

Gold Standard Revisions, effective October 3, 2011



The *CEO Roundtable on Cancer* is pleased to announce changes to the *CEO Cancer Gold Standard™* that are effective October 3, 2011. Many of the revisions are minor text edits made in an effort to fine-tune the wording of the accreditation requirements. The aim of these changes is to improve an applicant's understanding of the requirements and, in turn, simplify the application process. By and large, the content of the five Pillars of the *Gold Standard* has not been altered.

For instance, the three goals of the *Gold Standard*: **Risk Reduction**, **Early Detection**, and **Quality Care**, (the words that appear in the *Gold Standard* seal) are not changing. We believe that fighting cancer from every angle -- offering programs and health benefits that lower the risk of cancer along with many other diseases, helping detect cancer early when outcomes may be more favorable, and providing access to high-quality care, including cancer clinical trials -- is the best way for employers to make a difference in the fight against cancer.

The *CEO Roundtable on Cancer* remains committed to ensuring that the *Gold Standard* keeps pace with current biomedical and behavioral science and therefore, we have made one content change in Pillar #1, *Tobacco Use*. Our primary objective -- to encourage employers (large and small) to maintain entirely tobacco-free workplaces while at the same time providing tobacco-cessation support in a manner that will encourage smokers to quit and stay tobacco-free -- has not changed. Tobacco remains the number one cause of preventable death in the world -- and *that* needs to change.

Effective October 3, 2011, *Gold Standard* employers must provide access to all FDA-approved tobacco-cessation prescription and non-prescription (OTC) medications, as well as counseling, for employees and covered dependents. Coverage may be either at no cost to the individual or with reasonable cost-sharing that is in line with an organization's coverage for other pharmaceutical products.

Previously, a *Gold Standard* employer was required to cover at least one tobacco-cessation prescription medicine, and at least one non-prescription (OTC) medication at no cost for employees and covered dependents, in addition to covering counseling at no cost. However, not all of the FDA-approved medications (currently there are 7) were required to be available.

We believe this change will result in a far more up-to-date and scientifically-sound program. Given the emphasis on personalized medicine, providing equal access to all FDA-approved tobacco-cessation treatments (currently there are seven) will result in the most effective treatment for a given individual. We believe, and our tobacco cessation expert panel concurs, that ensuring an individual who wants to quit has access to all available evidence-based medications, even with a co-pay, outweighs the benefit of accessing only one medication at no cost.

The 2008 United States Public Health Service Clinical Practice Guideline, [*Treating Tobacco Use and Dependence \(2008\)*](#) reviewed the scientific evidence and found all seven of these medications to be effective treatments for tobacco dependence. There is considerable variability in individual preference and adherence to their treatment plan, that is to say, what works for one person may not work for another. This change ensures that in *Gold Standard* organizations, every individual has every opportunity to be successful at quitting.

To learn more, start a [Gold Standard application](#), and review our [Implementation Guides](#) for each Pillar. If you have questions or would like personal assistance with implementing the *Gold Standard*, please contact Peggy Harrington, *CEO Cancer Gold Standard* Program Manager at Peggy.Harrington@CEORoundtableOnCancer.org or by calling 919/531.0962.