

# Implementation of shared decision making in breast cancer care

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## Valorisation

The process of disseminating scientific knowledge, and making it available for society, is called valorisation of knowledge. This chapter describes the valorisation potentials of this thesis. This thesis explored the implementation of shared decision making in breast cancer teams. The results described in this thesis can be relevant for patients, health care professionals, scientific community, insurance companies and patient associations.

## **Patients**

Patients become more and more empowered, and are eager to learn about the consequences of treatment and therapies on their quality of life. At the same time, developments in health care are rapidly increasing. As more treatments become available, patients should get the opportunity to make a well-informed decision on which treatment option suits their situation best. Unfortunately, many patients are faced with a poorly executed process of SDM. Results of this study have been communicated with breast cancer care professionals in the Netherlands. Several breast cancer teams adopted the patient decision aid and some of the additional implementation strategies that were developed in this thesis, which might have led to an adjustment in their routines, and subsequently in improving the process of SDM. The patient association has also adapted the PtDA and made it available on their website. By doing this, the PtDA became accessible for patients in hospitals that do not use a PtDA in routine care.

## **Health care professionals**

Health care professionals from various breast cancer teams in the Netherlands were involved in the development of the PtDA. The results of this thesis were presented to health care professionals at several national and international conferences and meetings aimed to improve communications between professionals and patients and to increase SDM. The insights of this thesis were useful to motivate professionals in various professional fields to critically review the organisation of their clinical care path and explore whether it met the requirements of SDM. The recommended implementation strategy with regard to reporting all treatment options in the Multi-Disciplinary Tumour board (MDT) has led to a critical view of this meeting. During the writing of this thesis we were asked to help re-evaluate the degree of patient centeredness and the extent to which the MDT contributes to SDM in five other clinical care pathways in head- and neck cancer, gynaecological cancer, prostate cancer, colon cancer and haematology in the MUMC+. Moreover, currently we are involved in a project to help redesign the MDT in other hospitals in the Netherlands, among which Maxima Medical Centre and University Medical Centre Utrecht, according to the Maastricht model for breast cancer.

### **Scientific community**

The results from this thesis contribute to current views on the development of a PtDA and the implementation of SDM. It shows the challenge to involve professionals and patients in a balanced manner in the development of a PtDA, and the compromises that are needed to get approval from both parties on the final product. The results and recommendation of this thesis were published in peer reviewed international journals and were presented at international scientific conferences. The insights generated in this thesis on the MDT structure, has led to a grant application in collaboration with several Dutch hospitals. This study aims to develop and evaluate an integrated oncological decision model that supports the formation of an individualized treatment plan.

### **Health insurance companies**

Health insurance companies increasingly aim to influence the quality of health care for their clients in hospitals. One of their focuses is to increase SDM by promoting the use of PtDAs in hospitals. With the knowledge we gained in this thesis we participated in a national project in which health insurance companies were also involved. We presented our concerns with regard to the use of PtDAs without applying any other implementation strategies to increase SDM. The report on this project recommends health insurance companies to apply multiple strategies for implementation of SDM, as performing high quality of SDM does not only depend on the use of a PtDA. We also recommended health insurance companies to collaborate with the national SDM platform of which researchers, patient representatives, quality officials and healthcare professionals are members, to develop a set of clear components Indicators with which a hospital can demonstrate their effort to implement SDM.