Payer-Partnered Approach to Community-Based Referral for HCT - Project Overview

- Funded by National Comprehensive Cancer Network (NCCN)/Pfizer: July 1, 2014 – May 31, 2018
- Goal: identify specific clinical knowledge gaps among community hematologists/oncologists regarding referral of patients diagnosed with acute myeloid leukemia (AML) for consultation for hematopoietic cell transplantation (HCT)
- Two phases:
- Needs assessment to identify knowledge gaps (national survey of 150 practicing hematologists/oncologists)
- Educational intervention to address knowledge gaps (3 casebased webinars)



Needs Assessment Findings

- Clinical knowledge gaps included:
 - Accurate risk categorization with cytogenetic and molecular markers is important in selecting optimal therapy for patients with AML
 - 2. Disease stage at the time of hematopoietic cell transplantation significantly impacts survival
 - Chronological age alone is not a contraindication to consideration of intensive therapeutic choices, including hematopoietic cell transplantation



Educational Intervention to Address Identified Knowledge Gaps

- 3-part webinar series (live and enduring, case-based)
 - Launched September 2016 (live)
 - AML Risk Stratification
 - AML in First Remission
 - Treatment Choices for Older Adults with AML
 - Enduring activities launched January 2017
- Continuing medical education (CME), continuing nursing education (CNE) or certificate of attendance were offered
- Pre-test, immediate- and 3-month post-test evaluation design



Education Intervention Attendance by Format

	Webinar 1	Webinar 2	Webinar 3
Webinar Format	N (%)	N (%)	N (%)
Live	153 (47%)	137 (28%)	116 (41%)
Enduring	173 (53%)	350 (72%)	169 (59%)
Total	326	487	285





Intervention Evaluation Results and Project Impact

- >74% indicated they would apply the knowledge gained in their practice
- >86% strongly agreed/agreed that the educational objectives were met
- >97% rated the education activity overall as being very good/good

IMPACT

Scientific advances are rapidly changing the ability to diagnose and risk-stratify AML such that it is increasingly difficult for community physicians to remain up-to-date. Therefore, needs assessments and educational interventions as conducted in this project provide novel insights into their learning needs and provide a roadmap for future educational interventions to close knowledge gaps.

