

## Cancer Plan Revision Treatment Workgroup

June 29, 2016

Attendance:

Co-Chairs: Dr. Joe Leach, Heather Kehn

Members: Dr. Zera, Stephanie Gill, Tony Kay Mangskau, Reona Berry

Participating by webex: Catherine Graeve, Andres Wiernik, Benita Robinson

Staff: Michelle Strangis

Heather gave an overview of the cancer plan revision process, the contribution of the workgroup to date, and the decisions for today.

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

**Revised Strategy #1: convene providers to develop a protocol for shared decision based on best evidence during cancer treatment care delivery.**

Include tools for providers to talk with clients who have low health literacy. Another model is empathic decision making.

**Objective:** Increase participation in cancer treatment clinical trials.

IBM is piloting a clinical trial database – bring them to the table too.

Georgia has a state database. Florida also but may have ended.

**Revised Strategy #4 – Join current legislative efforts to work with Department of Commerce to assure insurance companies comply with oral parity and add to the effort assurance that insurance coverage for clinical trials as required by the ACA**

**Decision: merge strategy number one and three under clinical trials. Create statewide centralized clinical trial database and implement a state-wide education and media campaign.**

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

Link community based organizations to the cancer resource network

Patient advocate foundation – not cancer specific – has 9,000 resources

Benita said there is an efficient process for the community resources to be added to the ACS cancer resource network

COC hospitals have an ACS rep embedded.

Have access to resources other than web based

**Objective:** provide cancer patients with comprehensive care summary and follow-up after completing treatment.

Link Stephanie with the survivorship workgroup so she can share her experience and ideas about a survivor passport that lists cancer, treatment and follow-up care.

**Objective:** Revise Minnesota's Emergency Medical Assistance (EMA) policy to cover medical care related to the patient's cancer diagnosis and treatment, to the extent as Medical Assistance (MA).

Discussion focused on the need for medical care after the EMA covered services end on the one hand and, on the other hand, negative public opinion and legislature's reluctance to avoid the issue. One member said the second strategy is more likely to be successful – focusing on training patient navigators to work with patients to the extent possible under current payment policies.

**Voting:** Workgroup members will vote for their top three strategies. Heather will contact people who had to leave the meeting early to get their votes. The votes will be tallied and everyone will be notified of the top three strategies based on all votes.

Meeting adjourned at 3:30 p.m.