

The Transfusion Medicine we want

The Associação Brasileira de Hematologia e Hemoterapia (ABHH), through its Board of Directors, hosted a national symposium called "Forum: The Transfusion Medicine we want", to discuss proposed policies and techniques related to the area. This meeting was held in São Paulo on August 19 and 20, 2010, with the participation of experts, authorities and representatives of organized groups of patients and users. The discussions were organized around three specific issues selected from over 100 suggestions sent to the ABHH through public consultation on the web: 1. Strategies; 2. Financing; 3. Blood products. A plenary session, held at the end of the meeting, adopted recommendations that are relevant to the different discussion topics.

This document contains actions proposed by the ABHH to meet the demands discussed.

Forum proposals

Compilation of the proposals to draft the final document of the ABHH.

Strategies

1. That the ABHH should have seats on state and national technical committees.

2. That patient care outside the government healthcare plan in both public and private settings should be paid for according to the Brazilian Hierarchy Classification of Medical Procedures (CBHPM).

3. The structuring of educational programs in blood centers, the ABHH and in governmental agencies (funding for courses, scholarships, etc.) should be stimulated with the aim of qualifying professionals who work with transfusion therapy.

4. That a minimum curriculum for transfusion medicine should be proposed for Medicine Schools and for other healthcare courses at undergraduate and postgraduate levels. The transfusion committee should be consulted as a source in transfusion therapy education.

5. The residency in Hematology and transfusion medicine should be for a minimum of three years with one year devoted solely to transfusion medicine.

6. The title of specialist in hematology / transfusion medicine should be valorized (salary, valorize the professional, etc.).

7. The remuneration of transfusion procedures that are developed in transfusion agencies should be reviewed to guarantee improvements in transfusion procedures and in the pay of doctors active in transfusion services.

8. A quality certification program for transfusion services accredited by the American Association of Blood Banks - AABB/ABHH should be implemented.

9. "Standards" of ABHH similar to the AABB should be created.

10. There should be stimulation to offer internships to all professionals working in transfusion medicine (public and private).

11. That the coordinator of the Hematology and Transfusion Medicine Technical Committee at Regional and National Medicine Councils (CRM) should be indicated (with a substitute) by the ABHH.

12. That the ABHH should sponsor discussions with ANVISA and the General Coordination of Blood and Blood Products (CGSH) in order to stimulate the creation of a technical support structure for transfusion medicine in Hemorrede.

13. Specific forums should be organized on health safety.

14. The ABHH should suggest, through its scientific committee, issues of relevance to the country that should be publicized in newsletters, instigating discussions aimed at the inclusion of procedures to improve transfusion safety (NAT - nucleic acid testing, Microbiological study of platelet concentrates, etc.).

15. The ABHH must act together with the Ministry of Health for the transfusion committee to work in the contracting of the hospital services.

16. Transfusion committee members should be professionalized similar to members of the Control of Hospital Infection Committees (CCIH).

17. The ABHH should assess the qualifications of those responsible for transfusion services and when considered unqualified, they should be trained by the ABHH together with Health Surveillance Institutions (VISAs), so that the minimum standard is achieved for them to perform their duties.

18. The ABHH should sponsor a forum specifically to discuss possible business models for blood centers.

Financing

1. It was proposed that the ABHH should participate with the CGSH in negotiations with the Ministry of Health on increases in funding and financing for transfusion medicine services.

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2. The ABHH with the National Supplementary Health Agency (ANS) should discuss with the Confederation of Unimed and equivalent organizations to clarify procedures that should be performed, and therefore paid for, to transfusion services.

3. A working group should be set up by the ABHH to propose replacing the 1737/04 and 1469/06 federal rulings with new guidelines to pay for blood products provided to the private sector based on the CBHPM table.

4. New procedures should be permanently included in the government healthcare and private sector pricelists.

5. A permanent technical commission should be created in the ABHH to meet demands on remuneration, updating pricelists, etc..

6. Nucleic acid testing to screen blood donors should be mandatory immediately.

7. Care provided by transfusion services should be complete, including everything that is part of the specialty as listed in the contract.

8. The ABHH should have greater participation in evaluations and alterations of the values and procedures on the CBHPM pricelist.

9. The ABHH should recommend adoption of the CBHPM pricelist and reductions in price of more than 20% should be considered demeaning and unethical.

10. The ABHH should manifest in respect to medical and non-medical societies that are involved in transfusion medicine procedures without scientific evidence, except for clinical research after it has been duly approved by Research Ethics Committees. The ABHH should regulate the implementation of scientifically-proven proceedings by requiring the active participation of a hematologist specialist in transfusion medicine.

11. Cell Therapy should be incorporation as a transfusion therapy procedure.

Blood products

1. The rational use of plasma was proposed, suggesting that common plasma should be used by the Butantan Institute (immunoglobulin and albumin) and fresh frozen plasma by Hemobrás.

2. The ABHH and the Brazilian Federation of Hemophilia (FBH) should request a description of the technological processes used by producers.

3. It was proposed that factories should present economic-financial viability studies.

4. It was proposed that the investment in research and development of recombinant drug production should be increased.

5. It was suggested that the ABHH should formally demonstrate their concern about the possibility that biological medicines are considered bio-similar or biogenerics in favor of the requirement of clinical trials to be registered in ANVISA.

6. It was suggested that the ABHH should formally demonstrate regarding the purchase of medicines by the

Ministry of Health, so that high quality products are always purchased.

7. It was proposed that immunoglobulin should be produced as a liquid, ready to use, without sugar or sodium and preferably at a concentration of 10%.

8. It was proposed that blood transfusion therapy should again be the priority, including in respect to government resources.

9. It was proposed that all procedures related to hematology and transfusion medicine, including cell therapy and bone marrow transplantation, should, in future, be coordinated by one team in the Ministry of Health as with the coordination of blood services.

10. It was proposed that cell therapy should be incorporated within the scope of the ABHH and even include 'cell therapy' in the name of the association.

11. It was recommended that access to bone marrow transplant should be guaranteed for patients with primary immunodeficiency

Actions proposed by ABHH

1. ABHH will send a document to the Ministry of Health and State Health Departments, stating that the ABHH represents the specialty in Hematology and Transfusion Medicine in the country and, as such, requests representation on Medical Specialties Advisory Committees.

2. The ABHH will defend the use of the CBHPM pricelist as the only reference for remuneration of hematology and transfusion medicine services carried out for patients outside the government healthcare system by both government and private institutions.

3. The ABHH will participate to develop educational programs to guarantee the minimum required qualifications in undergraduate, postgraduate and professional courses for physicians and other professionals working in the specialty.

4. The ABHH will create training programs to qualify non-specialist physicians to act as technically responsible for transfusion agencies.

5. The ABHH will send a document to transfusion services reinforcing the need of a specialist title in transfusion medicine for all physicians working in the service.

6. The ABHH will review the minimum criteria to obtain the title of specialist in hematology and transfusion medicine.

7. The ABHH is currently in the process of developing and implementing a quality certification program jointly with the AABB.

8. The ABHH proposed to the AABB to translate the "standards" of the AABB, with appropriate adaptations to the needs of Brazil.

9. The ABHH will request that hematology and transfusion medicine coordinators on technical commissions of Federal and Regional Medical Councils and their substitutes are indicated by the ABHH itself.

10. The ABHH will request that the National Agency for Sanitary Surveillance (ANVISA) and General Coordination of Blood and Blood Products (CGSH) participate in discussions in respect to technical matters and policies, including the incorporation of new technologies and procedures in the scope of the ABHH.

11. The ABHH will increase its participation in the Brazilian Medical Association (AMA) to defend the professional interests of the specialty in national health agencies, healthcare plans and medical cooperatives.

12. The ABHH will standardize scientifically-proven procedures which are regarded as the exclusive realm of transfusion medicine (e.g. the use of platelet rich plasma (PRP) for purposes not related to transfusions) and request that these norms are incorporated into the technical standards used by health surveillance institutions during inspections of medical facilities.

13. The ABHH considers nucleic acid amplification technique (NAT) for blood-borne infectious agents should be obligatory. Thus the ABHH has accepted the responsibility together with a representative of state public prosecutor office (Sao Paulo) to draft a technical paper on security issues related

to NAT assays, which will be forwarded to federal public prosecutors, to propose measures to establish a legal requirement to immediately perform these tests and to define remuneration.

14. The ABHH believes tests to detect bacterial contamination in units of platelet concentrates must be mandatory.

15. The ABHH believes that remuneration of transfusion therapy must reflect the complexity, responsibility and costs involved or risk prejudicing the quality. The ABHH believes that remuneration payments of 20% less than the CBHPM price is demeaning and unethical and will denounce situations that employ this practice.

16. The ABHH believes that cell therapy is a transfusion medicine procedure and together with the Brazilian Medical Association proposes that the term "cell therapy" should be officially incorporated in the name of the Association, which will now be called the "Associação Brasileira de Hematologia, Hemoterapia e Terapia Celular".

17. The ABHH will draw up a pricelist of items involved in different transfusion medicine procedures, which will be periodically updated and made available to those interested.

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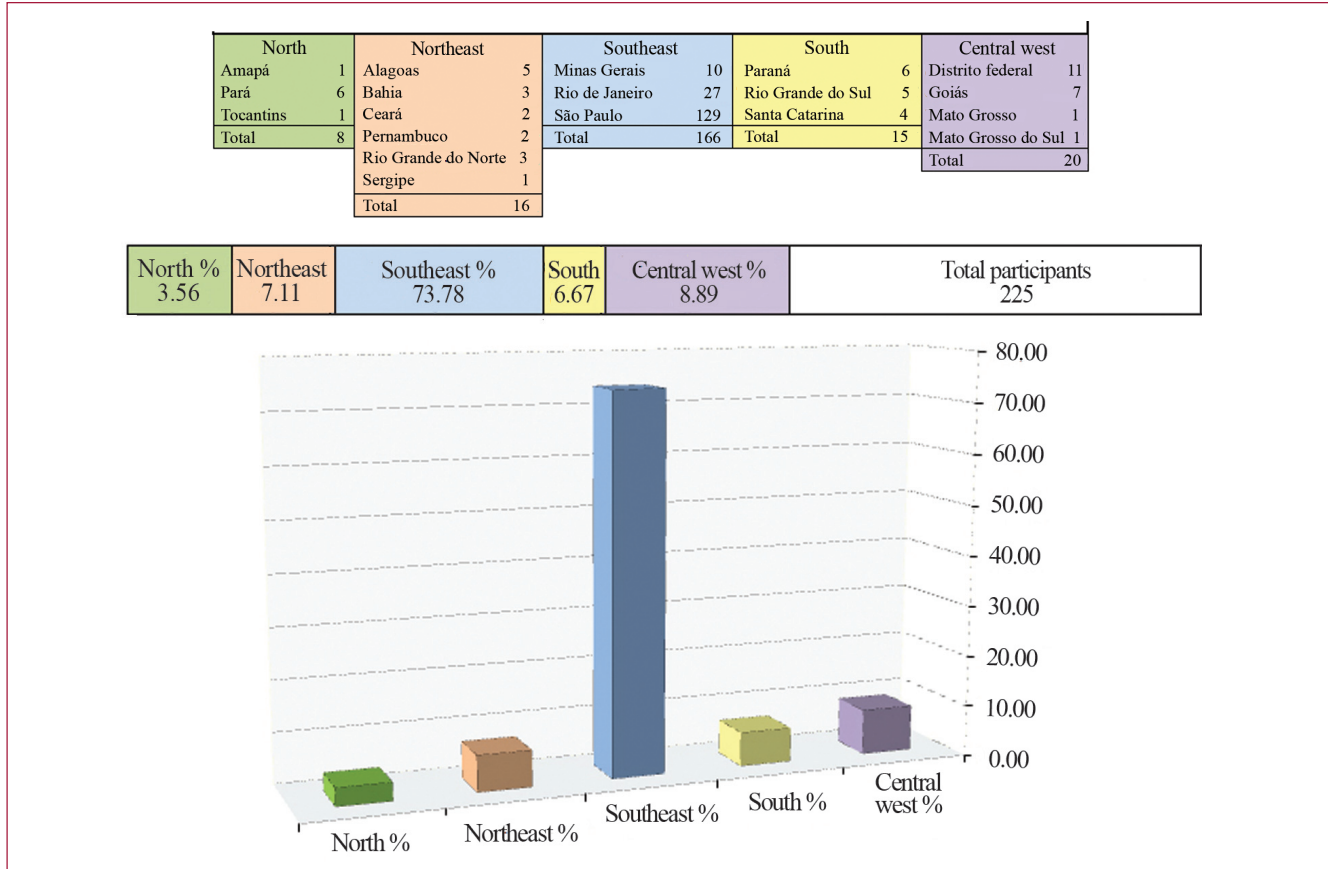


Figure 1 – Participants by region

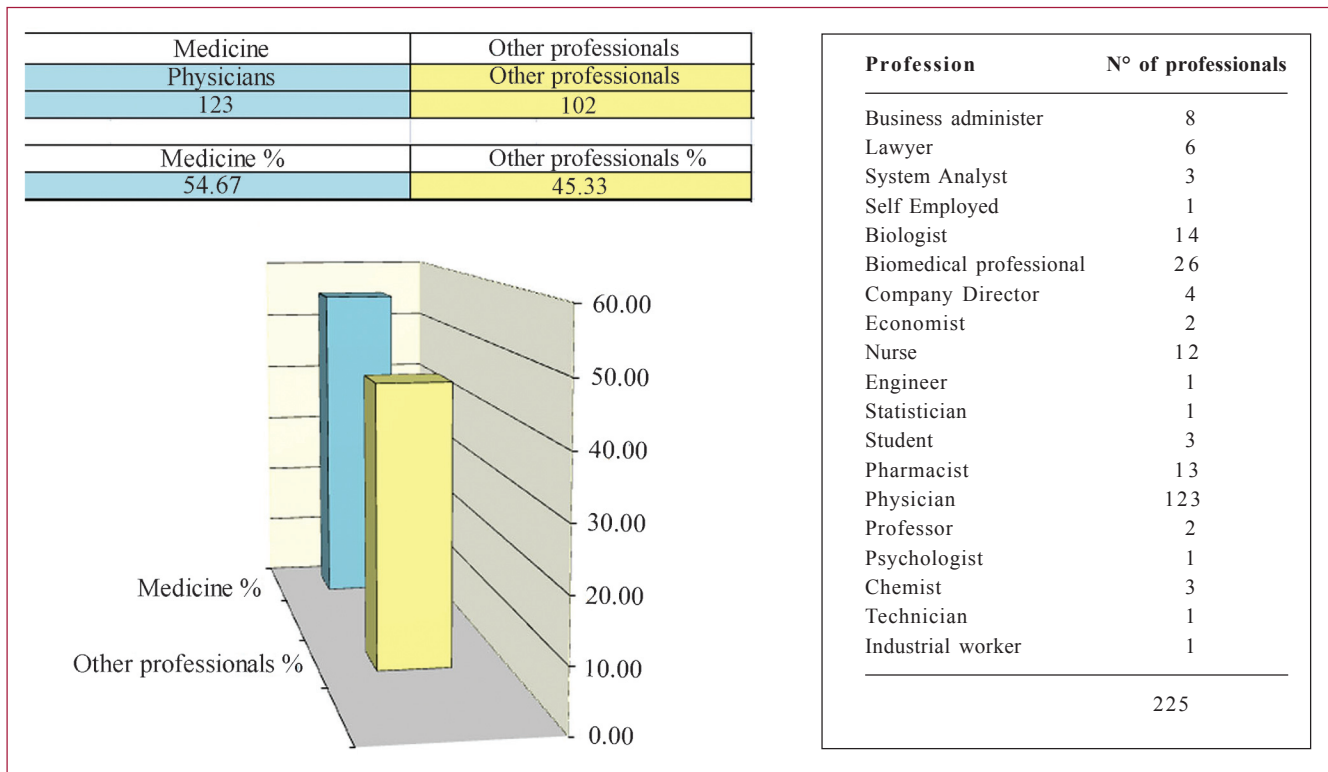


Figure 2 – Participantes by category