American Board of Internal Medicine

Hematology Quality Agenda
Themes and Corresponding Society Activities*

ABMS Standard 18, Development of a Quality Agenda: In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating healthcare disparities.

- Member Boards are expected to support a quality agenda in alignment with their specialty-at-large.
- Member Boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas and define strategies to improve care.

Problem	Drivers	Relevant Society Strategies
AIM 1: Promote health equity and reduce health disparities		

• Hematologic patients who are under-represented in medicine or from rural areas generally have poorer health outcomes.	• Ensure that individuals with sickle cell disease (SCD) have access to high-quality care.
	  • Create improved care plans, especially for the transition from adolescent to adult.
	  • Improve training of primary care/interdisciplinary teams in SCD
	  • Expand opportunities for fellows to have access to more outpatient SCD care as opposed to just inpatient acute care.
	• Define new normal values for absolute neutrophil count (ANC) in individuals with Duffy-null status. This includes educational materials targeting hematologists, pediatricians and primary care providers to raise awareness of Duffy-null Associated Neutrophil Count (DANC) and promote equitable care.
	• Bolster diversity within and improve access to hematology clinical trials, possibly by providing financial incentives for participation
		• Absolute Neutrophil Count (ANC) by Duffy Status Project
		• Duffy-null Associated Neutrophil Count (DANC)
		• ASH Toolkit for Clinical Trial Sponsors
		• Sickle Cell Disease Advocacy

AIM 2: Address the shortage of hematologists to improve patient care for those with hematological conditions		
• There is a national shortage of hematologists who treat both classical hematology and those specializing in blood cancers.	• Provide mentorship opportunities to first- and second-year pediatric and adult hematology fellows. • Increase fellowship opportunities for classical hematology beyond the current medical oncology/hematology combined tracks.	• ASH Resources for Training Program Directors • ASH Careers in Hematology Advancement Mentorship Program (CHAMP) • ASH Hematology Inclusion Pathway

	• Increase hematology training options in rural areas where most cancer care is focused on solid tumors with limited options for the treatment of blood cancers. • Highlight the latest survey models showing that classical hematologists are no longer at the lower end of the pay scale to address that possible contribution to the lower numbers in the field.	• ASH Horizons in Hematology: A New Initiative to Inspire the Next Generation of Hematologists • ASH Ambassador Program
Problem	**Drivers**	**Relevant Society Strategies**
AIM 3: Address and improve iron deficiency in most affected populations.		
• Over half of people with iron deficiency were found to still have low iron levels three years after diagnosis, and among patients whose condition was effectively treated within that timeframe, they faced longer-than-expected delays, pointing to substantial gaps in appropriate recognition and efficient treatment of the condition • Iron deficiency is prevalent in women and older people, and many conditions, including kidney disease, cancer and inflammatory bowel disease	• Develop evidence-based clinical practice guidelines for iron-deficiency anemia that meet the highest standards of development, rigor and trustworthiness. • Screen and treat for iron deficiency in pregnancy • Improve recognition and treatment of iron-deficiency in the postpartum patient. • Improve access to and delivery of IV iron to all patients with documented iron deficiency when indicated. • Reduce pre-medication for IV iron and increase awareness of true adverse reactions. • Improve education of iron deficiency in primary care, urgent care, OBGYN and emergency care settings • Increase access to well tolerated parenteral iron formulas.	• ASH Clinical Practice Guidelines Iron Deficiency Anemia • ASH Iron Deficiency Initiative • ASH Quality Improvement Training Institute • ASH Iron Deficiency Stakeholder Summit ○ Seek funding to disseminate outside of hematology to other physicians (OBGYN, pediatrics, internal medicine, family medicine) and other practitioners. • Iron Deficiency Anemia

**Please submit any comments or questions you may have to StrategicAlliances@abim.org. Thank you!*