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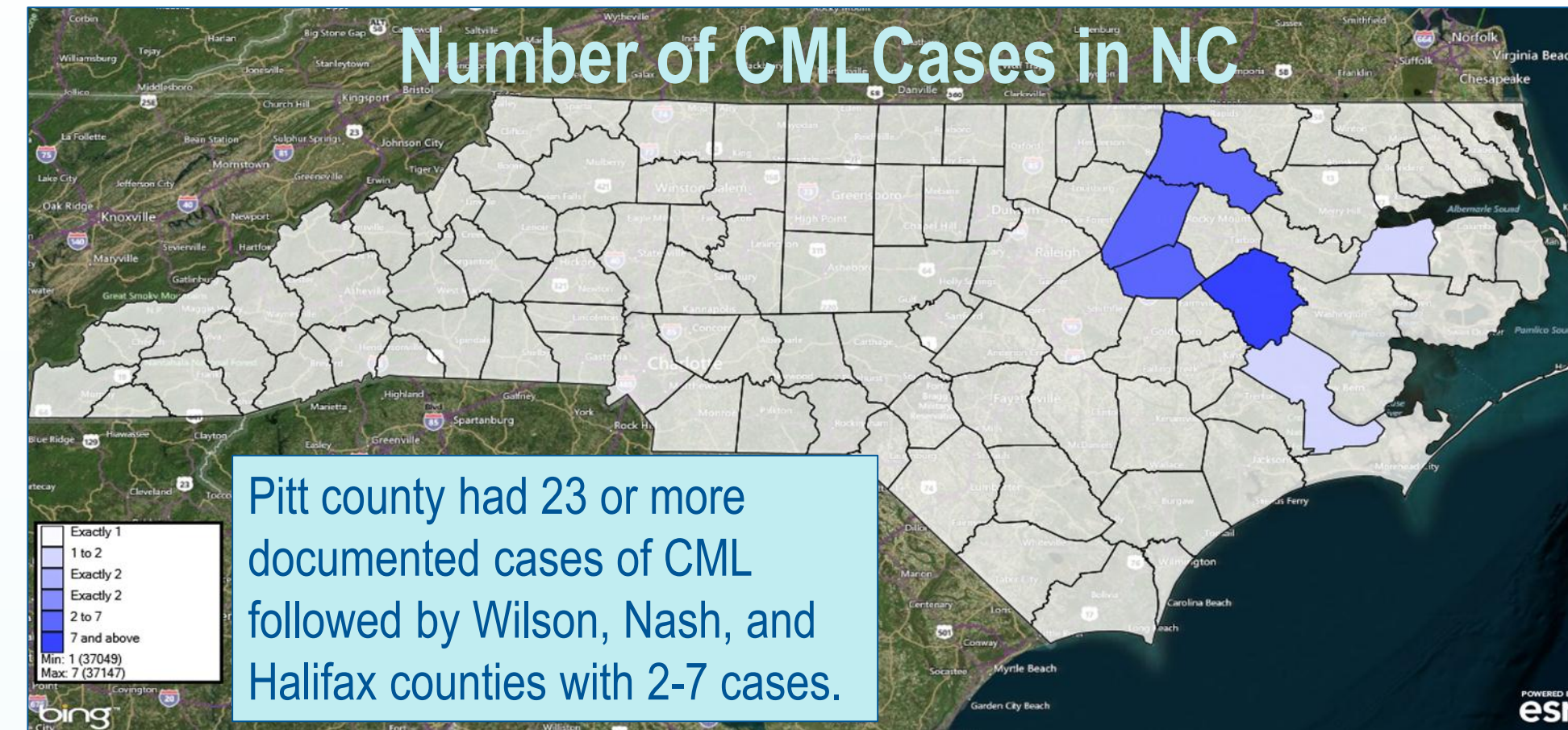
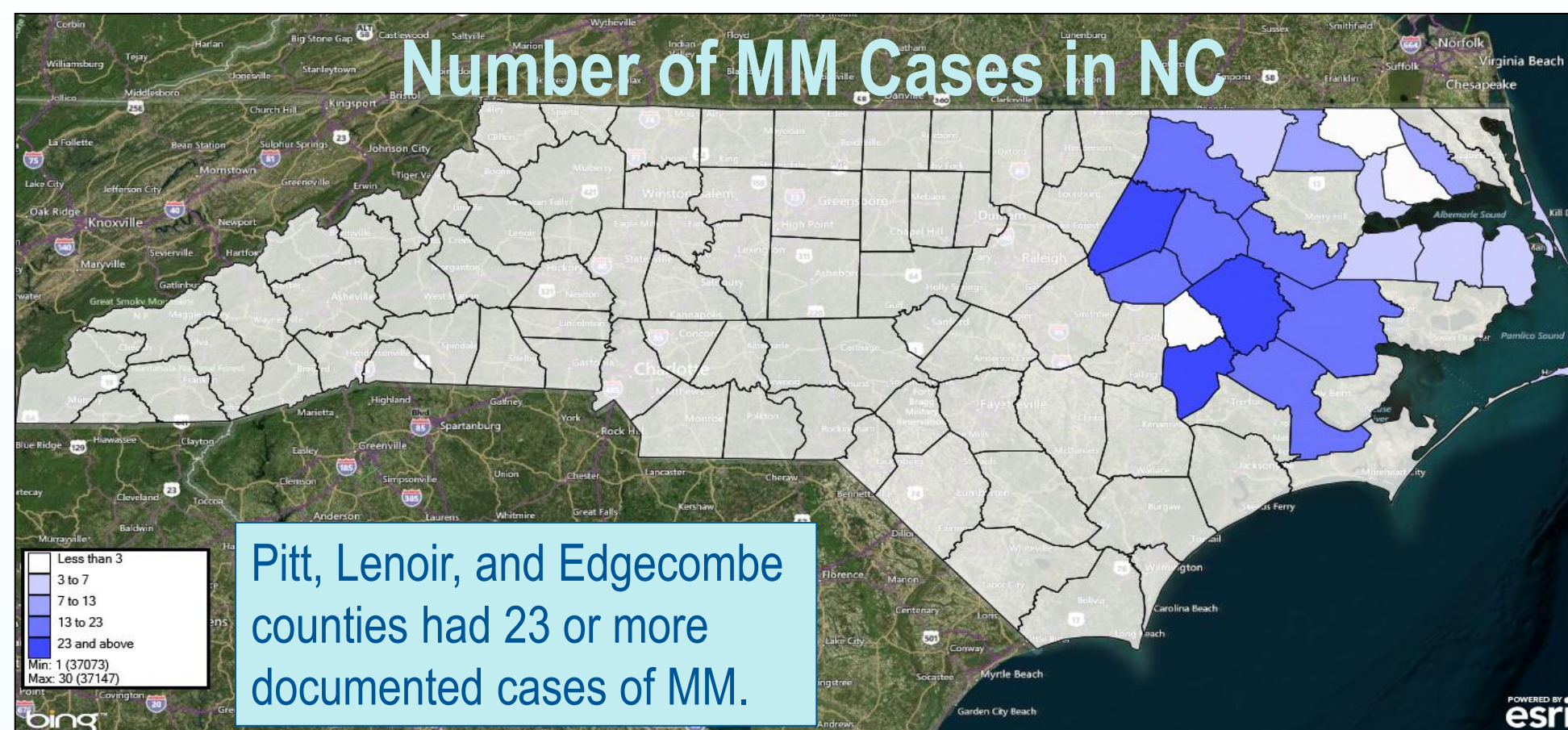
Enhancing Provider Education and Improving Healthcare Disparities in Chronic Myeloid Leukemia (CML) and Multiple Myeloma (MM) through a Rural Regional North Carolina Hospital Network

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Background

Guidelines for care of Chronic Myeloid Leukemia (CML) and Multiple Myeloma (MM) change continuously. Implementing best-practices in delivery of care for hematologic malignancies can improve clinical outcomes for these cancers. Educating patients about their specific diagnosis and the expected outcomes, as well as potential side effects of therapies, can reduce barriers that obstruct compliance to treatment.



Methods

The main goal of this initiative is to ensure competency for regional Generalist Hematology Oncology physicians and nurses to provide state of the art care to patients with CML and MM in a rural 29-county area of eastern North Carolina.

Overarching Objectives:

- Expand provider knowledge of current national guidelines for diagnosis, treatment, prognosis of CML and MM related to ordering, interpreting, and implementing cytogenetic and molecular biomarker results
- Expand oncology Nursing Education
- Provide patient education and assess of compliance

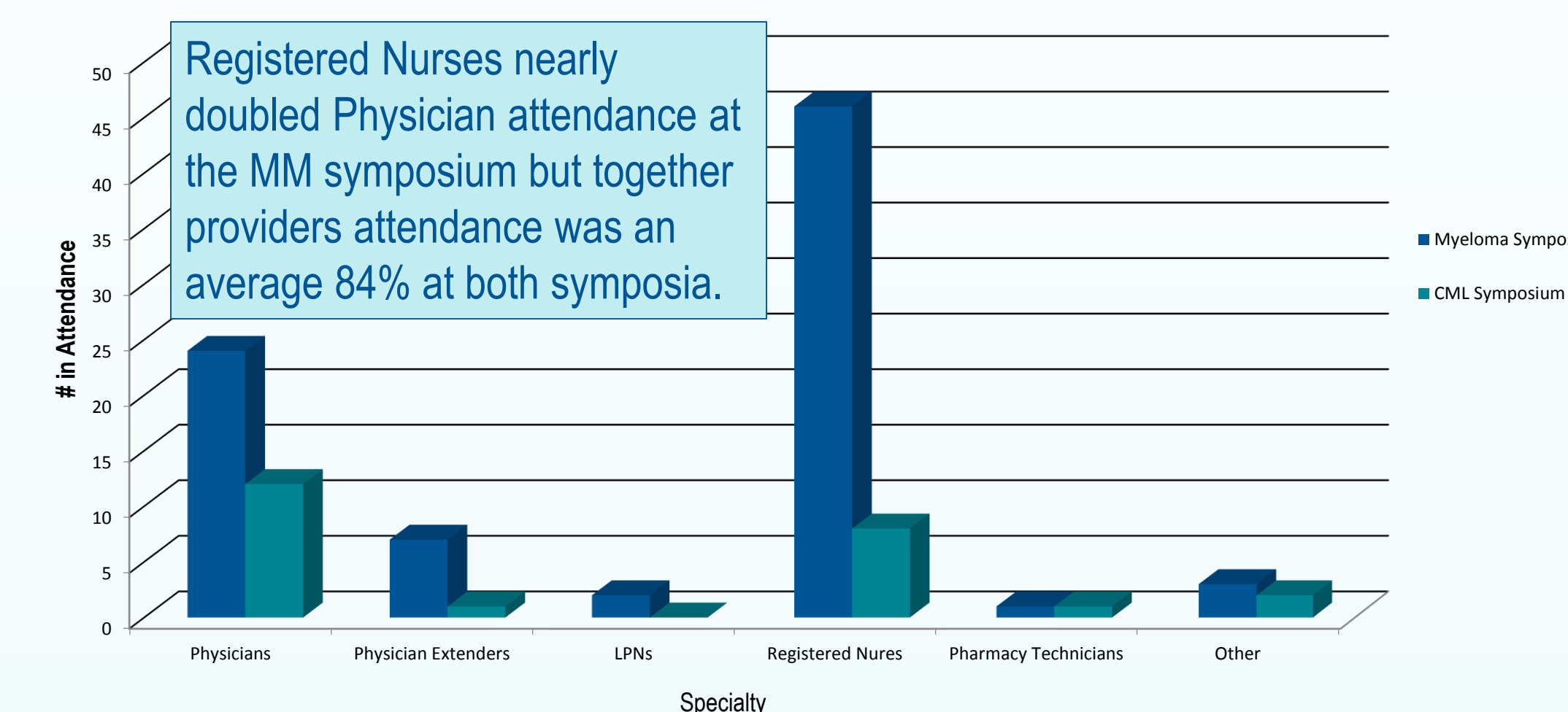
Educational Innovation

- Hosted two large symposia with expert speakers in CML and MM who addressed diagnosis, treatment, and surveillance of these cancers. Attended by Hematology Oncology physicians and nurses across Eastern North Carolina.
- Assessed knowledge gained by 10 pre- and post-test questions using an electronic data capture device.
- Tested knowledge of latest National Comprehensive Cancer Network (NCCN) guidelines for CML and MM.
- Created and deployed five innovative Nursing Webinars held monthly during lunch, in conjunction with Eastern AHEC. Topics included: current oral chemotherapeutic agents, side effects, and pharmacy options for obtaining medications and insurance requirements for reimbursements.
- Patient education and adherence monitoring activities are underway. Ask-12, a validated survey for medication adherence, has been administered to patients in six clinic sites.
- Brochures explaining drugs and regimens are being designed for distribution to patients with low literacy as a basic tool for understanding their diagnosis. Providers also explain and issue patient diaries to track daily medication consumption to assess adherence to medication.

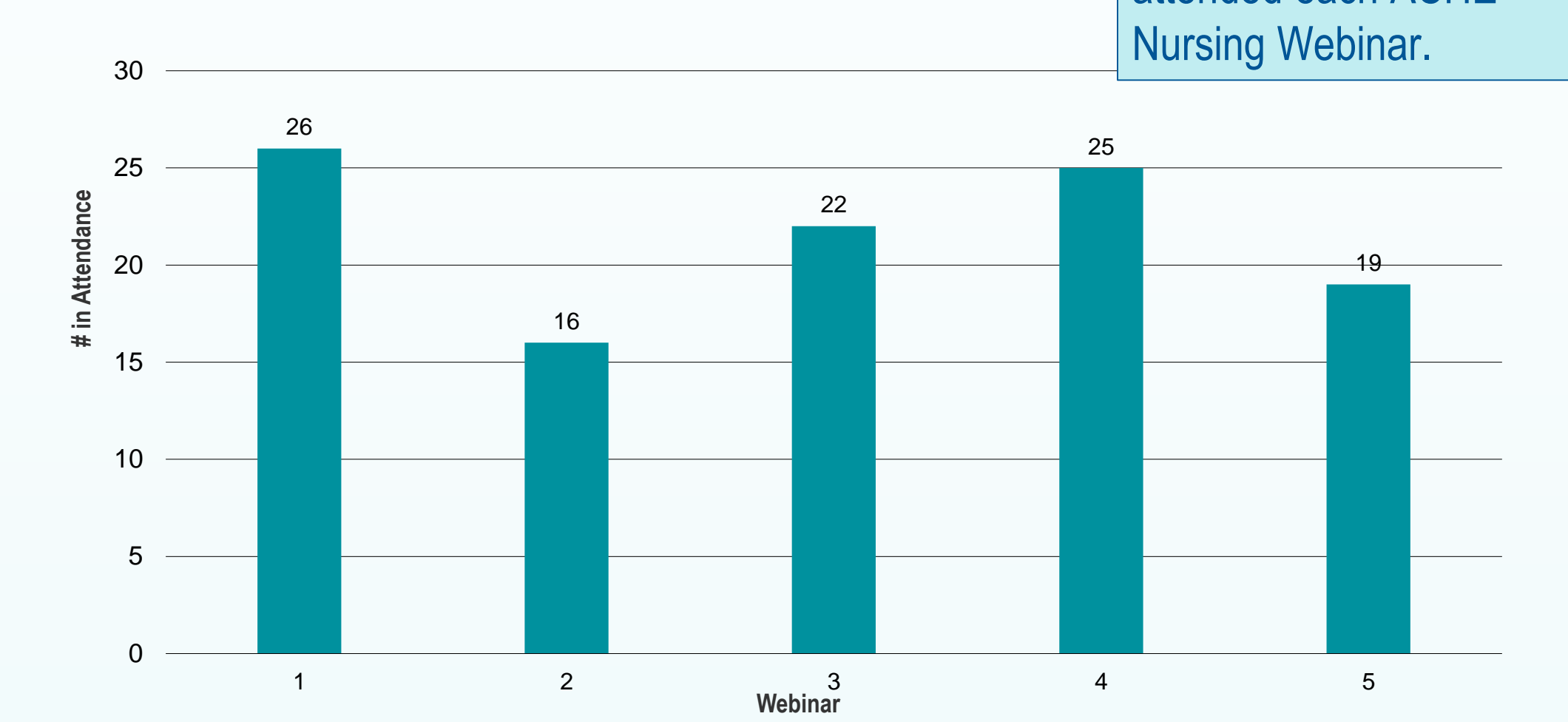
Results

- 106 physicians and nurses from 22 organizations in 18 counties within Eastern North Carolina attended **two symposia** in fall 2014.
- Participation was: CML-50% physicians, 33% registered nurses and MM-29% physicians, 56% registered nurses.
- 108 registered nurses from 20 organizations participated in **five nursing webinars**.
- Instrument capture of knowledge improvement at our 2014 symposia was not functional for our audience members. Therefore, we have modified our data collection mechanism to use a Scantron style exam for the 2015 symposia.

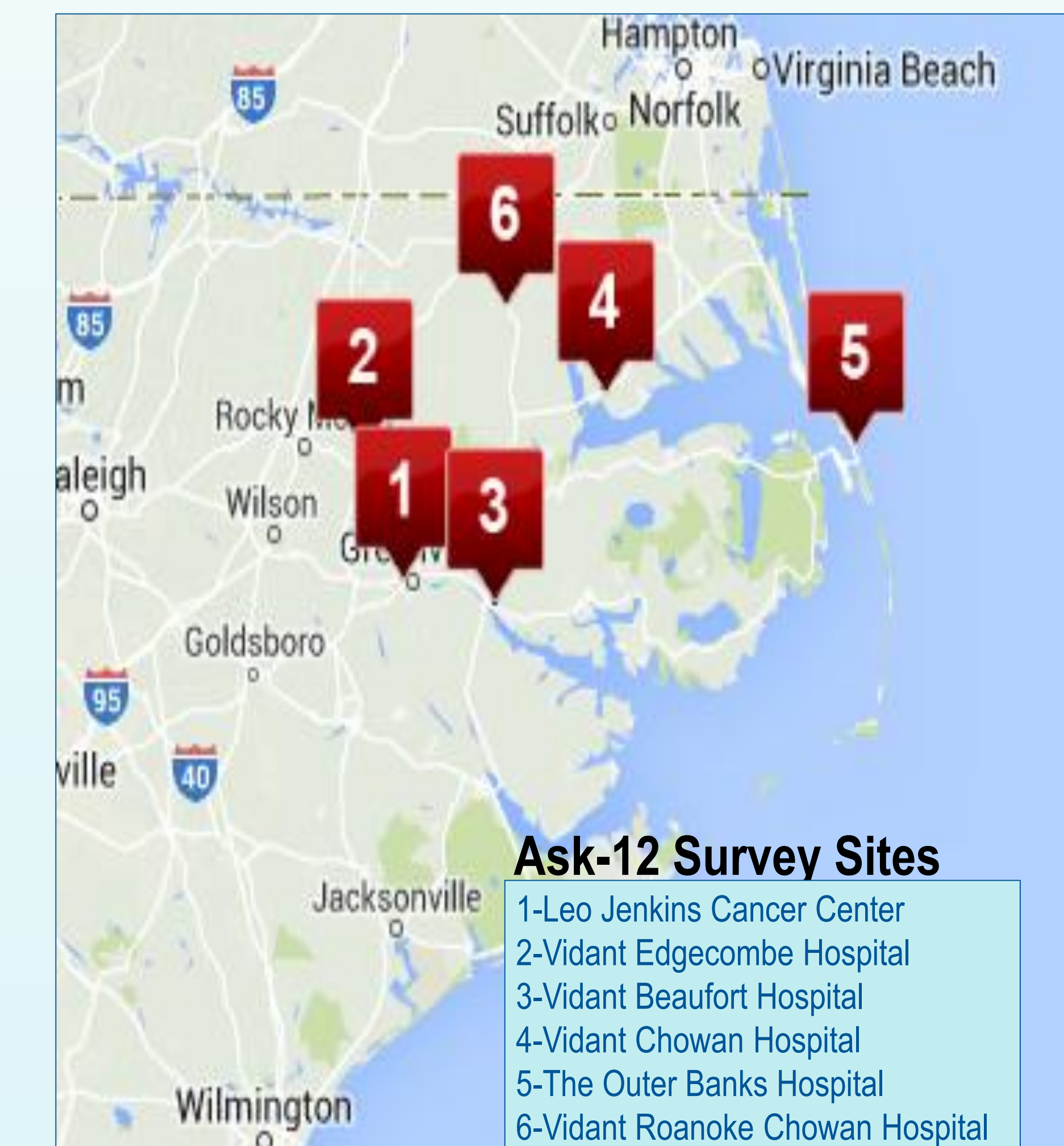
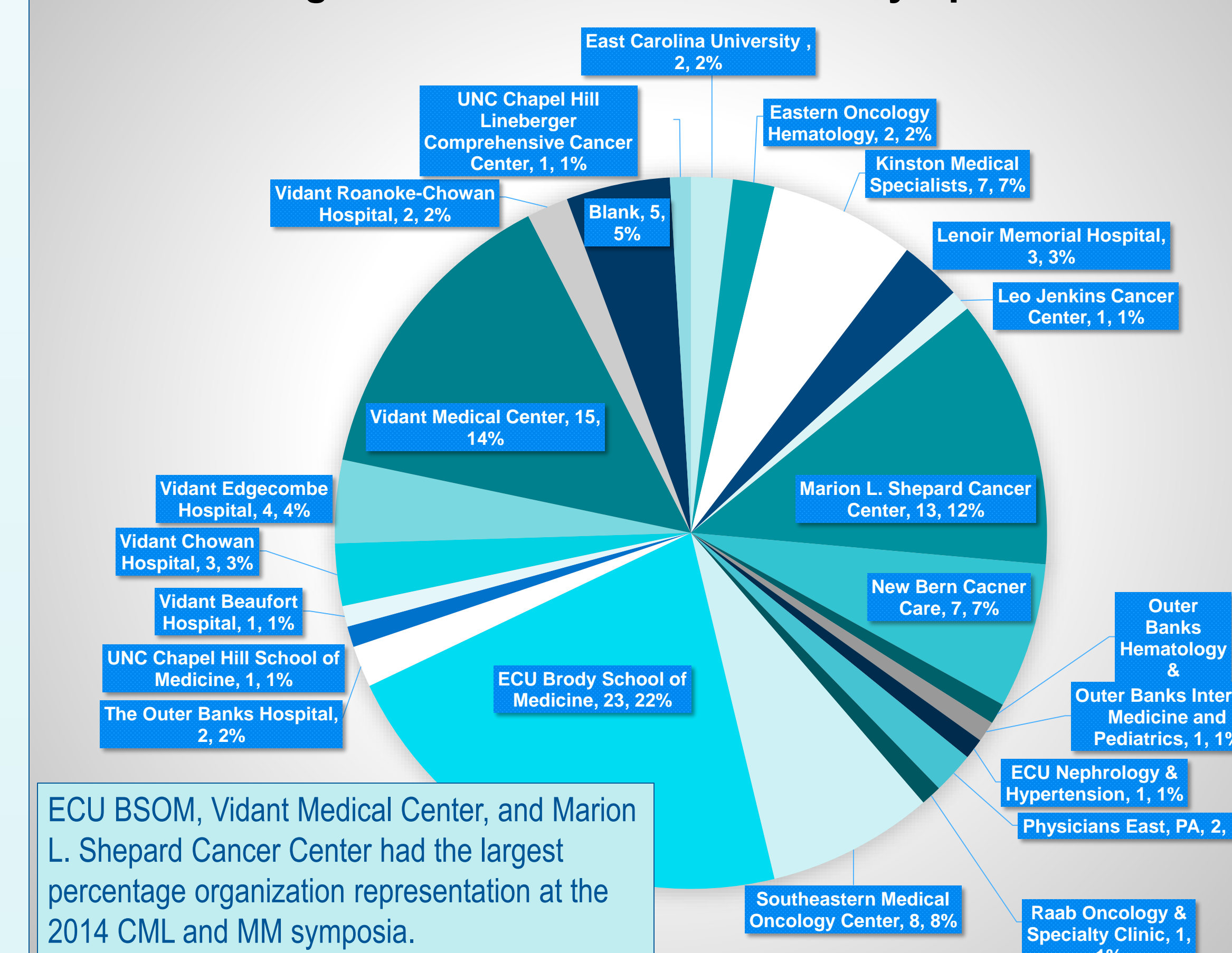
Attendance at NCCN MM and CML Symposia Based on Specialty



AHEC Nursing Webinar Attendance



Organizations Present at 2014 Symposia



Conclusion

The first year of our project has already demonstrated the ability to provide quality and innovative educational content to regional physicians and nurses throughout a large rural NC hospital network. We will continue to track success and analyze data to determine if our interventions will reduce healthcare disparities.

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