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

Workgroup: **Treatment** **Date:** **6/27/2016**

Objective: Promote and incorporate shared decision making into cancer screening, cancer treatment and end-of-life care to guarantee patient autonomy

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?

Autonomy Patients are fully informed of the treatment options, potential risks and benefits of treatment, goals of therapy (curative or palliative intent) and cost of diagnostic testing and treatment, and;
Patient values and preferences are incorporated into treatment decisions

Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
American Society of Clinical Oncology	Offer tools and information that facilitate and help routinely incorporate shared decision making into practice
Mayo Clinic Shared Decision Making National Resource Center	Develops and provides decision aids for use by providers
National Cancer Institute	Efficacy testing
Metro-Minnesota Community Oncology Research Consortium	Efficacy testing

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

Organization	Potential role (PSE change, education, programmatic)
Minnesota Society of Clinical Oncology	Professional education and awareness

Strategies

- **Strategy #1:** Convene providers to develop a protocol for shared decision making (or empathic decision making) during cancer treatment care delivery based on best evidence. Include tools for providers to talk with clients who have low health literacy.

~~Develop the infrastructure needed for all cancer patients experience shared decision making during cancer treatment care delivery by:~~

- ~~Advancing local Quality Oncology Practice Initiative (QOPI) to meet PQRS (Physician Quality Reporting System) requirements. [A provision included in the American Taxpayer Relief Act of 2012 authorized the U.S. Department of Health and Human Services to deem other registries as meeting PQRS requirements. In 2015, QOPI participants will qualify for meeting PQRS requirements]. (The State of Cancer Care in America: 2015, American Society of Clinical Oncology, page 48)~~

- ~~Initiate a coordinated approach to professional education that reaches Oncologists across Minnesota to support incorporating shared decision making quality practice standards and tool utilization.~~

- ~~Incorporate shared decision making into current public cancer education and awareness initiatives, empowering patients to engage in shared decision making.~~

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

Rationale:
It is the ethical responsibility of clinicians to facilitate patient autonomy in treatment decision making because patients and their families are ultimately subjected to the outcomes of these decisions.

This is an __X__ evidence-based practice ____ promising practice ____ other. Please explain.
Levit, Laura A., and Institute of Medicine (US). Delivering high-quality cancer care: charting a new course for a system in crisis. Eds. Patricia A. Ganz, et al. Washington, DC: National Academies Press, 2013.
American Society of Clinical Oncology. "The state of cancer care in America, 2015: A report by the American Society of Clinical Oncology." Journal of Oncology Practice (2015): JOP-2015.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.
Yes, by developing this infrastructure we are ensuring that all cancer patients are experiencing patient autonomy.

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