

Engaging Oncology and Occupational Medicine to Inform Design of a Total Worker Health® Intervention to Address Employment, Financial, and Well-being Outcomes in Cancer Survivors

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Objectives: Few *Total Worker Health*® studies and fewer interventions examine well-being in the work context of cancer survivorship. We investigated the possibility of occupation and oncology professionals working together to address employed survivors' work-associated needs. **Methods:** We employed a community-based participatory research approach to examine the educational, contextual, and workflow needs of oncology care team members to inform intervention design. Focus groups were conducted with oncology care team members and occupational medicine physicians. Key themes from each group were then examined. **Results:** Themes included oncology care team's role in helping patients navigate resources, providing psychosocial support, and educating patients. Major themes for ways to better provide employment-related support during treatment included referring patients to employment experts and providing education on employment support. **Conclusions:** Occupational health professionals in collaboration with oncology clinics could play an important role in assisting cancer survivors' ability to navigate employment challenges.

Keywords: oncology, Total Worker Health, cancer survivors, occupational medicine, employment

The US population of cancer survivors is estimated to be 18 million, approximately half of whom are working age, and the population is steadily growing as new treatments prolong life.¹ A shift from conventional chemotherapy to oral targeted therapies has led to long-term treatment. With outpatient treatment comes the expectation that work may continue uninterrupted. However, while some side effects are understood,² the accumulated impact of these treatments on patients' ability to work is unknown. Concerns about work and financial stability are top priorities for survivors and their families³⁻⁵ and among the most common unmet psychosocial needs of cancer survivors.⁶ Financial hardship after a cancer diagnosis is well-documented.⁷ Financial stressors leave patients and their families with debt, possible bankruptcy, as well as negative emotional and physical effects. Prolonged

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LEARNING OUTCOMES

After completing this enduring educational activity, the learner will be better able to:

- Recognize literature gaps for how to address employed cancer survivors' work-associated needs.
- Identify the educational, contextual, and workflow needs (including potential barriers and facilitators) of oncology care team members in addressing employment needs of cancer patients.
- Recognize perceived roles of care team members and occupational health professionals about ways to better provide employment-related support during treatment.

survival, combined with concerns of the financial burden associated with high-cost therapies,^{8,9} reinforce the need to find strategies to mitigate work-related consequences of a cancer diagnosis.

Cancer survivors, like other workers who face chronic illnesses or who experience permanent impairment due to job injuries, also experience higher rates of absenteeism, presenteeism, and report worse well-being,¹⁰ especially when there is a failure to align their changed physical and cognitive abilities with their job duties and demands.^{11,12} Although worker well-being is a central element in *Total Worker Health*® (TWH) frameworks,¹³ few studies and fewer interventions examine well-being in the work context of cancer survivorship.¹⁴ Current approaches to TWH interventions focus on organizational level change and on voluntary or incentivized chronic disease and injury prevention and management strategies. As suggested by Baron and colleagues,¹⁵ there is an opportunity to connect TWH with community health providers to meet the needs of workers with medical conditions, especially those facing health disparities. Few TWH interventions target healthcare teams as contributors to TWH.¹⁶⁻¹⁹

This paper describes the use of qualitative methods in identifying key considerations in the development of an intervention intended to improve employment and well-being outcomes for working cancer survivors by using a TWH approach. The Well-Being and Cancer at Work (WeCanWork) Study will test the feasibility of engaging oncology care teams and occupational medicine physicians in providing work-related support to cancer patients.

Work and Cancer

The field of oncology has come to recognize the role that employment plays in oncology care and survivorship. In the latest Guidelines on Survivorship "SWORK-1,2,3," the National Cancer Center

Network® newly recommends: “Survivors should be offered information to help them understand their likely ability to work, take into account their finances and personal/family needs, and discuss potential work accommodations with their employers.”²⁰ A specific guideline states: “Clinicians should regularly re-evaluate work-related conditions post active cancer treatment or for persons living chronically with cancer.”²⁰ Oncology care teams increasingly recognize the importance of cancer survivors successfully returning to work and maintaining employment for their financial security, continued insurance coverage, sense of purpose and career growth, social network support, and mental health.^{21–27} Healthcare providers likewise recognize that the successful return to work is part of high-quality care.²⁸ Other research has included semistructured interviews and participant observations of oncology physicians, nurses, and social workers and identified work as an “integrated component” of cancer rehabilitation.^{21,27} Stergiou-Kita and colleagues²⁹ interviews with cancer survivors, health/vocational service providers, and employers in Ontario catalogued survivors’ fears of requesting work accommodations and challenges for providers in recommending accommodations.³⁰

Many oncology providers cite minimal guidance and limited access to the resources patients need to achieve work-related goals. Cancer patient navigators, social workers, and other members of oncology care teams are positioned to fill these gaps because of their focus on practical matters and clinical care.³¹ Navigators report that financial burdens, work and treatment conflicts, taking unpaid leave for cancer care, and working through treatment were common concerns of patients.³¹ Navigators identified employment, legal, government programs, and financial resources as important training topics that would help them address patients’ concerns. However, questions regarding work are a small fraction of the questions posed in patient interviews and oncology practices lack the tools to address these concerns.

Occupational health professionals (occupational medicine physicians, occupational health nurses, and advanced care professionals) operate within a conceptual framework³² that identifies an important role in improving, protecting, maintaining, and restoring health of workers, including cancer survivors.³³ Building on that concept, Stone and colleagues³⁴ observed that interactions between cancer survivors and occupational health professionals led to sustained work ability, employment opportunities, return to work, access to supports, and improved ability to disclose cancer survivor status in the work setting. Thus, from a TWH perspective, we consider oncology care and occupational health prime candidates for an integrated TWH intervention that could positively impact working patients’ outcomes. Ultimately, the goal is to align work demands with worker capabilities to sustain job performance among other desirable outcomes in the face of treatment and chronic health conditions.¹² Our published research³⁵ and the literature suggest that work-related factors influence the likelihood of employment after cancer diagnosis, including employers’ willingness to provide accommodation, supportive leadership and organizational culture, and availability of benefits such as paid leave. There are significant barriers facing cancer survivors who need to and/or wish to continue working through treatment, including stigma, fear of job loss, communication challenges, and awareness of rights and available benefits and accommodations. In occupational medicine, this is analogous to what we encounter when workers experience chronic health conditions or injury associated with prolonged and variable treatment, fluctuating disability and recovery times, and varying needs for work restrictions and accommodation.¹¹ In addition, routine communication pathways already exist between occupational medicine, the patient-worker, and employer.

These lines of evidence suggest the hypothesis that if we can successfully transfer skills and knowledge to oncology care teams and, for more complicated return to work and accommodation issues, connect patients diagnosed with cancer to occupational medicine consultants to establish referrals for occupational health consultation, we may observe improved patient and employment outcomes. We, like

others,³⁶ think that if oncology had more comprehensive pathways to provide patients diagnosed with cancer with resources to navigate work and cancer, we can ultimately improve work and health outcomes. This qualitative study addresses the feasibility of such an approach, in prologue to the design and execution of a prospective, longitudinal study of newly diagnosed cancer survivors who work.

METHODS

Focus Groups

Applying a Community-Based Participatory Research framework^{15,37} and qualitative methods, we collaborated with members from oncology care teams and occupational medicine to design the focus group composition.^{38,39} We recruited patient-facing providers including oncologists, patient navigators, oncology nurses, counselors, and social workers, who assist patients through treatments, financial matters, employment issues, and connect them to clinical care. We accessed these care team members through our collaboration with our clinical partners, the University of Colorado Cancer Center and the University of Colorado Health. We recruited occupational medicine physicians through our occupational medicine residency program alumni network, including providers working within the University of Colorado Health system and other practices. We developed a focus group guide with questions to gather data to help inform the intervention and implementation design (Table 1). We wanted to understand key themes in the following areas:

Attitudes, Knowledge, and Behaviors

We examined care team members’ and providers’ attitudes about the current practice of discussing employment with patients. We examined current roles and knowledge about providing work-related supports ranging from administrative duties of completing insurance and return-to-work paperwork to discussing the ability to continue working and the stressors of managing work and treatment.

Scope of Oncology Care Team Employment Counseling

We examined clinic workflows and collaboratively mapped levels of provider responsibilities. We explored the needs of team members, based on those responsibilities, including the feasibility of using checklists to improve documentation and efficacy of the counseling and algorithms to facilitate occupational medicine referral for issues of return to work, impairment, or causation, when warranted.

Needs and Delivery Methods for Oncology Care Teams

We introduce a ‘straw model’ of the intervention based on two sources: 1) our past TWH intervention studies^{38,39} and 2) an example of a community health worker training module developed by Baron and colleagues to teach concepts of workplace safety, hazard identification, and worker rights.¹⁹ The goal was to gain feedback from participants on skills, systems, and content areas that are most feasible, acceptable, and adoptable in practice. For framing the discussion of interventions, we were guided by the conceptual model of Désiron and colleagues that integrates the medical context with the workplace environment.⁴⁰ The model starts from the diagnosis and treatment and carries through rehabilitation and returning to or continuing in the workforce. In the model, practitioners assess physical, emotional, and worker well-being. In their evaluation, they keep personal, environmental and activity related factors in mind when proposing workplace limitations.

Three focus groups were conducted from September 2022 to February 2023. The first group included social workers, patient navigators, and counselors (n = 6); the second was comprised of oncologists (n = 5); and the third included occupational medicine physicians (n = 6). Focus groups were conducted in a semistructured format with a set of questions and a facilitator who probed follow-up questions.

TABLE 1. Medical Providers Focus Group Questions

Oncology Care Team and Providers	Occupational Medicine Physicians
1.) What do you feel your role is in providing employment-related support to patients?	1.) What do you feel your role is in providing employment-related support to patients?
2.) How do you think your patients' treatment impacts their work?	2.) What do you feel patients are lacking to make it easier to cope with the challenges of having cancer and keeping a job?
3.) What do you feel patients are lacking to make it easier to cope with the challenges of having cancer and keeping a job?	3.) What do you feel patients are lacking to make it easier to cope with the challenges of having cancer and keeping a job?
4.) What do you currently do to support patients?	4.) What do you currently do to support patients?
5.) What are the common barriers you face when providing support to patients about work and cancer?	5.) How do you think your patients' treatment impacts their work?
6.) Is there a place where the training of workability fits into your practice?	6.) When performing occupational evaluation/assessment do you: a) Discuss survivor's concerns, needs, goals, and desires related to work b) Assess abilities required for job c) Assess practical concerns regarding employment d) Assess treatable contributing symptoms: e) Comorbid conditions
7.) What do you feel could be improved to better provide employment-related support during treatment?	7.) What are the common barriers you face when providing support to patients about work and cancer?
8.) We've talked with oncology care team members including social workers, patient navigators and counselors. Most of them felt that it should be the role of patient navigator or social worker to address employment situations. Do you agree? Why or why not?	8.) Where are the places in your workflow where work-related supports can be plugged in?
9.) Where are the places in your workflow where work-related supports can be plugged in?	9.) Who do you feel is best to address employment situations?
10.) What information needs to be part of the medical record and treatment discussion?	10.) What information needs to be part of the medical record and treatment discussion?
11.) What are your reactions to what we are proposing?	11.) What are your reactions to what we are proposing?
12.) Thinking about what we're proposing for an intervention, what would it take to happen?	12.) Thinking about what we're proposing for an intervention, what would it take to happen?
Summary and Wrap-up	
13.) What haven't we talked about that would ensure the success of this project?	13.) What haven't we talked about that would ensure the success of this project?
14.) What would the 1 thing you would do, to keep patients?	

Focus group questions were developed for two guides. One was used for the focus groups conducted with care team members including social workers and counselors as well as the one conducted with oncologists. The second was developed for use of the focus group with occupational medicine physicians.

Participants were guided to discuss their role in supporting patients in navigating work and treatment, the barriers, and resources available, and ideas about what can be improved for the future around supporting cancer survivors that are working. The focus group questions (Table 1) align with the principal elements described in the conceptual model.⁴⁰ In addition, examples of key dimensions explored included a) time spent with patients communicating about work challenges and accommodation, b) perceived need to assist returning to and remaining at work, c) knowledge about work challenges and accommodation for cancer survivors, and d) needs and resources for possible intervention elements. To inform the design of the intervention, we examined the educational, contextual, and workflow needs (including potential barriers) of oncology care team members.

Analysis

Analysis of the transcripts and open-ended questions from focus groups was conducted using qualitative content analysis (thematic). The process began with the transcription of all audio recordings from the focus group sessions. These transcripts were then meticulously reviewed to ensure accuracy and completeness. After transcription, an initial reading of the transcripts was performed to gain a holistic understanding of the data. During this phase, notes and preliminary thoughts were documented to capture emerging patterns and themes.

The next step involved coding the data. Using a systematic coding process, segments of the transcripts were labeled with codes that represented meaningful units of information. This coding process was both inductive and deductive; while some codes were derived from the data itself, others were based on existing literature and theoretical frameworks related to the research topic. After coding, the

codes were grouped into broader categories or themes: role in supporting and counseling patients about employment situations; current practices and strategies used to support patients; facilitators to counseling patients on work; barriers to counseling on work; and ways to improve practice to support patients that navigate work during treatment. These themes (Table 2) represented recurring patterns or topics that emerged across multiple focus group discussions. To ensure reliability and validity, the coding and theming process was conducted by multiple researchers independently, followed by meetings to discuss discrepancies and reach a consensus.

Thematic analysis was further refined by cross-referencing the themes with the research questions to ensure all relevant data was captured and appropriately categorized. Direct quotes from participants were extracted to support and illustrate each theme, providing rich, contextual insights.

Finally, the identified themes were analyzed in relation to the study's objectives, enabling the drawing of conclusions and implications. This approach ensured a comprehensive understanding of participants' perspectives and facilitated the identification of key insights relevant to the research aims.

RESULTS

The focus groups identified common themes addressing how oncology care team members support patients through psychosocial support, resource navigation, referrals to specialists, completing employment and disability forms, and educating patients. The first major set of themes was around the perceived roles that providers feel they play in addressing patients' employment needs (Table 2). The group of social workers and counselors identified their primary role as providing psychosocial support, resources, and navigation through

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TABLE 2. Key Themes Presented by Oncology Care and Occupational Health Professionals Regarding Providing Employment-Related Support to Cancer Patients

Health Care Professionals	Theme	Description
What roles do healthcare professional play in employment for patients?		
Social workers & psychologist	Psychosocial support Resource navigation	Listening, counseling to patients. Understanding Family Medical Leave Act, finding grants for treatment, or filing short- or long-term disability.
Oncologists	Not an employment expert Refer patients to social workers	Little employment knowledge Identified social workers as allied professionals that best provide resources for patients.
Occupational medicine physicians	Filling out forms for short or long-term disability Listening to patients Educate patients and employers	Continuing to provide filing support to patients. Spending time with patients and learning about their lives. Physicians educate patients about disclosing treatment to employers.
What do you currently do to support patients?		
Social workers & psychologists	Time accommodations Counseling around dialog with employers	Working around patient's schedules for treatment appointments. Building the patients' ability to discuss treatment with their employer.
Oncologists	Discussing how treatment impacts work	Educating patients about cancer treatment, side effects, and impact on ability to work.
Occupational medicine	Discussing how work can impact treatment Comparing job roles to patients abilities Managing return to work statuses	Understanding if work benefits or negatively impacts treatment. Understanding support the patients will need in their specific job. Managing overtime and the current abilities of patients.
What could be improved to better provide employment-related support during treatment?		
Social workers & psychologists	Referring to employment experts Employment-related education	Knowing where to refer patients for job related support. Understanding how to support patients in their specific occupation.
Oncologists	Increased social workers Systematic change	Important healthcare professionals that can support patients. Change around insurance within the healthcare system to better support accessible and affordable care.
Occupational medicine physicians	Improved cancer treatment Education to oncology units about occupational medicine Oncology education Business logistics	Research and implementation of new treatments with less side effects. Educating on how to refer patients to them and how occupational medicine can support patients. Learning more about oncology treatment to give best possible employment-related support. Knowing billing codes, appointment timeline, and patient capacity.

Focus groups were conducted in a semistructured format with patient care team members including social workers, counselors, and patient navigators; oncologists; and occupational medicine physicians.

Analysis of the transcripts and open-ended questions from focus groups was conducted using qualitative content analysis (thematic). Two coders reviewed and coded each transcript based on categories: role in supporting and counseling cancer survivors in work; current practices and strategies; facilitators to counseling on work; barriers to counseling on work; and ways to improve practice to support survivors in work.

Relevant quotations were selected for further analysis based on the initial coding and alignment with research objectives. Coding and analysis were performed manually. Key themes from focus groups were examined.

* Note: Themes in order of most important to least important based on frequency counts by each type of provider.

treatment. They identified their roles as diverse, from listening to patients to helping them understand Family Medical Leave Act and disability paperwork. All participants in this group noted that they are not experts in employment-related matters but see the value in having the option of making referrals to an employment expert.

Focus group participants shared how they discuss employment during intakes. Counselors coach patients about how to talk about cancer treatment with employers. Social workers discussed resource navigation, such as short-term or long-term disability and economic support for patients during cancer treatment. They noted financial stress as one of the most important concerns patients share. A social worker said,

"We don't want or have the time or the mental capability of filtering through all their employment benefits, to find the one answer that patients need. Same with disability, Social Security. They just want someone that tells them what steps to take. I don't feel like I can do that because I don't know their benefits inside and out. They don't know their benefits inside and out either."

Oncologists described their role as the primary provider who refers patients to social workers for resources and completing applications for short-term or long-term disability. There was a range of prac-

tices among the oncologist's group in how and when they discussed employment with their patients. One oncologist explained,

"I think we rely heavily on our social workers, particularly when it comes to employment. And I think much of it for physicians is not driven by lack of interest, but lack of knowledge, which is also constantly in flux. I want to help my patients, but I don't know what's available."

The oncologists also expressed that they see the positive function of work in patients' lives and that they spend time connecting with patients by asking about their occupation. One participant explained,

"For many patients to work, it's therapeutic, they don't want to just quit. A lot of times they want to continue working just so that they can feel productive when they've lost control. It's a way to give them a sense of control over something where, you know, the cancer journey, they can't control it."

Occupational medicine physicians readily drew the analogy between cancer patients and injured workers based on common needs such as assessment of impairment, return-to-work recommendations,

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and assistance in navigating the employer systems to best support patients. Occupational medicine physicians indicated that these are fundamental skills and area of expertise of their medical specialty. One participant explained,

“I see my role as an occupational medicine physician primarily as one of education, whether that’s educating employees or employers about the benefits of having a worker return to work. That work is not just an activity for healthy humans, but it’s an activity that can help humans regain their health. And it can also help prevent all the negative social determinants of unemployment regardless of whether an illness may or may not be work related.”

The second major set of themes addressed how oncology care team members currently support cancer survivors with employment/work-related needs (Table 2). We heard from the social workers and psychologists’ group that they talk with patients about scheduling and work conflicts by problem-solving when patients can come in for treatment. For example, they help patients schedule treatments on Fridays or on the weekends so they can minimize the amount of time off work. Additionally, psychologists provide counseling to patients on how to have hard conversations with their managers. Some techniques mentioned were discussing boundaries, providing talking points, and helping with coping skills. The oncologists explained how they discuss with their patients how treatment can impact their work and how work can impact their treatment. On an ongoing basis, the oncologists discussed how each treatment phase could impact patients’ lives, including work and the impact of side effects on job function, both physical and cognitive. They indicated that many patients cannot afford to quit work due to insurance and finances. They noted cases where there may be risks associated with continuing to work, depending on a person’s occupation (i.e., hazardous work conditions).

Prior to participating in the focus groups, several of the oncologists, social workers, and psychologists had not heard of occupational medicine or other occupational health specialties. They indicated that based on the description of expertise, these would be helpful providers to assist patients across a range of work-related and treatment needs. When presented with the concept of providing consultation, occupational medicine physicians mentioned having limited experience supporting cancer survivors. None had received a referral from oncology practices. However, they saw the value in their expertise being applied to council patients with cancer on employment concerns, specifically accommodations, return-to-work, and guidance on balancing work and treatment demands.

The third major set of themes centered on what improvements could better support patients’ employment-related needs (Table 2). Social workers and psychologists embraced the need to refer patients to experts and learn about employment-related resources. They mentioned wanting more training to support patients who are navigating employment-related needs. Oncologists mentioned the need for macro-level societal changes (i.e., equitable insurance support) and improved cancer treatment. Oncologists highlighted the need for more social workers in healthcare in general because of the critical role they serve in counseling patients and the potential that they could play in providing employment support.

Occupational medicine physicians expressed a desire to serve a role in providing support to patients diagnosed with cancer. They expressed concern around logistical issues that would need to be understood and resolved to facilitate referrals from oncology care providers. These issues include uncertain demand for occupational medicine consultation and administrative burden. Structural challenges include identifying reimbursable billing codes, private insurance billing processes that are unlike the more familiar workers’ compensation insurance process, time demands, and how providing a new line of care to patients diagnosed with cancer in occupational medicine practice may draw them away from time spent with injured workers.

Applying Findings

Based on the results from the focus groups, we are designing and embedding an intervention as part of a larger, multiyear TWH Center of Excellence study. The clinic-level intervention will include attention to oncology care team roles and influences on patient employment and well-being outcomes; triage and referral process for occupational medicine consultation; provider training; and navigation of logistic factors involved in consultation referrals through electronic health records. The intervention will be designed and implemented applying implementation frameworks to guide the strategies for adoption and use in oncology settings.

DISCUSSION

Our study examines the perspectives of oncology care team members for supporting employed cancer patients and the potential for utilizing occupational medicine professionals as a new specialty for oncology teams to provide patients with guidance for continuing to work through treatment and how to adjust job functions as needed—a model that has rarely been applied to the challenges facing cancer survivors and work. We collected qualitative information from occupational medicine physicians on the merits of broadening their practice model to provide employment-related support to cancer survivors. Based on our findings, we conclude that such an intervention should be developed and tested.

TWH interventions are rarely designed and implemented with the goal of enlisting clinical practices to improve worker outcomes, outside of occupational medicine,⁴¹ and to our knowledge none have been studied systematically in oncology practice. The few studies that incorporated occupational health into oncology practice were conducted in European and Canadian health systems that differ greatly from the current US health care model. Those studies were limited by small sample size and produced conflicting results.^{42–47} The small existing literature on employment counseling in oncology suggests that our planned approach is promising, however requires rigorous assessment employing both process and outcome measures. Notably, measures of employment factors are common, whereas assessment of worker well-being has rarely, and inconsistently, been considered.^{13,14,47} A strength of future research will be to link TWH interventions in oncology with the economic, employment, health, and well-being outcomes of workers^{47,48}

This study sought perspectives from many different oncology care team members and occupational health professionals. That is a strength, as the cancer patient journey includes many professionals who guide patients through treatment and the impact of treatment on work and life. These different perspectives allowed us to better understand how and when an intervention could support patients and their ability to remain employed through treatment, if they desire to do so. We note that those focus group participants from the oncology care team were all from an academic medical center and there may be different considerations from community-based oncology clinics. Finally, patients were not included in the focus groups. Their experiences may have provided a different understanding of how they interact with different members of the oncology care team around employment related concerns.

The new National Cancer Center Network® guidelines offer an opportunity to enhance support to working patients diagnosed with cancer. In principle, oncology practice should help working cancer survivors navigate the issues surrounding return-to-work, accommodations, employer communications, and address the competing demands of work and cancer treatment.²⁰ However, based on our focus groups, the literature, and input we received from cancer survivors who participated in our prior research,³⁵ we think that this ambition is more likely to succeed with direct coordination between oncology care and occupational medicine consultants. Those occupational medicine consultants will need the ability to shift their frame of reference

from assisting injured workers to also assisting patients with cancer, regardless of whether the cancer itself is work related. Although occupational exposures are well known to cause certain cancers, the bulk of referrals will be related to the practicalities of return-to-work, not to causation.

While occupational medicine practices are well-suited to provide consultation, recommendations, and communications with employers regarding work ability of patients with work-related injuries, providing return to work consultation for health conditions like cancer is novel. We will conduct an intervention study to test the effectiveness of this approach and serve as an opportunity to understand how existing systems can be better utilized to infuse occupational health into oncology practice to improve patient outcomes. This intervention will provide the opportunity to identify if occupational medicine practice can enhance oncology practice and patient care, how such support is established, and whether an occupational medicine consultation benefits patients.

Future Directions

Guided by our qualitative findings, we will design and implement an intervention that can be disseminated to oncology and occupational medicine practices. We aim to test an intervention that includes: 1) training for oncology teams, 2) products and workflows that assist oncology teams to evaluate work stressors and accommodations, 3) processes and tools for effective referrals to occupational medicine utilizing electronic health record systems, and 4) guidance for occupational medicine practitioners on oncologic consulting. Longitudinal outcomes of interest will include patient financial and employment status, mental health, and well-being. Future studies aim to connect the intervention to employer outcomes to test the intervention for its impact on employee retention which benefits both employer and employee.

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