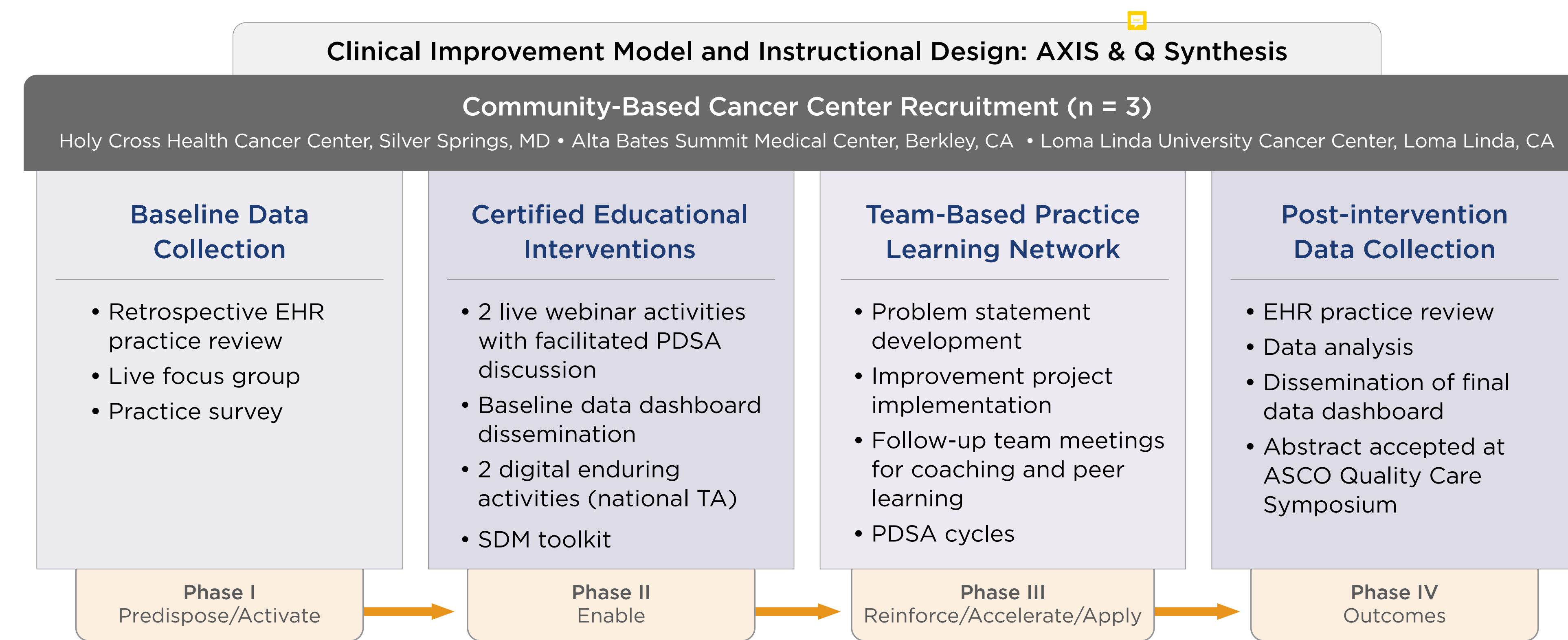


BACKGROUND

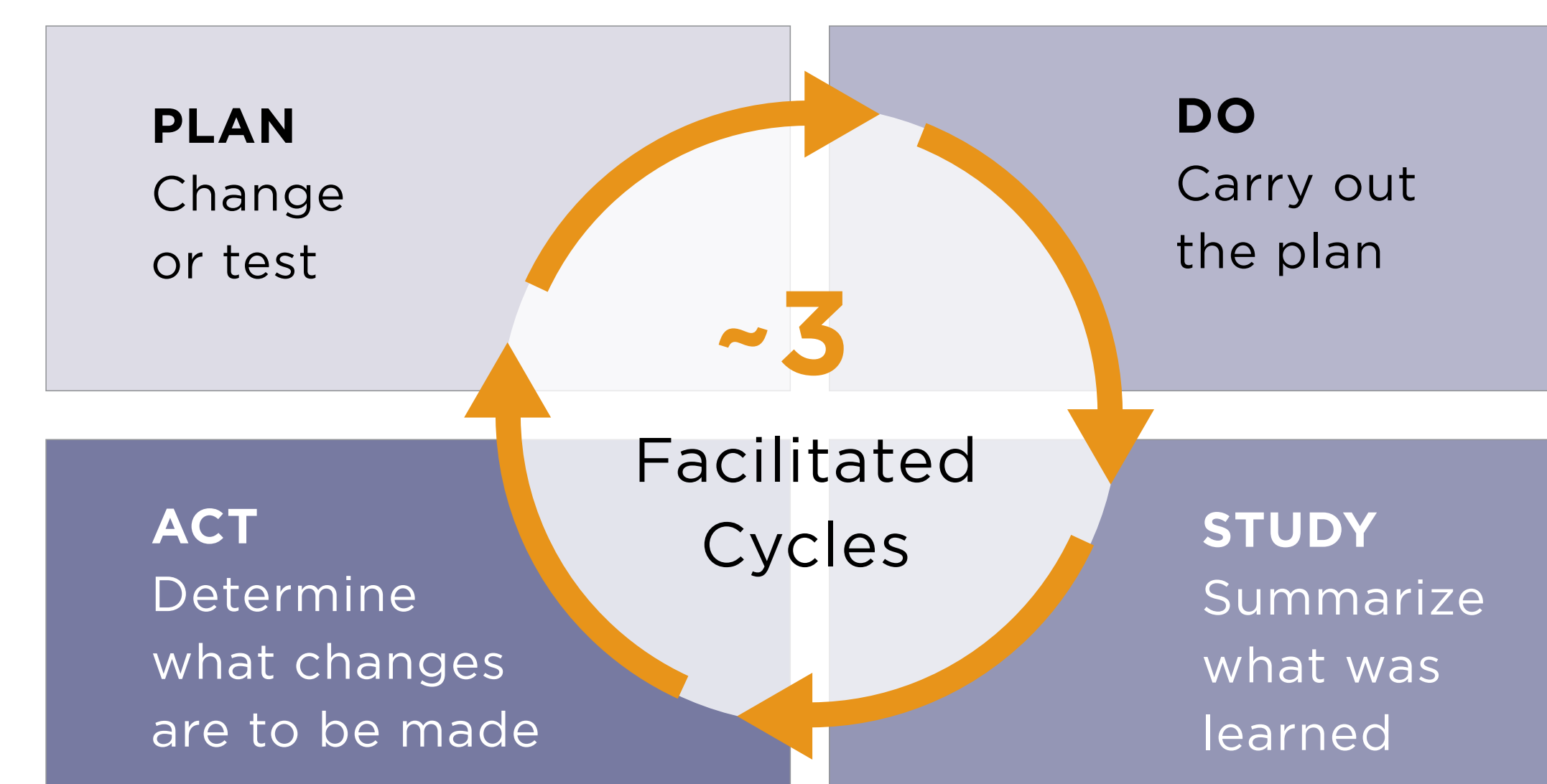
- Clinicians treating patients with MPN could improve treatment planning, disease monitoring, and care coordination by ensuring they check for driver mutations, assess and document symptoms, and evaluate prognostic factors.
- Since MPN is relatively uncommon, clinicians may forget to apply these practices.
- Blending continuing education with implementation science approaches may help clinicians provide consistent, high-quality care for patients with MPN.

METHODS



PDSA INTERVENTIONS & PROBLEM STATEMENTS

Cancer center problem statements focused on improving suboptimal assessment, ancillary diagnostic testing, and clinical documentation. These factors may hinder the cancer care team's ability to formulate personalized treatment plans and coordinate care for patients with MPN.



Tactics to Improve Problem Statements:

- Pathology-driven reflex testing: CALR, JAK2, MPL
- Electronic documentation shortcuts (eg, SmartTools)
- Audit/feedback to fill gaps in documentation
- * Staff encouraged to use SDM guide when educating patients

RESULTS OBSERVED IN CLINICAL PRACTICE

Aggregate baseline/post-intervention data (all 3 sites)

	Baseline (N=38)	Post-Intervention (N=12)	Change
Patients with MPN receiving molecular testing	84% Range: 38 to 100%	100% Range: 100 to 100%	+16%
Patients with MPN have a documented symptom burden score (eg, MPN-10)	0% Range: 0 to 0%	67% Range: 50 to 80%	+67%
Patients with MPN have a documented prognostic score (eg, DIPSS)	34% Range: 0 to 46%	58% Range: 33 to 75%	+24%
Eligible patients with primary MF treated with JAK inhibitors	30% Range: 0 to 100%	80% Range: 67 to 100%	+50%
Eligible patients with secondary MF treated with JAK inhibitors	15% Range: 0 to 67%	43% Range: 25 to 100%	+28%

*Range in data across all 3 sites

SHARED DECISION MAKING (SDM) TOOLKIT



Clinicians were encouraged to use the SDM guide when educating patients about treatment options.

4,369 downloads

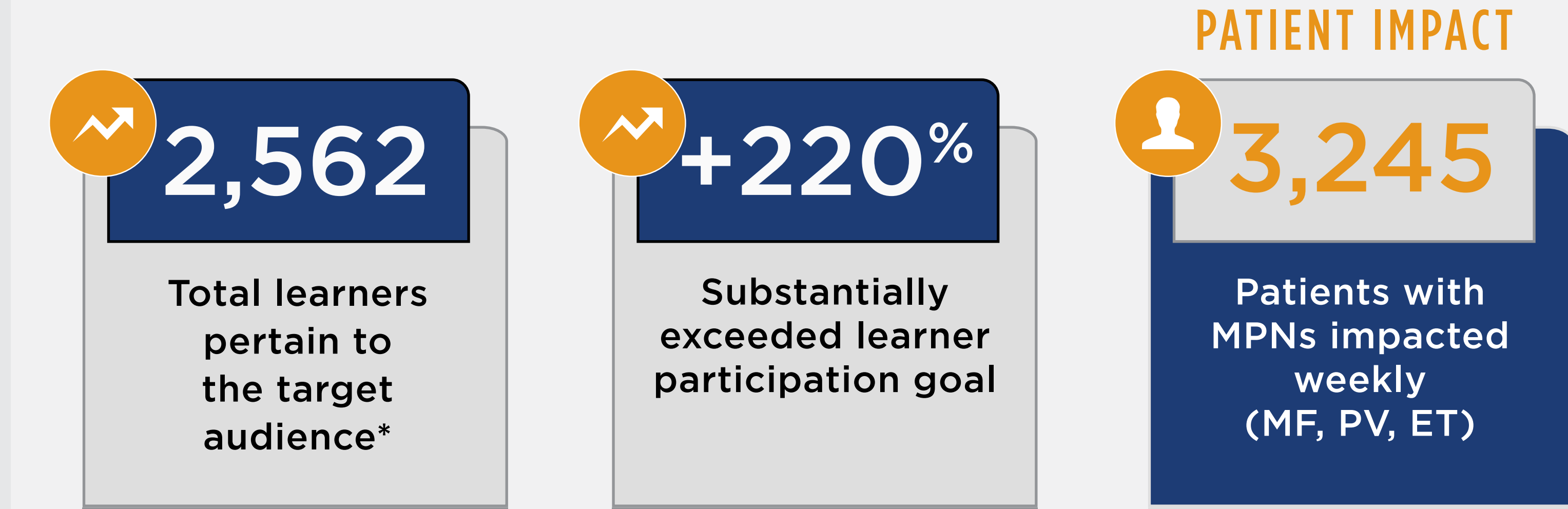
★ SUMMARY

- This project demonstrates how multiphase education and QI methods can help clinicians improve care for patients with MPN
- Implementation strategies that triggered appropriate reminders and facilitated clinical documentation were considered most useful and sustainable for routine clinical practice

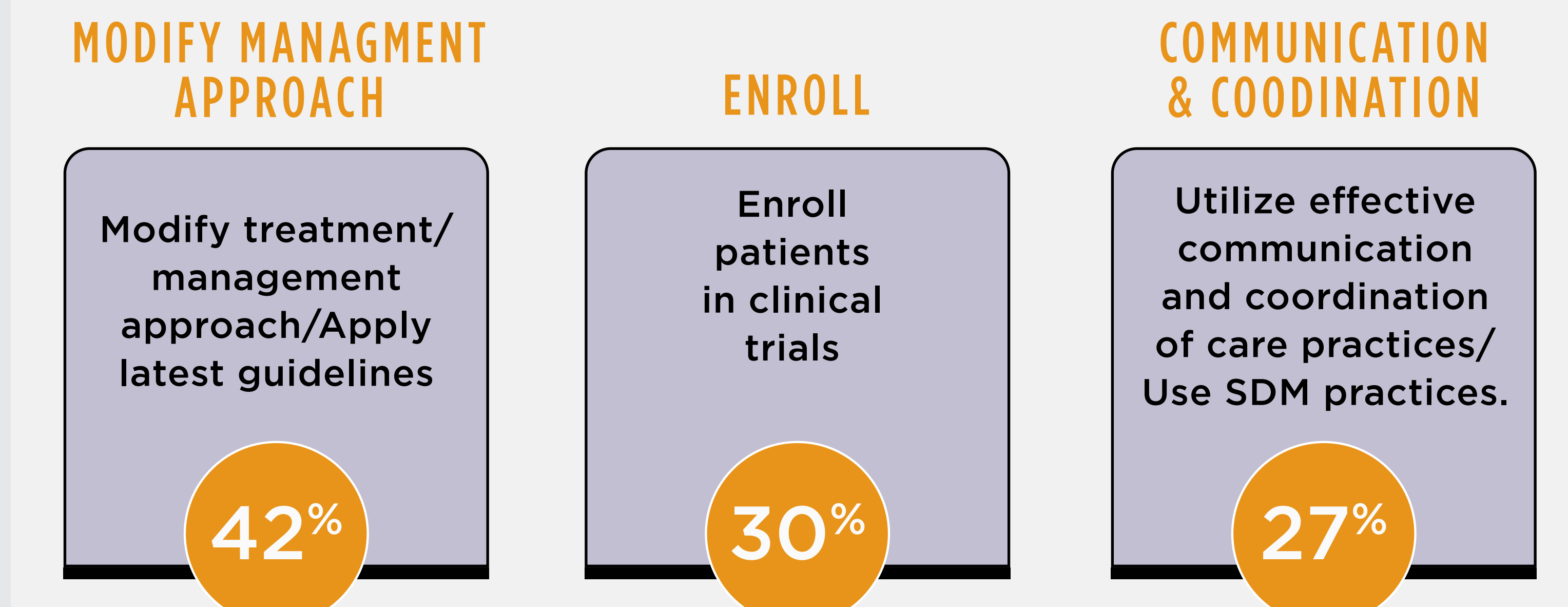
Abstract accepted for poster presentation at ASCO Quality Care Symposium 2022

Space reserved for QR code when available

PARTICIPATION & PATIENT IMPACT



TOP CHANGES TO BE IMPLEMENTED IN CLINICAL PRACTICE INDICATED BY CLINICIANS



KNOWLEDGE GAINS ACROSS TOTAL LEARNER PARTICIPATION



*Hematologists, oncologists, physician assistants, nurse practitioners, pharmacists, dieticians, social workers, and other healthcare practitioners who are part of the care team that treats or manages patients with myelofibrosis