

Quality in Blood and Marrow Transplantation

– Small Steps and Big Leaps

Quality patient care is essential in blood and marrow transplantation. Patients depend on it. Health care providers and payers demand it.

Transplant physicians and health care provider teams have a passion for restoring each patient to full health.

Payers share that goal, coupled with a responsibility for getting the best value for their subscribers' dollars.

With a mutual desire to achieve the best possible quality for patients, representatives of the BMT community and payers met in February 2013 at the annual BMT Tandem Meetings in Salt Lake City. The health care providers organized the meeting to listen to and understand current concerns of the payers. The objective was to enhance provider-payer communications.

This report takes the candid dialog of that meeting to the next level. It addresses quality issues that were discussed in the meeting, explains what has been accomplished by the BMT community, describes activities currently under way, and suggests how payers can help.

The report has been prepared jointly by the BMT organizations represented at the meeting in Salt Lake City:

American Society for Blood and Marrow Transplantation (ASBMT)
Center for International Blood and Marrow Transplantation (CIBMTR)
Foundation for the Accreditation of Cellular Therapy (FACT)
National Marrow Donor Program (NMDP)

The Issues

Payer representatives at the meeting raised a number of issues that suggest the BMT community needs to better communicate its accomplishments and efforts to assure quality patient care. The topics concern whether the BMT community is doing all that it can to . . .

- promote and explain quality
- provide treatment guidelines
- make treatment outcomes data transparent and easy to access
- recognize clinician excellence
- help clinicians understand cost drivers
- provide referring physicians with diagnostic information and referral pathways
- communicate with groups within the health insurance community, such as sales teams, employee benefit managers, group plan purchasers and subscriber/beneficiaries

- promote the benefit of clinical trials to re-insurers
- consolidate access to transplant information on the web

Each of these topics is addressed in this report. The report is intended not to be *the* answer, but rather to stimulate further evaluation and discussion. Frequent, candid dialog between health care providers and payers about quality care in blood and marrow transplantation is of benefit to everyone – providers, payers and especially patients alike.

PROMOTION AND EXPLANATION OF QUALITY

■ ***BMT Community Accomplishments.*** Quality in blood and marrow transplantation is assessed and certified by the Foundation for the Accreditation of Cellular Therapy, an independent agency created by the BMT community to provide critical assessment of transplant processes and procedures by experts in the field. Patients and their families, as well as payers, can be confident that a transplant center adheres to accepted standards and has undergone rigorous, periodic review if it is FACT accredited.

Transplant centers are continuously exchanging cellular products. Clinicians need to know that they are corresponding with centers whose products and processes are of the highest quality. Physicians rely on FACT accreditation as an indicator of quality for donor qualification, cell collection, laboratory processing, cell storage and release, and documentation.

Other organizations also having a role in promoting quality and setting standards for cell processing are AABB, the American Society for Apheresis (ASFA), the American Society for Gene and Cell Therapy (ASGCT), the American Society for Histocompatibility and Immunogenetics (ASHI), the College of American Pathologists (CAP), and the National Marrow Donor Program (NMDP).

FACT inspectors are highly qualified volunteers who have extensive clinical and laboratory science experience. They complete a comprehensive training program and are required to participate in continuing education about FACT standards and inspection procedures and protocols.

To assure consistent application of the standards, accreditation decisions are made not in the field by the inspectors, but by an Accreditation Committee. The committee receives and reviews each inspection report, verifies its accuracy and informs the transplant program of any deficiencies that must be remedied before accreditation is awarded.

FACT standards and FACT accreditation are widely recognized for their rigor:

- FACT accreditation is embraced by the overwhelming majority of transplant centers. More than 90% are FACT accredited.
- All cancer cooperative groups require FACT accreditation to participate in multi-center research studies.
- FACT quality standards are international. They are developed and maintained in cooperation with JACIE – the Joint Accreditation Committee of the International Society of Cellular Therapy in Europe and the European Group for Blood and Marrow Transplantation.

- Government regulatory agencies, such as in Canada, Australia and Italy, require transplant centers to be FACT or JACIE accredited. Additional countries have incorporated FACT-JACIE standards into their own regulatory requirements.
- FACT accreditation is a factor in the ranking of “America’s Best Hospitals” and “America’s Best Children’s Hospitals,” published by *U.S. News & World Report*. Among the 10 cancer centers ranked as best in the United States, all are FACT accredited.

Rather than FACT having a “policing” role, assigning pass or fail grades to transplant centers, the organization’s leaders view their purpose as more “coach,” identifying quality programs and helping all transplant centers to rise to that level. To help fulfill that mission, FACT provides a year-round schedule of educational programs specifically designed for transplant center clinicians, administrators and teams. Its workshops, webinars, on-line tutorials and publications are offered at minimal or no cost to enhance the training and development of transplant center staff.

FACT receives no governmental or commercial funding. The standard-setting and accrediting organization is support entirely by the BMT community through accreditation fees.

In summary, health care providers in the BMT field have an intense desire to provide the highest quality patient care and give evidence of that to all who are depending on their skills. They created FACT to have the ability to do that.

■ **Current and Planned Activity.** From their beginning in the mid-1990s, FACT standards have pertained to criteria and processes that lead to quality outcomes. At a strategic planning retreat in May, the FACT Board of Directors gave high priority to measurement of clinical outcomes and patient safety as a part of accreditation.

FACT’s 2013-2015 Strategic Plan authorizes a “blue ribbon” task force to evaluate and recommend how to include within FACT standards and accreditation valid and reliable metrics for clinical outcomes and patient safety. The task force will be asked to present its findings and recommendations in time for development of the next edition of FACT standards.

■ **Role for Payers.** The FACT task force on clinical outcomes and patient safety will be instructed to seek input from all stakeholders, including public and private payers. Counsel and advice will be needed from payers as the task force conducts its study and develops its recommendations.

Payers are also encouraged to promote FACT accreditation as an indicator of quality patient care to health plan purchasers and throughout the health insurance industry.

TREATMENT GUIDELINES

■ **BMT Community Accomplishments.** Any discussion of guidelines for blood and marrow transplantation has to begin with FACT standards, as discussed in the previous section. The standards are the bedrock guidance for clinicians, laboratory technicians and transplant centers for all aspects of cell collection, processing and transplant. The standards have their footings in evidence-based science, with an emphasis on clinical outcomes. In areas where evidence is not available, the standards are based on available evidence from pre-clinical studies and expert opinion. They are reviewed and updated regularly.

FACT standards, however, tend not to be prescriptive. They are focused more on quality results than specific processes. They recognize that teams of clinicians and technicians can arrive at quality outcomes by different routes.

Nevertheless, there is value in having guidelines that represent the collective clinical experience and best thinking of experts.

ASBMT has taken a lead along with other BMT organizations to create and publish guidelines such as:

- Guidelines for Clinical Centers
- Guidelines for Training
- Guidelines on Recommended Timing for Transplant (co-developed with NMDP)
- Recommended Screening and Preventive Practices for Long-Term Survivors after Hematopoietic Cell Transplantation (co-developed with CIBMTR)
- Circular of Information for the Use of Cellular Therapy Products (co-developed with AABB and other cell therapy organizations)
- Consensus Development Project on Criteria for Clinical Trials in Chronic Graft-versus-Host Disease (developed by the National Institute of Health in cooperation with ASBMT and other cell therapy organizations)
- H1N1 Influenza Guidelines for Transplant Centers and Personnel
- Emergency Preparedness for Hematopoietic Cell Transplant Programs (developed in collaboration with NMDP)

Over the past decade, ASBMT has periodically issued and updated comprehensive policy statements following comprehensive evidence-based reviews of stem cell transplantation for:

- Acute Lymphoblastic Leukemia in Adults
- Acute Lymphoblastic Leukemia in Children
- Lymphoma
- Follicular Lymphoma
- Large B Cell Lymphoma
- Myeloma
- Myeloid Leukemia in Adults
- Myeloid Leukemia in Children
- Myelodysplastic Syndromes

■ **Current and Planned Activity.** At the FACT Board of Directors strategy planning retreat in May, the directors authorized a program for inspectors to identify “best practices” during facility inspections and to offer them as examples to other transplant programs.

To accomplish this, FACT’s committees on accreditation, education and quality management are being assigned to teach inspectors how to identify and report examples of best practices, publish best practice examples on the FACT website, perhaps with an accompanying blog or discussion board, and include examples of best practices in the *FACT Quality Handbook*.

■ **Role for Payers.** The BMT organizations have developed and aggressively promoted guidelines to providers and payers. ASBMT, FACT, CIBMTR and NMDP, together, welcome recommendations from payers about areas where additional guidelines could benefit quality patient care.

TRANSPARENCY AND ACCESS TO TREATMENT OUTCOMES DATA

■ **BMT Community Accomplishments.** The BMT community has an unparalleled history of collecting, analyzing and disseminating outcomes data, first through the International Bone Marrow Transplant Registry, established in 1972, followed by NMDP reporting on unrelated donor transplants beginning in 1995 and now consolidated through the CIBMTR. The CIBMTR collects and publishes treatment outcomes data for all related and unrelated allogeneic hematopoietic cell transplants (HCTs) performed in the United States, as well as those performed in other countries when the cells have been collected and processed in the United States. The CIBMTR also collects and publishes outcomes data for a large majority of autologous HCT transplants performed in the United States and voluntarily submitted by transplant centers.

Beginning in 2005, the federal government mandated the collection of outcomes data through the Stem Cell Therapeutic and Research Act of 2005 resulting in the creating of the Stem Cell Therapeutic Outcomes Database (SCTOD) is maintained by CIBMTR under contract to the federal government. Since 2008, information for evaluating the operations of transplant centers and outcomes of transplant recipients has been posted for individual transplant centers on the *Be The Match* website maintained by the NMDP, and on the website of the C.W. Bill Young Cell Transplantation Program maintained by Health Resources and Services Administration (HRSA). Before 2008, similar data was produced for unrelated transplants in the United States by the NMDP.

Publicly reported treatment outcomes for each center are one-year survival rates for first allogeneic transplants. This is a complex analysis that must consider, among other factors, differences in patient mix, disease severity, differences in donor types, different transplant strategies, and the difficulty in assessing true outcomes in smaller centers with modest sample sizes.

Concerns that have been raised by payers at various times have included:

- Navigation of the treatment outcomes websites
- Traffic to the treatment outcomes websites
- Reporting of outcomes associated with individual health care providers
- One-year survival as the only treatment outcome data point
- Electronic information from the outcomes database

■ ***Current and Planned Activity.*** Each of the above issues is addressed below.

Website Navigation. It is readily acknowledged that the current configuration of data on the web can be difficult to navigate. CIBMTR and NMDP are working together on ways to make the website more navigable, and to make the center-specific survival reports easier to find.

CIBMTR and the NMDP *Be The Match* Patient Services Department are evaluating ways to re-organize the presentation of data on the *Be The Match* website. Also, CIBMTR is considering additional links from its website to the center-specific survival analysis data. Website re-design is being accomplished as funding becomes available.

The data available on the websites are periodically reviewed by patients and others for content and usefulness. CIBMTR and NMDP gather recommendations on how to make the information on the websites more easily understood from participants in a biennial series of Center Outcomes Forums and from patients in structured focus groups, as recently as this past year.

One of the challenges is that the HRSA website is in the .gov domain. The data presentation is subject to layers of governance requirements for accessibility and formatting. It is a federal requirement that the data must be posted there, as opposed to another site. Rules requiring 508c compliance for accessibility further complicate the website layout. Funding for providing an alternative web view on a different site is limited.

Website Traffic. Currently the directory of transplant centers on the NMDP *Be The Match* web domain receives about 5,500 hits per month. Among those, about 3,000 are on portions of the site linked to outcomes data. Returning visitors cannot be discriminated from first time users.

Improvements in website design are expected to increase visits, especially from patients. In addition to data placed on the websites, information about transplant centers and treatment outcomes is provided to patients who call or otherwise contact NMDP or CIBMTR. The NMDP *Be The Match* Patient Services Department has specific procedures for assisting when receiving inquiries from patients and their families.

Identification of Individual Providers. CIBMTR and the NMDP *Be The Match* websites provide basic demographic information about health care providers at each transplant center. This information, supplied by the centers, also is available to payers through the ASBMT standardized Request for Information (RFI).

Information about treatment outcomes for individual providers is not available and would not be relevant or appropriate. Care for transplant patients is delivered by teams of health professionals – that is, on a programmatic basis – rather than by individuals. There are several workflows prevalent in U.S. transplant centers, and all of them are based on a group practice model rather than individual providers. Because no single provider is responsible for an individual blood or marrow transplant, assigning clinical outcome metrics to an individual provider would be meaningless, if not impossible. For this reason, treatment outcomes are analyzed and reported for transplant programs and centers.

One-Year Survival. An appropriate choice of treatment outcome analysis for evaluating transplant centers has been a very important and prominent topic in each of the biennial CIBMTR-sponsored Center Outcomes Forums. The forums have included representatives of the HCT scientific community, transplant centers, statistical experts, professional societies, payers, patients and the government. After thoughtful and robust deliberation, it has been the recommendation at each meeting that one-year survival is the most appropriate single endpoint to analyze and report in the center-specific analyses. This

endpoint balances the many important factors that affect outcomes, the differing early toxicity profile of various appropriate treatment approaches, patients' interest in long-term survival, and the fact that many patients return to referring physicians for long-term care rather than remaining with the transplant center.

Consideration has been given to performing multivariate analysis of 100-day survival, but this endpoint was considered inappropriate both for scientific and statistical reasons and because it does not represent a satisfactory time horizon given the needs of patients.

CIBMTR is always open to recommendations of other outcomes or time points for analysis and conducts biennial forums to formally solicit recommendations and input.

Electronic Information. Some payers have expressed a desire for center-specific survival reports in an electronic, un-blinded format to eliminate having to access each center's information individually. Understanding that desire, the CIBMTR Advisory Committee in February agreed that the information can be made available in unblinded electronic reports. This will be accomplished in the very near future.

CIBMTR has also established a task force to provide recommendations on how to best make data available to the public through its websites.

■ **Role for Payers.** Payers can help encourage access to transplant center-specific outcomes data in several ways:

- Provide recommendations to CIBMTR and NMDP about the data that would be useful to payers, and offer input for CIBMTR/NMDP plans. Representatives from the payer community are routinely invited to the CIBMTR's Center Outcomes Forums, and recommendations from invitees are always welcome.
- Understand that valid measurements of treatment outcomes can be attributed only to transplant teams and transplant programs, and not to individual health care providers.
- Help promote and refer to interested parties the NMDP and CIBMTR websites for center-specific treatment outcomes data.
- Provide funding for website development and improvement, which can make data more effectively available for the design of health benefit programs.

RECOGNITION OF CLINICIAN EXCELLENCE

■ **BMT Community Accomplishments.** While reporting on individual performance is difficult in the transplant setting, as noted above, ASBMT efforts have focused on the need for clinician self-improvement. The professional society has been offering online practice improvement modules (PIMs) to help clinicians maintain and enhance their skills.

The PIMs are web-based, interactive teaching programs that identify areas for improvement and offer improvement plans with goals and strategies. Two modules that have been developed to date: (1) chronic graft-versus-host disease, based on the *NIH Consensus Development Project on Criteria for Clinical Trials in Chronic Graft-versus-Host Disease*, and (2) infection control, based on *Guidelines for Preventing Infectious Complications Among Hematopoietic Cell Transplant Recipients* developed by ASBMT, CIBMTR, NMDP and other professional societies in cooperation with HRSA.

The PIMS can be used for Maintenance of Certification credit available through the American Board of Internal Medicine. Completion of the modules also fulfills FACT requirements for continuing education.

■ ***Current and Planned Activity.*** ASBMT is considering the development of additional PIMs.

■ ***Role for Payers.*** ASBMT would welcome recommendations from payers on PIM topics that they think would be beneficial, and funding support to help produce the PIMs.

CLINICIAN UNDERSTANDING OF COST DRIVERS

■ ***BMT Community Accomplishments.*** Individual transplant centers are always striving to contain patient care costs. Variability in the cost of patient specific costs is driven by a number of factors including the heterogeneity of the transplant population and the costs of graft acquisition, which can vary widely.

The CIBMTR Health Services Research Program, conducted in partnership with the NMDP *Be The Match* Patient Services Department, continues to perform research to better understand economic aspects and cost drivers of transplant. Examples of completed and current projects include:

- a pilot study of the feasibility of using claims data (MarketScan®) to identify costs of hematopoietic cell transplant
- a pilot study to evaluate the feasibility of collecting information on patient/caregiver out-of-pocket costs and long-term financial impact of transplant
- an analysis of regional variation in costs of transplant using the AHRQ's Nationwide Inpatient Sample database
- cost-effectiveness study of allogeneic transplant versus chemotherapy for older patients with acute myeloid leukemia

NMDP and ASBMT work with the Centers for Medicare and Medicaid Services (CMS) and other government agencies to assist clinicians with reimbursement issues including facility services and procedure coding and reimbursement practices.

■ ***Current and Planned Activity.*** The BMT national organizations, which have focused more on the advancement of laboratory and clinical science and patient care, do in fact need to give more attention to practical ways to contain costs. ASBMT plans to develop a program to help transplant centers identify cost savings that do not compromise patient care or outcomes. The program will include:

- a survey of transplant center administrative directors to gather examples of cost-saving practices
- a presentation of the survey findings and examples in a session at the BMT Tandem Meetings
- an online “webinar” that presents cost-saving strategies to transplant center medical and administrative directors
- publication of an article on cost-saving strategies and practices

NMDP and CIBMTR will continue to work on related issues by developing further research into the health service area, including cost and cost effectiveness studies.

■ **Role for Payers.** A sponsor is needed for the proposed ASBMT program to identify and promote strategies and practices that enable transplant centers to save patient care costs. A grant from a payer organization could help underwrite the development and implementation of the program.

Similarly, financial support for CIBMTR research projects to strengthen the evidence for cost-effectiveness of various practices would move this area forward more quickly.

Finally, making reimbursement and resource utilization data available to CIBMTR and other researchers from insurer databases would greatly facilitate this type of research.

DIAGNOSTIC AND TREATMENT INFORMATION FOR REFERRING PHYSICIANS

■ **BMT Community Accomplishments.** NMDP *Be The Match* delivers high-value educational resources and services to physicians for patient referral for hematopoietic cell transplantation. This ongoing educational program, which is focused on overcoming barriers to referral, relies on a variety of strategies to deliver information directly from NMDP, through partner organizations and through transplant centers.

These NMDP efforts have :

- reached referring physicians at least once per month with information that raises awareness of new research and best practices in hematopoietic cell transplantation
- promoted an online, web-based Physicians' Resource Center, averaging 17,000 visits per month – an increase of 60% since 2010
- expanded and updated clinical and patient guidelines for referral, the timing of referral and post-transplant care, which are available online, in print and in mobile app
- included an integrated print and online marketing campaign to raise physician and patient awareness of the referral and post-transplant guidelines.

The latter campaign has tripled the number of clinical guidelines requested of NMDP, increased mobile app downloads by 21% to more than 10,000, and increased the use of patient guidelines by 18% per month.

■ **Current and Planned Activity.** This year and next, the NMDP is focusing its education efforts on areas of greatest need – those that will have the most impact on transplant outcomes. These activities include:

1. Launch of a new website for referring clinicians – to increase awareness and use of clinical resources for referral and post-transplant care and other NMDP resources and services for physicians and patients.
2. Implementation of year-long disease education programs for chronic lymphocytic leukemia and mantle cell lymphoma – to raise awareness of appropriate timing for transplant. Previous programs are ongoing for myeloid leukemia, myelodysplastic syndromes, and non-Hodgkin lymphomas.

3. Expansion and updating of referral and post-transplant care guidelines and a mobile app for HLA typing for donor availability – to increase the number of patients who are referred at the most appropriate time for transplant care. The guidelines include more precise direction on which patients should receive early HLA typing and early preliminary search.

■ **Role for Payers.** Payers know which physicians in their networks are board certified in the relevant areas of hematology and oncology. By helping the BMT community distribute the information about diagnosis and referral, payers can greatly increase the visibility of this information.

COMMUNICATION WITH KEY GROUPS WITHIN THE HEALTH INSURANCE COMMUNITY

■ **BMT Community Accomplishments.** Over the past decade, ASBMT has regularly participated in the biennial payer meetings of the United Network for Organ Sharing (UNOS). Those half-day meetings, organized by ASBMT, frequently have included representatives of CIBMTR, NMDP and FACT to discuss topics of mutual concern to providers and payers. Input from those meetings has been essential in the development of programs such as ASBMT's standardized Request for Information (RFI) and the ASBMT Evidence-Based Reviews.

The NMDP has a dedicated department for Payer Policy issues. Over the past four years, relationships have been established with all of the large national health insurance plans, which has led to important initiatives and resources:

1. A permanent Advisory Group on Financial Barriers to Transplant, which has multiple representatives of the health insurance industry
2. A guide to *Recommended Transplant Healthcare Benefits*
3. A payer website – www.bethematch/payer – with documents specifically for the health insurance industry

CIBMTR, similarly, has ongoing communication with payers, especially through its series of Center Outcomes Forums and the participation of CIBMTR representatives on health insurance industry committees.

All of the BMT organization, together with representatives of private payers, have worked together to improve reimbursement and expand coverage for transplant for Medicare patients.

■ **Current and Planned Activity.** Irrespective of the programs and initiatives described above, it is readily acknowledged that not enough has been done to take the dialog to deeper levels within the health insurance industry, such as to employee benefit managers, group plan purchasers, purchasing consultants and subscriber/beneficiaries.

To address this, the NMDP hosted a national conference, *Blood and Stem Cell Transplant: A Forum on Quality, Transparency, Cost and Value*, on July 29-30 in Chicago. The conference considered topics of quality, cost and value with a diverse group of stakeholders in health care finance. A report is forthcoming. The hoped-for outcome is a better understanding of the resources and communication venues needed by reinsurers, benefits administrators and health care purchasing consultants.

Similarly, FACT, in its Board of Director's planning retreat in May, made improved communications with payers one of its high-priority strategic goals. A Payer Relations Task Force is being organized to

recommend methods for engaging payers in meaningful dialog about quality patient care. The plan includes a database of payer representatives for ongoing communications.

NMDP and ASBMT will continue to monitor Medicare guidance and policy regarding reimbursement and will actively identify issues and develop data-driven recommendations where Medicare coverage and reimbursement may inhibit access for those who would benefit from BMT.

■ ***Role for Payers.*** Payer organizations can assist NMDP and FACT in their efforts to enhance communications. The organizations welcome tactical advice on how to foster two-way communications between the BMT community and important groups such as employee benefit managers, benefits administrators, health care purchasing consultants, group plan purchasers and subscriber/beneficiaries.

PROMOTION OF BENEFITS OF CLINICAL TRIALS TO RE-INSURERS

■ ***BMT Community Accomplishments.*** Therapeutic advances and quality patient care in blood and marrow transplantation depend on a continuous flow of information from clinical trials. The BMT community has a long history of commitment to clinical and translational research. It is this commitment and the high enrollment of patients in both institutional and network trials that have accomplished the remarkable progress of the past three decades. Given the high cost and technical difficulty of hematopoietic cell transplantation, it is imperative that the treatment be applied in a way that furthers knowledge and success, and that is accomplished through clinical trials.

In addition to Phase I and Phase II single-center and multi-center trials, the BMT community has developed, with support from NIH, an infrastructure for large definitive trials through the Blood and Marrow Transplant Clinical Trials Network (BMT CTN). The BMT CTN has launched 28 trials that have enrolled more than 5,000 patients and has a remarkable record of accrual and of collaboration with the cancer clinical trials groups to conduct large national trials in an efficient manner. These trials have led to changes in practice with both adoption and abandonment of approaches felt to be efficacious in smaller studies. The ability to plan, launch and complete trials is substantially enhanced by the integration of the multi-center trials effort with the outcomes registry efforts of the CIBMTR.

■ ***Current and Planned Activity.*** Because the field of cellular therapy and transplant is advancing so rapidly, patients treated within a clinical trial receive the best available therapy. At every opportunity, the BMT community has explained to patients and documented for payers that (1) clinical trials provide the best patient care and (2) the cost of care is no higher in a clinical trial. Clinical trials not only are essential for advancing the field of hematopoietic cell therapy, they also assure that patients are receiving the best care without paying a premium cost. Although these two messages have been aggressively communicated to payers, they have not been well communicated to re-insurers.

■ ***Role for Payers.*** The BMT community has had no direct communications with re-insurers. Payers can provide a message conduit to re-insurers and advise the BMT community on how best to convey information about quality and costs.

It also would be immensely helpful if payers publicly acknowledge that in their experience the highest quality care, at no additional cost, can be found in clinical trials.

CONSOLIDATED ACCESS TO TRANSPLANT INFORMATION ON THE WEB

■ ***BMT Community Accomplishments.*** The NMDP *Be The Match* program maintains on its website a directory of transplant centers, statistics about each center, contact information, guidelines on how to select a center, information about donor and pre-transplant costs, financial help and a glossary.

CIBMTR and HRSA's .gov websites also provide information about individual transplant centers and treatment outcomes information.

FACT maintains on its website a directory of accredited transplant centers and cord blood banks.

Despite a considerable amount of information on their websites, the BMT organizations have not done enough to coordinate the information for payers and patients.

■ ***Current and Planned Activity.*** The BMT organizations are coordinating on a website "portal" for payers and patients that brings together transplant center information at a single URL. This may be an expansion of the NMDP payer website that already has a significant amount of payer traffic.

Visitors to the portal website will be able to search for transplant centers by country, state or province to find facilities based on patient needs and transplant center services. For each center there will be contact information and a link to the center's own website. The portal will include links to the NMDP for donor and patient information, to CIBMTR for treatment outcomes data and to FACT for accreditation information

■ ***Role for Payers.*** The NMDP and FACT will be seeking advice from payers and patient advocacy organizations about the content, functionality and promotion of the portal website. Both organizations will welcome hearing from payers interested in helping to sponsor or fund the portal.

CONCLUSION

We appreciate this opportunity to provide information on the issues that were discussed when we met in February. Our progress in addressing these issues has been in incremental steps and some bold forward leaps. We hope that this report stimulates questions, further discussion and recommendations.

As stated at the top of this report, the BMT community wants to enhance communications with payers. Our relationship over the years has been cordial, beneficial and productive. We are confident that there is much more than we can accomplish for patients in the future.