Background

- Hemophilia represents a significant share of health care resource utilization with ALF of direct expenditures attributable to drug costs requiring expertise in pharmacology and multidisciplinary services to achieve optimal outcomes.
- Despite being notably recognized as the centers of excellence in managing the unique patient base for more than 40 years, federally funded hemophilia treatment centers (HTCs) may be underused in the current framework of managed care.
- A lack of communication and information shared between specialty pharmacy providers (SPPs), payers, and HTC stakeholders is largely responsible for the underutilization of HTC services and HTC oversight of specialty drugs (i.e., clotting factor replacement therapy) among plan populations.

- Current trends in managed care indicate a robust movement to improving the quality of care and total/totaling managing costs, with specific interventions and performance-related metrics serving as the lubricants.
- Establishing a standard level of care between SPP and HTC stakeholders is largely responsible for the underutilization of HTC services and HTC oversight of specialty drugs (clotting factor replacement therapy) among plan populations.
- Current trends in managed care indicate a robust movement to improving the quality of care and total/totaling managing costs, with specific interventions and performance-related metrics serving as the lubricants.

Objectives

- Routine information sharing between HTCs/SPP and payer stakeholders is paramount to improving outcomes in hemophilia.
- The Comprehensive Care Sustainability Collaborative (CCSC) initiative provides a unique framework for such data exchange and dialogue.
- CCSC set forth to develop a set of quality improvement (QI) and cost management metrics.
- Metrics used in a first-in-class series of pilot programs that are anticipated to foster innovative collaboration between payers and SPP/HTCs.
- The ultimate goal of these efforts is to facilitate cost-effective hemophilia management integrating the HTC comprehensive care model and to develop transparent standards for the management and dissemination of clotting factor concentrates.

Methods

- Over the course of a series of consensus meetings, CCSC is developing a framework for quality improvement pilot programs that can be replicated across the US between payers and HTCS/SPP.
- CCSC activities to date have included development of a set of payer- and HTC-reported performance-related metrics serving as the fulcrum.
- Over the course of a series of consensus meetings, CCSC is developing a framework for quality improvement pilot programs that can be replicated across the US between payers and HTCS/SPP.
- CCSC activities to date have included development of a set of payer- and HTC-reported performance-related metrics serving as the fulcrum.

Observations

- Services delivered by HTCs reduce paper expectations and demand for delivery, quality, and value.
- The intensive level of care and oversight provided by HTCs in the treatment of patients with bleeding disorders has the potential to result in cost savings for payers through the avoidance of bleeding-related complications and rigorous management (i.e., supply management).
- Clotting factor replacement therapy can also be provided at costs lower than other distribution channels due to the 340B discount drug pricing available through many HTCs.

Results

As a result of CCSC efforts to date, the following measures will be reported by HTCs and payers via a series of pilot programs:

- Comprehensive, patient-centered care provided at an HTC is essential to improving outcomes for patients with hemophilia and other bleeding disorders.
- Cost of services delivered within the HTC and, more specifically, the cost of factor provided through the HTC integrated pharmacy model are at least competitive and often lower than those offered through payers’ contracted specialty pharmacies.

Conclusions

Pilot programs founded on the metrics developed by the CCSC will serve as the foundation for future collaboration between payers and HTCs/SPPs. Data collection and reporting demonstrates quality in specialty pharmacy management by HTCs and SPPs and enhances sustainability in the relationships of these entities with payers. Such quality improvement and cost management initiatives are crucial in the era of health care accountability.

References


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