

## MyBloodHealth® Frequently Asked Questions (FAQ)

**Q: What is MyBloodHealth (MBH)?**

**A:** MBH is Accumen's patented anemia management platform capable of generating end-to-end care plans for perioperative and chronic anemic patients. MBH connects all providers involved in the patient's care through the health system's EHR system and is proven to help reduce surgical complications, hospital stays, readmission rates, and extra medical visits.

**Q: Why is it important to screen for anemia when most patients have normal hemoglobin levels?**

**A:** Anemia is very common and often overlooked. Delivering quality care to our patients means we must recognize and treat it. More importantly, when anemia is not identified and managed, patients are harmed. While pre-operative anemia occurs in approximately 40% of surgical patients across all clinical populations, it is commonly ignored or underprioritized. The good news is, almost all patients are responsive to treatment.

**Q: How does MBH define anemia?**

**A:** MBH defines anemia as a hemoglobin of less than 13 g/dL for both men and women. While lower hemoglobin numbers may be deemed as "normal," they are in fact not normal, and can be dangerous to patients leading to less-than-optimal outcomes.<sup>1,2</sup>

**Q: We are already working on PBM. Why do we need anemia management?**

**A:** Much of hospitals' initial efforts are focused on optimal transfusion practice, which is critically important to patient outcomes. However, organized anemia management is the proactive next step into broader PBM. Anemia management is vitally important to your patient population as it improves patient safety, clinical, and financial outcomes, and significantly increases your patients' quality of life.

**Q: Why do we need to have an organized anemia management program for this?**

**A:** Health systems and hospitals are increasingly complex. Implementing new care models while managing competing priorities requires a coordinated effort to bring together disparate patient data, workstreams, resource management, and clinician activity. An anemia management program is not a physical structure, but rather a synchronized process. This organized approach to anemia management enhances patient care, enables providers to focus on other tasks.

**Q: But, what if we are already doing anemia management?**

**A:** If you are already engaged in active anemia management, MBH streamlines and improves the efficiency of existing services by synchronizing relevant data on anemic patients in one platform.

While one program focuses on pre-surgical anemia, opportunities also exist to manage anemia in other eligible populations. When an organization can fully operationalize the features of the MBH platform, numerous patient populations will benefit, far beyond selected surgical populations.

**Q: Can't primary care providers manage anemia prior to surgery?**

**A:** With an increasingly complex and aging patient population, primary care providers are often compelled to address more immediate clinical issues, and anemia is often overlooked.

**Q: Shouldn't hematologists manage anemia?**

**A:** Hematologists certainly are experts in blood and blood-related disorders. However, as most anemia is attributed to iron deficiency, it can be safely and routinely treated by other members of the healthcare team. Hematologists' expertise becomes essential as patients with complex blood related issues are identified through the anemia management program. Such patients are often discovered through the process, enabling the detection and treatment of problems that may have otherwise been undetected.

**Q: What are the triggers for patients to be reviewed for anemia?**

**A:** Patient review is driven by diagnosis, anticipated procedure, and lab results. Patient eligibility is based on your health system's specific guidelines and patient populations. Accumen experts collaborate with you to determine what will be the most impactful strategy.

**Q: What are the triggers for patients to be treated for anemia?**

**A:** Patient treatment is based on identification of abnormal lab values and the PBM standards developed by your health system. While the process will identify the patients who will benefit from therapy, overall clinical decisions regarding anemia management still reside with providers. In addition, the process enables providers to prioritize the patients who will be likely to receive the most benefit from therapy.

**Q: What is the clinical case for Anemia Management?**

**A:** The prevalence of anemia has become a key area of focus for the World Health Organization (WHO) and many leading healthcare systems across the globe. The WHO most recently published the [Patient Blood Management policy brief](#), which exposes the worldwide prevalence of this problem and the tremendous negative clinical and financial impacts it has on individuals, families, and communities. Conservatively, more than one in four people worldwide are afflicted with anemia.

Anemia increases:

- Hospital stays by 22%
- 2.9x higher chances of 30-day mortality
- 1.93x higher chances of infection

- 3.75x higher chances of kidney injury
- 5.4x higher chances of RBC transfusion

There are hundreds of published studies regarding anemia-associated adverse events. Accumen maintains a database of current relevant anemia-related, peer-reviewed literature embedded in the MBH tool. <sup>3, 4, 5, 6, 7, 8, 9, 10</sup>

**Q: Is there reliable data on how managing anemia corrects the risks associated with anemia?**

**A:** [Current evidence](#) reveals that anemia management improves quality of life and patient outcomes, reduces readmissions, and shortens length of stay. It also improves the patient's experience.

**Q: What is the business case for Anemia Management?**

**A:** Data from established Accumen clients demonstrates a total value of \$3,354,000 on total hip and knee, \$6,717,000 on spinal fusion, and \$1,297,000 on cardiac/invasive per 1000 cases in three years. <sup>11</sup>

**Q: Does the MBH program work with my current electronic medical record (EMR)?**

**A:** Yes, MBH is EMR-agnostic and can connect to disparate systems through an Application Programming Interface (API).

**Q: What level of hospital-based IT support is needed?**

**A:** Most client hospitals report 5-10 hours of a report writer's time for set-up. The entire program is typically up and running within as little as 60-90 days. Post-implementation IT support is minimal, but a resource should be identified for any ongoing needs.

**Q: Who utilizes the MBH platform?**

**A:** Most organizations choose to use a nurse navigator (or equivalent) in coordination with perioperative services or telehealth staff.

**Q: How do patients view the anemia management process?**

Patients welcome the opportunity to partner with their clinician in their treatment plan, and we know that patients who are engaged in their care have better results. In addition, most patients embrace the opportunity to contribute to a safer and better surgery with improved outcomes.

**Q: Will adding this process delay surgeries?**

**A:** When the tool is properly utilized, early anemia screening actually helps reduce or eliminate surgery delays and cancellations. As with other modifiable risk factors, early intervention yields benefit to the patient and efficiency to the entire care process.

**Q: What key stakeholders should be involved in the implementation of an anemia management program?**

**A:** Key stakeholders include:

- Nursing
- Surgery
- Anesthesiology
- Laboratory
- Pharmacy
- Pre-admission testing
- Coding or health information management (HIM)
- Billing or revenue cycle
- Information technology (IT) and/or project management

The most successful programs have a team that consists of a nurse practitioner (NP) or physician assistant (PA) to manage orders and work closely with a physician leader, possibly a hematology-oncologist or an anesthesiologist.

**Q: How can we ensure optimal reimbursement for anemia treatment?**

**A:** The Accumen team will work directly with clinicians, pharmacy, and the billing and coding teams to determine the treatment process. This includes guidance on appropriate medications, pre-authorizations, and other related concerns to ensure successful reimbursement.

**Q: Will PAT or other areas need to hire staff to implement this workflow? Will we need additional infusion center chairs or physical space?**

**A:** Information needed to determine any necessary changes to capacity is gathered during the unique Accumen Gap Analysis process, and estimated patient volumes are also calculated. In recent implementations in hospitals nationwide, all institutions have comfortably accommodated the anemic patient population with existing resources. Additionally, because of the clinical and financial benefits of anemia management, many organizations choose to expand their anemia management program over time, starting with specific patient populations and later adding others.

**Q: How do you measure the program's performance?**

**A:** Many standard reports are available within the tool, including measures of revenue generation, length of stay, readmission rates, timeframes of screening to treatment, and many others. In addition, Accumen may accommodate specific report requests to meet your anemia management team's needs.

**For more information,** contact [info@accumen.com](mailto:info@accumen.com). We are happy to provide a risk-free assessment as to how your health system can increase patient safety and outcomes!

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