http://www.guideline.gov/content.aspx?id=36908&search=exposure+to+uv+radiation>); secondhand smoke (for guidelines, go to <http://www.guideline.gov/content.aspx?id=34792>); and toxins that may be present in the work environment (for more information about this topic, go to <http://www.cdc.gov/nceh/hsb/chemicals/default.htm>).
- ⇒ *Obesity:* Employers should promote the importance of healthy weight through direct employee communications, presentations, fact sheets and other resources. For more information about this topic, go to http://www.businessgrouphealth.org/resources/topics/weight_management_1.cfm.
- ⇒ *Tobacco use:* Employers should establish tobacco-free workplace policies, which are discussed at <http://www.businessgrouphealth.org/tobacco/worksites/index.cfm#policies>, and provide evidence-based smoking cessation benefits and incentives for being a non-smoker. For more information about this topic, go to http://www.businessgrouphealth.org/resources/topics/tobacco_2.cfm.
- ⇒ *Alcohol misuse:* Employers should offer education on the risk factors associated with alcohol misuse, including an increased risk of developing cancer. For more information about this topic, go to http://www.businessgrouphealth.org/preventive/topics/alcohol_misuse.cfm.
- ⇒ *Stress Management:* Employers should establish stress management programs that help employees build resilience to manage their emotional and physical health effectively. For more information about this topic, go to http://www.businessgrouphealth.org/toolkits/et_stress.cfm.

- ❑ Health improvement staff should provide coaching to all employees, including those with cancer and other serious and/or chronic illnesses, to improve lifestyle behaviors associated with the risk of developing and surviving cancer. Coaching should be available to employees as well as their dependents, some of whom may be serving as caregivers.
- ❑ Health improvement staff should have access, through the EAP, to health psychology and behavioral medicine specialists who are skilled at working with employees and their dependents about their emotional response to issues of survivorship and rehabilitation, including depression and anxiety.
- ❑ Health improvement programs should provide employees and their dependents with a cancer “resource guide,” such as the *Cancer Benefits and Resource Guide* and other resources that provide accurate information about cancer, health care benefits, cancer treatment, recovery and survivorship, support and advocacy groups, and other topics.
- ❑ Information about health improvement programs should be included in employee orientation materials, as well as in supervisor training materials that specifically address cancer and other serious and/or chronic illnesses. These orientation and training materials should describe how the staff can approach employees about the use of health improvement programs to address health issues.

Tool 1: Quick Reference Guide & Assessment

A National Business Group on HealthSM Toolkit



National
Business
Group on
Health



National
Comprehensive
Cancer
Network®

This Guide was developed by the National Business Group on HealthSM and National Comprehensive Cancer Network®, which should be cited accordingly. Copyright 2013 National Business Group on HealthSM.

Written by:

National Business Group on Health: Ron Finch, EdD, Vice President and Principal Investigator; Demian Kendall, former Program Associate; Brenna Shebel, MS, CHES, Director and Project Manager, Wendy Slavit, MPH, CHES, former Manager

National Comprehensive Cancer Network: Elizabeth Danielson, MHA, Director, Payer & Employer Initiatives; Trish Goldsmith, former Executive Vice President/Chief Operating Officer

Please contact healthservices@businessgrouphealth.org for more information.

About the National Advisory Committee on Employer Services for the Cancer Continuum of Care

The National Advisory Committee on Employer Services for the Cancer Continuum of Care serves as the expert advisory body for the *Employer's Guide*, ensuring that all information and recommendations are relevant to employers and their partners.

The Committee helps develop recommendations for the design, quality assurance, structure, and integration of resources, programs and services around the full spectrum of employer benefits and programs. This includes the health plan, health and productivity programs and health improvement programs. The Committee consists of benefit managers, clinical cancer experts, medical directors, health plan representatives, pharmaceutical representatives, health care consultants, disability managers, EAP professionals and health improvement program professionals.

An Employer's Guide to **Cancer Treatment & Prevention**

National Business Group on Health
20 F Street, N.W., Suite 200 • Washington, D.C. 20001
Phone (202) 558-3000 • Fax (202) 628-9244 • www.businessgrouphealth.org

Helen Darling, President and CEO, National Business Group on Health

Members of the National Advisory Committee on Employer Services for the Cancer Continuum of Care

Len Lichtenfeld, M.D., **American Cancer Society**; Wayne Burton, M.D., **American Express**; Evan Falchuk, J.D., **Best Doctors, Inc.**; Michelle Martin, **CBS Corporation**; Rick Heine, **Consultant**; Lynn Zonakis, **Delta Air Lines, Inc.**; Thomas D'Amico, M.D., **Duke Comprehensive Cancer Center**; Jack Mahoney, M.D., **Florida Health Care Coalition**; Mike Lanning, Arthur Small, M.D., Thomas Weisman, M.D., **Genentech, Inc.**; Angela Cafferillo, **General Electric Company**; Bryan Loy, M.D., **Humana Inc.**; Ahmad Naim, M.D., **Johnson & Johnson Healthcare Systems**; Daniel Conti, Ph.D., **JPMorgan Chase**; Jill Berger, Rebecca Spencer, **Marriott International, Inc.**; Jane Barlow, M.D., Milayna Subar, M.D., **Medco Health Solutions**; Robert Carlson, M.D., Trish Goldsmith, William McGivney, Ph.D., **National Comprehensive Cancer Network**; Michael Schoenbaum, Ph.D., **National Institute of Mental Health**; Brian Denton, Duane Putnam, **Pfizer Inc.**; Mary Bradley, **Pitney Bowes, Inc.**; Don Weber, **PricewaterhouseCoopers**; Michael Rosen, M.D., **OptumHealth**; Mary Lou Smith, J.D., **Research Advocacy Network**; Shelly Wolff, **Towers Watson**; Samuel Silver, M.D., Ph.D., **University of Michigan Medical School**; Robert Jacob, **Unum**; Bruce Sherman, M.D., **Wal-Mart Stores, Inc.**; Alan Rosenberg, M.D., **Wellpoint, Inc.**; Ken Mitchell, Ph.D., **WorkRx Group**

Cassell & Fenichel Communications, L.L.C., Publications Management
PlusOne Studios LLC, Graphic Design