Emailed Public Comments

Dr. Paul Bunn, former head of the University of Colorado Cancer Center in Denver

My only comment on your Washington State proposal on the second page where molecular therapy, immunotherapy and surgery should be added to the list of therapies for which harms and benefits should be provided.

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i believe it is dire that many things be changed in oncology health care. There should be drug sensitivity testing for everyone. Myself: I was given an injection prior to an MRI that almost caused me to lose consciousness. It had iodine in it - and I can't break it down. That could have been avoided. I was already sick, but tax my body even more? Also I had a masectomy where they did not bother to do any drug sensitivity testing and I had a horrible, multi-faceted 'poisoning' from multiple drugs during surgery that took me many months to recover from. Again: why should someone fighting for their life have to endure chemical toxins that could have been very easily avoided by a simple swab of the cheek? Also simple things such as hydration, diet, stress, vitamin and mineral levels were never assessed on me. And every intervention offered to me was chemical. I was completely bullied into doing chemo - but luckily refused. I am 11 years away from my cancer, but the 'one size fits all' with drugs and interventions was grossly the wrong path for me. Luckily I studied and guided myself along - otherwise I would be dead. I did not live because of Oncologists - I live because of me.

RE: The Bree Collaborative on the Collaborative's latest draft and recommendations for Oncology Care.

My comment is in reference to the statement, "Oncology care should be aligned with a patient's individual goals and values and follow ASCO's position statement of key elements for individual cancer care." This statement should have been terminated with a period after the word "values". By what arrogance is it that the State of Washington or ASCO believe they have any right to dictate my cancer treatment? No guild or bureaucrat should determine cancer protocol.

These are the decisions of the cancer patient alone. Doctors should be properly viewed as hired help, no matter how esteemed or beloved.

This is just one more example of the overreach government and intrusion into our lives and personal affairs. The problem is rooted in the belief that citizens are wards of the state to be $managed$ like cattle. This kind of thinking denies options to the patient and autonomy to the practitioner. It does not reflect the dignity and professionalism of free men. Any involvement of government in medicine should be extremely limited.

These actions are shameful.

Hello,

I'm a massage therapist in Lynnwood, WA. I would welcome the opportunity to be a part of this discussion.

I'm currently working on a case report for a woman who had a bilateral mastectomy and breast reconstruction, and chose to include massage therapy as part of a holistic treatment plan. Her treatment was unique in my experience because her care was so well coordinated. I've worked with many people living with cancer and have seen how massage improves how they feel about themselves and their bodies. A client once told me that massage 'helped her to trust her body again.'

I hope to contribute in any way that would be helpful. Please let me know.

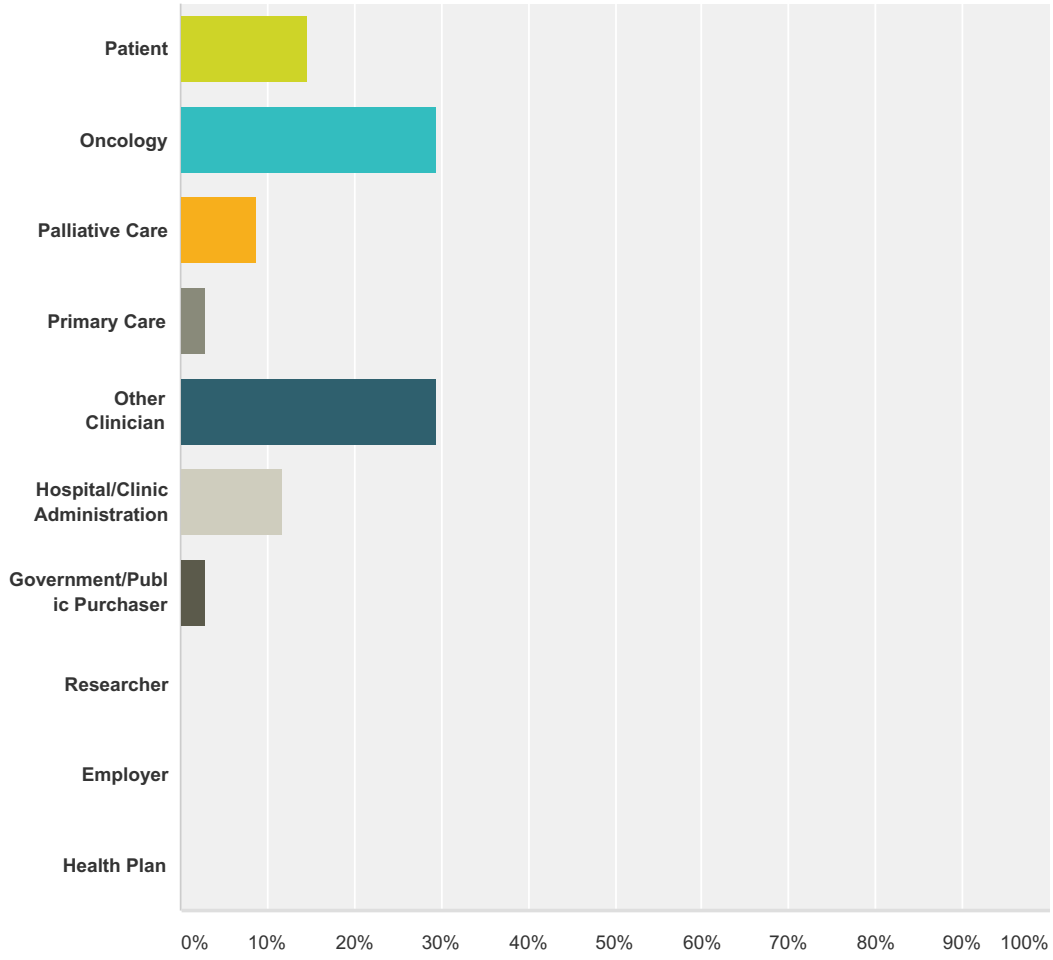
Bree,

I am a cancer survivor. I had breast cancer in 2013 and had 14 months of chemo and 7 weeks of radiation after a modified radical mastectomy. I am now 61 and need to keep working for the rest of my life to make up for loss of income and not enough savings.

Thank you.

Q1 What sector do you represent? (Choose the option that is the best fit.)

Answered: 34 Skipped: 0



Answer Choices	Responses	
Patient	**14.71%**	5
Oncology	**29.41%**	10
Palliative Care	**8.82%**	3
Primary Care	**2.94%**	1
Other Clinician	**29.41%**	10
Hospital/Clinic Administration	**11.76%**	4
Government/Public Purchaser	**2.94%**	1
Researcher	**0.00%**	0
Employer	**0.00%**	0
Health Plan	**0.00%**	0

Total	34

#	Other (please specify)	Date
1	physical therapist (oncology specialist)	2/26/2016 10:18 AM
2	Oncology MassageTherapy	2/25/2016 10:02 PM
3	professional society (ASTRO)	2/23/2016 10:52 AM
4	Veterinary oncology technician	2/23/2016 3:51 AM
5	Nurse Manager of VAMC Oncology Clinic	2/19/2016 9:19 AM
6	Mental Health	2/17/2016 12:02 PM
7	Patient and VHA Volunteer working in Quality of Care	2/15/2016 1:31 PM
8	Emergency Medicine	2/14/2016 2:51 PM
9	Retired Nurse Executive	2/2/2016 1:27 PM
10	Friend of patient.	2/2/2016 8:35 AM
11	Physiatrist	2/2/2016 6:01 AM

Q2 Do you have any comments on the definitions (pg 4-5)?

Answered: 34 Skipped: 0

#	Responses	Date
1	No	2/26/2016 3:17 PM
2	For ER+ breast cancer, hormonal treatment can last 5-10 years after active treatment. Supportive / palliative care is needed to deal with side effects and to help increase compliance. A separate section on hormonal therapy should be included. Targeted therapy, like Herceptin, falls into a grey area. Consideration should be given to these modes of treatment.	2/26/2016 2:25 PM
3	None	2/26/2016 10:18 AM
4	Yes, under summary of recommendations the notion of supportive care for patients promotes poor outcomes and excessive costs for patients and the health care system, should be modified verbage as the statement is founded untrue by recent proven research in the past years.	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	No	2/23/2016 3:51 AM
8	No	2/20/2016 2:57 PM
9	no	2/19/2016 12:44 PM
10	Well written. Easy to understand. Like the inserted web sites - easily accessible to answer questions.	2/19/2016 9:19 AM
11	no	2/19/2016 8:06 AM
12	consider expanding the definition of end of life care.	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	I agree with definitions	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	comprehensive	2/17/2016 12:59 PM

18	Very concise easy to understand, however the definition for supportive care as a subset of palliative care was a little confusing	2/17/2016 12:02 PM
19	no	2/15/2016 3:12 PM
20	No.	2/15/2016 1:31 PM
21	No	2/14/2016 2:51 PM
22	no	2/12/2016 9:56 AM
23	no	2/12/2016 8:18 AM
24	I like the term supportive care over pallative	2/11/2016 8:12 PM
25	No	2/11/2016 7:13 PM
26	No recommendations	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	No	2/2/2016 1:27 PM
29	I don't think oncologists are familiar with these terms and need education as much as the patient. This is especially the case with palliative care. When you ask a physician about palliative care, they think it's about giving up. It's not. Physicians need training about good tools that help them treat the patient. They don't often see the items listed (like palliative, patient decision making, etc.) as preferred care. A culture shift needs to change - not anything critical to the content at all.	2/2/2016 10:11 AM
30	Definitions are good and well thought out.	2/2/2016 8:35 AM
31	good elucidation	2/2/2016 6:01 AM
32	No	2/1/2016 11:47 PM
33	No	2/1/2016 12:34 PM
34	no	2/1/2016 12:13 PM

Q3 Do you have any general comments on focus area 1: That all clinics follow the American Society of Clinical Oncology's (ASCO) Choosing Wisely recommendations to not use advanced imaging for low risk prostate and breast cancer?

Answered: 34 Skipped: 0

#	Responses	Date
1	Imaging should be chosen based on risk.	2/26/2016 3:17 PM
2	No. This is an area to save resources and to prevent long term effects.	2/26/2016 2:25 PM
3	None	2/26/2016 10:18 AM
4	Yes. It's the patient rights to equipment of high volume radiation magnitude therapies furthering unnecessary tissues exposures.	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	If the hope is to identify a mass or measure,etc, I believe all tools available should be used. Knowledge is power.	2/23/2016 3:51 AM
8	No	2/20/2016 2:57 PM
9	Excellent idea	2/19/2016 12:44 PM
10	Well put...easy access to other professional organizations input.	2/19/2016 9:19 AM

11	I would recommend to use verbage of 'Avoid using' instead of 'Do not use' since there are times when imaging may be appropriate such as a man with early stage prostate cancer that has new low back pain or a women with early stage breast cancer with hepatomegaly.	2/19/2016 8:06 AM
12	I strongly agree as a practicing Oncologist in the State of Washington that high end imaging is of no value in early, curable stage Breast Cancer and Prostate Cancer. I practice at Confluence Health in Wenatchee. We participate in the HICOR Choosing Wisely clinical trials currently evaluating growth factors with chemotherapy, and also the use of tumor markers of no utility in early stage, curable breast cancer. Having a recommendation and position statement from multiple groups (ASCO, ABIM, HICOR, Bree Collaborative, etc) that sends the same and/or similar message is important.	2/19/2016 6:44 AM
13	I value autonomy and decision making with a team that includes the patient. I disagree with imposed rules merely for cost's sake. I do agree, however, that in many cases a patient will have to pay for a service that is not deemed cost effective from a public health standpoint.	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	I agree that advanced imaging is not needed for low risk prostate and breast cancer and that it is a waste of precious health care dollars.	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	comprehensive information	2/17/2016 12:59 PM
18	I would like to have numbers on how much this has been used and what if any ill effects resulted	2/17/2016 12:02 PM
19	The draft speaks to the importance of shared decision-making, which requires complete information for the patient. We know that HOPE has a significant "placebo" effect. My experience is that some oncologists withhold full information so as not to destroy hope. I find that understandable, but unethical.	2/15/2016 3:12 PM
20	I suggest that exceptions to the recommendations require a detailed explanation from the healthcare agency and physician in order to track who does and does not comply.	2/15/2016 1:31 PM
21	Keep advanced screening	2/14/2016 2:51 PM
22	I agree that guidelines are important. I agree that evidence must guide treatment. Whether the guidelines put forth 'should be followed' in a particular case is a decision that must be based on the unique circumstances of each case. Clinicians who are not able to document their clinical rationale should be assisted to learn how-not have interventions denied at the expense of the patient.	2/12/2016 9:56 AM
23	Guidelines are being used as strict rules and any deviation to individualize care are seen as unacceptable.	2/12/2016 8:18 AM
24	no opinion, I do not have enough information	2/11/2016 8:12 PM
25	No	2/11/2016 7:13 PM
26	The only exception we find at our facility is the use of MRI for prostate masses. Emerging literature is showing a greater efficacy for this diagnostic tool vs. TRUS.	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	That persons of color and foreign born persons be given same access to research treatment protocols as all persons in the population being treated.	2/2/2016 1:27 PM
29	As long as physicians are clear with their patients, and level-set their expectations, this should be fine. Posting things like this in offices might be a good idea. The bulletin board in the exam room is a good idea. Info should be simplified...'Did you know that imaging is not recommended and can actually harm"... and then go in to some details about these 2 cancers. Share with office managers so they get these posted. Don't rely on physicians to post.	2/2/2016 10:11 AM
30	I agree.	2/2/2016 8:35 AM
31	Agree advanced imaging being used too liberally	2/2/2016 6:01 AM
32	I believe the doctor should have the option to use the tests he/she believes are necessary.	2/1/2016 11:47 PM
33	No	2/1/2016 12:34 PM
34	Seems like a very low bar to accomplish; ok as a first step	2/1/2016 12:13 PM

Q4 Do you have any comments on advanced imaging background (pg 6-7)?

Answered: 34 Skipped: 0

#	Responses	Date
1	No	2/26/2016 3:17 PM
2	No, I support those recommendations provided patient is otherwise asymptomatic. If there are symptoms, a scan should be considered based upon the doctors judgment.	2/26/2016 2:25 PM
3	None	2/26/2016 10:18 AM
4	No	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	No	2/23/2016 3:51 AM
8	No	2/20/2016 2:57 PM
9	well worded	2/19/2016 12:44 PM
10	As long as patients fully understand that the purpose is not to deny care but to provide the best evidenced based care. Assuaging their fears is paramount. Educate, educate, educate.	2/19/2016 9:19 AM
11	no	2/19/2016 8:06 AM
12	No. The information shown is accurate, and easy to read.	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	It is well written	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	comprehensive from my perspective	2/17/2016 12:59 PM
18	No this area was concise and clear	2/17/2016 12:02 PM
19	no	2/15/2016 3:12 PM
20	No.	2/15/2016 1:31 PM
21	No	2/14/2016 2:51 PM
22	imaging exposes patients to radiation. Biopsies expose patients to anesthesia, infection, PE and other potentially deadly untoward events. Give me imaging any day	2/12/2016 9:56 AM
23	no	2/12/2016 8:18 AM
24	no	2/11/2016 8:12 PM
25	No	2/11/2016 7:13 PM
26	No recommendations	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	Agree	2/2/2016 1:27 PM
29	Patients don't really know about Choosing Wisely. To support this evidence, perhaps there needs to be more about it in common literature. Otherwise, not really.	2/2/2016 10:11 AM
30	I appreciate the review done on this subject.	2/2/2016 8:35 AM
31	no	2/2/2016 6:01 AM
32	No	2/1/2016 11:47 PM
33	No	2/1/2016 12:34 PM
34	no	2/1/2016 12:13 PM

Q5 Do you have any comments on

advanced imaging implementation including on table 1 (pg. 8-11)?

Answered: 34 Skipped: 0

#	Responses	Date
1	No	2/26/2016 3:17 PM
2	Quoting 5 year survival rates can be misleading for early stage breast cancer as there is a 30% chance of recurrence.	2/26/2016 2:25 PM
3	None	2/26/2016 10:18 AM
4	Yes. Patients rights are considered first priority with shared decision making partnership via physician or specialist recommendations.	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	The inclusion of the Recommendation in the flow diagram on p. 9 is beyond the scope of this guideline. This document intends to serve as an evidence-based guideline, not a medical policy.	2/23/2016 10:52 AM
7	No	2/23/2016 3:51 AM
8	No	2/20/2016 2:57 PM
9	very thorough	2/19/2016 12:44 PM
10	Need to start now educating the providers and the public. Otherwise the pushback will be overwhelming. Well written flow charts.	2/19/2016 9:19 AM
11	no	2/19/2016 8:06 AM
12	No. I agree.	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	It well written. My program has been involved with HICOR and they are doing great work with looking at data, doing research and looking at how to have change in health care to decrease economic burden.	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	none	2/17/2016 12:59 PM
18	I think changing the mindset of physicians is the first step, since they order the imaging almost automatically	2/17/2016 12:02 PM
19	no	2/15/2016 3:12 PM
20	No.	2/15/2016 1:31 PM
21	Implement for all	2/14/2016 2:51 PM
22	see 4	2/12/2016 9:56 AM
23	no	2/12/2016 8:18 AM
24	no	2/11/2016 8:12 PM
25	No	2/11/2016 7:13 PM
26	The use of hospital charges to represent cost can be somewhat misleading since the actual cost to the patient varies with insurance products and deductibles.	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	Agree	2/2/2016 1:27 PM
29	same as above.	2/2/2016 10:11 AM
30	No.	2/2/2016 8:35 AM
31	no very clear	2/2/2016 6:01 AM
32	No	2/1/2016 11:47 PM

33	No	2/1/2016 12:34 PM
34	no	2/1/2016 12:13 PM

Q6 Do you have any comments on advanced imaging stakeholder recommendations (pg. 12)?

Answered: 34 Skipped: 0

#	Responses	Date
1	No	2/26/2016 3:17 PM
2	no	2/26/2016 2:25 PM
3	None	2/26/2016 10:18 AM
4	None at the present moment.	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	Always about who's going to make money, not about what's right.	2/23/2016 3:51 AM
8	No	2/20/2016 2:57 PM
9	no	2/19/2016 12:44 PM
10	Really like having the resources embedded in the document.	2/19/2016 9:19 AM
11	no	2/19/2016 8:06 AM
12	no.	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	They have done a thorough job on these. I like that they are focused on shared decision making.	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	none	2/17/2016 12:59 PM
18	Imaging is a money making endeavor, convincing imaging centers that these expensive scans will not be utilized as much will take time and effort.	2/17/2016 12:02 PM
19	no	2/15/2016 3:12 PM
20	I support full and realistic information sharing as part of the decision process.	2/15/2016 1:31 PM
21	Implement for all	2/14/2016 2:51 PM
22	see 4	2/12/2016 9:56 AM
23	no	2/12/2016 8:18 AM
24	no	2/11/2016 8:12 PM
25	No	2/11/2016 7:13 PM
26	No further recommendations since we use MRI for prostate imaging	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	Ensure all stakeholders are aware of the recommendations.	2/2/2016 1:27 PM
29	These are great. Working closely with all oncology physicians will be important - as patients with cancer just want the best care possible and jump in to trust the physician and care teams. They will likely not read the details of imaging effectiveness over their physician care decisions.	2/2/2016 10:11 AM
30	No.	2/2/2016 8:35 AM

31	no	2/2/2016 6:01 AM
32	No	2/1/2016 11:47 PM
33	no	2/1/2016 12:34 PM
34	Must also educate physicians and other providers in training; I notice that many newly trained providers are very quick to order a scan.	2/1/2016 12:13 PM

Q7 Do you have any comments on focus area 2: That palliative care be offered alongside active anti-cancer care, as needed?

Answered: 34 Skipped: 0

#	Responses	Date
1	It MUST be. Patients Going through treatment experience serious side effects and palliative care can help improve quality of life.	2/26/2016 3:17 PM
2	Palliative care can play many roles when dealing with a cancer diagnosis. It improves both outcomes as well as quality of life, and should be presented as such initially.	2/26/2016 2:25 PM
3	Based on my clinical expertise, this recommendation is vitally important to providing optimal care and outcomes for patient's going through cancer care. It is great to see the recommendation for early intervention (at initial diagnosis) for palliative or supportive care as it lessens the emotional/psychological, physical, social, and financial burden on the patient when side effects occur.	2/26/2016 10:18 AM
4	This notion should be considered of the recommendations.	2/25/2016 10:02 PM
5	This is long overdue	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	Why wouldn't you use palliative care? It isn't a cure, it generally eases pain and discomfort so use it	2/23/2016 3:51 AM
8	Really great idea to introduce palliative measures as early as possible in careplan.	2/20/2016 2:57 PM
9	yes excellent idea	2/19/2016 12:44 PM
10	It is never too early to start the conversation, to determine what the PATIENT'S GOALS ARE. Again, excellent visuals and flow charts.	2/19/2016 9:19 AM
11	This is an EXPENSIVE SERVICE that is not covered by insurance AND there is a lack of trained palliative care representatives to provide this service to all patients receiving active anti-cancer care.	2/19/2016 8:06 AM
12	This is a very important aspect of not only Oncology care, but in the care of any patient with a chronic illness. In Oncology, we historically have practiced in the country to incorporate palliative care in more advanced stages....however, incorporating early on in the diagnosis of any patient with advanced or incurable cancer, and even as indicated in patients undergoing adjuvant therapy. Unfortunately, the cost of implementing and sustaining a palliative care program is prohibitive in many clinics and hospitals, with many of these conversations by default falling upon the hospice services....which is "too late" for many patients. There are not enough palliative care trained specialists to meet the current need.	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	I believe that this is the best care. Palliative care should begin at the start of a patients treatment for cancer and be intertwined along the treatment continuum.	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	Palliative care is essential part of the plan of care.	2/17/2016 12:59 PM

18	Defining palliative care versus anti-cancer care and showcasing how these can be concurrent would be beneficial. As a nurse I know that palliative care instantly paints a picture of a dying person, not one who is actively fighting.	2/17/2016 12:02 PM
19	Yes, I am very much in favor of a combination option.	2/15/2016 3:12 PM
20	Alongside or as the preferred only option.	2/15/2016 1:31 PM
21	Yes offer palliative care alongside active care with more counsel log for deciding on palliative care.	2/14/2016 2:51 PM
22	Support the necessity and the language change to "supportive"	2/12/2016 9:56 AM
23	mo	2/12/2016 8:18 AM
24	yes, I am an oncology massage therapist and find my patient look forward to their sessions with me in the midst of their treatment and end of life transitions.	2/11/2016 8:12 PM
25	Broad choices for palliative care should be offered at all phases of anti-cancer care, from diagnosis to the end of treatment.	2/11/2016 7:13 PM
26	Currently, our hospital has an Inpatient Palliative Care consult service only. We are consulted by our oncologist to work with their patients who are receiving active anti-cancer care, generally for symptom management needs. These consults may also involve goals of care discussions and/or transitions to comfort care or hospice. The Outpatient Palliative Care Program, for which we have submitted a detailed business plan, is proposed to be co-located in the Overlake Cancer Center. Using an interdisciplinary approach, we would meet with patients who are newly diagnosed to assist them in identifying their goals, understanding the risks and benefits of treatment and associated prognosis, and matching their treatment choices to their goals and following along with them throughout the trajectory of their disease and treatment process.	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	Agree	2/2/2016 1:27 PM
29	great	2/2/2016 10:11 AM
30	Yes, this is something I have long advocated. I strongly believe that focused wellness, to include diet and nutritional supplementation, is very important. However, I am often told that the oncology provider will not allow anything to be consumed that is not approved by the oncology team. Also, the oncology team usually refuses to review my recommendations.	2/2/2016 8:35 AM
31	very good idea	2/2/2016 6:01 AM
32	I agree that palliative care is needed and should be offered.	2/1/2016 11:47 PM
33	no	2/1/2016 12:34 PM
34	This is much tougher and a moving target as the newer drugs are brought into practice that have lower toxicities and maybe more of a role later in the disease process. Coordination cancer care and palliative care/supportive care will be critical.	2/1/2016 12:13 PM

Q8 Do you have any comments on palliative care background (pg. 13)."

Answered: 34 Skipped: 0

#	Responses	Date
1	No	2/26/2016 3:17 PM
2	Research spelling out the benefits of palliative care on outcomes should be included and referenced.	2/26/2016 2:25 PM
3	None	2/26/2016 10:18 AM
4	My position stands with the ASCO and the World Health Organization's key elements.	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	No	2/23/2016 3:51 AM
8	No	2/20/2016 2:57 PM

9	no , looks good	2/19/2016 12:44 PM
10	Well done.	2/19/2016 9:19 AM
11	see #7	2/19/2016 8:06 AM
12	No. Other than clinicians and care teams should be given the opportunity for ongoing continuing eduation and training in the field of palliative care.	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	Well written	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	Palliative care is essential part of the plan of care so it should be brought in early before it is really needed and not when it is an emergency.	2/17/2016 12:59 PM
18	Again educating clinicians and physicians regarding what palliative care means, having funding sources learn new definitions so they are more likely to accept diagnoses without having scans to prove the diagnosis	2/17/2016 12:02 PM
19	no	2/15/2016 3:12 PM
20	Palliative care should include end-of-life planning/counseling.	2/15/2016 1:31 PM
21	Encourage palliative care	2/14/2016 2:51 PM
22	no	2/12/2016 9:56 AM
23	no	2/12/2016 8:18 AM
24	no	2/11/2016 8:12 PM
25	I feel palliative care, in all its options, should be offered to all of the those at a health crisis. Know there is someone or a team that cares can greatly reduce anxiety and pain.	2/11/2016 7:13 PM
26	Our Inpatient Palliative Care service focuses on the relief of physical, emotional, social and spiritual pain and suffering and the enhancement of quality of life, for both patient and family. We strive to see patients as early in their illness trajectory as possible, although that is challenging when limited to just the inpatient setting. At the time we have an active Outpatient Palliative Care Program, we would apply this same philosophy of care in the outpatient setting.	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	Agree	2/2/2016 1:27 PM
29	good info. Not commonly known by patients or physicians.	2/2/2016 10:11 AM
30	It is refreshing to see that palliative care is being recognized as beneficial.	2/2/2016 8:35 AM
31	no	2/2/2016 6:01 AM
32	No	2/1/2016 11:47 PM
33	no	2/1/2016 12:34 PM
34	no	2/1/2016 12:13 PM

Q9 Do you have any comments on palliative care implementation including table 2 (pg. 16)?

Answered: 34 Skipped: 0

#	Responses	Date
1	No	2/26/2016 3:17 PM
2	Yes, palliative care should be shown to begin earlier, perhaps during the acute phase but certainly during the chronic phase as patients work to rebuild their lives.	2/26/2016 2:25 PM

3	I appreciate this table and articulating countermeasures to these potential barriers as we see this play out clinically for patients on a regular basis.	2/26/2016 10:18 AM
4	Yes. The chart is vague in it's concepts by demonstration for groups with variations during progress with functional outcomes and plans. Determine the effects with longevity: elements: to substances for duration of cell metastasies indefinitely.	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	No	2/23/2016 3:51 AM
8	Nothing further than my comments above that it's a great idea to implement them right at the beginning. This will really help differentiate palliative care from hospice.	2/20/2016 2:57 PM
9	should be separate from the Oncologist and expected with cancer treatment,	2/19/2016 12:44 PM
10	See comments above.	2/19/2016 9:19 AM
11	see #7	2/19/2016 8:06 AM
12	table 2 is on page `17, not page 16. On FIGURE 2 on page 16, the colors are not defined under the drawing...what does the blue color mean?	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	This is well written. Like to focus on shared decision making. It is best for patient care.	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	Early involvement in palliative care is essential part of the plan of care so it is not a surprise when it is really needed and not when it is an emergency.	2/17/2016 12:59 PM
18	Palliative care is not implemented enough, part is a knowledge deficit.	2/17/2016 12:02 PM
19	no	2/15/2016 3:12 PM
20	No.	2/15/2016 1:31 PM
21	Increase implementation through more counseling	2/14/2016 2:51 PM
22	no	2/12/2016 9:56 AM
23	no	2/12/2016 8:18 AM
24	it's readable and nice laid out	2/11/2016 8:12 PM
25	I feel palliative care needs to research how to implement and approach patients in a way that does not sound like they are ready for hospice or that they are being given up on. How can it be seen/ approached as a positive care? Maybe by including more massage therapy, counseling, nutrition counseling will make it seem less like an end of life program.	2/11/2016 7:13 PM
26	Our Inpatient Palliative Care Service has been in existence for 5 years. We provide ongoing education about the definition and scope of palliative care services, as well as the difference between hospice and palliative care, both in the hospital and in community settings. We have defined our scope of practice to our referring hospitalists and specialists and are currently piloting screening criteria or triggers in our critical care unit. We also offer regular formal and informal education on symptom management to our nursing staff. We have worked well alongside our oncologists in caring for their hospitalized oncology patients and anticipate that we would also work well with them in their outpatient setting.	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	Ensure that information is available in multiple languages.	2/2/2016 1:27 PM
29	Would love to be taken care of by a coordinated team of people. When you think about it, that's the way it should be - and yet so many hands get involved with good intentions - but none of them communicate.	2/2/2016 10:11 AM
30	No.	2/2/2016 8:35 AM
31	god advice	2/2/2016 6:01 AM
32	No	2/1/2016 11:47 PM
33	no	2/1/2016 12:34 PM

34	no	2/1/2016 12:13 PM

Q10 Do you have any comments on stakeholder implementation recommendations (pg. 21-22)?

Answered: 34 Skipped: 0

#	Responses	Date
1	No	2/26/2016 3:17 PM
2	Outpatient palliative care is sometimes difficult to find.	2/26/2016 2:25 PM
3	Based on my clinical expertise, I strongly endorse the following recommendations: communicating changes in symptoms to one point-person who is knowledgeable about accessing resources, a plan with oncologist on how to deal with symptoms flare-up, palliative/supportive care being provided at initial visit and then rescreening at set intervals, development of a multidisciplinary team that includes rehabilitation services, and finally that palliative care should be provided alongside active anti-cancer therapy (not after the fact).	2/26/2016 10:18 AM
4	Yes. These health services be recognized as "Supportive Care" and not "Palliative Care" as given the definition of the latter term.	2/25/2016 10:02 PM
5	No	2/25/2016 3:12 PM
6	no	2/23/2016 10:52 AM
7	Always about who's going to make money, not about what's right. Again	2/23/2016 3:51 AM
8	no	2/20/2016 2:57 PM
9	no	2/19/2016 12:44 PM
10	Well done! Wish you had included a VA provider in the collaborative.	2/19/2016 9:19 AM
11	no	2/19/2016 8:06 AM
12	The section for primary care clinicians should be expanded to include many if not all of the implementation recommendations that are listed above for the oncology care team, as the PCP often plays a very key role in the ongoing treatment of a patient and their family during this process.	2/19/2016 6:44 AM
13	No	2/18/2016 11:35 AM
14	no	2/17/2016 8:22 PM
15	Agree - well written	2/17/2016 4:28 PM
16	NA	2/17/2016 2:51 PM
17	comprehensive involvement is needed	2/17/2016 12:59 PM
18	Stakeholders also need education regarding new practices and not use the cookie cutter plans and diagnostic criteria	2/17/2016 12:02 PM
19	no	2/15/2016 3:12 PM
20	No.	2/15/2016 1:31 PM
21	No	2/14/2016 2:51 PM
22	not now	2/12/2016 9:56 AM
23	no	2/12/2016 8:18 AM
24	no	2/11/2016 8:12 PM
25	No	2/11/2016 7:13 PM
26	No recommendations	2/9/2016 10:09 AM
27	x	2/8/2016 12:03 PM
28	agree	2/2/2016 1:27 PM

29	Great idea to have an in-charge person. Wish everyone had that.	2/2/2016 10:11 AM
30	No.	2/2/2016 8:35 AM
31	no	2/2/2016 6:01 AM
32	No	2/1/2016 11:47 PM
33	no	2/1/2016 12:34 PM
34	no	2/1/2016 12:13 PM

Q11 Name:

Answered: 23 Skipped: 11

#	Responses	Date
1	Beth Calabotta	2/26/2016 2:26 PM
2	Lexi Harlow	2/26/2016 10:18 AM
3	Karen P. James	2/25/2016 10:02 PM
4	Constantine Mantz MD	2/23/2016 10:53 AM
5	Kim	2/23/2016 3:52 AM
6	thomas dillon	2/19/2016 12:45 PM
7	Louanne Hausmann	2/19/2016 9:19 AM
8	Mandy Robertson, MD	2/19/2016 8:07 AM
9	Julie C. Smith MD	2/19/2016 6:44 AM
10	Mary Gunkel	2/17/2016 4:29 PM
11	Charles Cumiskey	2/17/2016 1:00 PM
12	Tammy Caruthers	2/17/2016 12:03 PM
13	Curtis Thompson	2/15/2016 1:33 PM
14	Veronica Hildebrand, LMP	2/11/2016 8:12 PM
15	Erin Swayze	2/11/2016 7:14 PM
16	David Winokur	2/9/2016 10:09 AM
17	Frankie T. Manning	2/2/2016 1:27 PM
18	Tina Turner	2/2/2016 10:12 AM
19	Darrel Mollenhour	2/2/2016 8:35 AM
20	Daniel A Brzusek DO	2/2/2016 6:02 AM
21	Angel Lund	2/1/2016 11:48 PM
22	Karen Hendershott	2/1/2016 12:34 PM
23	Berit Madsen, MD	2/1/2016 12:13 PM

Q12 Email Address:

Answered: 23 Skipped: 11

#	Responses	Date
1		2/26/2016 2:26 PM