



Empowering the Medically Integrated Team: Implementing the Proactive Symptom Management in Myelofibrosis PQI



EMPOWERING THE MEDICALLY INTEGRATED TEAM: IMPLEMENTING THE PROACTIVE SYMPTOM MANAGEMENT IN MYELOFIBROSIS PQI

Introduction

The management of myelofibrosis, a rare and chronic myeloproliferative neoplasm, requires more than therapeutic selection. Due to the variability of disease presentation and symptom burden, a coordinated, team-based approach is essential for delivering high-quality, patient-centered care. NCODA's Positive Quality Interventions (PQIs) serve as actionable resources that help multidisciplinary teams implement evidence-based, guideline-driven care with consistency and efficiency.

One such resource, the [Proactive Symptom Management in Myelofibrosis PQI](#), provides a practical framework for medically integrated pharmacy (MIP) teams to incorporate structured symptom and risk assessments into clinical workflows. This white paper explores how medically integrated teams in community oncology settings have successfully implemented the PQI to improve workflow, enable timely clinical interventions, and elevate patient engagement.

Understanding the Need

The Proactive Symptom Management in Myelofibrosis PQI was developed by clinical pharmacists at Atrium Health to address inconsistencies in symptom and risk assessments for myelofibrosis patients. It outlines a structured process that utilizes two validated tools: the MPN-SAF TSS and the DIPSS-Plus scoring systems.

The MPN-SAF TSS assesses ten core symptoms—including fatigue, bone pain, night sweats, itching, and abdominal discomfort—using a 0 to 10 scale.¹ The total score provides a snapshot of the patient's symptom burden.¹ The DIPSS-Plus is a dynamic prognostic tool that evaluates age, hemoglobin levels, white blood cell count, peripheral blasts, karyotype, transfusion dependency, and constitutional symptoms.² Together, these tools support treatment planning and risk stratification.

The PQI process begins when a patient with confirmed myelofibrosis is identified. Prior to an upcoming appointment, a pharmacist or pharmacy intern conducts a telehealth consultation, during which the MPN-SAF TSS is completed and laboratory data is reviewed to calculate the DIPSS-Plus score. This information is documented in the electronic medical record and shared with the provider in advance of the visit. This pre-visit assessment allows for more efficient clinical encounters and timely therapy adjustments.

Cancer Specialists of North Florida (CSNF) implemented the PQI using a pharmacy-led telehealth workflow. A shared tracker was used to log assessment dates, contact preferences, and reassessment intervals. The team created standardized note templates and communication protocols to ensure seamless integration into provider workflows. The result was improved care coordination, greater consistency in assessments, and enhanced engagement from both patients and providers.

Myelofibrosis symptoms such as fatigue, bone pain, early satiety, and splenomegaly significantly impair patients' quality of life.^{1,3} While allogeneic stem cell transplant remains the only curative option, it is not feasible for most patients due to age, comorbidities, or disease severity.¹ As a result, most treatment strategies focus on symptom management and disease stabilization.

Validated tools such as the MPN-SAF TSS and DIPSS-Plus can guide risk stratification and therapy decisions. However, in many clinics, these tools are inconsistently applied, if used at all.⁴ The Proactive Symptom Management in Myelofibrosis PQI was developed to address this gap and support the use of standardized assessments to improve patient care.

Medically Integrated Pharmacy in Action

The PQI aligns with the principles of the Medically Integrated Pharmacy model, which integrates pharmacists into clinical care rather than treating pharmacy as a separate service. In practices that implemented the myelofibrosis PQI, pharmacists led the effort to embed structured assessments into the clinical workflow using a proactive, telehealth-based approach.

Key elements of implementation include:

- Identifying eligible patients through EMR review or clinical consultation
- Tracking assessment intervals using a centralized system to ensure timely follow-up
- Conducting telehealth consultations to complete the MPN-SAF TSS and review laboratory data for DIPSS-Plus scoring

Medically Integrated Pharmacy in Action - cont.

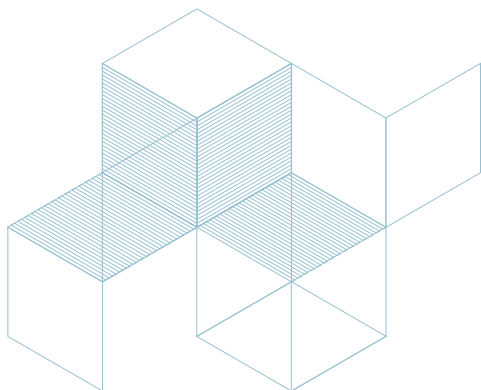
- Documenting results in the electronic medical record before the provider visit
- Notifying the care team of updates to support real-time clinical decision-making

Patient-Centered Impact

A hallmark of the PQI model is its emphasis on patient-centered care. Through pre-visit outreach, patients feel informed and supported. Pharmacists and interns use each interaction to both gather data and provide education, reinforcing adherence and promoting engagement.

The use of NCODA-led Patient Education Sheets complements these efforts by offering practical information about medications, side effects, and supportive care. These tools also serve to align communication across the team, ensuring that patients receive consistent, reliable information from all members of the care team.

Importantly, the regular use of symptom assessments allows pharmacists to identify clinical changes in real time, prompting earlier intervention and enhancing safety. Patients reported that they appreciated the proactive outreach and felt more prepared for their provider visits.



Lessons Learned and Key Takeaways

Teams implementing this PQI identified several important strategies for success:

- Patient communication preferences should be confirmed and documented
- Standardized documentation templates reduce variation and improve clarity
- Use of shared tracking tools ensures timely reassessment and continuity
- Pharmacy interns can support implementation and promote sustainability
- Clear scripting helps patients understand the purpose and value of the assessments

Conclusion

The implementation of the Proactive Symptom Management in Myelofibrosis PQI demonstrates how a medically integrated team, led by pharmacy, can deliver measurable improvements in oncology care. By embedding structured symptom and risk assessments into workflows, clinical teams strengthened communication, improved adherence to guidelines, and enhanced the patient experience.

This initiative reflects the broader value of NCODA's PQIs: concise, practical tools that empower multidisciplinary teams to provide timely, patient-centered care. Through thoughtful implementation, MIP teams can reduce variation, improve outcomes, and ensure that every patient receives care that is not only evidence-based, but also compassionate and coordinated.

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KEY TAKEAWAYS

Medically Integrated Pharmacy teams are central to PQI implementation and success.

1

Proactive telehealth outreach enables timely, structured symptom and risk assessments.

2

Use of tools like MPN-SAF TSS and DIPSS-Plus can improve provider decision-making.

3

Standardized workflows and documentation support sustainability.

4

Patient education and engagement are enhanced through outreach.

5

Pharmacy interns can play a valuable role in implementation.

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