

PQI IN ACTION



PROACTIVE SYMPTOM
MANAGEMENT IN MYELOFIBROSIS



**NCODA'S POSITIVE QUALITY
INTERVENTION IN ACTION**

INTRODUCTION

In an effort to promote higher quality patient care NCODA created the NCODA Positive Quality Intervention (PQI) as a peer-reviewed clinical guidance document for healthcare providers. By providing Quality Standards and effective practices around a specific aspect of cancer care, PQIs equip the entire multidisciplinary care team with a sophisticated yet concise resource for managing patients receiving oral or IV oncolytics. This PQI in Action is a follow up to the **Proactive Symptom Management in Myelofibrosis PQI** and explores how the medically integrated teams at Atrium Health Levine Cancer Institute/Atrium Health Specialty Pharmacy Service and Tennessee Oncology/Park Pharmacy incorporate PQIs as part of their daily workflow. This article will discuss how utilizing the **Proactive Symptom Management in Myelofibrosis PQI** elevates patient care in a pre-emptive manner benefiting not only staff, but patients too. The purpose of this PQI is to highlight best practices with practical steps for the surveying of patients with the goal of improved provider clinical care through pathway adherence and treatment optimization.

Atrium Health Levine Cancer Institute offers patients world class oncology care from over 25 cancer care locations across the Carolinas, providing the expertise and experience of over 225 providers. The Atrium Health Levine Cancer Institute provides a full suite of cancer support programs including integrative medicine, cancer rehabilitation, and survivorship, along with clinical trials and innovative treatments. Atrium Health Levine Cancer Institute was ranked by U.S. News & World Report as a 2020-2021 Best Hospital for National Cancer treatment. The Atrium Health Specialty Pharmacy Service is dual accredited through Utilization Review Accreditation Commission (URAC) and Accreditation Commission for Health Care (ACHC), earning an ACHC Oncology Distinction in 2021. They provide medication access services, financial coordination services, and comprehensive clinical patient management services for 18 clinical service lines which include oncology and hematology. The Proactive Symptom Management in Myelofibrosis PQI was written by Kristyn DiSogra, PharmD, BCOP and Justin Arnall, PharmD, BCOP of Atrium Health Specialty Pharmacy Services. The ground breaking work with their Proactive Symptom Management in Myelofibrosis patients lead to the development of the PQI and is highlighted here as best practice in the PQI in Action.

Established in 1976, Tennessee Oncology's mission is to provide access to high-quality cancer care and the expertise of clinical research for all patients, at convenient locations within their community and close to their home. With 35 clinic locations, over 100 medical and radiation oncologists, 70 advanced practice providers, and 10 clinical pharmacists, Park Pharmacy provides patient-centered care through comprehensive services designed to aide patients in obtaining specialty medications. They are dual accredited through Utilization Review Accreditation Commission (URAC) and Accreditation Commission for Health Care (ACHC). Through Park Pharmacy, patients are connected with external resources and programs created to assist with out-of-pocket expenses. Park Pharmacy assists with the management of, and education on, complex therapies and their side effects, accurate prescription processing, and logistics for medication orders; all while helping patients achieve the best treatment outcomes by maintaining the highest levels of customer service, responsiveness, and accountability. While Tennessee Oncology does not actively have the proactive symptom management workflow in place at this time, members of their team were able to contribute to this article with commentary on the Proactive Symptom Management PQI and NCODA resources.

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SYMPTOMS OF MYELOFIBROSIS AND THE ROLE OF THE MEDICALLY INTEGRATED TEAM

Patients diagnosed with myelofibrosis may have a symptom burden that compromises a patient's quality of life. Myelofibrosis is one of the classical Philadelphia chromosome negative myeloproliferative neoplasms (MPNs). The only curative treatment option is allogeneic hematopoietic stem cell transplantation, which is associated with significant risks and can only be administered to a minority of patients based on disease risk category and age. Other treatment options have been historically focused on alleviation of the symptoms that are present for each individual patient but do not alter the course of the disease itself.¹⁻² This truly makes the management of disease symptoms a high priority for the Medically Integrated Team.

Multiple studies have led to the development and validation of a patient myeloproliferative neoplasm-related symptom burden questionnaire that can be used for serial assessments of response to therapy. The Myeloproliferative Neoplasm Symptom Assessment Form Total Symptom Score (MPN-SAF TSS) was calculated as the mean score for 10 items from two previously validated scoring systems with questions to assess symptoms of fatigue, concentration, early satiety, inactivity, night sweats, itching, bone pain, abdominal discomfort, weight loss, and fevers. Scoring is from 0 (symptom absent) to 10 (worst imaginable) for each symptom assessed. The final score is the summation/total of all of the 10 symptom scores on a 0 to 100 scale.² In addition to symptom assessment utilizing the MPN-SAF TSS, a risk scoring system, the Dynamic International Prognostic Scoring System (DIPSS-Plus) has been developed to be a dynamic risk assessment tool that can be used at diagnosis and anytime during the course of therapy to attempt to predict survival.³ The DIPSS-Plus risk score is a prognostic tool evaluating age, blood counts, peripheral blood blast percentage, karyotype, transfusion dependency, and presence of constitutional symptoms to tabulate a combined score to assign low, intermediate-1, intermediate-2, and high-risk categories to myeloproliferative neoplasm patients.³

Guidelines recommend evaluation of patients' symptom burden and prognostic risk scores prior to initiation of therapy and at a regular interval during the course of therapy, typically every three to six months during clinical encounters. Symptom response defined by the International Working Group-Myeloproliferative Neoplasms Research and Treatment and the European LeukemiaNet consensus



Atrium Health Pharmacist Jeron Speaks, PharmD, CSP calls a myelofibrosis patient for a proactive symptom management call.

report requires a greater than or equal to 50% reduction in the MPN-SAF TSS sustained for at least twelve weeks.⁴ Providers utilize both the MPN-SAF TSS and DIPSS-Plus as tools upon diagnosis and throughout therapy to guide treatment, to assess when changes in therapy are needed, and occasionally to assess the optimal timing of allogeneic hematopoietic stem cell transplantation. However, the traditional approach to obtaining these assessments, during clinic visits, may be burdensome for many patients and providers given limited time and other resources as well as patient needs for these visits. According to Michael Grunwald, MD of Atrium Health Levine Cancer Institute, "often times risk stratification is not performed and symptom assessment is not performed and even when the risk assessment is performed it's not always performed correctly. There is a growing literature, to show this." Lisa Forte, MSN, ACNP-BC, AOCNP of Tennessee Oncology echoed these thoughts sharing that many providers do not seem to use symptom assessments like the MPN-SAF TSS and DIPSS-Plus, but simply gather the subjective symptoms without scoring them in a consistent manner like the assessment tools.

A recent analysis has additionally demonstrated that risk prognostication is often done incorrectly so there may be a need to identify mechanisms to perform these assessments in a correct, standardized, and uniform manner.⁵ According to Aleksander Chojecki, MD of Atrium Health Levine Cancer

Institute, “we designed this project for myelofibrosis patients as a quality improvement measure. We saw this need in patients that do rely heavily on stratification models and that it just was not being done as routinely.” Justin Arnall, PharmD, BCOP of Atrium Health Specialty Pharmacy Services echoed this remark stating, “if we are following guidelines as closely as possible, then we need to be performing these on a routine basis.”

**“WE SAW AN OPPORTUNITY TO
IMPROVE THE QUALITY OF OUR CARE
BY INCORPORATING OUR ROBUST
SPECIALTY PHARMACY TEAM.”**

Michael Grunwald, MD

Performing the MPN-SAF TSS and DIPSS-Plus assessments prior to clinic appointments offers enhanced efficiency of clinic time and allows myelofibrosis providers to create therapy plans prior to patients’ clinic appointments. Providers at Atrium Health Levine Cancer Institute approached their pharmacy team at Atrium Health Specialty Pharmacy Services to develop a pharmacist-driven telehealth consult program to an increase adherence to internal care pathways and national guideline recommendations. Dr. Grunwald went on to say that, “because of that, we saw an opportunity to improve the quality of our care by incorporating our robust specialty pharmacy team and by incorporating telemedicine, to try to increase compliance among providers, with the risk assessments stratification and also with assessing symptoms.”

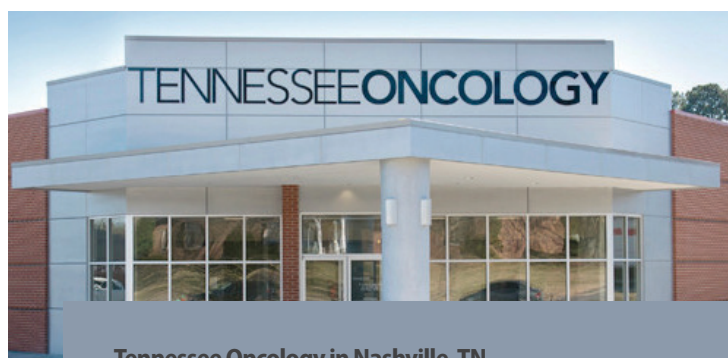
This led to care optimization for myelofibrosis patients, more frequent interactions with patients, and improved care all around. Nicole Cowgill, PharmD, BCOP, CSP of Atrium Health Specialty Pharmacy Services said “we realized we could help them provide some important touch points between visits.” This consult service represents an opportunity for the outpatient and specialty pharmacy services to be incorporated into the care pathways for myelofibrosis patients as an element of standard of care and demonstrates a shift towards a pharmacy practice-based model, rather than simply fee for service. The development of this pathway and this PQI is raising the bar in the management of myelofibrosis patients and is a shining example of best practices. By implementing this service, pharmacists have had an active and leading role in virtual care which has become more relevant as a result of the COVID-19 pandemic.⁶ According to Dr. Chojecki, “even though this was designed pre COVID we have relied very heavily on telemedicine. However, it really showed a lot of its strength in the COVID era.”

Are you interested in authoring a PQI?

[Click here to contact us.](#)

PQIs: LARGE VALUE IN A CONCISE DOCUMENT

As introduced earlier, PQIs are concise clinical guidance documents centered around a medication, disease state, or area of oncology care. Although these documents are not lengthy, they do provide big value to practices. Stacey McCullough, PharmD of Tennessee Oncology states, “I think that the PQI is a valuable resource and it is important for NCODA to continue to produce these types of documents. They focus on patient care and the continued evolution of it. The synergy that we can create and bring value is tremendous. The pharmacy team has become an integral part of the oncology



Tennessee Oncology in Nashville, TN.

care team, and not just the service team. This PQI is a great reinforcement of that.” In regards to the value of the PQI and the process, Sarah Kibbee, RN, BSN, CMSRN, OCN of Atrium Health Levine Cancer Institute also shares, “it helps the patient feel heard and involved in their care.”

The **Proactive Symptom Management in Myelofibrosis PQI** is a best practice guidance document. Kristyn DiSogra, PharmD, BCOP elaborates on the development of PQIs stating, “I think when you are developing something like this, you just have to be creative; encouraging people to be creative

and think outside the box. I think it shows that when forces are combined, we can really accomplish great things.” Speaking on the usefulness and value provided by this workflow, Lisa Forte, MSN, ACNP-BC, AOCNP also shared that, “having the symptom assessments done prior to the patient coming in would be very helpful!” Forte went on to share that, “bringing awareness of best practices and making it available to oncology practices is of great benefit.” Just as Atrium Health Levine Cancer Institute and Atrium Health Specialty Pharmacy Services have done here with the Proactive Symptom Management in Myelofibrosis PQI.

“I LIKE TO FOLLOW POSITIVE QUALITY INTERVENTIONS. THEY ARE GREAT FOR STAYING AHEAD OF THE THINGS THAT MIGHT STOP A PATIENT FROM CONTINUING TREATMENT AND GETTING THE BEST BENEFIT.”

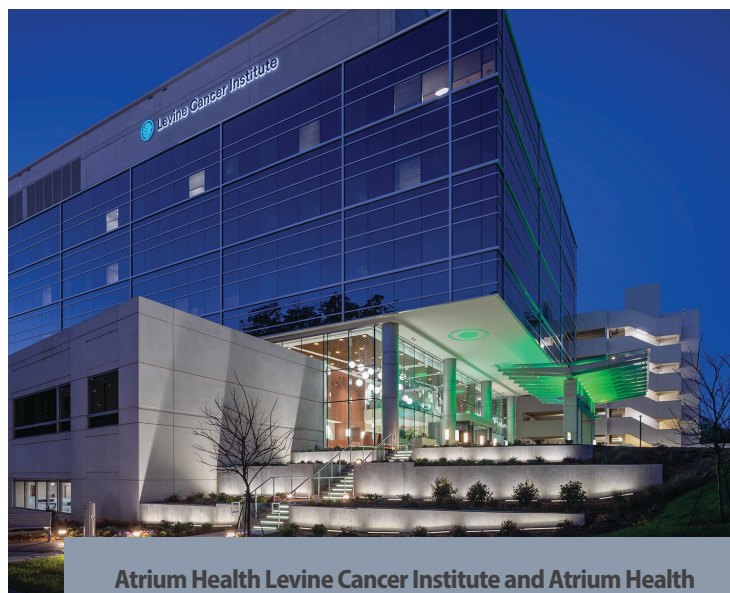
Quinn Cusson, PharmD

“IT SHOWS THAT WHEN FORCES ARE COMBINED, WE CAN REALLY ACCOMPLISH GREAT THINGS.”

Kristyn DiSogra, PharmD, BCOP

PQI PROCESS

As you can see effective and consistent assessment of symptoms is critical in the management of myelofibrosis patients. In the **Proactive Symptom Management of Myelofibrosis PQI** the PQI process gives straightforward steps to follow to optimize this service. Upon diagnosis or clinical review of a myelofibrosis patient, the provider should flag the patient for symptom and risk assessment. This should be completed at baseline and at set intervals at or before follow up physician visits. At Atrium Health Levine Cancer Institute and Atrium Health Specialty Pharmacy Services, they found that a pharmacy consult service helped utilize multidisciplinary approach for long-term patient follow-up and assessment completion. Once a patient has been identified a system is put in place to track the number of times a patient has been contacted to complete the assessments and the date of any previous assessments. Justin Arnall, PharmD, BCOP shared, “we worked out a system for making non-prescription based referrals to the specialty pharmacy. Within our institutional guideline pathways there is a button that the physician can click on that essentially sends a notification that they would like to enroll their patient



Atrium Health Levine Cancer Institute and Atrium Health Specialty Pharmacy Service in Charlotte, NC.

into the initiative” leveraging technology to their advantage. The program is not limited to patients who fill their medications at Atrium Health Specialty Pharmacy Services. Nicole

Cowgill, PharmD, BCOP, CSP shared, “specialty pharmacies need to demonstrate their ability to impact outcomes beyond dispensing, we need to show that we are helping to improve the overall well-being of our patients.” In their work flow the MPN-SAF TSS symptom and DIPSS-Plus risk assessments for myelofibrosis can be completed in person or over the phone for patients prior to their appointments with the provider. In their workflow, this is conducted by a pharmacist, but in the rare occasion that the pharmacist is unable to a nurse may perform the assessments. Dr. Chojecki discussed the challenges in these scoring systems stating, “two things that we were scoring: DIPSS-Plus being more black and white; based on laboratory criteria and constitutional symptoms and the MPN-SAF TSS which has more of a subjective component to it.” Atrium Health Levine Cancer Institute and Atrium Health Specialty Pharmacy Services spent a lot of time in the process, helping to educate everyone on how to make the subjective less subjective. Kristyn DiSogra, PharmD, BCOP shared, “the most challenging piece was the initial education of our pharmacists to make sure that we were all completing the survey the same way, with the same expectations, and with the expectations of what the physicians wanted.” Communication among the entire Medically Integrated Team being is a must.

Once the assessment has been completed it is then uploaded into the electronic medical record and the provider is notified so he/she is able to review prior to the upcoming appointment. Thus, allowing the provider more time with the patient since they do not have to conduct the symptom assessment during the visit. Dr. Grunwald stated, “I can focus more on speaking with the patients and will already have the risk assessment and that symptom assessment in front of me when I’m seeing the patient. I spend more time having conversations, rather than gathering data and entering it into a computer. It has also been really rewarding because it has

allowed us to strengthen our relationship with the pharmacy team.” Regarding the proactive symptom management workflow, pharmacists, and tools like the PQI. Lisa Forte, MSN, ACNP-BC, AOCNP also shared that, “having the expertise of a pharmacist at my fingertips has been priceless!” Jeremy

**“WE NEED TO SHOW THAT WE ARE
HELPING TO IMPROVE THE OVERALL
WELL-BEING OF OUR PATIENTS”**

Nicole Cowgill, PharmD, BCOP, CSP

McDuffie, MD of Tennessee Oncology shares, “for convenience and accuracy sake for the prescribing physicians that these tools will be indispensable.”

Tennessee Oncology also leverages technology to better care for patients. Stacey McCullough, PharmD shares, “our care plans within our EMR have follow up labs, physician visits, and pharmacy follow up calls that are pre populated and prompt us based on the patient start date. When we do the new patient teach we will drop the start date so that subsequent labs and physician visits toxicity screens are appropriately scheduled.” Dr. McDuffie also shares, “I think that when done correctly having that in house pharmacy helps deliver the best possible hematology and oncology care.” He goes onto elaborate on all of the ways that the medically integrative team helps support each other in order to support the patient. Through double checking drug interactions, to checking compliance for patients on oral therapy, it takes the whole team.

**Myelofibrosis
patients identified
and referred for
telehealth
pharmacist consult**

**Myelofibrosis
patient added to
pharmacist consult
queue**

**Prior to next clinic
appointment
pharmacist
completes MPN-SAF
TSS**

**Pharmacist reviews
labs/karyotype;
completes DIPSS/
DIPSS-Plus**

**Assessments
uploaded to EMR;
patient moved
ahead in queue by
3 months to repeat**

PATIENT-CENTERED ACTIVITIES: KEEPING THE PRIORITY ON PATIENTS

The definition of proactive is, “acting in anticipation of future problems, needs, or changes.”⁷ This truly describes the process of the **Proactive Symptom Management in Myelofibrosis PQI**. In identifying problems and/or the need for dose changes or medication changes before a future visit, the teams at both practices are keeping the priority on patient care. The patient-centered activities section of the PQI is an integral part of every PQI, because being patient-centered is the goal of every NCODA member as well as one of NCODA’s guiding values. In this particular PQI, setting up assessment consults and educating the patient on their particular medication are important pieces of the patient-centered activities.

In 2019 the Patient-Centered Standards for Medically Inte-

**"THE PQI AND OCE SHEETS GIVE US A
COMMON PLATFORM TO HAVE ONE SOURCE
OF INFORMATION."**

Stacey McCullough, PharmD

grated Dispensing: ASCO/NCODA Standards were published to provide standards for medically integrated dispensing of oral anticancer drugs and supportive care medications.⁸ Standard 1.2 of the ASCO/NCODA Standards reads:

Prior to initiation of an oral anticancer drug, a formalized patient education session should occur with an experienced clinical educator such as a nurse, physician, pharmacist, nurse practitioner, or physician’s assistant. The discussion should include drug name (generic and brand), drug dose, schedule, potential adverse effects and how to properly manage them, fertility (where applicable), treatment goal, duration of therapy, and financial and affordability considerations.⁸

Both practices utilize Oral Chemotherapy Education (OCE) Sheets for educating on oral medications to meet the ASCO/NCODA Standards mentioned above. Much of the important educational information on oral myelofibrosis medication can be found in the NCODA-led Oral Chemotherapy Education sheets (www.oralchemoed-sheets.com). These education sheets are a resource to provide information about oral chemotherapy drugs and their side

effects to both cancer patients and caregivers. We know having cancer or caring for someone with it can be overwhelming, but finding reliable information about the medicines should not. We aim to help caregivers by providing them a tool to pass on to their patients with cancer that will answer drug related questions and help empower patients to become a more active participant in their cancer treatment. OCE sheet are written with the needs of cancer patients in mind. We have strived to use appropriate language and to present pertinent content in an easy-to-understand format to improve patients’ understanding of how to take medications correctly. A medication schedule and an outline of potential side effects, as well as information about how to manage those side effects, are key components of the OCE Sheets. The corresponding OCE sheets to a patient’s oral myelofibrosis treatment is a perfect supplement to pair with this PQI. The OCE sheets have added tremendous value in the space of oral oncolytic education. This in turn has lead to the development of NCODA-led Intravenous Cancer Treatment Education Sheets. This new addition to the repertoire of NCODA initiatives is due to be released by the end of the year. Stacey McCullough, PharmD shares, “everyone is educating the patient in some regard. The PQI and OCE sheets give us a common platform to have one source of information. From our pharmacy team, to our medical team, as well as our Advance Practice Practitioners. We all have the same credible source of information.” Sarah Kibbee, RN, BSN, CMSRN, OCN agrees and shares that, “the OCE sheets are a wonderful tool for me as a nurse as a guide, but also for the patient to know what to look for, what they need to know, when they need to call us. I tell the patient to keep it as a reference for as long as they are taking the medication and not to just read it once but to read it through a few times. I think the OCE sheets are a very important tool for the patient and their safety.”

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TO VIEW
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[CLICK HERE
TO VIEW
THIS OCE SHEET](#)

CONCLUSION: PUTTING THE PQI INTO ACTION



Atrium Health Technician Lametra Youmans, CPhT preparing a prescription for a myelofibrosis patient.

At Atrium Health Levine Cancer Institute/Atrium Health Specialty Pharmacy Services and Tennessee Oncology/Park Pharmacy the Medically Integrative Teams have taken ground breaking, innovative steps in the management of myelofibrosis patients by putting this PQI into Action. These two centers of excellence have provided best practices through the development and implementation of this process. Dr. Chojecki shared, “I think the importance of our study and even our kind of quality improvement initiative shows the importance of inputting all members to the care team. And that, in particular, this partnership between the specialty pharmacy and the traditional clinical staff can actually be a synergistic and great partnership for patient care that improves quality and standard of care.” Justin Arnall, PharmD, BCOP goes on to share that, “the novelty of this program is that we are utilizing a pharmacy service in coordination with the leukemia clinic to provide a non-prescription based service.” Going beyond this forward thinking process, Kristyn DiSogra, PharmD, BCOP shares that, “it does not have to be just myelofibrosis it can be any symptom assessment. We built the program with the plan to be ready

“THIS PARTNERSHIP BETWEEN THE SPECIALTY PHARMACY AND THE TRADITIONAL CLINICAL STAFF CAN ACTUALLY BE A SYNERGISTIC AND GREAT PARTNERSHIP FOR PATIENT CARE THAT IMPROVES QUALITY AND STANDARD OF CARE.”

Aleksander Chojecki, MD

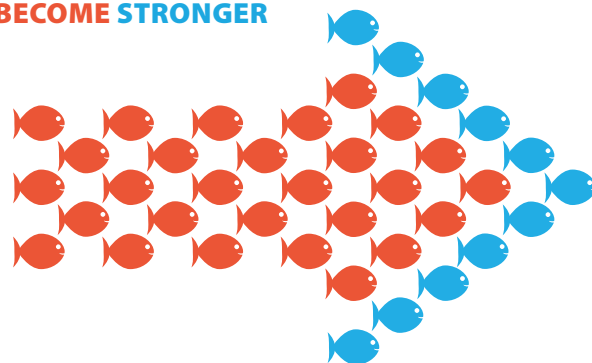
for the future of pharmacy. It is not going to be based solely on reimbursing prescriptions and we want to be ready.” All team members agree that the Medically Integrated Team and the PQI Clinical Resources are valuable to the team and to patients. When asked about the value of this platform, Justin

Arnall, PharmD, BCOP shares, “hopefully this will open the door for a shift in the mindset, not only for our clinical team, but for pharmacies in general. In our organization there has been a culture shift, but it's really been embraced.” Both Atrium Health Levine Cancer Institute/Atrium Health Specialty Pharmacy Services and Tennessee Oncology/Park Pharmacy have made it their mission to combat fragmented care on a number of fronts, but also optimize care through proactive steps, just like proactive symptom management in myelofibrosis patients. A consistent theme across both practices is the dedication and passion for patients. Dr. McDuffie shares, “here at Tennessee Oncology caring for cancer patients is a privilege. For me it gives me a new renewal every day.”

Every day the Medically Integrated Team has the opportunity to make a difference in the lives of patients. Every day the team can learn something new or can begin a process that optimizes care. The PQI fosters this through the identification of the appropriate patient, accurate selection, increased speed to therapy, reduced cost, and by improving adherence techniques for the patient. The PQI gives the Medically Integrated Team an easy to use, succinct clinical

resource guide for identification of the right patient and best practices for the treatment of a myelofibrosis patient. It helps the team ensure they are providing patients with the tools and education to improve clinical outcomes. Pairing Medically Integrated Dispensing with the **Proactive Symptom Management in Myelofibrosis PQI** meets NCODA's Guiding Values of being Patient-Centered and Always Collaborative.

**WORKING TOGETHER,
WE BECOME STRONGER**



Helpful Online Resources

- [NCODA Website](#)
- [Oral Chemotherapy Education Sheets](#)
- [Are you interested in authoring a PQI?](#)
- [Positive Quality Interventions](#)
- [Myelofibrosis PQI](#)
- [Are you interested in taking part in a PQI In Action?](#)

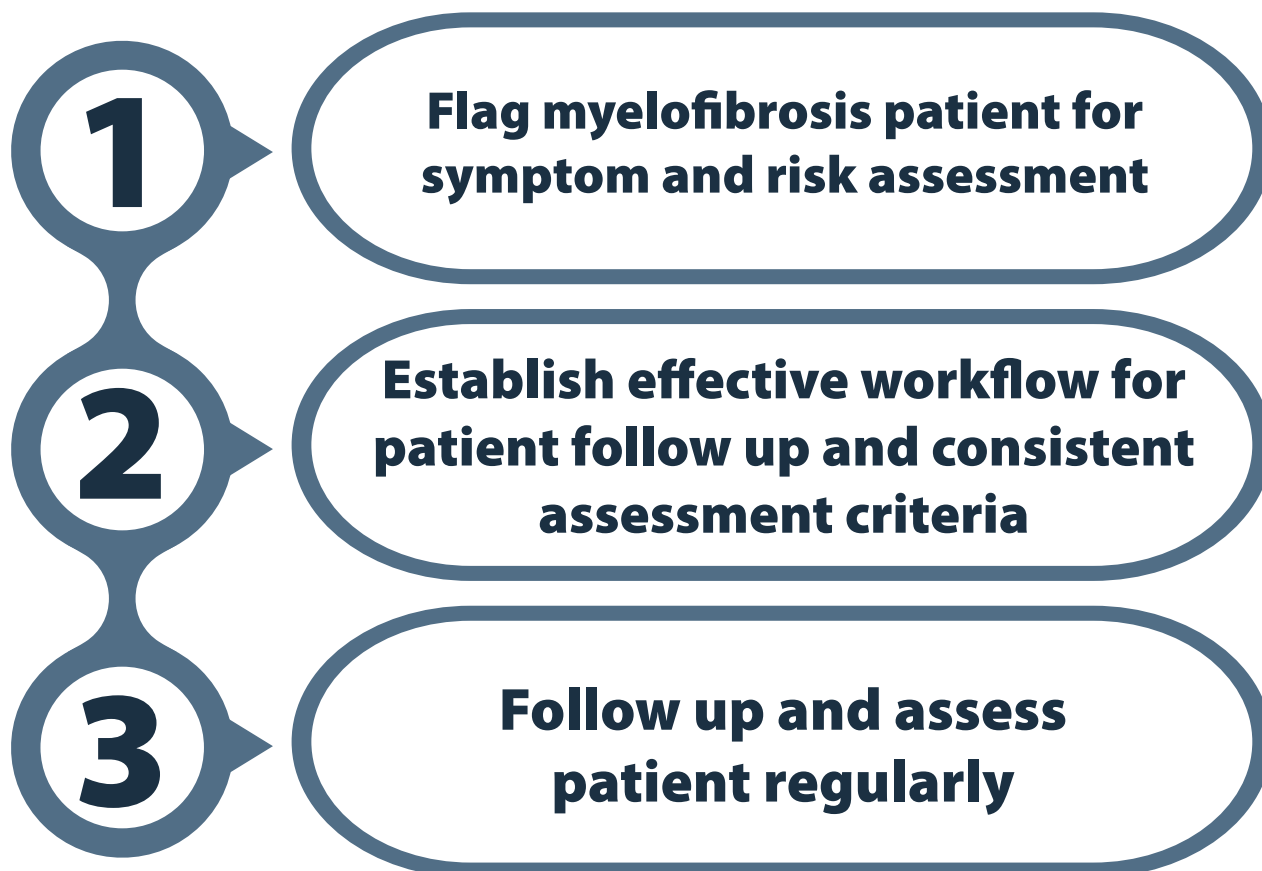
ON THE COVER:

- Atrium Health Specialty Pharmacy Nicole Cowgill, PharmD, BCOP, CSP reviewing a myelofibrosis patient's chart.

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PQI PRINCIPLES:



NOTES:

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Practice panelist's comments reflect their experiences and opinions and should not be used as a substitute for medical judgement.

Important notice: NCODA has developed this Positive Quality Intervention in Action platform. This platform represents a brief summary of medication uses and therapy options derived from information provided by the drug manufacturer and other resources. This platform is intended as an educational aid and does not provide individual medical advice and does not substitute for the advice of a qualified healthcare professional. This platform does not cover all existing information related to the possible uses, directions, doses, precautions, warning, interactions, adverse effects, or risks associated with the medication discussed in the platform and is not intended as a substitute for the advice of a qualified healthcare professional. The materials contained in this platform are for informational purposes only and do not constitute or imply endorsement, recommendation, or favoring of this medication by NCODA, which assumes no liability for and does not ensure the accuracy of the information presented. NCODA does not make any representations with respect to the medications whatsoever, and any and all decisions, with respect to such medications, are at the sole risk of the individual consuming the medication. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional.



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