

communication violations that are represented by 4 storm clouds seen in [Figure 1](#).

Results: Seventeen patients, with high risk malignancies (14 AML/MDS, 1 ALL), had an inpatient HSCT consult requested during the twelve month timeframe. Approximately 77% of consults experienced a connection violation resulting from poor communication. Frequent problems identified included failure to communicate the need for social work/financial screening, inability to view the consult order in EPIC, and the HSCT team being unaware of potential transplant patients. Patients were evaluated for transplant without insurance verifications and psychosocial assessments leading to patient dissatisfaction, transitions of care to other institutions, and excess out of pocket costs.

Solution: Our working group designed a target workflow to optimize communication. To implement target workflow, the HSCT program collaborated with EPIC builders to create a systems list, a consult patient list for the transplant program. The systems list, implemented September 2014, captures all consults ordered by inpatient staff allowing the members of the HSCT program to monitor for new consults. In-service educational sessions will be provided to all involved staff beginning October 2014. The new processes will be reviewed weekly for 4 weeks and monthly for the first quarter allowing for real-time interventions and corrections. Once the target state is met, we expect increased cost containment and decreased external transitioning of care, thereby improving patient care and satisfaction.

523

A Network Approach to Standardization of BMT Pathways

Peter A. McSweeney¹, **Carlos Bachier**², **Jesus G. Berdeja**³, **Hana Safah**⁴, **Mohammed M. Elayan**², **Charles F. LeMaistre**⁵, **Rocky Billups**⁵, **Tonya Cox**⁵. ¹Colorado Blood Cancer Institute, Denver, CO; ²Adult Blood and Marrow Transplant, Texas Transplant Institute, San Antonio, TX; ³Sarah Cannon BMT Program, Nashville, TN; ⁴Hematology and Medical Oncology, Tulane Medical Center, New Orleans, LA; ⁵Sarah Cannon, Nashville, TN

Background: The Sarah Cannon Blood Cancer Network (SCBCN) consists of 6 programs in the US performing over 850 HSCTs annually. In the fall of 2012, the SCBCN physician leaders proposed development of standardized disease-based BMT pathways. These included background information on the diseases, indications for transplant and treatment methods to be used. Anticipated benefits included improved quality and efficiency of transplantation throughout network, improved data collection, and a better platform for collaborative research amongst the programs. A Pathways Committee was formed with representation from each program including physicians, Pharm Ds, Clinical Nurse Specialists, and administrative support personnel.

Process: The committee scheduled twice monthly conference calls from January, 2013 through September, 2014 and developed initial pathways. The physicians presented draft pathways based upon expertise and clinical interest which were then modified according to committee and evidence review. Network experts were consulted as requested by the committee. Once the draft pathways were completed they were circulated to the 22 SCBCN program transplant physicians for comment. Comments were collated and sent to the committee for review for final revisions.

Outcome: Twelve standardized BMT pathways resulted from this process covering acute and chronic leukemias,

lymphomas, myelodysplastic syndromes, multiple myeloma, myeloproliferative syndromes, graft-versus-host disease prophylaxis, and stem cell mobilization. Consensus on the treatment pathways was readily achieved setting the stage for further clinical and research collaboration. Final versions of the pathways were published on the Sarah Cannon SharePoint site for program access. SCBCN members agreed to implement the pathways to guide BMT care. Physicians may choose to treat a patient off-pathway but must submit a variance form for tracking. Variances are reviewed at the SCBCN quarterly Network Quality Committee Meeting.

Implementation of the pathways will require standardized order sets be created and PharmDs from Network programs are creating standardized order sets for each pathway. Pathways will be built into the electronic BMT Patient Management Software and variances tracked electronically.

524

Administrative Claims Data for Cost Analyses in Hematopoietic Cell Transplantation: The Good, the Bad and the Ugly

Jaime M. Preussler¹, **Lih-Wen Mau**², **Ellen M. Denzen**³, **Navneet S. Majhail**⁴, **Stephanie A. Farnia**⁵, **Alicia Silver**⁶, **Christa Meyer**⁷, **Wael Saber**⁸, **David Vanness**⁹. ¹Patient and Health Professional Services, National Marrow Donor Program, Be The Match, Minneapolis, MN; ²National Marrow Donor Program-Be The Match, Minneapolis, MN; ³Patient and Health Professional Services, National Marrow Donor Program/Be The Match, Minneapolis, MN; ⁴Blood & Marrow Transplant Program, Cleveland Clinic, Cleveland, OH; ⁵Payer Policy, National Marrow Donor Program, Minneapolis, MN; ⁶Payer Policy & Legislative Relations, NMDP/Be The Match, Minneapolis, MN; ⁷National Marrow Donor Program-Be The Match, Minneapolis, MN; ⁸CIBMTR (Center for International Blood and Marrow Transplant Research), Medical College of Wisconsin, Milwaukee, WI; ⁹University of Wisconsin - Madison, Madison, WI

There is an increased need for the development of approaches to measure quality, costs and resource utilization patterns among allogeneic hematopoietic cell transplant (allo HCT) patients. Administrative claims data provide comprehensive data for examining service utilization and costs. However, because administrative data are primarily designed for reimbursement purposes, many challenges arise when using it for research. This is particularly problematic when working with rare diseases and procedures, as is the case with allo HCT. To examine the costs and service utilization of allo HCT and chemotherapy for older patients with acute myeloid leukemia (AML), a retrospective cohort study was designed using the 2007-2011 Truven Health MarketScan Research Database, a national multi-payer claims database that contains costs paid for healthcare services. Using this cohort, we demonstrate challenges in using claims databases for allo HCT and propose some approaches to mitigate them. Using ICD-9 diagnosis codes, we identified 29,915 patients with AML in the dataset. From this cohort, we focused on patients age ≥ 50 years and preliminarily identified 468 allo HCT recipients and 6371 patients with AML who did not receive an HCT. [Figure 1](#) lists some of the issues faced and our approach to address them. Utilizing administrative claims data is both a science and an art. Researchers need to make rational decisions based on