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AC Forum Website www.acforum.org

The AC Forum website has undergone a major revamp! We have added many new features to make all the resources and information as useful and easy to find as possible. Be sure to check them out.

The new features include:

1. **Webcasts**
 - a. recent webcasts on the homepage, just click and watch the webinar you missed
 - b. archived webcasts and presentations in the Resource Center
2. **Resource Center**
 - a. Guidelines & Toolkits -Links to vast libraries of information including:
 - i. Policies & procedures
 - ii. Patient education
 - iii. Dosing, monitoring, bridging protocols
3. **About the Forum**
Detailed information about each board member
4. **Membership**
Ability to update your information in our database
5. **Clinic Locations**
We are continuously trying to update the clinic listing so please check the website and send us updated information if necessary
6. **Meeting, Events, CME**
One-time and ongoing opportunities for continued education
7. **Clinical Trial**
We are developing a Clinical Trials Database to help match our members and their clinics to relevant research project

AC Forum Lunch and Learn Journal Club

Say goodbye to conference calls and hello to latest in computer technology: the webinar. No longer do people have to move from their desks to attend a meeting. At a webinar, participants can view a presentation over the internet from their own computers. Each person signs into the live meeting and can view the presentation while hearing audio of the speaker. We are happy to announce that we will be conducting regular free webinars for our members.

Our goal is to have one of the authors of a recent important anticoagulation study discuss the practical clinical application of the findings in the paper. This is an excellent way to our members to stay up to date on the literature and to ask questions of the authors directly.

The format of each webinar will be as follows: For the first 20 minutes, board member Scott Kaatz will present an overview of the paper. Then, the next 30-40 minutes, the author of the paper will answer questions from people logged into the webinar.

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AC Forum Conference

Thank you for everyone who attended our conference last May. It was a huge success! Over 750 people joined us in San Diego, CA to hear expert speakers present the latest information on anticoagulant therapy and best practices of care.

Save the date – May 5-7, 2011 for our next conference in Boston, MA. We are looking forward to this special conference as we will be celebrating the Anticoagulation Forum’s 20th anniversary. Were you at the first AC Forum conference in Boston in 1991? If so, we want to hear from you. What was it like to treat patients on anticoagulant therapy 20 years ago? What is the same? What has changed? Please email Liz Goldstein at egoldstein@acforum.org.



**Anticoagulation
FORUM**

Board of Directors

We are pleased to announce the addition of two new board members: Dr. Scott Kaatz and Dr. Daniel Witt. We know they will bring new ideas and perspectives to the board, keeping the Anticoagulation Forum vibrant and relevant.

Scott Kaatz, DO, MSc, FACP

Scott Kaatz is a Clinical Associate Professor of Medicine at Wayne State University. He attended medical school at Michigan State University and completed his residency in internal medicine at Henry Ford Hospital. Later in his career, he earned his Master's degree in Evidence-Based Health Care from Oxford University.

He has a long standing research interest in anticoagulation and thromboembolic disease and is the Medical Director of the Anticoagulation Clinics for the Henry Ford Health System in Detroit, MI. He considers himself a clinician-educator and serves as an Associate Program Director of Resident Research for the Department of Medicine and maintains an active inpatient and outpatient clinical practice where he teaches residents and medical students.

Dr. Kaatz is a fellow of American College of Physicians, as well as a member of the Society for General Internal Medicine, the American Medical Association, and the American Osteopathic Association. He has published articles in journals such as *Archives of Internal Medicine*, *Medical Clinics of North America*, and *The New England Journal of Medicine*. Dr. Kaatz has given numerous lectures, and has participated in many research studies with an emphasis in venous thromboembolic disease and anticoagulation.

Daniel M. Witt, PharmD, FCCP, BCPS, CACP

Dan Witt is a Senior Manager Clinical Pharmacy Services at Kaiser Permanente Colorado. He received a BS in Pharmacy from the University of Utah, a PharmD from the University of Washington and completed residencies in clinical pharmacy and primary care clinical pharmacy at the University of Washington. He has worked for Kaiser Permanente in Colorado for the past 16 years where he has directed the Clinical Pharmacy Anticoagulation Service for 13 years. The service manages over 7,000 patients and is staffed by 22 FTEs. Dr. Witt's primary research interests lie in outcomes research using the many data systems available at Kaiser Permanente.

As we welcome these new members, we are sorry to say goodbye to Drs. Richard Becker and Elaine Hylek, whose terms on the board of directors have ended. We cannot thank them enough for their service and dedication to the organization over the years.

Richard Becker, MD

Dr. Richard Becker was one of the founding members of the AC Forum and as been on the board for almost 20 years. Dr. Becker has been a strong advocate for the AC Forum and his insight and

guidance over the years has contributed immensely to the development of the organization. One of Dr. Becker's lasting contributions is his support for the AC Forum's conference proceedings to be published in the *Journal of Thrombosis and Thrombolysis*. This has enabled the organization to share its ideas with other providers around the world.

Elaine Hylek, MD

Dr. Elaine Hylek has also been a tremendous asset to the organization. Her unique vision has moved the organization in new directions and fostered its growth. Dr. Hylek was responsible for compiling and editing journal reviews to create the successful AC Forum's Anticoagulation Updates from the Literature.

As the organization moves into its third decade, we will be forever indebted to Dr. Becker and Dr. Hylek for their ideas and support, and we know they will continue to stay actively involved with the Anticoagulation Forum for many years to come. ■

AC Forum Board of Directors

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Case Vignette

Acutely Elevated INR in an Elderly Patient

Lynn Oertel, RN, CACP
Ann Wittkowsky, PharmD, CACP, FASHP, FCCP

The Call

A critical INR result is called back to the AMS. The responsible RN records the value for this new patient.

The Case

The patient is a 76 year old female with history of multiple myeloma and recent bilateral pulmonary emboli. She lives alone and is an active volunteer. She was initially treated with low molecular weight heparin for almost 3 months and was being converted to a vitamin K antagonist (VKA) in the outpatient setting, target INR 2.5, range 2.0 – 3.0 with a planned duration of 6 months. A referral to the hospital's anticoagulation management service (AMS) was made. The patient was instructed by her prescribing/referring physician to take 5mg warfarin daily. On Day 5 of VKA therapy, she called her physician's office asking, "What do I do now?" She was instructed to get an INR. On Day 6 the INR was 2.8 (in therapeutic range for this patient but clearly on an upwards trend after receiving 6 days of treatment). She was instructed to continue the same warfarin dose until her first AMS appointment 6 days later (Day 12 of VKA therapy). The INR on Day 12 was 9. A long-standing, standard practice within this hospital is that active patient management by the AMS begins with the first formal AMS appointment.

The Problem

Patients newly started on VKA therapy require close monitoring during the initiation phase of therapy. This case illustrates several important issues involving patient education and understanding, appropriate management of warfarin during the initiation phase by the prescribing physician, and

clearly communicating important hand-offs of care within a medical facility. The 8th ACCP Consensus Conference recommends using initial doses between 5 – 10 mg for the first 2 days with subsequent dosing based on the patient's response to this (Grade 1B). Furthermore, it is recommended to use a starting dose of less than 5 mg daily in elderly patients (Grade 1C). The Joint Commission's National Patient Safety Goal 03.05.01 also requires accredited institutions to have a protocol for the initiation of warfarin and addresses the importance of appropriate education and understanding for all involved.

The Solution

A phone call assessment indicated that the patient thus far had not experienced any signs or symptoms of bleeding. The INR was reported to the patient's PCP who requested that the patient come in to the emergency room for further evaluation and Vitamin K. The patient refused as she said she was "fine". The AMS nurse reviewed potential signs and symptoms of bleeding and what to do if any should occur. Furthermore, it was emphasized how important it was to have frequent INR testing over the next several days and reviewed precautions for her safety during this time. The patient indicated her understanding of the plan. The patient resumed warfarin about 7 days later as her INR remained persistently elevated during this time.

In retrospect, a better plan would have been to start at a dose less than 5mg daily along with a specified plan for monitoring the INR response approximately 2 days after initiating. Additionally, as hospital policy states, the prescribing/referring physician is responsible for the warfarin management until the AMS assumes care. At that time, a handoff of care summarizing INR history and dose response is warranted. Prescribers, staff, patients and families all have important roles in optimizing safety in anticoagulation therapy. ■

Patient Education Video Available

The U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality released "Staying Active and Healthy with Blood Thinners," a free bilingual 10-minute video in English and Spanish. This video helps educate patients about the safe use of anticoagulant drugs.

Designed to complement education that patients receive in their doctor's office, clinic, pharmacy or hospital, the new video helps patients better understand blood thinners and how to manage them effectively. Any patient on blood thinner therapy can benefit from the video, regardless of the initial cause or specific medical regimen. Copies of the DVD are available through the AHRQ Publications Clearinghouse at 1-800-358-9295 or e-mail AHRQPubs@ahrq.hhs.gov. A companion print brochure, *Blood Thinner Pills: Your Guide to Using Them Safely/Pastillas que diluyen la sangre: Guía para su uso seguro*, is also available free of charge. Both the video and brochure are also available for viewing or downloading on the AHRQ Web site at <http://www.ahrq.gov/consumer/btpills.htm>. ■

Successful Anticoagulation Clinics

Below is another clinic story in our Successful Anticoagulation Clinics series. In this series, clinics will describe their model of care to help our members understand reimbursement issues, staffing models, and various ways to set up an anticoagulation clinic.

We will highlight a different clinic in each of the next few newsletters and we would love to highlight the wonderful things you are doing at your clinic! If you would like to submit a short write-up describing your clinic's successes, please email it to egoldstein@acforum.org.

Gaston Memorial Hospital
Gastonia, North Carolina
Kevin E. Lynch, PharmD

The CaroMont Coagulation Management Clinic was established in 2004 as an outpatient clinic for the Department of Pharmacy at Gaston Memorial Hospital in Gastonia, North Carolina. At its inception, the clinic was open three days per week from 8:00 AM to 12:00 PM and managed patients from one physician group affiliated with the hospital. Since then, the clinic has expanded to 5 days per week, from 8:00 AM to 4:30 PM with an additional clinic open the same hours on Mondays, Tuesdays and Thursdays.

Presently, the clinic manages over 500 patients and takes referrals from over 30 area physicians. Patients are managed for a variety of indications, including atrial fibrillation, DVT or PE, and hereditary thrombotic disorders such as Antiphospholipid Antibody Syndrome. Due to its growth, the clinic relocated last year to an office on the ground floor of the hospital, adjacent to the Emergency Department, with convenient access to parking, laboratory, and phlebotomy services. Currently, two pharmacists work full time in the clinic, with two additional pharmacists covering the Monday, Tuesday and Thursday hours. The physicians who refer patients to our clinic have agreed to our protocols, which allow the pharmacists to determine warfarin dosages, return visits, bridge therapy with enoxaparin, call in warfarin refills and administer vitamin K (as a reversal for warfarin as well as low-dose to improve stability of fluctuating INRs). The pharmacists also use judgment when dosing off protocol, without the need to contact the physician. Physicians are provided progress notes for their patients each month and upon request.

The pharmacists who staff the clinic are certified in anticoagulation through the North Carolina Center for Pharmaceutical Care and the University of North Carolina. The pharmacists collaborate with the inpatient decentralized pharmacists when referrals are made to the anticoagulation clinic, so patient information may be transferred to the clinic and an initial visit may be scheduled. Patients are allotted 30 minutes for their initial visit which allows time to discuss the

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NATT Update

The National Alliance for Thrombosis and Thrombophilia (NATT) received two major program grants totaling \$2.6 million over five years from the Centers for Disease Control and Prevention (CDC). These funds will support programs directed at curbing the devastating effects caused each year to over 350,000-600,000 Americans who develop blood clots as well as those with clotting disorders. This Cooperative Agreement with CDC aligns with NATT's mission to prevent, diagnose and treat thrombosis and thrombophilia through research, education, support and advocacy.

NATT will use these grants to conduct two distinct education initiatives; one directed at patients affected with blood clots and/or clotting disorders, and the other at healthcare professionals, particularly those in Anticoagulation Clinics and Hemophilia Thrombosis Centers.

In cooperation with CDC, NATT will launch a three-pronged strategy to reach patients affected by blood clots with programs that will increase knowledge and awareness among patients and families:

- Organize Onsite Stop the Clot™ Forums across the U.S. These dynamic and interactive patient education seminars provide basic information about blood clots, clotting disorders, prevention, risk factors, signs and symptoms, and standard treatment.
- Expand Stop the Clot™ Web-based Programs (www.stoptheclot.org) and activities to maximize and simplify content to a reading level that speaks to patients, enhance interactivity, and expand outreach.
- Develop new Stop the Clot™ print-based materials.

NATT's plan for education of Healthcare Professionals (HCPs) builds on a foundational series of six online lessons that comprise a comprehensive program on basics of venous blood clots and clotting disorders, complications, and treatment that will be online in the near future. Its target audience includes nurses, nurse practitioners, pharmacists, and physician assistants. NATT's next step is to develop a series of webinars to develop communication skills of HCPs to create a therapeutic alliance with patients to motivate adherence to individual treatment regimens, with an emphasis on anticoagulant medications and compression stockings, two pivotal behaviors that can have significant impact on prevention of complications or recurrence of blood clots.

NATT's CEO, Alan Brownstein, complimented the "proactive efforts of CDC, recognizing the need to fund a national public health program against blood clots and clotting disorders."

NATT plans to reach patients and HCPs throughout the US through its partner network of the 1,500 anticoagulation clinics that are members of the Anticoagulation Forum, the 140-federally funded Hemophilia Treatment Centers, and the CDC Pilot Thrombophilia Centers. ■

NCBAP Update

The National Certification Board for Anticoagulation Providers has spent the past year working to improve the Certified Anticoagulation Care Provider (CACP) credential program. The improvements are in response to feedback received from current CACPs and clinicians who are interested in seeking this credential. Among the improvements are a revised domain breakdown and a host of new test questions designed to reflect current anticoagulation guidelines. Additional changes are in the works including plans to extend the online exam option to first-time examinees. Specific details are still being considered, and those interested in pursuing the CACP credential should continue to monitor the NCBAP website (www.ncbap.org) for updates.:

The NCBAP would like to congratulate a number of new Certified Anticoagulation Care Providers. ■

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AC Forum Lunch and Learn Journal Club

Schedule of 2009 webinars:

August

Drs. Mark Crowther, David Garcia, and Daniel Witt discussed their paper on Oral Vitamin K vs Placebo to Control Excessive Anticoagulation in Patients Receiving Warfarin published in the *Annals of Internal Medicine*.

September

Dr. John Eikelboom discussed the results of the RELY trial in the paper Dabigatran vs Warfarin for Patients with Atrial Fibrillation published in the *New England Journal of Medicine*.

October

Board member Lynn Oertel discussed NPSG 3E – Medication safety and thoughts from the front line.

November

Webinar will be Friday, Nov. 20 at 12:00 PST. Dr. Daniel Singer will discuss his recent paper, The Net Clinical Benefit of Warfarin Anticoagulation in Atrial Fibrillation published in the September issue of *Annals of Internal Medicine*.

In case you missed the webinars live, they are all posted on the homepage of the website for viewing at your convenience. ■

The following individuals earned the CACP credential at exams held in May and August of 2009:

Mihoko Abegunde, RN -- Irving, TX
Mary Anderson, PharmD -- Gainesville, FL
Stephanie Barton, PharmD -- Farmington, UT
Daniel Bates, PharmD -- Colorado Springs, CO
Phat Chiem, PharmD -- Seattle, WA
Deborah Coatsworth, RN -- Bainbridge Is., WA
Candyce Collins, PharmD -- Gilbert, AZ
Casey Covrett, PharmD -- Shiprock, NM
Ryan Davis, PharmD -- Highlands Ranch, CO
Elizabeth de Leeuw, RPh -- Seattle, WA
Brooke Dougherty, PharmD -- Forty Fort, PA
Nancy Fong, PharmD -- San Bruno, CA
Rosanne Fuentes-Lee, PharmD -- Auburn, WA
Jeanne Furman, RPh -- Elliott City, MD
Jennifer George, PharmD -- Seattle, WA
Tiffany Grueber, PharmD -- Denver, CO
Deanna Hansen, PharmD -- Mesa, AZ
Julie Harper, RPh -- Farmington, UT
Mildred Hernandez, PharmD -- Naples, FL
Paula Horn, PharmD -- Pittsburgh, PA
Angela Jodon, PharmD -- Julian, PA
Greg Kidd, PharmD -- Phoenix, AZ
Lorrie Lala, PharmD -- Mason City, IA
Theresa Langeheine, PharmD -- York, PA
Joyce Lin, PharmD -- San Francisco, CA
Deborah Mancuyas, RN -- Manchester, TN
Victoria McVay, RPh -- Depew, NY
Thao Nguyen, PharmD -- Pasadena, CA
Elaine Nozzolillo, RN -- Millbury, MA
Hannah Ofori, PharmD -- Orlando, FL
Victoria Pope, APN -- Miami, FL
Debbie Prete, RN -- Denver, CO
Andrea Renford, PharmD -- Spokane, WA
Cynthia Rogan, RN -- Westminster, MD
Ian Ross, PharmD -- Shelby Township, MI
Lisa Roth, RN -- Littlestown, PA
Robin Sacco, RPh -- Melrose, MA
Alice Siqueira, PharmD -- Seattle, WA
Thomas Sisca, PharmD, RPh -- Preston, MD
Karen Stedman, APN -- Old Lyme, CT
Heather Strawsell, PharmD -- Hawley, MN
Renee Towne, RN -- Arvada, CO
Susan Tripp, PharmD -- Castle Rock, CO
Sara Vazquez, PharmD -- Salt Lake City, UT
Brynne Veitengruber, RPh -- Seattle, WA
Angela Vickers, RN -- Federal Way, WA
Patricia Walters-Johnson, RN -- Chico, CA
Brooke Wegner, PharmD -- Bennington, NE
Katherine Werner, PharmD -- Colorado Springs, CO
Vickie Yee, APN -- San Francisco, CA

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Successful Anticoagulation Clinics

function of the clinic and warfarin counseling points such as medication and dietary interactions. This also allows extra time for the patient and any family members or caregivers to understand the complexities of their therapy. Subsequent visits usually last 10 to 15 minutes, with special emphasis directed at the patients medication and dietary history.

PT/INR testing is completed utilizing the i-Stat point of care device and patient information is electronically recorded using Standing Stone software. Patients are billed through the business office of Gaston Memorial Hospital; the pharmacists enter the 99211 code for each office visit. Patient surveys are completed periodically using a questionnaire developed by the clinic and patients are well satisfied with the services provided by the clinic. ■

www.acforum.org

The Anticoagulation Forum is pleased to announce the launch of our updated website. The completely redesigned site offers many new features including webcasts of expert speakers, guidelines, toolkits, CME listings, and information on clinical trials. Please visit the website to view the new resources. We'd love to know what you think so please email egoldstein@acforum.org with your feedback/comments.

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