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**November 2018 Edition**

Upcoming Webinars \* AC Forum 2019: Submit Your Abstract \* AC Forum  
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Inpatient AC Bleeding Quality Measure from CMS

**November Webinar: Role of Direct Oral Anticoagulants in  
the Treatment of Cancer-Associated VTE: Guidance from  
the SSC of the ISTH**

**Tuesday, November 6, 2018, 12:00 PM ET**

Guest Speaker:

Marc Carrier, MD, MSc, FRCPC, Ottawa Hospital Research Institute

AC Forum Presenter:

Diane Wirth, ANP, CACP

Direct oral anticoagulants (DOACs) have been approved for the treatment of VTE in general populations. However, for cancer patients, most guidelines continue to recommend low molecular weight heparin (LMWH) monotherapy for at least 3–6 months, owing to the lack of cancer-specific data regarding the use of these agents. Both recent emerging data from clinical practice experience and new randomized clinical trials (RCTs) specifically for cancer patients may alter this approach. This statement incorporates these new data, and provides guidance on the current role of DOACs in the treatment of cancer-associated thrombosis.

**Register Now!**

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**April 11-13, 2019 | The Diplomat Beach Resort Ft. Lauderdale, FL**

**Call for Abstracts**

We are now accepting abstracts to be included at the 15th National Conference in Ft. Lauderdale, April 11-13, 2019. Accepted research will be displayed at poster sessions at the conference. The objective of the poster sessions is to share research and work being done across the antithrombotic field.

**UPDATE:** Accepted abstracts will be published in the *Journal of Thrombosis and Thrombolysis*.

To be considered for review, abstracts must be submitted no later than 5:00 pm CT on December 1, 2018.

### **Submit Abstract**

[Learn more](#) about our conference and [register today!](#)

**Early Bird Deadline: December 1, 2018**

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## **Participate Now - AC Forum Survey: Are you Using Andexanet?**

Reminder to take a few moments to complete this survey. Results will be shared with our AC Forum community. Thank you in advance.

The Anticoagulation Forum recognizes that many clinicians and hospital administrators have questions relating to practical aspects of andexanet alfa. In response, we have created a brief survey to solicit valuable information from those who are already using it, as well as those who do not have access or have not added it to formulary.

### **Complete Survey**

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## **December Webinar: Evidence-Based Best Practices for Outpatient Management of Warfarin** **Wednesday, December 5, 2018, 12:00 PM ET**

### Guest Speaker:

Adam Rose, MD, MSc, FRCPC

### AC Forum Presenter:

Sara Vazquez, PharmD

Many best practices have been described for organizing a clinic to manage warfarin. Although these practices may have face validity, they may not be based on empirical analysis. Here, we describe our decade-long effort to apply the Structure-Process-Outcome model of quality measurement as a basis for measuring and improving outpatient warfarin management in the Veterans Health Administration. The purpose of the article is to raise awareness of this body of work with pharmacists who could potentially incorporate the findings of this work into their own practice settings. We conclude with concrete suggestions for immediate implementation in clinical settings.

**Register Now!**

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## **FREE CE: VTE Prevention in the Hospitalized Medically Ill Patient**

This FREE, 1 hour enduring program was created through a collaboration from the Anticoagulation Forum and The Society of Hospital Medicine. This activity is supported by an independent educational grant from Portola Pharmaceuticals, Inc.

This program provides timely, relevant education centered on key issues of VTE prevention in the hospitalized medically ill (non-surgical) patient. Learn from four modules: **1) prevalence and policy; 2) risk stratification; 3) prophylaxis options;**

and 4) post hospital discharge prophylaxis.

Created by expert faculty: Scott Kaatz, DO, MSc, SFHM; Steve Deitelzweig, MD, SFHM; and Paul Grant, MD, SFHM.

[Take FREE Course Today](#)

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## Call for Public Comment on Proposed Inpatient AC Bleeding Quality Measure from CMS

All members are encouraged to review and submit comments on this new proposed measure from CMS. Comments are due by **10/30/18**.

### **Description:**

The measure assesses the proportion of encounters of patients over 18 years of age at admission, excluding surgical patients and patients on dialysis during the encounter, who were administered at least one anticoagulant or thrombolytic medication during the encounter and within 7 days prior to a subsequent bleeding event. Bleeding events must occur during the encounter and are defined as 1) An absolute decrease of hemoglobin results of 2g/dL or more within a 48-hour period, excluding the first 24 hours of arrival in the hospital (including the Emergency Department); or 2) a transfusion of whole or red blood cells, excluding the first 48 hours after arrival in the hospital (including the Emergency Department); or 3) a diagnosis code indicating new onset of bleeding that starts during the qualifying encounter.

This document provides information about the measure's rationale, intent, and history. We seek comments from the public about (1) the measure specification and (2) the specific questions outlined in the Questions section of this document.

To read the measure click on this link and scroll to the bottom to find associated documents (hospital harm zip file) and download. Instructions for making comments can be found in the proposal. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/PC-Currently-Accepting-Comments.html#a1001>

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