

Quality Initiatives in Action: Real World Impact on Patients with Polycythemia Vera

This article, sponsored by Incyte Corporation, is based on paid interviews with Kathy Oubre, CEO, Lacey Blady, Nurse Manager, and Kamie Williams, Advanced Nurse Practitioner, at Pontchartrain Cancer Center.

The quality initiative affords the potential for big impact.

Impact of Implementing a Quality Initiative

Quality is top of mind in oncology. Quality Initiatives (QIs) provide opportunities for practices to refine how they deliver care to their patients, with the goal of helping to improve patient outcomes. Implementing a quality initiative also can have a positive impact on a community practice's value-based care model.

The staff at Pontchartrain Cancer Center, a community oncology practice in southeast Louisiana, implemented a QI to help improve the care they provided to their patients with polycythemia vera (PV), a rare cancer with significant risk of complications. The number of patients with PV managed by the practice was not overwhelming. Therefore, implementing the QI was not expected to be time consuming for the team. The team recognized that small workflow refinements could provide value for their patients, while also allowing the care team to work collaboratively.

“Quality care in oncology is multi-faceted. It entails taking a more holistic approach to the patient, rather than just treating the disease. Quality Initiatives offer the opportunity to refine the care we already provide to our patients while showing us where we can improve.”

-KATHY OUBRE, CEO

Importance of Actively Monitoring Patients with PV

The goals of care plans for patients with PV are centered on symptom control and decreasing the risk of disease complications, including thrombosis and bleeding.¹ Care plans should focus on lowering the hematocrit (HCT) to normal or near-normal values (<45%), lower the platelet count if the numbers are high, and decrease PV-related symptoms that contribute to morbidity.² In one study in patients with PV, elevated HCT between 45% and 50% was associated with a 4-fold higher rate of cardiovascular death and major thrombosis, compared with HCT <45%.¹ The Pontchartrain QI focused on monitoring lab values for this patient population in order to determine if revisions in their care plan were necessary.

Pontchartrain Developed an Effective Monitoring Strategy

The first step in the QI was to generate data by running a fact-finding query through electronic medical records to quickly identify patients with PV. The medical records and lab report values of these patients, along with their treatment plans, were reviewed. Given the CV risk, this step was critical in helping the oncologist to understand this was a valuable exercise for the practice to focus on. In the Pontchartrain practice, 23 patients with PV were identified. Seven (30%) of these patients had HCT levels >45%.

In the next step of the QI implementation, the nurse manager at Pontchartrain created a workflow and identified areas to discuss with practice leadership. Kamie Williams, a hematology/oncology nurse practitioner (NP) consulted on areas of focus for practice workflow integration. Topics included goals for lab values, how often lab work should be done, and when to use medical intervention, if lab results are not in range. While the workflow required a short time investment upfront, it is essential to integrating the QI into the practice. By collaborating, the team was able to address these issues for multiple patient scenarios and define when additional lab work was needed.

“Our patients mean the world to us, so even if [the Quality Initiative] would’ve only impacted one patient, it was worth all of the time and effort put into it.”

LACEE BLADY, RN

Then they put the workflow into practice. Integrating follow-up lab testing into the workflow allowed a specific, vulnerable subgroup of patients to be better managed. At Pontchartrain Cancer Center, care adjustments were made to care plans—in some cases, multiple times—for the 7 patients identified with HCT levels over 45%.

This PV QI addressed the important issue of follow-up. For patients with lab values not within the target range who are at risk for complications, more frequent scheduling and reviewing of lab tests were recommended. While patients were prescribed labs, they were not always fulfilling them. Therefore, more diligent follow-up by the practice was key.

The additional monitoring required minimal time investment for nursing and allied health professionals who were already responsible for direct patient care and management. With guardrails in place, providers may be more likely to incorporate the workflow into the practice’s daily routine for patients with PV.

How Pontchartrain Cancer Center Puts QI Steps in Practice

- ✓ At the beginning of each month, check for upcoming appointments with patients with PV
- ✓ For any patients identified, determine if they have had 2 elevated HCT or PLT lab results suggesting their PV is not adequately managed and/or that the intervention was inappropriate or inadequate
- ✓ If any patients are identified, send a “heads up” task to the provider seeing the patient to assess if lab values have improved at this visit. If not, intervention, such as a change in the patient’s care plan or therapeutic phlebotomy frequency, may be needed
- ✓ If intervention is needed, the nurse can contact these patients to ensure they obtain updated lab work on a more frequent basis until values are within acceptable range

This quality initiative has assisted the Pontchartrain Cancer Center in creating a more proficient approach to PV management. It has allowed earlier intervention for patients whose PV is considered uncontrolled.

Tips for Successful Implementation of a QI in Patients with PV

CEO Perspective

- ✓ Obtain provider buy-in and include the provider as part of the solution
- ✓ Find someone within the practice to champion the QI
- ✓ Stay focused on the positive outcomes that it can bring to the patients served by the practice

RN Perspective

- ✓ Gain provider feedback on workflows
- ✓ Create a spreadsheet to track and monitor patients. Write small updates with each visit highlighting any change in care plan or clinical status
- ✓ Run a patient report at the start of each month to identify new patients with a diagnosis of PV that will be seen

NP Perspective

- ✓ Collaborate. Identify key roles for nurses, AHPs, and physicians to increase overall efficiency in monitoring patients
- ✓ Appoint a leader to oversee the QI to avoid disrupting provider daily workflow
- ✓ Include nursing staff to assist in the day-to-day implementation

References: 1. Marchioli R, Finazzi G, Specchia G, et al. Cardiovascular events and intensity of treatment in polycythemia vera. *N Engl J Med.* 2013;368:22-33. 2. Leukemia Lymphoma Society. Polycythemia Vera Facts. https://www.lls.org/sites/default/files/file_assets/FS13_PolycythemiaVera_FactSheet_final5.1.15.pdf. Accessed May 15, 2021.

