

**Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies**

Workgroup: Treatment

Date: 6/27/2016

Objective: Provide cancer patients with a comprehensive care summary and follow-up plan after completing treatment.

Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?

Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)

Strategies

Strategy #1: Convene CoC certified hospitals/clinics* to assure *Standard 3.3 Survivorship Care Plan* is implemented consistently across the state of Minnesota to support the *development and meaningful use* of user friendly survivor care plans by health care providers and cancer patients.

*If a hospital/clinic is not CoC certified, who can support them [to become certified] to assure consistent, quality care across Minnesota and not further perpetuate disparities.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Rationale: *The standard [3.3] requires that the survivors be "provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained" however, debate remains on what data fields should populate such a document.*

The American Society of Clinical Oncology (ASCO) has concluded a process, with broad-based input from multiple stakeholders, including patients, that has defined what they believe are the minimal data elements to be included in a treatment summary and survivorship care plan. It is anticipated that this document will be published shortly.

The Accreditation Committee determined that the ASCO data set will be the minimal content for the treatment summary and survivorship care plans required by Standard 3.3. This does not preclude programs from adding additional data elements.

[There are a core set of data elements recommended by ASCO]

<https://www.facs.org/publications/newsletters/coc-source/special-source/standard33>

This is an evidence-based practice promising practice other. Please explain.

This strategy is evidence –based and a standard of the CoC Accreditation Committee

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank ___ of ___ strategies

Strategy #2: Promote legislation that supports reimbursement for the implementation of the Survivorship Care Plan by the multi-disciplinary cancer health care team including the communication to the patient and adherence.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Rationale: The role of a Community Health Worker has been shown to reduce costs⁵⁻⁷ in primary and community health care and improve the quality of care⁸⁻¹⁰.

5. Chang T, Llanes M, Gold KJ, Fetters MD. Perspectives about and approaches to weight gain in pregnancy: A qualitative study of physicians and nurse midwives. *BMC Pregnancy Childbirth*. 2013;13:47-2393-13-47. doi: 10.1186/1471-2393-13-47 [doi].

6. Gaziano T, Abrahams-Gessel S, Surka S, et al. Cardiovascular disease screening by community health workers can be cost-effective in low-resource countries. *Health Aff*. 2015;34(9):1538-1545.

7. Mubi M, Janson A, Warsame M, et al. Malaria rapid testing by community health workers is effective and safe for targeting malaria treatment: Randomised cross-over trial in tanzania. *PloS one*. 2011;6(7):e19753.

8. Hamer DH, Brooks ET, Semrau K, et al. Quality and safety of integrated community case management of malaria using rapid diagnostic tests and pneumonia by community health workers. *Pathogens and global health*. 2012;106(1):32-39.

9. Yousafzai AK, Rasheed MA, Rizvi A, Armstrong R, Bhutta ZA. Effect of integrated responsive stimulation and nutrition interventions in the lady health worker programme in pakistan on child development, growth, and health outcomes: A cluster-randomised factorial effectiveness trial. *The Lancet*. 2014;384(9950):1282-1293.

10. Rothschild SK, Martin MA, Swider SM, et al. Mexican american trial of community health workers: A randomized controlled trial of a community health worker intervention for mexican americans with type 2 diabetes mellitus. *Am J Public Health*. 2014;104(8):1540-1548.

This is an ___ evidence-based practice ___ promising practice ___ other. Please explain.

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