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A Practice Manager's Perspective on Quality Initiatives for Patients With Myeloproliferative Neoplasms (MPNs)

"In our experience, quality initiatives inspire staff engagement and help improve the performance of our care teams. The success we have carries over and encourages them to recommend quality initiatives for patients with other types of cancer."

Quality initiatives for patients with MPNs are important to practice managers

Oncology practice managers have a responsibility to ensure that all of the business, human, and capital resources at our disposal are being managed wisely. This naturally motivates us to seek out ways to improve practice processes while optimizing care for our patients.

Quality initiatives are a great way to help streamline care for patients with MPNs and the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®])¹ provide a foundation for implementing quality initiatives for the management of these patients.

Determining which quality initiative to implement

There are many competing priorities within a hematology/oncology practice, so making decisions on which quality initiatives to focus on can be difficult. Therefore, we choose initiatives that have the potential to deliver the biggest positive impact to our patients.

Data we extracted from our electronic health record (EHR) system showed that patients with polycythemia vera (PV) who received a high number of phlebotomies in the last 12 months to help maintain hematocrit below 45% also had frequent symptom complaints. This suggested to us that there might be an opportunity to improve outcomes for patients with PV by improving the processes by which their care is delivered. In our review, we discovered that while phlebotomy may have helped our patients with PV feel better in the short term, their physicians were not familiar with changes in their symptom burden over time and were unaware how often phlebotomies were being administered.

Strategies for implementing quality initiatives for patients with MPNs

Determining which strategy to adopt when implementing a quality initiative may be based primarily on the problem areas identified in an EHR search. Quality initiatives might include, for example, a strategy to ensure risk stratification is performed for all patients with MPNs.¹ Other strategies might include managing cardiovascular risk factors, monitoring patients for new thrombosis and bleeding, monitoring and maintaining blood counts within target ranges, as well as assessing and managing splenomegaly and MPN-related symptoms in all patients. Being over the age of 60 or having had a previous thrombotic event are risk factors to consider when determining the appropriate treatment path for patients with PV.^{1,2}

Quality Initiatives for Patients With MPNs May Include Strategies to Ensure:

- ✓ **Risk stratification** is performed for all patients with MPNs
- ✓ **Cardiovascular risk factors** are managed and patients are monitored for **new thrombosis and bleeding**—especially in patients with PV and essential thrombocythemia (ET)
- ✓ **Blood counts** are monitored and maintained within target ranges
- ✓ **Splenomegaly** is assessed and managed (occurs most frequently in patients with myelofibrosis [MF])
- ✓ **MPN-related symptoms** are assessed and managed in all patients
- ✓ **Dosing** is optimized to achieve therapeutic goals for all patients

Our EHR search suggested the need for more rigorous symptom assessment at each visit. The short version of the Myeloproliferative Neoplasm-Symptom Assessment Form (MPN-SAF), known as the MPN-SAF Total Symptom Score (MPN-SAF TSS) or MPN-10, which has 10 questions that query the most representative and pertinent MPN-related symptoms, including fatigue, vascular symptoms, constitutional symptoms, and spleen-related symptoms.^{3,4} The MPN-10 is recommended by the NCCN Guidelines[®] for the assessment of symptom burden at baseline and monitoring symptom status during the course of treatment and is often used in clinical practice.¹ However, we got our information technology department to create a specialized template for us that can be easily populated in a disease-specific manner. Our template is embedded and the data can be easily accessed and tracked over time. It is particularly important to query patients with PV about their symptoms because the signs of progression in PV can be subtle and occur over a longer time frame than among patients with other types of cancer.

Recommendations for the Assessment of Symptom Burden From the NCCN Guidelines¹:

- ✔ Assessment of symptoms at baseline and monitoring symptom status (stable, improved, or worsening) during the course of treatment is recommended for all patients
- ✔ The MPN-10 symptom assessment form is recommended for the assessment of symptom burden at baseline and monitoring symptom status during the course of treatment
- ✔ Symptom response requires $\geq 50\%$ reduction in the MPN-SAF TSS
- ✔ Changes in symptom status could be a sign of disease progression. Therefore, a change in symptom status should prompt evaluation of treatment efficacy and/or disease status

Monitoring symptoms can help a physician or any member of the patient's care team recognize disease progression, or when a patient with PV may be transitioning to MF or leukemia. Splenomegaly is a potential indication for starting or changing cytoreductive therapy in patients with PV,¹ and our physicians evaluate spleen size to determine if a treatment plan is working.

During routine patient follow up, it's also important to be vigilant for the clinical characteristics of advanced PV—a hematocrit $\geq 45\%$ plus either a white blood cell count $>11 \times 10^9/L$ or burdensome disease-related symptoms despite treatment with the maximum tolerated dose of hydroxyurea and phlebotomy—which may suggest ineffective disease control.⁴⁻⁷

Recommendations for implementing a quality initiative

The first thing I would recommend to other practice managers who are interested in implementing a quality initiative would be to identify and empower leaders in every department who are either caring for patients directly or helping to navigate their care. We found the key to successful implementation was to get buy-in from physicians and the leaders of patient care teams, which includes physician assistants, pharmacists, nurses, care coordinators, and administrative staff. Our patient care teams meet within the first week of implementation and then every 3 to 4 weeks thereafter to monitor patient progress. Pharmacists on our patient care teams play a unique role by performing patient assessments and ordering laboratory tests, among other activities.⁸⁻¹⁰

It's also important to tailor your EHR system so that patients with the same type of MPN diagnosis are asked the same questions, which along with lab values, are consistently documented. Once the EHR is set up to capture patient data, the care teams need to take the time to proactively and regularly monitor patient status.

Lastly, take time to celebrate successes. I fondly recall one particular case during our implementation of a PV quality initiative. This patient had ongoing symptoms and was coming into the office frequently for symptom relief. As a result of the quality initiative, we were able to better evaluate his symptoms and assess the management approach. The patient felt and looked better, and no longer needed regular phlebotomies. He went out more and no longer considered himself to be a recluse.

Tips for Successful MPN Quality Initiatives:

- ✔ Identify and empower leaders for implementation
- ✔ Tailor your EHR system to accommodate disease-specific information
- ✔ Put practice-wide interventions in place to help physicians optimize patient outcomes
- ✔ Monitor patient progress regularly
- ✔ Celebrate success stories

References: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Myeloproliferative Neoplasms V.2.2021. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. November 30, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. 2. Marchioli R, Finazzi G, Landolfi R, et al. *J Clin Oncol*. 2005;23(10):2224-2232. 3. Scherber R, Dueck AC, Johansson P, et al. *Blood*. 2011;118(2):401-408. 4. Emanuel RM, Dueck AC, Geyer HL, et al. *J Clin Oncol*. 2012;30(33):4098-4103. 5. Marchioli R, Finazzi G, Specchia G, et al. *N Engl J Med*. 2013;368(1):22-33. 6. Barbui T, Masciulli A, Marfisi MR, et al. *Blood*. 2015;126(4):560-561. 7. Barosi G, Birgegard G, Finazzi G, et al. *Br J Haematol*. 2010;148(6):961-963. 8. Nubla J, Dave N, Reff M. *Am J Manag Care*. 2017;23(12 Spec No.):SP500-SP501. 9. Holle LM, Michaud LB. *J Oncol Pract*. 2014;10(3):e142-145. 10. Hematology/Oncology Pharmacy Association. Scope of Hematology/Oncology Pharmacy Practice. www.hoparx.org/images/hopa/resource-library/professional-tools/HOPA13_ScopeofPracticeBk.pdf. Accessed November 21, 2019.

