

**Issue** (revision of existing Objective #15) Promote and incorporate shared decision making into cancer screening, cancer treatment and end-of-life care to guarantee patient autonomy.

## **ISSUE STATEMENT & RATIONAL/EVIDENCE BASED RESEARCH**

The key objectives of shared decision making are achieved when:

- (1) Patients are fully informed of the treatment options, potentials risks and benefits of treatment, goals of therapy (curative or palliative intent) and cost, and;
- (2) Patient values and preferences are incorporated into treatment decision

Recommendations from *The State of Cancer Care in America: 2015, American Society of Clinical Oncology* ([page 11](#)) *Executive Summary*:

- **Oncology professionals** should discuss personal goals of care, potential treatment options, expected benefits, and the physical and financial impacts of treatment options with every patient with cancer.
- **Professional organizations** should offer tools and information that facilitate and help routinely incorporate shared decision making into practice.

ASCO is developing a framework for evaluating the value of new cancer treatment regimens across three domains: treatment efficacy, toxicity, and cost. One of ASCO's goals is Oncologists will have the skills and tools needed to assess value of interventions and use these in discussing treatment options with their patients. (*The State of Cancer Care in America: 2015, American Society of Clinical Oncology, page 47*)

*The State of Cancer Care in America: 2015, American Society of Clinical Oncology. Conclusion, section 4. Quality and Value in Cancer Care, page 53...* "Creating value-conscious consumers will continue to be a major focus of payers, with emphasis on patient engagement in treatment decisions and expanded public information about provider quality and cost. Providers need to be actively engaged to assure performance measures and payment models support appropriate clinical care – and to convey accurate information to patients and families."

September 2013 *Institute of Medicine report Delivering High-Quality Cancer Care* states in high-quality cancer care delivery system, cancer care teams should support all patients in making informed decisions by providing patients and their families with understandable information at key decision points on such matters as cancer prognosis, treatment benefits and harms, palliative care, psychosocial support, and costs of care. To reach this goal, the committee recommends that the federal government work with other stakeholders to improve the development and dissemination of this critical information, using decision aids when possible. And professional educational programs

should provide cancer care team members with formal, comprehensive training in communication.

## **EQUITY**

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.

Patients newly diagnosed with cancer confront a complex decision context with no prior experience to guide them forward. Physicians rely on experience and evidence based information to make informed decisions. This can lead to patients getting too much, too little, or conflicting information which can create a challenge when complex decisions need to be made. Time spent in the examination room can frequently be suboptimal for patients and clinicians.

Shared decision making should be recommended for all patients but there are certain patient populations that are more likely to receive oncology care where shared decision making is not fully implemented. Examples of these include children and adolescents, elderly patients, patients with disabilities, non-English speakers, racial minorities, members of the LGBT community, poor and uneducated patients in addition to illegal immigrants.

## **MEASURES**

There are few standardized metrics to measure the incorporation and the impact of shared decision making in clinical practice. Outcome-based shared decision making metrics have significant limitations.

The American Society of Clinical Oncology (ASCO) has developed quality practice standards that should be implemented by all certified cancer centers. The Quality Oncology Practice Initiative (QOPI) include at least two standards that focus on the issue of shared decision making:

(1) Before initiation of a chemotherapy regimen, each patient is given written and/or electronic information, including, at minimum:

- Information regarding his/her diagnosis
- Goals of therapy
- Planned duration of chemotherapy, drugs, and schedule
- Information on possible short-and long-term adverse effects, including infertility risks
- Regimen-or drug-specific risks or symptoms that require notification and emergency contact information, including:

- How to contact the practice or organization
- Symptoms that should trigger a call
- Who should be called in specific circumstances (oncologist or other provider)
- Plan for monitoring and follow-up, including appointments with the practitioners or laboratory testing
- *Patient education materials should be appropriate for the patient's reading level/literacy and patient/caregiver understanding. Documentation should include patient feedback reflecting understanding and engagement.*

(2) Informed consent for chemotherapy must be documented prior to initiation of a chemotherapy regimen.

- The consent process should follow appropriate professional and legal guidelines. For more information and sample forms, see <http://www.asco.org/consent>.

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**STRATEGY:** Develop the infrastructure needed for all cancer patients experience shared decision making during cancer treatment care delivery [planning].

Action Step #1: Locally advance 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)*

Action Step #2: Initiate a coordinated approach to professional education that reaches Oncologists across Minnesota to support incorporating shared decision making quality practice standards and tool utilization.

Action Step #3: Incorporate shared decision making into current public cancer education and awareness initiatives.

## ALIGNMENT

### Current Partners:

Professional society recommendation – American Society of Clinical Oncology (“**Professional organizations** should offer tools and information that facilitate and help routinely incorporate shared decision making into practice?”)

Decision support tool development: [Mayo Clinic Shared Decision Making National](#)

[Resource Center](#) (Develops and provides decision aids for use by providers)

Clinical research to test efficacy: National Cancer Institute (NCI) implemented locally by MMCORC (Metro-Minnesota Community Oncology Research Consortium) (Example of protocol: Jon Tilburt, MD – Testing Decision Aids to Improve Prostate Cancer Decisions for Minority Men. Alliance research base.)

[Minnesota Shared-Decision Making Collaborative](#) (Advocacy, Community awareness)

**Potential Partner:**

Minnesota Society of Clinical Oncology