



The 65th ASH Annual Meeting Abstracts

POSTER ABSTRACTS

901.HEALTH SERVICES AND QUALITY IMPROVEMENT - NON-MALIGNANT CONDITIONS

Improving Patient Access and Provider Availability in Classical Hematology: The Development of an Advanced Practice Provider Led Virtual Anemia Consult Clinic

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Background: Classical hematology entails the diagnosis and treatment of many complex disease processes. The growing volume of referrals to classical hematology is challenged by staff hematology provider shortages. Our institutional goal for new patient access is to be seen within 7 days of the scheduling request. In Q2 of 2022, the leadership team identified the average wait time for a hematology consult was greater than 3 weeks and anemia consults comprised over 2/3 of these consultation requests. To address this need, a taskforce was developed to utilize trained classical hematology advanced practice providers (APPs) to see anemia consults virtually for initial work up and management. To optimize APP consult utilization, a centralized virtual anemia consult clinic (VACC) was developed to address patient access issues and improve staff physician consult availability for more complex hematologic diseases. VACC strived to provide greater access to local metropolitan areas as well as reaching those in-state several hours away, breaking down barriers in transportation and access.

Methods: In September 2022, a centralized VACC was launched and staffed by hematology APPs to provide availability for patients with an anemia diagnosis. APPs performed triage, assessment, diagnosis, and provided treatment for anemia diagnoses. VACC is staffed Monday-Friday with 5 new consults per day (40 minutes for each consult) for a total of 25 anemia consults per week. Common diagnoses such as iron deficiency and nutritional anemias were seen in VACC (Figure 1A). A staff hematologist and APPs huddled once weekly to discuss complex patients to triage, diagnose, and treat appropriately.

Results: APPs in VACC saw a total of 610 in-state virtual consults between September 2022 and May 2023. The median wait for a virtual anemia consult was 4 days. APPs were able to see virtual anemia consults in 31 Ohio counties, reaching counties at the northern most part of the state, to the southern most tip (Figure 1B). This provided patients with flexibility to be evaluated at home without driving hours for a consult. Of patients seen, 82% were female, 17.9% male and 0.1% non-binary. Racial demographics included 29.8% black, 1.7% Asian, 0.7% American Indian, 4.4% multiracial, and 60.7% white patients. Classical hematology APP revenue increased 276%. VACC slot utilization during this time averaged 91%. Overall classical hematology access for physicians and APPs improved from its peak of 20 days just before VACC started, to 8 days in May 2023. The majority of patients (73%) seen for initial consultation were incorporated into the APP practice for follow up visits and further treatment, increasing slot utilization and productivity for hematology APP practice.

Conclusions: Collaboration between hematology physicians and hematology APPs within our institute led to an initiative increasing patient access for hematology diagnoses through the development of an APP staffed VACC. VACC led to a decrease in days wait for patients to be seen with an anemia diagnosis and provided increased consult slots to our staff hematologists to see more complex hematologic cases. Barriers such as transportation and limited scheduling options were removed through the option of scheduling anemia consults into VACC centralized clinic. Weekly huddles between staff hematologist and APPs led to collaborative relationships, mentoring, education, and increased expertise of colleagues to better serve patients and provide quality care in assessment, diagnosis, and treatment of patients with anemia diagnoses.

Recommendations: APP led virtual consult clinics in classical hematology clinics are valuable tools to increase patient access and APP productivity, improve scheduling workflows, and decrease barriers related to patient inconveniences and social barriers. Hematology physician shortages call for an increase in education and collaboration with hematology APPs to execute comprehensive care to hematology patients. Future efforts for this clinic will focus on patient outcomes, addressing further social barriers identified to hematology patients, and consideration of expanding diagnoses seen in virtual consult clinic, such as thrombocytopenia, to expand timely access to care.

Disclosures No relevant conflicts of interest to declare.

Figure 1A:

Visits by Diagnosis Code		
Primary	Primary DX Description	
D50.9	Iron deficiency anemia, unspecified iron deficiency anem.	410
	Microcytic anemia	71
	Maternal iron deficiency anemia affecting pregnancy, an.	2
	Chronic iron deficiency anemia	1
	Total	484
D50.0	Iron deficiency anemia due to chronic blood loss	385
	Iron deficiency anemia secondary to blood loss (chronic)	11
	Blood loss anemia	2
	Anemia due to chronic blood loss	1
	Total	399
D50.8	Other iron deficiency anemia	114
	Iron deficiency anemia secondary to inadequate dietary i.	71
	Iron deficiency anemia following bariatric surgery	3
	Other iron deficiency anemias	1
	Total	189
D51.0	Pernicious anemia	24
	Vitamin B12 deficiency anemia due to intrinsic factor def.	18
	Total	42
D51.8	Other vitamin B12 deficiency anemia	33
	Total	33
D51.9	Anemia due to vitamin B12 deficiency, unspecified B12 d.	7
	Vitamin B12 deficiency anemia	1
	Total	8
D51.3	Other dietary vitamin B12 deficiency anemia	3
	Total	3
D52.8	Other folate deficiency anemias	3
	Total	3
D52.9	Anemia due to folic acid deficiency, unspecified deficienc.	3
	Total	3
D52.1	Drug-induced folate deficiency anemia	1
	Total	1

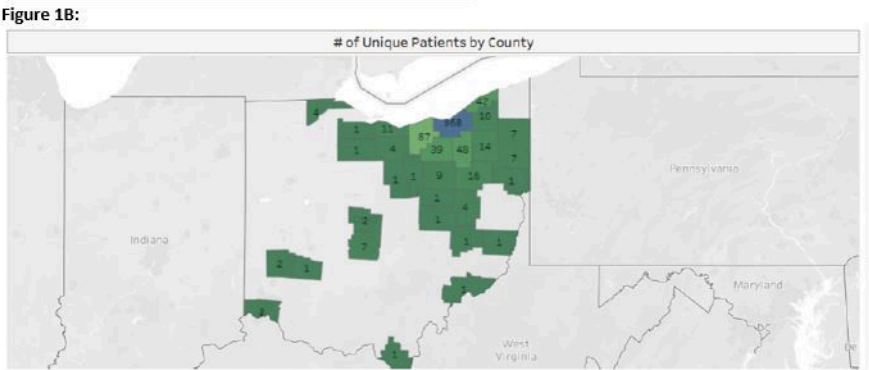


Figure 1

<https://doi.org/10.1182/blood-2023-181967>