



The Benefits Leader's Guide

7 Questions to ask when developing your cancer strategy

As the number one healthcare cost and the number one cause of death for working age adults, cancer is already top of mind for benefits leaders. And as incidence increases and costs of cancer care continue to grow, employers are recognizing the critical importance of making comprehensive cancer care more accessible to their members, and more cost effective for their plan.

But with many emerging vendors focused on specific parts of the cancer journey– second opinion services, end-of-life care, treatment navigation and more– you're probably wondering where to begin.

Getting to the right answers starts with asking the right questions. How can better access change engagement? Will a standalone cancer treatment program get utilization, or do I need something more integrated? Do we need a solution that can service all our members, not just some of them?



We've identified seven key questions for your organization's evaluation criteria when exploring solutions.

See the questions 

01

Breadth of Healthcare Team Expertise: Does your team of healthcare providers take a fully-managed approach to cancer care, including the involvement of physicians, genetic counselors, experts in high-risk cases, and access to oncology specialists?

02

Informed by Evidence: Are your services consistently aligned with well-established, evidence-based guidelines for screenings and treatment? Does the program support evidence-based screening management for all cancer types?

03

Scope of Care: Is your solution providing support and care management at all stages of cancer care including prevention, risk management, screening, diagnosis management, treatment, and survivorship?

04

Equitable and Accessible Design: Does your solution accommodate diverse languages and living situations, including offline capabilities, multilingual support lines, and availability seven days a week?

05

Full Population Reach: Is your solution engineered to provide value to an entire workforce and not just those who meet certain eligibility requirements or those who are in active cancer treatment?

06

Convenience of Care Delivery: Does your solution service hard-to-reach, diverse, and distributed populations? Does it incorporate accessible options for members to receive care (e.g. at-home screening options, virtual referrals to care, remote peer-support)?

07

Ease of Implementation: What do you need to get the program started, and is it possible to set it up quickly? Can you bypass specific data intake requirements, such as claims data, to launch the program rapidly and manage information security requirements?

About Color Health

Designed in partnership with the American Cancer Society, Color's solution is the only one on the market to provide end-to-end cancer care. Our Virtual Cancer Clinic holistically addresses cancer across the care journey through workforce education and prevention activities, screening access and early cancer detection, diagnosis management, cancer treatment support, and a robust survivorship program. To learn more, go to www.color.com

The American Cancer Society (ACS) is a nonprofit organization that routinely publishes guidelines, and as part of this program, ACS contributes its expertise and educational materials on cancer screening and prevention and connects participants who contact ACS with ACS cancer-related information. A portion of the fees generated from this program will be used to support the ACS mission. ACS does not provide medical or clinical care.