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## Overview of ASH Quality Improvement Activities

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### American Society of Hematology

- Non-profit professional society serving clinicians and scientists around the world who are working to conquer blood diseases
- Promote research, clinical care, education, training, and advocacy in hematology
- More than 15,000 members from nearly 100 countries
- Located in Washington, DC



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## Background

- Task Force co-chaired by Drs. Linda Burns and Adam Cuker recommended expansion of quality improvement efforts
- Rationale included wide-ranging impact of QI
  - Identifying and demonstrating improvement in gaps in care
  - Public accountability
  - Reimbursement
  - Maintenance of certification
- Approved 2013



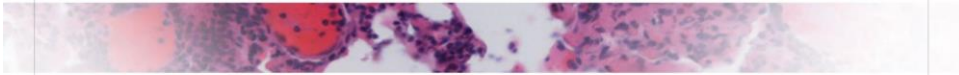
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## Background

- Initial emphasis on practice guideline development (foundational to other QI activities)
  - Pocket guides (paper and electronic)
  - Performance Measures
  - Clinical Decision Support/Electronic Health Record integration
  - Webinars



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# STRUCTURE



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## Organization

- Committee on Quality
  - Monthly conference calls, biannual meetings
- Guideline Oversight Subcommittee
- Guideline Coordination Panels and Guideline Panels
- Quality Improvement Programs Staff
- Internal Collaboration with Practice, Government Relations, Education, Training



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## Guideline Development Standard Operating Procedure (SOP)

- Based on comprehensive checklist from Guidelines 2.0 article by Holger Schünemann et al (December 2013)
- Detailed description of Conflict of Interest (COI) rules
- With experience, will be revisited and modified over time
- Procedures for partnerships, endorsement, adaptation to be explored in coming year

Schünemann et al. Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise. CMAJ 2014;186(3):E123-42.



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## CLINICAL PRACTICE GUIDELINES: ASH GUIDELINE DEVELOPMENT



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## Prevention and Treatment of Venous Thromboembolism

- Overseen by Guideline Coordination Panel (GCP)
  - 10 Guideline Panels
  - Approximately 10 clinical questions per panel
  - Each panel will develop unique guideline publication
- Publication of first guidelines estimated late 2016, early 2017
- Online presence, maintenance planned
- Will serve as a platform for a full suite of quality projects, developed concurrently



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## Additional ASH Guideline Topics

- Immune Thrombocytopenia
  - Revision of 2011 Guideline
- Myeloproliferative Neoplasms
- Other topics under exploration



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## CLINICAL PRACTICE GUIDELINES: PARTNERSHIPS

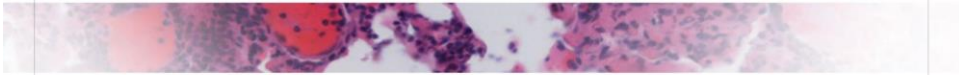


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Topic	Partner
Workup of Acute Leukemia	College of American Pathologists (CAP)
Red Cell Product Requirements for Hemoglobinopathies and Myelodysplastic Syndrome	International Collaboration for Transfusion Therapies
Comprehensive Care Model for Management of Hemophilia	National Hemophilia Foundation (NHF)
Catastrophic Antiphospholipid Syndrome (CAPS)	RARE-Bestpractices
White Blood Cell Growth Factors	ASCO
Ventilation/Perfusion Imaging in Pulmonary Embolism	Society of Nuclear Medicine and Medical Imaging (SNMMI)



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## QUALITY IMPROVEMENT (DISSEMINATION AND IMPLEMENTATION)



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### QI Resources and Services

- Many ASH QI resources already available
- Will ramp up with new ASH guidelines



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## Pocket Guides



- Popular guideline summaries developed by ASH
- 9 current guides
  - SCD: Acute
  - SCD: HU/Transfusion
  - Thrombocytopenia in Pregnancy
  - RBC Transfusion
  - von Willebrand
  - SCD: Chronic
  - ITP
  - HIT
  - Antithrombotic Management
- App



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## Special Symposium on Quality

- Committee-sponsored session at ASH Annual Meeting
- Sessions are well attended, lively Q&A
- 2014: Rising Cost of Medical Care
- 2015: Promise and Pitfalls of Quality Measures and Pay-for-Performance



- Overseen by ASH Choosing Wisely Task Force
- ABIM Foundation activity on resource stewardship
- Professional societies list 5 tests and procedures that may be unnecessary and in some instances can cause harm
- ASH has developed 2 lists (2013 & 2014)
- Slide set available online with overview of items and their underlying evidence

[hematology.org/choosingwisely](http://hematology.org/choosingwisely)

<p><b>Don't transfuse more than the minimum number of red blood cell (RBC) units necessary to relieve symptoms of anaemia or to return a patient to a safe haemoglobin range (7 to 8 g/dl, in stable, non-cardiac in-patients).</b></p> <p>Transfusing more than the minimum number of RBCs is associated with increased morbidity and mortality. Transfusions are given to relieve symptoms. Unnecessary transfusion generates costs and exposes patients to potential adverse effects without any beneficial effects. Clinicians are urged to avoid the routine administration of 6 units of RBCs if 4 units is sufficient and to use non-transfusable blood during if RBCs is available.</p>	<p><b>Don't test with an anticoagulant for more than three months in a patient with a first venous thromboembolism (VTE) occurring in the setting of a major transient risk factor.</b></p> <p>Anticoagulation is particularly harmful for older patients. Patients with a first VTE of uncertain origin, transient risk factors such as surgery, trauma or immobilisation are at high risk of bleeding. Anticoagulation should be discontinued after three months of treatment to avoid a higher degree of anticoagulation in patients with a first VTE. The use of anticoagulants for more than three months is associated with a higher risk of bleeding. The use of anticoagulants for more than three months is associated with a higher risk of bleeding. The use of anticoagulants for more than three months is associated with a higher risk of bleeding.</p>
<p><b>Don't test for thrombophilia in adult patients with venous thromboembolism (VTE) occurring in the setting of a transient risk factor unless risk factors are surgery, trauma or prolonged immobilisation.</b></p> <p>Thrombophilic testing is costly and can result in false claims if the duration of anticoagulation is inappropriately prolonged or if patients are not treated with anticoagulants. Thrombophilic testing should be reserved for patients with a first VTE occurring in the setting of a transient risk factor. When VTE occurs in the setting of pregnancy or hormonal therapy, or when there is a strong family history plus a major transient risk factor, then VTE testing is complete and patients are advised to continue treatment as they expect to live.</p>	<p><b>Don't routinely transfuse patients with sickle cell disease (SCD) for chronic anaemia or uncomplicated pain crisis without an appropriate clinical indication.</b></p> <p>Transfusing patients with SCD is associated with a higher risk of stroke and other complications. Transfusions should be reserved for patients with a first VTE occurring in the setting of a transient risk factor. When VTE occurs in the setting of pregnancy or hormonal therapy, or when there is a strong family history plus a major transient risk factor, then VTE testing is complete and patients are advised to continue treatment as they expect to live.</p>
<p><b>Don't use inferior vena cava (IVC) filters routinely in patients with acute VTE.</b></p> <p>IVC filters can cause harm and are not a true second line of defence. The main indication for IVC filters in patients with acute VTE is the presence of contraindications to anticoagulation. IVC filters are not recommended for patients with acute VTE who are not on anticoagulation. IVC filters are not recommended for patients with acute VTE who are not on anticoagulation. IVC filters are not recommended for patients with acute VTE who are not on anticoagulation.</p>	<p><b>Don't perform baseline or routine surveillance computed tomography (CT) scans in patients with asymptomatic, early-stage chronic lymphocytic leukaemia (CLL).</b></p> <p>Patients with asymptomatic, early-stage CLL do not require surveillance CT scans. Patients with asymptomatic, early-stage CLL do not require surveillance CT scans. Patients with asymptomatic, early-stage CLL do not require surveillance CT scans. Patients with asymptomatic, early-stage CLL do not require surveillance CT scans.</p>
<p><b>Don't administer plasma or prothrombin complex concentrates for non-emergent reversal of vitamin K antagonists (i.e. outside of the setting of major bleeding, intracranial haemorrhage or anticipated emergent surgery).</b></p> <p>Blood products can cause harm to patients. Patients are advised to continue treatment as they expect to live. Patients are advised to continue treatment as they expect to live. Patients are advised to continue treatment as they expect to live.</p>	<p><b>Don't test or treat for suspected heparin-induced thrombocytopenia (HIT) in patients with a low pre-test probability of HIT.</b></p> <p>Patients with a low pre-test probability of HIT do not require testing or treatment. Patients with a low pre-test probability of HIT do not require testing or treatment. Patients with a low pre-test probability of HIT do not require testing or treatment. Patients with a low pre-test probability of HIT do not require testing or treatment.</p>
<p><b>Limit surveillance computed tomography (CT) scans in asymptomatic patients following curative-intent treatment for aggressive lymphoma.</b></p> <p>Patients with asymptomatic lymphoma do not require surveillance CT scans. Patients with asymptomatic lymphoma do not require surveillance CT scans. Patients with asymptomatic lymphoma do not require surveillance CT scans. Patients with asymptomatic lymphoma do not require surveillance CT scans.</p>	<p><b>Don't treat patients with immune thrombocytopenic purpura (ITP) in the absence of bleeding or a very low platelet count.</b></p> <p>Patients with ITP do not require treatment. Patients with ITP do not require treatment. Patients with ITP do not require treatment. Patients with ITP do not require treatment.</p>



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## Choosing Wisely: Planned Activities

- Regular maintenance/updating of existing items
- New list of items relevant to hematologists drawn from the Choosing Wisely lists of other disciplines
  - Opportunity to draw and benefit from the QI efforts of other



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## Consult a Colleague

- Initiated in 2007
- Coordinates consultation between ASH members and volunteer experts
- Response within 2 business days
- 604 requests in 2014 (increases every year)
- Includes HCT experts
- Exploring opportunities for growth



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## Engagement in National Quality Enterprise

- Context: Payment, Accountability, Quality
- HHS Goal
  - 30% of Medicare fee-for-service payments tied to quality or value through alternative payment models by 2016, and 50% by 2018
- MACRA (SGR/Medicare pay reform)
  - Financial bonuses/penalties tied to measurement, funding for measure development



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## Engagement in National Quality Enterprise

- Multiple National Entities
  - HHS/CMS
  - NQF
  - PCPI
  - NQMC
  - NCQA
  - Other Medical Societies



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## Engagement in National Quality Enterprise

- Quality Measure Development
  - External Partnerships (e.g. with American College of Emergency Physicians)
  - Hematology PQRS Measures
    - Myelodysplastic Syndrome and Acute Leukemias
      - Baseline cytogenetic testing performed on bone marrow
      - Documentation of baseline iron stores in patients receiving erythropoietin therapy
    - Multiple Myeloma
      - Treatment with bisphosphonates
    - Chronic Lymphocytic Leukemia
      - Baseline flow cytometry
  - Development in tandem with practice guideline development
  - Some priority principles (care transitions, outcomes measurement) will not be guideline-based



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## LONG TERM VISION



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## Long Term Vision

- ~20 “owned” guidelines, actively maintained with additional affiliated guidelines
  - Particular focus on core hematology areas including rare disorders unique to hematology
- Robust Dissemination/Implementation plans for each guideline
  - e.g. pocket guides, quality measures, PIMs
- Emerging domains
  - e.g. Health Information Technology tools and services; Big Data/Registries
- Encourage research on quality-related ASH products and services to build evidence base for QI
- Coordination with public and private quality initiatives at all stages of the quality process



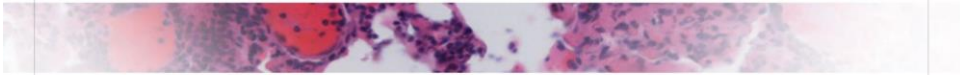
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## Closing

- ASH is involved in a number of QI efforts through a variety of mechanisms (internal, partnerships)
- ASH is committed to engaging in additional and emerging QI efforts (such as this meeting)
- Collaboration and coordination of QI efforts is essential



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## DISCUSSION/QUESTIONS