



A Seat at the Table: Redesigning Cancer Care

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The Institute of Medicine's (IOM's), 2011 report, *The Future of Nursing: Leading Change, Advancing Health*, included the key message, "Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States" (p. 221). That is a call for nurses to lead at every level—to have a seat at the table when critical decisions are being made. Those decisions extend from clinical care to national policy, and all require the voice of nurses. The annual Gallup (2013) Honesty/Ethics in Professions survey again listed nursing as the most ethical profession. With that trust and the IOM report, among other things, nursing is well positioned to be at many tables. Having a seat is not enough, though. Nurses must contribute to the action at the table.

The Oncology Nursing Society (ONS) is present in many coalitions, alliances, and tables. The Board annually reviews where we have seats and whether they align with ONS's mission, vision, and strategic priorities. In some cases, the president and chief executive officer are the right representatives to attend meetings and speak on your behalf. Liaisons to some organizations are selected from the Board or membership. Regardless of who represents ONS, that person must know (a) the host of the table, including the mission and strategic priorities of that organization or group, which often include health policy issues; (b) ONS's priorities and position statements; and (c) what can or cannot be offered on behalf of ONS. Some of the work involved with being at the table is not directly visible to members but can be seen through calls to action on health policy issues or in various ONS media.

One table I would like to present is the National Cancer Policy Forum (NCPF), which is a forum in the IOM. To be a sponsor of the NCPF requires a considerable annual fee. After weighing the benefits

and costs of being at this table, the ONS Board decided that sponsorship was advantageous. I have served as the ONS representative for almost four years. At this table are government, industry, academic, consumer, and other representatives who identify and examine high-priority cancer policy issues. When I joined the table, Betty Ferrell, PhD, MA, FAAN, FPCN, was in her second term as an at-large member of NCPF. I observed how she ensured that the patient and family perspectives were included in conversations among very prestigious oncologists, industry leaders, and government staff. When joining a table, it is important to take time to observe the dynamics and how the deliberations progress to know how best to assert a viewpoint that will be heard.

Since 2006, the NCPF has produced a diverse body of work through consensus studies and workshops. The reports of those initiatives contributed to improvements in knowledge and public policy and are valuable resources for oncology nurses. The most recent consensus report, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* (IOM, 2013), like the IOM report on nursing's future, is a must-read for oncology nurses. The study revisited the issue of cancer care quality first addressed more than 10 years ago (Hewitt & Simone, 1999). The panel of national leaders in cancer care looked at changes since the first report, including how the Affordable Care Act of 2010 emphasized care coordination

and quality. Workshop reports with content applicable to all oncology nurses include the IOM/LIVESTRONG *Identifying and Addressing the Needs of Adolescents and Young Adults With Cancer: Workshop Summary* (Nass & Patlak, 2013) and *Reducing Tobacco-Related Cancer Incidence and Mortality: Workshop Summary* (Balogh, Patlak, & Nass, 2013). Both had input from and presentations by ONS members. These and other valuable reports on the NCPF website (www.iom.edu/Activities/Disease/NCPF.aspx) have a wealth of ideas that can be applied to redesigning cancer care.

The NCPF workshops have open registration to attend at no cost; future meetings are posted on its website. For oncology nurses living in the greater Washington, DC, area, these workshops are an excellent continuing education opportunity. Speakers are experts in their specialties and the dialogue among speakers and audience is robust.

The workshops and the subsequent reports are not dependent on ONS having a seat at the NCPF table. As I have noted, ONS members can access these resources easily. However, by ONS having a seat at the table, we are equal partners with our physician and other health profession colleagues in deliberating the critical issues in cancer care. Our presence at this and other tables may be unseen by members, but these relationships are strategic and essential for ONS to lead the redesign of cancer care.

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