

# DRAFT TOPIC PRIORITIZATION RUBRIC

## 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?