- Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza - Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR; January 21, 2011/60 (RR01);1-24.
- www.health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php
- Treanor, J. Influenza viruses, including avian influenza and swine influenza. In: Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 7th edition. Philadelphia: Chnurchill Livingston Elsevier. 2010.

HEMATOLOGY UPDATE

Puja Nistala[1]*, Murali Kodali[1] and Monika Arya[1]

[1]Division of Hematology and Oncology
*Correspondence to nistalap@health.missouri.edu
Ellis Fischel Cancer Center
University of Missouri—Columbia

ASH Choosing Wisely®:

After attending the American Society of Hematology (ASH) meeting a few weeks ago, it is time to discuss the Choosing Wisely campaign®. This is a quality improvement project led by the American Board of Internal Medicine (ABIM) Foundation in collaboration with the leading national medical professional societies. This campaign aims to encourage open discussion among patients, physicians and the community regarding the costs and benefits of medical care, taking into account the increasing health care costs.

The Choosing Wisely® campaign challenges medical societies to identify 5 tests, procedures, or treatments within each specialty's clinical domain that are offered to patients despite an absence of evidence demonstrating benefit or, in some cases, despite evidence demonstrating disutility or harm.

ASH has identified 5 tests/intervention practices that can be improved and provided these recommendation so the care provider teams actually consider the anticipated benefits of these interventions before choosing to perform them.

ASH Choosing Wisely® Recommendations:

1. In situations where transfusion of RBCs is necessary, transfuse the minimum number of units required to relieve symptoms of anemia or to return the patient to a safe hemoglobin range (7-8 g/dL in stable, non-cardiac in-patients)
2. Do not test for thrombophilia in adult patients with venous thromboembolism occurring in the setting of major transient risk factors (surgery, trauma, or prolonged immobility)
3. Do not use inferior vena cava filters routinely in patients with acute venous thromboembolism
4. Do not administer plasma or prothrombin complex concentrates for non-emergent reversal of vitamin K antagonists (i.e., outside of the setting of major bleeding, intracranial hemorrhage, or anticipated emergent surgery)

5. Limit surveillance CT scans in asymptomatic patients after curative-intent treatment for aggressive lymphoma
6. Do not diagnose or initiate treatment of lymphoma on the basis of tissue obtained exclusively with fine needle aspiration

Please find this article in ASH Education book—Dec 2013—Blood:
The ASH Choosing Wisely® campaign: five hematologic tests and treatments to question
Lisa K. Hicks, Harriet Bering, Kenneth R. Carson, Judith Kleinerman,Vishal Kukreti, Alice Ma, Brigitta U. Mueller, Sarah H. O'Brien, Marcelo Pasquini, Ravindra Sarode, Lawrence Solberg Jr, Adam E. Haynes, Mark A. Crowther
http://bloodjournal.hematologylibrary.org/content/122/24/3879.full

Advanced Hospital Medicine Fellowship Program

Hasan Naqvi, MD
Assistant Professor of Clinical Medicine
Department of Medicine, University of Missouri—Columbia

INTRODUCTION:
The hospitalist field was founded on the premise that inpatient generalists could improve the care of hospitalized patients and systems of inpatient care. In the early years, the challenge was to determine whether the field was indispensable. We now know that it is (1). Increased emphasis on improving quality and patient safety in hospitals, growing pressures to reduce costs and new limits on residency work hours have all led to an explosion in the number of physicians who work solely in hospitals(2). It is the fastest growing specialty in the United States, and perhaps in American medical history. There are about 30,000 hospitalists for 50,000 opportunities across the country (3). The challenge now is that hospitalists are often seen as the solution to all sorts of problems for which they were never prepared or trained during residency training. Managing this demand is the greatest challenge of the field. Current residency training may require changes in education and training, to develop competing goals and priorities, and face new issues in their relationships with health plans, hospitals, and other physicians (4). Internal medicine and family medicine residency training provide good clinical grounding in inpatient work, but they lack in some aspects what is required to be an effective and efficient hospitalist. The increasing number of practicing hospitalists points to the need for careful consideration of whether they have been trained appropriately for their work and of modifying future training accordingly. Currently a hospitalist is not only required to be a champion in inpatient care but also a leader in patient safety and clinical quality initiatives. Hospitalists are also required to understand the financial and fiscal aspects while at the same time work as a teacher, mentor and role model for the medical students and residents (5,6,7,8).

The Institute of Medicine Health Professions Education Summit in 2002, addressed the objective of "How do we educate health professionals to deliver evidence-based, patient-centered care delivered by interdisciplinary teams using quality improvement and informatics as the foundation?" Over 150 leaders and experts from the health professions of education, regulation, policy, advocacy, quality, and industry attended the Health Professions Education Summit to discuss and help the IOM develop strat-