LIST OF CRITERIA USED TO PRIORITIZE SDM TOPIC AREAS

• **Base Criteria: (Beneficial to people we serve)**
  
  – Is SDM the best strategy? (SDM is best suited for preference sensitive decisions i.e. more than one clinically appropriate treatment option, with significantly different clinical and/or personal implications for patients.)
  
  – Are quality PDAs available (or under development?)
  
  – Is the condition highly prevalent, and/or is there high variation, or high use in Washington compared to other parts of the country?
  
  – Would an SDM intervention advance health equity?
  
  – Is this a current or future state health care priority area? (e.g. Bree)

• **Selection criteria: (provider, hospital, health plan, purchaser benefits)**
  
  – Would the SDM intervention have significant value to providers?
  
  – Would the SDM intervention have significant value to payers and/or purchasers?
  
  – Are there clinical and leadership champions throughout affected health care entities? At the agency/policy level? Are we likely to get “engagement rather than mere compliance” among affected staff?
  
  – Is there real potential for the SDM intervention to spread beyond the affected clinical area or staff?
  
  – Are there Washington State HCA certified Patient Decision Aids (PDAs) available for the affected condition? (If no, could this be done in a timely manner?)
  
  – Are socially and linguistically appropriate, quality PDAs available for the relevant populations?
  
  – Are patients struggling with decisions about the condition, treatment, or test?
  
  – Are there other relevant factors that should be considered?