



EMPLOYER GUIDE TO **Patient-Centered Oncology Care**

This guide translates patient-centered oncology research and employer-focused insights into practical actions for employer and healthcare purchasers, health plan sponsors, HR leaders, and coalition partners.

How to use this guide:

The sections that follow explain why oncology matters for employers, what patient-centered cancer care looks like, where evidence-based research integration into employer benefit design and workplace policies can make a meaningful difference, and how emerging innovations such as comprehensive genomic profiling may fit into a broader oncology strategy. This guide takes you through the cancer care journey and provides actionable insights for employers.

Acknowledgment:

This project was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EADI-42226).

The content presented in this guide is solely the responsibility of the author(s) and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute® (PCORI®), its Board of Governors or Methodology Committee.



TABLE OF CONTENTS

SECTION 1: The Cancer Diagnosis Journey: Why Supporting Cancer Care Matters for Employers3

SECTION 2: What Patient-Centered Oncology Care Is and What Patients Value Most 4

SECTION 3: The Employer’s Role in Using Evidence-Based Research to Reduce Barriers and Accelerate Better Cancer Care..... 6

SECTION 4: Precision Oncology: Improving Outcomes and Advancing Equity..... 8

SECTION 5: Action Steps for Employers to Improve Patient Outcomes and Employer Health Plan Checklist..... 9

SECTION 6: Resources for Employers.....12

SECTION 1

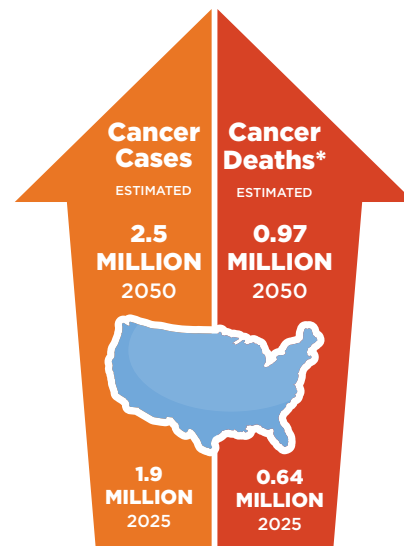
The Cancer Diagnosis Journey

Why Supporting Cancer Care Matters for Employers

Cancer is a major driver of healthcare costs

Cancer is one of the most complex and expensive conditions for employer health plans, with rising drug prices, longer treatment durations, and increasing diagnoses contributing to growing spending. Cancer care is not a single episode of care. It is a complex journey that often involves diagnosis, treatment decisions, multiple providers, follow-up care, survivorship planning, and support for both patients and caregivers. For employers, that means oncology is not only a clinical issue or a cost issue—it is also a workforce, productivity, and employee experience issue.

Employers are part of the broader cancer care ecosystem. Benefit design, vendor selection, navigation support, leave policies, and workplace flexibility all influence whether employees can access care, understand their options, and stay engaged at work during and after treatment.



Excluding non-melanoma skin cancer.

Source: [AACR Cancer Progress Report 2025](#)

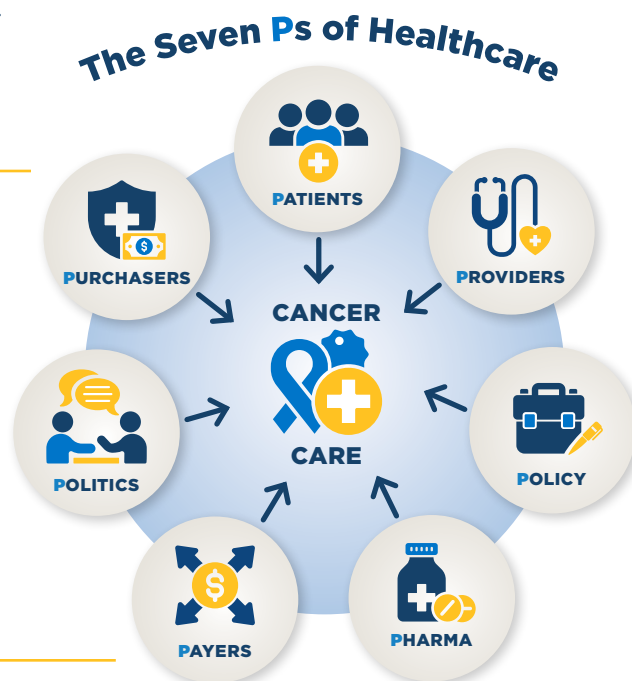
Care coordination and navigation improve outcomes and experience

Cancer care involves multiple specialists, treatments, and decisions over time. Patients frequently need help coordinating logistics, understanding treatment options, accessing records, and navigating costs. This is where navigation and coordinated support become especially important.

Employers can reinforce these supports by requiring health plans and vendor partners to make oncology navigation visible, accessible, and easy to use.

“People undergoing cancer treatment and care should be at the heart of the healthcare system. All ‘P’ stakeholders are important but often have different priorities and approaches. However, all stakeholders strive to improve quality, reduce unnecessary costs, and improve access to care. Focusing on these shared goals helps stakeholders align, reach consensus and sustainable solutions.”

— SURESH K. MUKHERJI, MD,
National Alliance Medical Director Advisory Council



SECTION 2

What Patient-Centered Oncology Care Looks Like and What Patients Value Most

PCORI® Research Study

[Evaluating a New Patient-Centered Approach for Cancer Care in Oncology Offices](#)



The Study:

It was an early effort to test [National Committee for Quality Assurance's](#) patient centered oncology standards in community oncology practices and **evaluating utilization quality and patient experience**. Funded by PCORI, it took place at a time when there were no broad national expectations or incentives for oncology practices to report on cancer quality or reduce avoidable emergency department and hospital use. At a high level, it examined whether these standards could improve patient experience and quality while reducing avoidable utilization

The Results:

It helped identify **key elements to incorporate** through a consensus-based approach across primary care and oncology. The study encouraged follow-up research to better understand the need to:

- ▶ **Focus on patient** and caregiver goals and reflect a consensus across primary care and oncology
- ▶ **Develop new systems** within practices and aligned reimbursement are needed to support coordinated and holistic oncology models
- ▶ **Provide support** beyond clinical treatment to improve patient outcomes

NCQA Patient-Centered Oncology Standards



Track and
Coordinate Referrals



Provide Access and
Communication



Identify and Coordinate
Patient Populations



Plan and
Manage Care



Track and
Coordinate Care



Measure and Improve
Performance



Patient-centered oncology care means cancer care that is organized around the needs, goals, and lived experience of the patient—not just around the delivery of treatment. It includes coordinated care, shared decision-making, clear communication, access to supportive services, and attention to the physical, emotional, and practical needs that affect outcomes and experience over time.

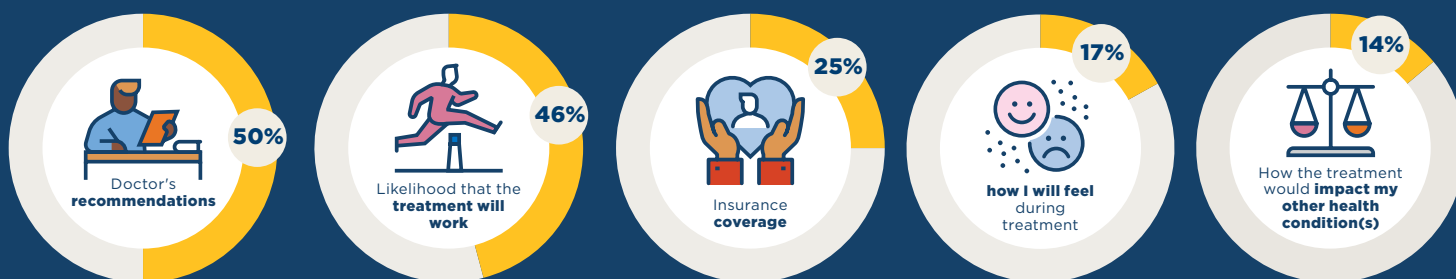
Patients rely heavily on their doctor’s recommendation, but insurance coverage can also shape treatment

decisions. The [evidenced-based research](#) shows that patients value care that reflects their goals, quality of life, and emotional needs.

After treatment, many survivors remain less confident in areas such as managing future care, understanding side effects, and knowing where to find support—while those with a survivorship plan report greater confidence. For employers, this underscores the need to reduce barriers and support patient-centered care across the full cancer journey.

Top 5 Treatment Decision-making Priorities

Doctor’s recommendations remains the top decision-making factor. A quarter says **insurance coverage** was important.



Source: [2025 Cancer Nation Survivorship Survey](#)

SECTION 3

Employer's Role: Using Evidence-Based Research to Reduce Barriers and Improve Cancer Care

Cancer affects far more than clinical health alone. It can disrupt work schedules, create financial stress, complicate caregiving responsibilities, and leave employees trying to manage treatment decisions while also navigating insurance, employment, and recovery. Employers play an important role in reducing this friction.

Supporting employees navigating cancer

Among employed patients, many describe employer support as a major factor in whether they felt able to manage treatment and recovery. Roughly two-thirds reported high levels of employer support, though support was lower among women and parents. This suggests that even when employer policies exist, the employee experience may not be consistent across groups.



► Help employees navigate benefits and care resources



► Offer flexible work schedules



► Provide comprehensive leave and job protection



► Prioritize mental health and emotional support

Employer Support

Four-in-10 were allowed flexible hours and paid medical leave during treatment, and open-ends suggest employer accommodations and check-ins make patients feel supported.

Access Through Employer During Treatment

Flexible hours	44%
Paid medical leave	43%
Remote work	24%
Adjusted job responsibilities	21%
Additional breaks	17%
Counseling and support services	13%
Financial assistance	10%
Accessible equipment	5%
Educational resources	5%
Other	3%
None of the above	18%

Source: [2025 Cancer Nation Survivorship Survey](#)

SUPPORTED 😊

"My employer continues to be understanding of me **needing to adjust my schedule** often for medical appointments."

"They were always **checking up on me** and making sure I didn't need anything."

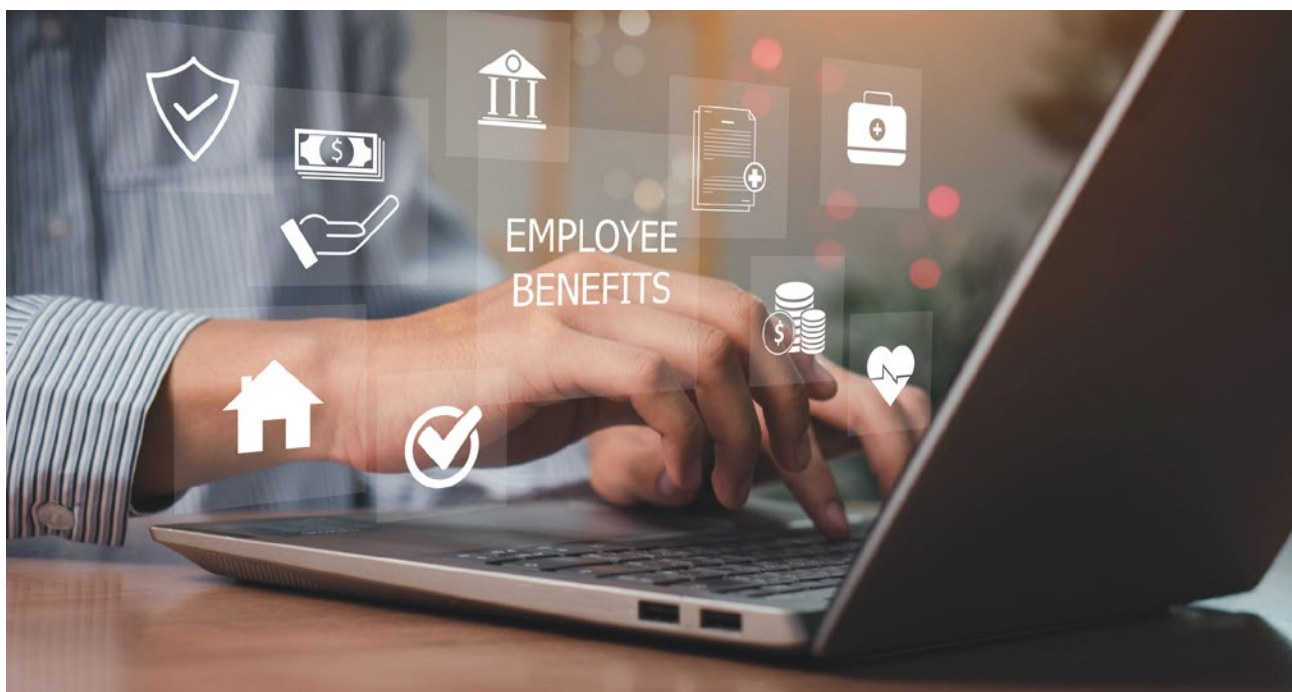
"They kept my position open for me to **work at my own pace** to achieve full time return to work."

UNSUPPORTED 😞

"I was **demoted first, then terminated** and told I can come back and reapply when I'm 100% which would be never."

"They **never asked how I was doing**. They just expected me to be able to do my job as before."

"They were much less willing to work with me when I returned from medical leave. They **didn't want to adjust my hours or responsibilities** as I worked through recovery."



Cancer creates barriers beyond treatment

Insurance challenges and caregiver strain can all shape the cancer experience negatively. Patients with private insurance report more issues with high costs and coverage. Many patients and caregivers experience

productivity loss at work. Employers can help by reducing benefit barriers, strengthening workplace support, and ensuring resources are accessible equitably.

Top 5 Insurance Challenges

	Private Insurance	Public Insurance	Medicare/Medicare Adv.	Medicaid
Experienced at least one issue with their insurance during treatment	42%	26%	24%	33%
I had high out-of-pocket costs	23%	10%	11%	5%
My doctor had to fight insurance company to get the treatment I needed	14%	6%	6%	10%
My treatment was delayed	9%	7%	5%	11%
I had to fight my insurance company to get the treatment I needed	10%	5%	5%	5%
I was forced to choose a specific treatment location because of insurance coverage	9%	4%	3%	7%

Source: [2025 Cancer Nation Survivorship Survey](#)

SECTION 4

Precision Oncology: Improving Outcomes and Advancing Equity

Precision oncology uses information about a patient's tumor to help guide treatment decisions. Specialists have seen people with breast, lung, brain, colon and other types of cancer even within the same category, no two people had the exact same mutations driving their cancer. One important tool is comprehensive genomic profiling (CGP), which looks across a broad range of biomarkers to identify findings that may help match patients to the most appropriate therapies.

A patient-centered approach means employees can access appropriate testing without unnecessary

denials, confusion, or delays. It also means pairing coverage with clear navigation and provider support so test results can be translated into care decisions.

A practical first step is to review whether current health plans or vendor partners cover CGP, whether access is adequate, and whether employees have support navigating this part of their cancer care journey. Employers often cite cost as a barrier to covering biomarker testing, but CGP can offer meaningful economic benefits.

Benefits of precision oncology include:

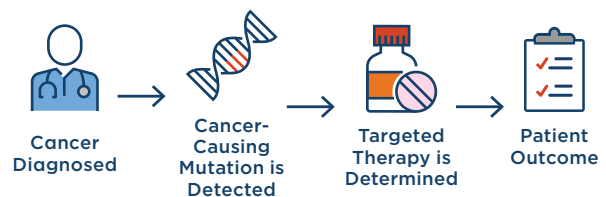


More Cost-Effective Cancer Care with CGP

- ▶ **Better treatment decisions:** CGP helps physicians select targeted therapies, improving outcomes while avoiding ineffective, toxic, and costly treatments.
- ▶ **Access to appropriate therapies and trials:** It identifies appropriate therapies and clinical trials, helping patients receive more precise and cost-effective care.
- ▶ **More value than limited testing:** Compared to single-gene tests, CGP provides a more complete genomic picture, reducing missed treatment opportunities and wasteful healthcare spending.

Biomarker Testing Is Helping Cancer Care Evolve From Treating Based on Site of Cancer to Treating Based on Cancer Mutation

The Pathway of Biomarker Testing



Access to biomarker testing can help physicians and patients select the correct pathway of treatment and ensure the patient gets the right drug at the right time while saving money and providing better outcomes.

Source: [Access to Comprehensive Genomic Profiling](#)

Source: [National Cancer Treatment Alliance Biomarker Testing Resources & Toolkit](#)

Action Steps for Employers to Improve Patient Outcomes

Employers play a key role in making cancer care easier to navigate. Through benefit design, plan oversight, workplace flexibility, and support services, they can improve access to timely, high-quality, patient-centered care. The following actions help reduce barriers and strengthen the experience from diagnosis through survivorship.

- 1 Expand patient-centered and equitable support:** Offer more than clinical coverage by ensuring access to oncology navigation assistance, emotional support, and survivorship resources. Assess whether support options are clear and effective for employees with diverse needs, backgrounds, and cultural perspectives.
- 2 Strengthen oncology benefits and reduce barriers to care:** Review whether current health plans and vendor partners make cancer care easier to access and navigate for employees. This includes prior authorization requirements, out-of-pocket costs, access to specialized care, and coordination of transportation, lodging, and other services that may impact timely access to care. Employers can use the [Health Plan Checklist](#) to hold them accountable for reducing these types of obstacles.
- 3 Support employees at work during treatment and recovery:** Flexible scheduling, leave policies, return-to-work support, and manager awareness can make a meaningful difference in whether employees and their

caregivers feel able to manage treatment, recovery, and ongoing responsibilities.

- 4 Evaluate readiness for innovation in cancer care:** As oncology care evolves, employers should assess whether benefits keep pace with emerging approaches such as precision medicine and comprehensive genomic profiling. A practical first step is to review coverage, access, and whether employees have support understanding and using these services.



More than **70% of employers** are already or considering promoting precision medicine for cancer treatment in the next 1–3 years.

Source: [2025 National Alliance Pulse of the Purchaser Survey](#)

- 5 Beyond treatment—provide survivorship plans and promote long-term health:** Survivorship care plans can help guide follow-up care, manage long-term side effects, monitor recurrence, and support overall well-being. Employers should consider whether benefits, workplace policies, and support programs address the ongoing physical, emotional, and practical needs of cancer survivors.



1 IN 3
Survivors report receiving a survivorship care plan.

Cancer Trends



Cancer consistently drives the highest-cost claims due to its prevalence and expense, with malignant neoplasms accounting for nearly a quarter (23.9%) of total spend over the past four years.

\$4.3M

The **highest-cost cancer claim in 2024 was \$4.3M**, driven by a combination of in-patient care and comorbidities.



11 of the top 20 costliest injectable drugs are used to treat cancer.

Source: [Sun Life High-cost Claims and Injectable Drug Trends Analysis, 2024](#)

Confidence Levels Across Key Survivorship Areas

Patients are most confident about follow-up testing but confidence in other areas drops precipitously. Those with a survivorship plan are significantly more confident in all areas.

Q: When you completed treatment, how confident were you about each of the following?



Source: [2025 Cancer Nation Survivorship Survey](#)

Employer Checklist for Health Plans

Question	Ideal Answer
What cancer prevention and early detection services do you provide to encourage screening and reduce long-term costs?	“ We promote preventive care through coverage of recommended cancer screenings and education programs.
What patient-centered oncology programs or vendor partnerships do you offer to support care navigation and coordination across the cancer care journey?	“ We provide oncology nurse navigators and partner with oncology vendors to help members coordinate care and understand treatment options.
Do you cover comprehensive genomic profiling (CGP) to help guide targeted cancer treatment and reduce unnecessary costs?	“ Yes, we cover CGP testing to identify actionable mutations and match patients with the most effective therapies, helping avoid ineffective treatments.
Do you use value-based payment models for oncology care , and what outcomes are tied to those contracts?	“ We use value-based contracts that reward providers for delivering high-quality, while reducing overall cost of care.
What metrics do you track to measure oncology care quality and patient outcomes?	“ We track adherence to evidence-based treatment, hospitalizations, treatment completion, patient experience, and total cost of care.
What strategies do you use to manage oncology drug and treatment costs while maintaining high-quality care?	“ We encourage biosimilar use, optimize site of care, and partner with providers to improve quality while controlling costs.
How do you support employees during and after cancer treatment , including survivorship care and return-to-work support?	“ We provide ongoing care management, survivorship planning, and support services that help members recover, manage long-term effects, and return to work when the member is ready.

SECTION 6

Resources for Employers

Employers do not have to navigate oncology strategies alone. Coalition-based resources can help purchasers better understand evolving oncology care models, learn from peer employers, and identify practical actions to improve benefit design and employee support.

The **Oncology Learning Collaborative** offers employer perspectives, leading practices, action-oriented discussions, and tools to help employers work more effectively with plans and vendor partners. Resources may include employer guides, placemats, and educational materials that translate complex oncology issues into practical decision support.

"Patient-centered oncology care is not just about treating cancer—it's about supporting the whole person, while aligning benefits, navigation, and specialty care to meet patients where they are—clinically, emotionally, and financially."

— **CHERYL LARSON**
President & CEO Midwest
Business Group on Health

Patient-Centered Cancer Care

Employer Actions to Ensure Personalized Oncology Care

THE CHALLENGE: Cancer care poses one of the most complex and costly challenges for employers, driven by rising drug prices, longer treatment durations, more younger people being diagnosed with advanced-stage cancers, and a growing incidence across populations. This guide offers strategies to enhance coverage, communication, and education while embedding patient-centered models into benefit design and long-term investment planning.

Info benefit design and long-term investment planning.

Details about these four action steps are found on side two of this document.

Source: [2020 Cancer Progress Report](#) (2020)

Cancer Cases
4.55 MILLION cases in 2017

Cancer Deaths
6.97 MILLION deaths in 2017

PCORI® Research Study

Evaluating a New Patient-Centered Approach for Cancer Care in Oncology Offices

The Study: The study was an early effort to test NCI's patient-centered oncology standards in community oncology practices and evaluate utilization, quality, and patient experience.

The Results: It helped identify key elements to incorporate through a consensus-based approach across primary care and oncology. Encouraged follow-up research to better understand the need to:

- Focus on patient and caregiver goals.
- Develop new systems within a practice.
- Offer reimbursement that supports new care models.
- Optimize the high value of primary care and patient-centered medical homes.

	Oncology Care Model (OCM) 2016-2022	Enhancing Oncology Model (EOM) 2023-2030
Purpose	Launched by the Center for Medicare and Medicaid Innovation (CMMI) as an early effort to transform cancer care through value-based payment and delivery reforms.	Builds on OCM lessons with a stronger focus on patient-centered, equitable, and accountable care, reflecting CMMI's updated strategy to promote equity, provider accountability, and sustainable care models.
Patient Focus	Emphasized care coordination, navigation, and documented care plans.	Expands patient-centered goals with focus on addressing health disparities, patient-reported outcomes, and data-driven improvements.
Cost	Combined fee-for-service payments for established services, monthly payments for additional care under a structured guideline, and performance-based payments against quality metrics and benchmarks.	Uses a two-part payment structure that holds providers accountable for the total cost of care during a six-month episode while incentivizing quality and the provision of Enhanced Services. Depending on expenditures and performance, providers can earn performance-based payment.

National Alliance of Business Purchaser Coalitions | 1010 14th Street, NW, Suite 700 | Washington, DC 20005 | 202-775-4200 | info@nationalalliance.org | <https://www.nationalalliance.org/national-alliance/>

Employer Guide and Insights for Oncology Management

About This Guide
This guide is based on the activity of an Employer Oncology Learning Collaborative led by the Florida Alliance for Healthcare Value and the Midwest Business Group on Health. During this collaborative, the coalitions' Employer Members shared the approaches that they are taking to optimize cancer prevention, screenings, diagnosis, and treatment. In addition, they shared how they are supporting care navigation, paying for care, and helping affected employees return to work. A goal of participating employers was to find ways to drive value to oncology for their organizations and plan members.

Employer Pools

See what employers are doing with oncology benefits, down in frequent poll results.

Employer Commitment to Cancer Screening

(Poll of Oncology Learning Collaborative Participants)

Question	Yes	No	Don't Know
Do You Cover Biomarker Testing?	54%	46%	0%
Is Prior Authorization Required?	100%	0%	0%
Is Your Plan Current with FDA-Approved Biomarker Tests?	100%	0%	0%

The Voice of the Employer

Within a website with findings and actions stemming from this collaborative are suggestions from employer participants about programs and strategies they are using at their workplaces. The project advisors and contributors include:

- Kenneth Almdridge, Director of Health Services, Rosen Health and Benefits
- Lee Ann Butler, CEO/Founder of Professional Cancer Care Experience Advisors, Beacon Advocates
- Ray L. Bowman, PhD, Senior Vice President of Talent and Team Development, MartineMax
- Dan Denton, Manager of Health and Welfare Strategy United Airlines
- Jose Lutz, Senior Employer Account Executive at Cigna on behalf of Cofly Adams, Benefits Manager
- Susan McBroome, Director of Human Resources, Patriot Rail Company
- Carole Mendonça, VP of Benefits, Voya Financial
- Bruce Naim, Administrative Benefits Director at Miami-Dade County Public Schools
- Sherri Samuels-Fuente, VP of Total Rewards, Sargento Foods

Thank you to our project sponsors:

Genentech A member of the Roche Group

MERCK

Pfizer

National Cancer Treatment Alliance®

Biomarker Testing in Cancer – What You Should Know

Cancer is not just tragic, it is expensive – the cost of cancer care could cost as much as \$140,000,000,000 in the US by 2025.

There are many kinds of cancer, and many more causes, but all cancers are caused by genetic mutations. Genetic mutations can cause the cells of the body to become altered, lead to tumor growth, and eventually metastatic cancer.

Doctors must find the gene or genes which have mutated in the patient to be able to properly treat them. Biomarker testing helps doctors diagnose patients faster, and more efficiently develop a treatment plan that works for them. One of the most robust and accurate forms of biomarker testing is **comprehensive genomic profiling (CGP)**.

CGP Accelerates Diagnosis and Improves Outcomes

Limited panel tests, which are biomarker tests that check a single biomarker or a very small number of biomarkers, have been used for years, but they require multiple rounds of testing if they come back negative. On the other hand, CGP tests many biomarkers at once, so doctors can affirmatively diagnose their patients and quickly get them onto targeted therapies, if appropriate.

Targeted therapies usually have fewer toxic side effects than traditional cancer drugs, which can reduce emergency room and inpatient admissions, and workplace absenteeism. By getting on the right treatment earlier, patients may not have to undergo unnecessary procedures or consume unnecessary – or ineffective – treatments.

What is biomarker testing?

A way to look for actionable genetic mutations which can provide information about the cause of someone's cancer and develop appropriate treatment plans.

What is comprehensive genomic profiling (CGP)?

A way to look for a single broad test or dozens of genetic mutations to quickly determine if a patient has any of these mutations driving their cancer.

What are targeted therapies?

Targeted therapies are newer medicines which can fight specific cancers but require precise diagnosis. What is highly effective for one person may not work for another.

Health Plan Priorities

First, improve the health of the population. Second, improve the health of the population. Third, improve the health of the population.

Health Plan Priorities

- First, improve the health of the population.
- Second, improve the health of the population.
- Third, improve the health of the population.

Health Plan Priorities

First, improve the health of the population. Second, improve the health of the population. Third, improve the health of the population.

Health Plan Priorities

- First, improve the health of the population.
- Second, improve the health of the population.
- Third, improve the health of the population.

Acknowledgments

The National Alliance gratefully acknowledges financial support from PCORI for this guide.

With special thanks to the PCORI Advisory Council and the project team:

- Sam Barnett, National Comprehensive Cancer Network
 - Janaera Gaston, Northeast Business Group on Health
 - Cheryl Larson, Midwest Business Group on Health
 - Suresh K. Mukherji, MD, MBA, FACR, National Alliance Medical Director Advisory Council
 - Christa-Marie Singleton, MD, National Alliance Medical Director Advisory Council
 - Michael C. Sokol, MD, MS, Population Health Consultant
 - Jeffrey Townsend, HealthCareTN
-
- Christina Bell Summerville, National Alliance of Healthcare Purchaser Coalitions
 - Amanda Green, National Alliance of Healthcare Purchaser Coalitions
 - Rita L. Rey, National Alliance of Healthcare Purchaser Coalitions
 - Taylor Mills, National Alliance of Healthcare Purchaser Coalitions

National Alliance of Healthcare Purchaser Coalitions

1015 18th Street, NW, Suite 705

Washington, DC 20036

(202) 775-9300 (phone)

(202) 775-1569 (fax)

nationalalliancehealth.org

<https://www.linkedin.com/company/national-alliance/>



For more than 30 years, the National Alliance has brought together business coalitions and their employer and purchaser members to drive high-quality healthcare that enhances patient experience, promotes health equity, and improves outcomes while lowering costs. Its members represent public and private sectors, nonprofits, and labor unions that provide health benefits to over 90 million Americans—more than half of the employer-sponsored insurance market—spending over \$850 billion annually. To learn more, visit nationalalliancehealth.org and connect on [LinkedIn](#).