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902.HEALTH SERVICES AND QUALITY IMPROVEMENT - LYMPHOID MALIGNANCIES

Accelerating the Adoption of New and Emerging Therapies for DLBCL: A Community-Based Quality Improvement InitiativePeter A. Riedell, MD¹, Ellie Moses-Okwei, PhD², Shelby Sullivan, PharmD³, Jeffrey Carter, PhD², Cherilyn Heggen, PhD²¹David and Etta Jonas Center for Cellular Therapy, University of Chicago, Chicago, IL²PRIME Education, LLC, Fort Lauderdale, FL³PRIME Education, LLC, Berkley, MI*Background*

Remarkable progress has been made in the treatment and management of DLBCL. With a rapidly evolving landscape and novel treatment options, support is needed for community oncologists to guide integration of the latest safety and efficacy data into existing treatment planning. In this quality improvement (QI) initiative, we undertook an innovative practice transformation model bringing together providers from 4 community-based oncology clinics to assess current practice patterns and develop strategies to overcome barriers to optimal care for patients with relapsed/refractory DLBCL.

Methods

Between 8/2022-11/2022, 75 hematology/oncology clinicians completed surveys designed to evaluate practice patterns, challenges, and barriers to patient-centered care (Table 1). HCP cohorts within each oncology clinic participated in 1-hour live small-group audit-feedback (AF) sessions in which the teams reviewed the survey data, reflected on their own practice patterns and developed action plans to close identified DLBCL care gaps. Additional surveys conducted before and after the AF sessions evaluated changes in participants' knowledge and confidence in delivering quality care.

Results

Baseline Provider Surveys: HCPs reported *identifying when patients have shifted to a more progressive disease course* (31%) and *selecting optimal therapies for individual patients* (20%) as the biggest challenges in selecting therapies for DLBCL patients. The most challenging issues in managing DLBCL patients were *supportive care counseling* (28%) and *recognizing and managing adverse events* (20%). In addition to clinical guidelines, the other factors HCPs identified as most important for treatment decision-making for patients with DLBCL were the *effects on quality of life* (53%) and *treatment effectiveness* (48%). In terms of confidence, 23% reported *very high* confidence in the team's ability to stay up-to-date with new data on DLBCL treatment advances, and 29% reported *very high* confidence in aligning their clinical practices with evidence-based DLBCL guidelines. When asked about discussing novel treatment options with patients, 8% *do not discuss*, while 36% *briefly discussed*, and 56% *discussed in detail*. Moreover, 36% of HCPs reported *low/very low* confidence in *identifying patients eligible for treatment with novel therapies*, and 43% had *low/very low* confidence in *navigating access to incorporate novel therapies into individual DLBCL treatment plans*. To improve DLBCL care, only 3% of HCPs felt *completely educated on the management of DLBCL*, with 44% wanting to *improve efficiency and ease of obtaining insurance approval for novel therapies* and 44% seeking education on *identifying patients eligible for newer therapies*.

Small-Group AF Sessions: In assessing HCPs' knowledge impact, only 35% correctly selected *T-cell* as the other targeted cell, in addition to tumor cells, for the mechanism of bispecific antibodies in DLBCL (Figure 1). Although this was improved compared to the 26% correct prior to the activity, more education is needed to close this knowledge gap. HCPs plan to address the following challenges: *employing strategies to better identify and manage adverse events of novel therapies for DLBCL* (79%), *enhancing knowledge of clinical evidence for new and emerging therapies for DLBCL* (71%), and *developing personalized treatment plans incorporating patient-specific factors and preferences* (68%). To achieve these goals, HCPs committed to improve patient communication and education, expand treatment access, engage patients by working to understand patient-specific considerations related to cellular therapies, and to educate and train staff in managing adverse events.

Conclusions

Barriers to providing patient-centered care in DLBCL identified in this QI initiative include staying up-to-date with novel therapies, recognizing and managing adverse events, and identifying patients eligible for novel therapies. After participating

in this QI initiative, HCPs developed action plans to address the identified gaps and reported meaningful confidence gains in delivering DLBCL care. Practice gaps uncovered in this initiative can inform future QI programs.

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Table 1: DLBCL QI Program Participants by Clinical Role	
Team-Based Survey Respondents	N = 75
Hematologist/Oncologist	8 (10%)
Physician Assistant	3 (4%)
Nurse Practitioner	9 (11%)
Pharmacist	1 (1%)
Nurse/Nurse Navigator	40 (51%)
Other	18 (23%)
Audit Feedback Session Respondents	N = 53
Hematologist/Oncologist	9 (17%)
Physician Assistant	4 (8%)
Nurse Practitioner	6 (11%)
Nurse	30 (57%)
Patient navigator / case manager/case coordinator	2 (4%)
Other (MA, practice manager)	2 (4%)

Figure 1: Improved Oncology Care Teams’ Knowledge of the Mechanism of Action of Emerging Therapies for DLBCL

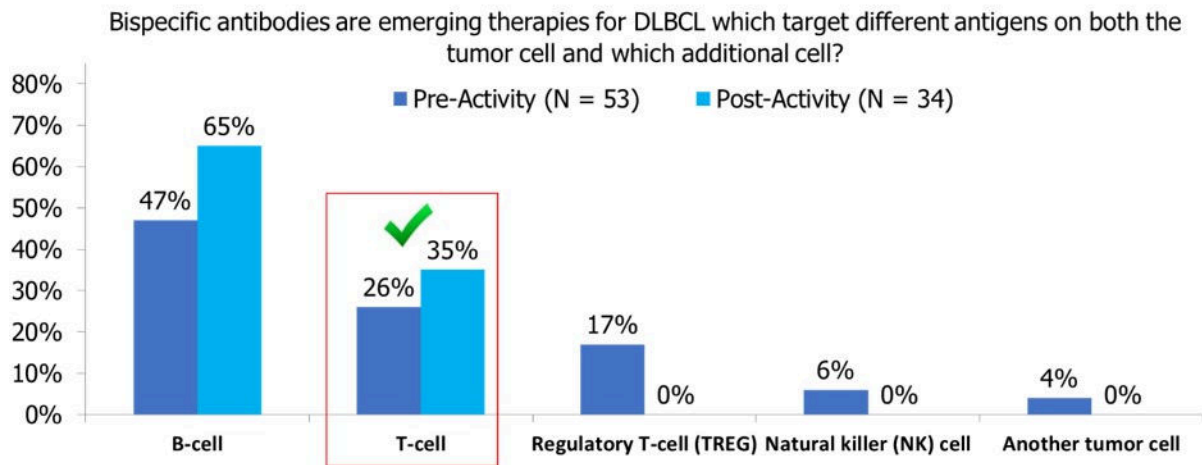


Figure 1

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