## **RBA Measure Examples**

**Gilead Oncology Corporate Giving Program FOA**

## Health Equity in Oncology: Health Equity in mBC Patient and Caregiver Support

The following list provides examples of measures for your program. Grantees can adopt or adapt these as needed to best address their needs and priority populations or develop their own RBA measures.

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| Potential service provided: **Developing resources and reducing barriers to empower shared decision making and patient centered decision making for both patients and/or healthcare providers** | |
| How much did we do? | # of participants/persons educated [or reached, served, etc.] through the program |
| How well did we do it? | % of healthcare providers who report using the SHARE Approach to shared decision making |
| Is anyone better off? | # and/or % of patients who report feeling knowledgeable regarding their treatment and progress |
| Potential service provided: **Development and measurement of self-advocacy tools for patients such as communicating with their care team and managing adverse events, or discussing complimentary approaches to care** | |
| How much did we do? | # of counseling sessions to provide patients with self-advocacy tools |
| How well did we do it? | % of patients who report utilizing self-advocacy tools in their treatment |
| Is anyone better off? | # and/or % of patients who report feeling empowered to discuss with their care team regarding managing adverse events or complimentary approaches to care |
| Potential service provided: **Patient and caregiver resources and/or services to support consistent techniques for managing treatment side effects** | |
| How much did we do? | # of resources provided to patients or their caregivers to manage treatment side effects |
| How well did we do it? | % of participants who report being satisfied or very satisfied with resources and services to support consistent techniques for managing treatment side effects |
| Is anyone better off? | # and/or % of patients reporting severe treatment side effects |
| Potential service provided: **Supportive oncology care, including palliative psychosocial care, palliative patient and caregiver education, addressing quality of life concerns, or management of disease symptoms** | |
| How much did we do? | # of patients receiving supportive oncology care |
| How well did we do it? | % of eligible patients who received palliative psychosocial care |
| Is anyone better off? | # and/or % of patients who report high quality of life scores on a valid assessment tool (such as the CarGOQoL, EORTC and FACT-br) |
| Potential service provided: **Patient support services such as nutritional counseling, health psychology or health adjacent services** | |
| How much did we do? | # of patients receiving nutritional counseling |
| How well did we do it? | % of patients who ‘graduate’ from patient support services |
| Is anyone better off? | # and/or % of patients who report health psychology services were supportive in treatment adherence |
| Potential service provided: **Services for support to alleviate the financial or treatment related time toxicity of a cancer diagnosis, such as childcare or transportation for patients in treatment** | |
| How much did we do? | # of patients who receive childcare or transportation assistance |
| How well did we do it? | % of patients who would recommend these services to their friends |
| Is anyone better off? | # and/or % of patients who obtained/retained care |