**DIAGNOSIS & TREATMENT**

**GOAL:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Objectives & Strategies*** | ***Indicators*** | ***Stakeholder Notes*** |
|  |  | Source:  New Baseline:  New Target:  Equity Indicator? |  |
|  |  | Source:  New Baseline:  New Target:  Equity Indicator? |  |
|  |  | Source:  New Baseline:  New Target:  Equity Indicator? |  |
|  |  | Source:  New Baseline:  New Target:  Equity Indicator? |  |

**Stakeholder notes:**

* *consider making this about “quality of care”. May consider pulling some objectives from “Equitable Access to Care” priority.*
* Where does diagnosis happen? What does the communication look like?
  + Training to support improving diagnosis delivery/provider education
* Improve communication on care plan, process, navigating the system, questions to ask physicians – how does the system work and what to expect
* Consistent testing for biomarkers
* Genetic mutations driving tumors
* Myeloma incidence
* Educate people on changes to Medicare from the Inflation Reduction Act that impact cancer care and medication costs
* Financial assistance for undocumented/uninsured patients
* Reduce time to treatment, eliminate long waits – increase local providers
* Increase navigation support
* Support telehealth and virtual visits access and policy
* Clinical trials education at the start of treatment as standard of care
* Medicaid reimbursement for multiple services on the same day
* Complimentary and integrative care
* Promote continuity of care
* Reduce barriers to testing to optimize treatment/predict outcomes
* Get an NCI facility in Nevada
* Genetics counseling licensure for billable services as professionals
* Increase # of accredited programs in NV / elevate quality of cancer care statewide
* Add PA as provider level similar to APRN – not under the supervision of a physician
* AI & technology changes coming to healthcare and cancer care