perception of issues from transplant centers since the full implementation of the ACA in early 2014. In terms of Medicare problems, the survey found that transplant centers have considerable issues with Medicare reimbursement rates (45%), prior authorization issues (46%), benefit restrictions (38%) and coverage for specific clinical indications (32%). Transplant centers issues with Medicare centered on coverage for certain indications (71%) with some concern for the current Medicare reimbursement rate (30%). Commercial payers were rated by transplant centers to have minor (32%) or some issues (43%) when it comes to the scope of overall issues transplant centers face. Respondents gave qualitative responses about how the ACA is impacting their transplant center and patient populations. While a few respondents provided positive anecdotes about expanded patient access to care through the ACA, many respondents discussed network inclusion issues, problems with home health care, benefit confusion and sincere concerns with pharmaceutical benefit restrictions. The survey results will direct the efforts of the NMDP’s Payer Policy team and help to inform the transplant community about common payer challenges.

532

Hematopoietic Cell Transplantation Multidisciplinary Care Teams: Burnout, Moral Distress and Career Satisfaction

Sanya Virani 1, Alexandra De Kesel Lofthus 2, Deborah A. Boyle 3, Elaine Stenstrup 4, Ellen M. Denzen 5, Jane Dabney 6, Kimberly Schmit-Pokorny 7, Leslie Parran 8, Lih-Wen Mau 9, Linda J. Burns 10, Marion Kalbacker 11, Miguel-Angel Perales 12, Nancy Boyle 13, Navneet S. Majhail 14, Pamela Paplham 15, Tait Shanafelt 16, Tippu Khan 17, William Wood 18, Elizabeth A. Murphy 9, Joyce Neumann 19.

1 Patient and Health Professional Services, National Marrow Donor Program, Minneapolis, MN; 2 Case Management, National Marrow Donor Program, Minneapolis, MN; 3 Oncology, UC Irvine Medical Center, Orange, CA; 4 University of Minnesota Cancer Care, Minneapolis, MN; 5 Patient and Health Professional Services, National Marrow Donor Program / Be The Match, Minneapolis, MN; 6 Adult BMT Program Social Worker, The Cleveland Clinic Foundation, Cleveland, OH; 7 Blood and Marrow Transplantation Program, University of Nebraska Medical Center, Omaha, NE; 8 BMT, University of Minnesota Medical Center, Minneapolis, MN; 9 National Marrow Donor Program-Be The Match, Minneapolis, MN; 10 University of Minnesota Medical Center, Minneapolis, MN; 11 Clinical Social Worker - Pediatric BMT, Duke University Medical Center, Durham, NC; 12 Department of Medicine, Adult Bone Marrow Transplant Service, Memorial Sloan Kettering Cancer Center, New York, NY; 13 Knight Cancer Institute, Oregon Health & Science University, Portland, OR; 14 Blood & Marrow Transplant Program, Cleveland Clinic, Cleveland, OH; 15 Roswell Park Cancer Institute, Buffalo, NY; 16 Division of Hematology, Mayo Clinic, Rochester, MN; 17 Department of Pharmacy, University of North Carolina, Chapel Hill, NC; 18 Hematology/Oncology, University of North Carolina Healthcare, Chapel Hill, NC; 19 Stem Cell Transplantation and Cellular Therapy, University of Texas MDAnderson Cancer Center, Houston, TX

Through the multi-year System Capacity Initiative and in collaboration with hematopoietic cell transplant (HCT) experts and key stakeholders, National Marrow Donor Program’s Be The Match® evaluated the impact of workforce and infrastructure challenges on the utilization of HCT. A key finding from the needs assessments (Majhail et al. BBMT, 2012; Denzen, et al. BBMT, 2013) was that the effectiveness of recruitment and retention efforts is limited by work-related distress (e.g., burnout, moral distress, and compassion fatigue) across the HCT workforce. Although a recent evaluation by Shanafelt et al. (JCO, 2014) identified a burnout rate of 44.7% in almost 3000