

## **Standard 1.12 Public Reporting of Outcomes for the Commission on Cancer**

### 2018, Shared Decision-Making in the VMM Cancer Program

“Our participation in the Oncology Care Model, (the first Value-based care pilot from CMS in oncology) has given us insight into the drivers of quality cancer care and has allowed us to compare our performance with other oncology programs throughout the US. We recognized we had many opportunities to improve our communications with patients, particularly in the area of shared decision-making. We developed and piloted a shared decision-making tool and process that is improving our care at end-of-life and increasing patient and family satisfaction”.

Tricia Sinek, Senior Director Cancer Service Line at VMM

#### **What we did?**

- We developed a one-page shared decision-making tool for use in oncology consults whenever a patient is at a critical decision point in their cancer journey. This may mean their current treatment is not working, their disease is growing or spreading and does not appear to be controllable, they have a new recurrence of their disease or the toxicity from treatment is becoming very burdensome for the patient.
- The Medical Oncologist and a RN Nurse Navigator have a shared decision-making visit with the patient and family. The Doctor reviews all the options for the specific patient, including Hospice and Palliative Care and any remaining treatment options. During the discussion, the RN Navigator writes down the specific information on a one-page shared decision-making tool. After the Doctor leaves the room, the RN Navigator walks thru the bullet points and clarifies the discussion with the patient and family and answers any questions they may have. Copies of the shared decision-making tool are given to the patient and family and scanned into the medical record.

#### **Findings:**

- 48% of our patients are making a different choice about their future treatment after a shared decision making visit. 12% of patients choose Hospice, 13% choose Palliative Care and 24% of patients choose to change their treatment in some manner going forward.
- Patient and family satisfaction with the tool has been 100% positive. Many families express thanks for the clarity of the communication and the tool, they appreciate having as many copies as they need and it helps them to communicate clearly to other family members who were not able to attend the appointments.
- Our hospice Length-of-Stay has improved over 20% in the Oncology Care Model results.

#### **Follow-up Plan:**

1. Expand shared decision-making across NSL for any appropriate cancer patient. Consider doing shared decision-making at 1<sup>st</sup> oncology consults.
2. Continue to collect data on results and feedback from patients, family members, providers and staff.
3. Reduce non-beneficial care at End-of-Life

\*Reported to the public thru the VMM website and Cancer Committee, April 2019.