

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

**Workgroup:** Treatment

**Date:** 6/27/2016

**Objective:** Increase access to non-clinical support services for patients and caregivers

**Desired Outcome:** Patients, caregivers and cancer care team members are aware of available non-clinical services in their area and use them or receive referral to them as needed. At least 75% of patients, if surveyed, would say that they knew how to get help for non-clinical support services.

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:

<b>Organization</b>	<b>Activity (such as PSE change, education, programmatic)</b>
American Cancer Society	Web-based portal to Find Support & Treatment: <a href="http://www.cancer.org/treatment/supportprogramsservices/index">http://www.cancer.org/treatment/supportprogramsservices/index</a>
National Cancer Institute	Web-based search portal to find organizations and resources in your community [by disease site]: <a href="http://www.cancer.org/treatment/supportprogramsservices/index">http://www.cancer.org/treatment/supportprogramsservices/index</a>
Patient Advocate Foundation	Web-based portal to connect patients with resource to Solve Insurance and Healthcare Access Problems: <a href="http://www.patientadvocate.org">http://www.patientadvocate.org</a>
Leukemia & Lymphoma Society	Web-site listing of Resources: <a href="http://www.lls.org/">http://www.lls.org/</a>

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

Organization	Potential role (PSE change, education, programmatic)
National Association of Social Workers, Minnesota Chapter	Support their profession, their understanding of the importance of support resources during cancer treatment through education and what is available for patients, seek their experiences with cancer patients, obtain their input on improving the health care system assessment and referral to non-clinical support services/community-based resources. <a href="http://www.nasw-heartland.org/general/custom.asp?page=0MNChptrMain">http://www.nasw-heartland.org/general/custom.asp?page=0MNChptrMain</a>
Minnesota Society of Clinical Oncology	Professional Education Systems change: communication across multi-disciplinary professions. <a href="http://www.msco-minnesota.com/">http://www.msco-minnesota.com/</a>

**Strategies**

**Strategy #1:** Convene CoC certified hospitals/clinics\* to assure the (standard 3.1) patient navigation process\*\* and (standard 3.2) psychosocial distress screening includes identifying and connecting all patients and their caregivers with the non-clinical support services they need for the best possible health outcome, patient experience and removes barriers to care.

\*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.

\*\*This standard does not require the hiring of a patient navigator, rather focuses on the process to understand health disparity populations and rectify barriers to care. Establish a navigation process and identify resources to address barriers that are provided either on-site or by referral to community-based or national organizations.

- Develop a pipeline that identifies the appropriate channels for local non-clinical support service providers and community-based resource programs to add their services to the American Cancer Society Cancer Resource Network support services database and establish a protocol for continuous updating the support service database.
- Advocate for cancer center care teams to provide cultural and linguistic appropriate information to connect cancer patients and their caregivers to local non-clinical support services during a care visit.
  - Care team members ask patient if they could complete a service needs questionnaire after visit with their doctor which could be added to the Medical Record Chart which is accessible online (mychart.com). Or the nurse or care navigator, patient services department would follow-up with the patient for such services.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** ACS audits, SAR reporting, Number of engaged stakeholders increases by 25%. (There is a yearly media event in the metro area of MN that brings together organizations that provide non-clinical services to cancer patients.)

**Rationale:**

Development of this protocol increases the accessibility of timely, culturally, and linguistically appropriate information for cancer patients and their caregivers at a point of care visit.

**This is an X evidence-based practice \_\_\_ promising practice \_\_\_ other. Please explain.**

Cancer Program Standards: Ensuring Patient-Centered Care 2015 American College of Surgeons. Chicago, IL Page 54-55

Institute of Medicine. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis. National Academy of Sciences. 2013 Page 32-33

The State of Cancer Care in America. American Society of Clinical Oncology (ASCO) 2014. Page 34

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

Yes, assessing each patient for their individual needs and connecting supports to meet those needs, supports achieving equity. This strategy promotes health equity by alleviating the potential of accessibility problems (i.e.: internet access) and cultural and linguistic barriers.

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