Collaboration and Data Reporting for Hemophilia Specialty Pharmacy Management: Metric Development for Quality Improvement

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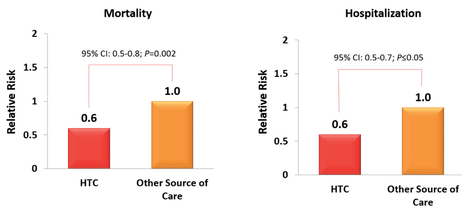
Comprehensive Care Sustainability Collaborative

Background

- Hemophilia represents a significant driver of health care resource utilization—with ≥80% of direct expenditures attributable to drug cost—and requires expert hematologic and multidisciplinary services to achieve optimal outcomes[1-4]
- Despite being nationally recognized as the centers of excellence in managing this 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 thereby managing costs, with specific measures and performance-related metrics serving as the fulcrum
- Establishing a standard level of HTC-SPP communication and data sharing—including the implementation of quality metrics—will be instrumental in amplifying the value of the HTC comprehensive care model and establishing best practices among payers in the management of bleeding disorders
- CCSC is an initiative among 18 leading clinicians and managed care decision-makers developed by the National Hemophilia Foundation (NHF) in conjunction with Impact Education, LLC

HTC Utilization is Associated with 40% Reductions in Mortality and Hospitalization[1,2]



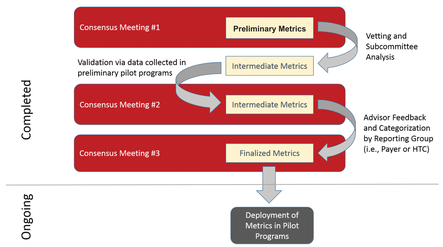
Objectives

- Routine information sharing between HTC/SPP and payer stakeholders is paramount to improving outcomes in hemophilia
- The Comprehensive Care Sustainability Collaborative (CCSC) initiative provides a unique forum 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-of-its-kind series of pilot programs that are anticipated to forge innovative collaboration between payers and SPPs/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 dispensation of clotting factor concentrate

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/SPPs
- CCSC activities to date have included development of a set of payer- and HTC-reported metrics for use in these future pilot programs

CCSC Metric Development Process



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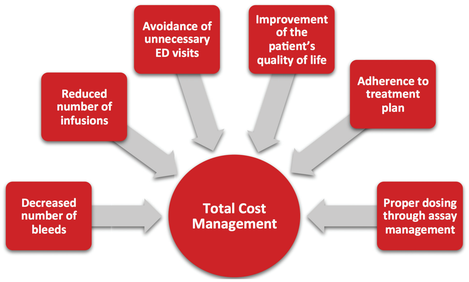
Observations

- Services delivered by HTCs exceed payer expectations in terms of care 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., assay management) of factor replacement therapy
- Clotting factor replacement therapy can also be provided at competitive or lower costs than other distribution channels due to the 340B discount drug pricing available through many HTCs
- Considering that drug therapy can account for ≥80% of the direct cost of care for a patient with hemophilia, rigorous management of factor replacement therapy and competitive acquisition costs are particularly vital to payer management efforts[3]
- Currently, HTCs report the majority of data elements necessary for a value proposition to payers, but the forthcoming series of CCSC-sponsored pilot programs will optimize the payer-HTC collaboration

The HTC Model Represents a Multifaceted Approach to Cost Containment



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
- Using the metrics developed by the CCSC as a starting point, HTCs/SPPs and payers should have adequate means to bridge the communication gaps between these two groups of stakeholders

METRIC	REPORTING GROUP
Patient classification by diagnosis	HTC
Total cost of clotting factor	Payer
Prescribed factor dose/dispensed dose/weight (±range)	Payer and HTC
Emergency department (ED) visits/hospitalizations (payer and HTC)	Payer and HTC
Home infusion of clotting factor (%)	HTC
Total cost per patient (payer)	Payer
Patient contacts (clinic visits, follow-ups, telemedicine, e-mail, etc.)	HTC

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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