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First Steps in Fostering Relationships to Implement Your Infusion Center

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Learner Objectives

- Identify potential opportunities in which collaboration can occur: *Every Crisis is an Opportunity*
- Identify stakeholders within the department, institution, and other clinical services whose buy-in will be important to the success of the center.
- Develop an understanding of levers and approaches or the clinician build buy-in into the development of the center.

Introduction

- No one builds a program on their own
- Must have partners/supporters in:
 - Institutional leadership
 - Division leadership
 - Hematology colleagues
 - **Emergency department**
 - Specialists in multiple disciplines
- Engage:
 - Nursing
 - House staff
 - Hospitalists
- State Departments of Health/Legislators
- Community



Leadership

- Examples
 - If you provide funds for an advanced practice provider we will decrease LOS by 20% and the APP will have ½ day clinic twice a week for which they can bill
 - If you provide funds for a three chair infusion clinic we will decrease 30 day readmissions, decrease ED admission rate and improve patient satisfaction (which they probably won't care about)
 - Be mindful that if you prevent admissions for uncomplicated VOC your admissions will be more complicated patients who will have a longer LOS (don't overpromise)



Leadership Concerns- Be Prepared

- If you build this program patients will come
 - Will increase ED overcrowding
 - Will increase number of hospitalizations for sickle diagnosis for which we are already poorly compensated
- Prior to discussing with leadership:
 - ED buy-in and have a plan to address the needs if there in an influx of patients
 - Know your existing data
 - Initially share the concern for increased hospitalizations point out that this is due to poorly managed patients and with your high quality care the numbers will decrease
 - Point out the number of consultants that patients with SCD will need – increasing referrals to broad range of providers in the outpatient setting



Division Leadership

- Growing population of patients with sickle cell disease – will be your lab/research
 - Career development
 - Publication opportunities
 - Clinical research
 - » About the development of the program
 - » Novel investigator initiated clinical research
 - » Industry sponsored research
 - Use caution here – make sure you adapt sponsor budget so that there is positive ROI
 - Quality improvement



Division Leadership & Colleagues

- Additional benefits for division
 - Engage fellows/residents/students in hematology research
 - ASH pushing for improved sickle cell training
 - Increases Division's **recognition/reputation**-as it offers an underserved population a well run flagship program
 - Brings in:
 - RVU's
 - Research dollars & collaboration
- Divisional concerns
 - Who will take care of the patients?
 - Most of the care will be done by a dedicated team of advanced practice providers
 - You will be available
 - Fellow's need this training
 - Who will mentor you?
 - Key – need to identify a sickle cell mentor
 - Doesn't need to be at your institution



Emergency Department

- Many places have an adversarial relationship with sickle patients/providers
 - Due to lack of communication
 - They are your partners - both have same goals
 - Provide best care to patients
- ED providers are frustrated by lack of coordination of care
 - Keep seeing same patients over and over and there is no plan
 - Lack of efficacious therapies
 - Lack of trust
 - Lack of support



Emergency Department

- Meet with ED Leadership
 - Come with data
 - Time to first dose
 - Number of patient complaints about the ED
 - NHLBI guidelines
 - 60 minutes to first dose of parenteral pain medications
 - Re-assessment within 30 minutes of first dose
 - Try to identify an ED champion (nurse, APP, MD- anyone)
 - Ensure that every patient is fully evaluated each time they come



Emergency Department

- Meet with ED Leadership- cont'd
 - Tell them what you bring to the table
 - Will develop patient specific treatment plans starting with high utilizers and anyone they would like for you to address
 - You will take the responsibility of discussing all patient specific treatment plans which restrict the use of parenteral opioids with patients
 - Identify Educational Opportunities
 - Patient advocacy
 - Available to discuss any patient
 - Willing to meet on a regular basis
 - Help to develop policies on the use of:
 - IV diphenhydramine
 - PCA use
 - Management of patients with behavioral issues



Emergency Department

- Don't expect the ED to meet NHLBI guidelines for time to first dose
 - Take what you can get
 - Decrease from 6 hours to 3 hours is an improvement
 - Ongoing meetings where you bring the data each time
 - Identify other metrics
 - Decreasing admit rate, ED return rate
 - Improved patient satisfaction scores
 - Improved nursing and provider attitudes towards patients
 - Ongoing education opportunities
 - » Give talks to ED providers/nurses
 - » https://www.youtube.com/watch?v=wc51GI_gju0



Speaking the Same Language

- Must meet on an ongoing basis
 - Everyone needs to discuss pain the same way
 - Believe everyone – question is what is the best way to treat pain
 - Chronic pain is not managed with IV opioids
 - Patient will receive a full evaluation every time they present
- Essential across disciplines
 - Inpatient team
 - ED providers
 - Nursing



Specialists in Multiple Disciplines

- Ability to refer to a single individual in a subspecialty improves experience of that specialist
 - Strongly recommend identifying a single provider in the following specialties
 - Hospitalist – Small Group
 - Ophthalmology
 - Orthopedics
 - Pulmonary/cardiology (PHTN specialist)
 - Nephrology
 - Obstetrics – Maternal Fetal Medicine
 - Stem cell transplant
 - Psychiatry
 - Urology
 - Pain management -Tough – many have a very different approach to pain management -You need to be an expert
- Having trouble finding someone
 - Find someone you like
 - Set up a meeting
 - Tell them about the needs of the patients, complexity
 - Discuss opportunity for research



Nursing

- Spend the most time with patients
 - Difficult to see patients in pain everyday
 - Have highest levels of negative attitudes
 - In study of intervention to improve attitudes toward people with SCD (nurses, physicians, advanced practice providers)
 - Female respondents exhibited more negative attitudes than male respondents (43.6 vs. 33.5, $P=0.012$)
 - Nurses exhibited more negative attitudes than residents

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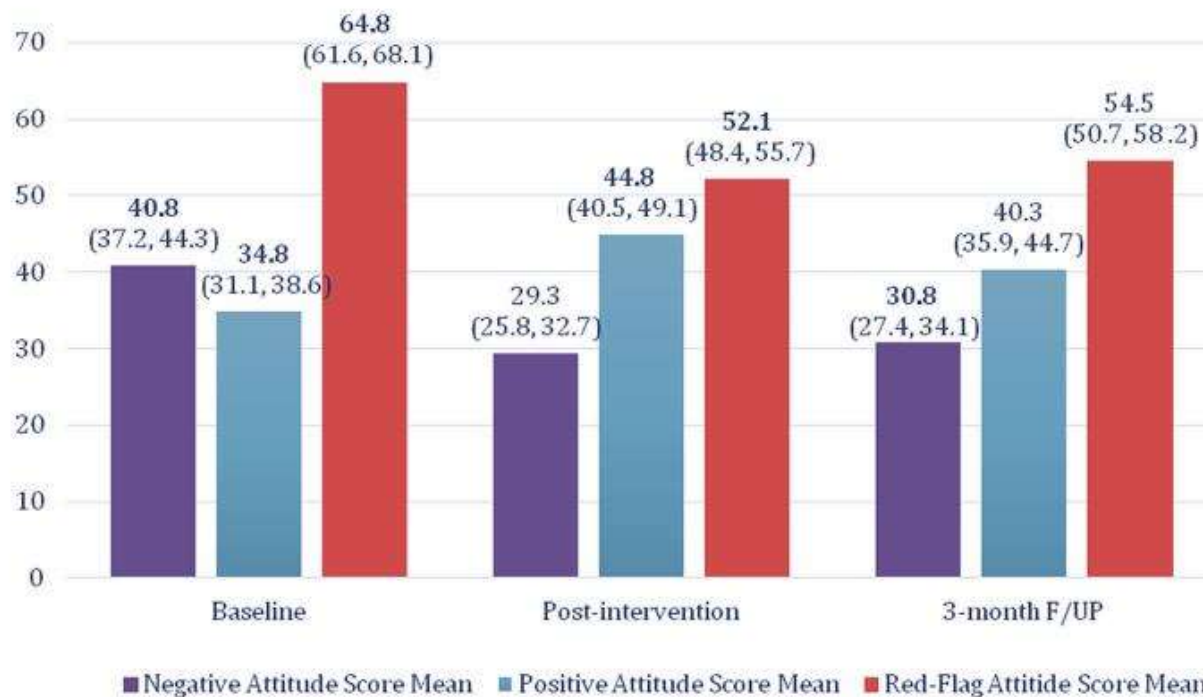


Nurses

- Nurses have a greater intensity of exposure to the high utilizing subset of patients
 - May be more likely to view certain behaviors as red flags
 - Education that is targeted specifically to clinical roles of the team and their relationships with patients
 - Recognize tough job
 - Provide in-services in ED and on the floor
 - Reminder that physicians need to model compassionate and unbiased care

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Improving Attitudes



Impactful to watch video together and have time for discussion- nice bonding experience

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Community Ties

- Help liaison with patients;
 - Provide forums for clinicians and patients to meet to identify needs and develop shared goals
- Often have resources for your patients
- Can help garner funds for resources for your patients
 - But only if they know what they need
- Essential for getting legislation passed to help your patients
- Offer wise and needed advice
 - Keep you grounded
- Can help each other obtain grant funding



Leveraging Legislative and Insurer Relationships

- State Initiative: HB851
 - DHMH to provide the legislature a report on 12/1/06 on recommendations on how to improve the quality of health care for adults in MD with SCD
 - Steering committee – made up of representatives from Hopkins, HRSA, Morgan State, patients, Delegate Nathan Pulliam, Medicaid, SCDA
- Partnerships with MCOs
 - Several contacted us to help improve quality of care
 - Amerigroup estimated cost \$40,000/yr/pt with SCD
 - Negotiating possibility of “pay for performance” based on real outcomes:
 - Decreased hospitalizations and LOS



Conclusions

- Need a cohesive team of champions across the institution to have a strong program
- Essential to have access and understand data and finances
- Communication is key to building bridges
 - Frequent meetings with ED, nurses in ED and floor, Hospitalist
- You have to be a champion to engage others to champion
 - Lead by example

