CCSC
Comprehensive Care Sustainability Collaborative
NATIONAL HEMOPHILIA FOUNDATION
Identifying Value-Driven Solutions for Bleeding Disorders

COVID-19's Impact on HTC Operations and Sustainability

The COVID-19 pandemic has placed excessive stress on the entire US health care system, necessitating adjustment on the part of both providers and payers in the delivery and coverage of medical services. In addition to addressing the disease burden caused by the novel coronavirus, steps have been taken to minimize interpersonal contact and conserve personal protective equipment (PPE), while maintaining standards of care. For the management of numerous lifelong, chronic diseases requiring routine follow-up and care, incorporating these considerations is more challenging.

For hemophilia treatment centers (HTCs) staffed by personnel dedicated to the management of bleeding disorders, mitigating the impact of COVID-19 represents a considerable effort. As with other practice settings, health care providers (HCPs) schedules have been staggered to minimize exposure, with limitations in onsite staffing, regular health screenings for both providers and patients, and alternative modes of provider-patient interaction. In terms of provider and patient support, COVID-19-related information has been disseminated at HTCs nationwide, with community and insurance-related resources to promote continued care in the face of economic hardship, with special consideration given to factor therapies supply. Contrary to the approach taken in other chronic disease states, 90-day fills have not been advocated, as a means of minimizing factor wastage and supply chain issues. Instead, an alternative method to avoid unnecessary patient contacts

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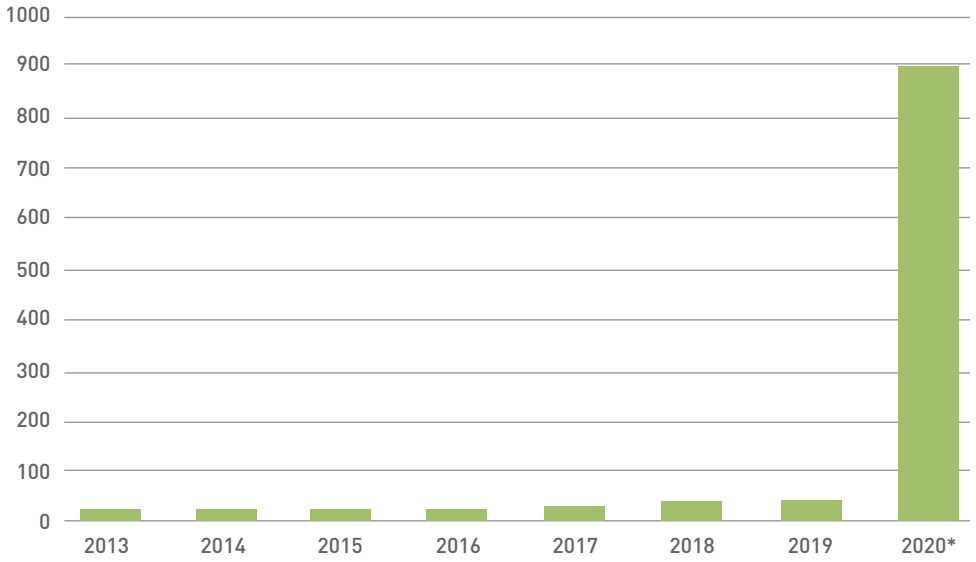
has increased in prominence since the start of the pandemic in the US: telemedicine. In fact, across the US delivery model, telemedicine utilization has experienced a revolution in 2020, with virtual visits expected to approach 1 billion by year's end **(Figure 1)**.[1,2]

FIGURE 1. Annual US telehealth visits, 2013-2020.[1,2]



**Estimated*

Certain HTCs have utilized telemedicine in some capacity, with 24/7/365 access to providers, for a number of years; however, these services were often not captured or billed. Specifically, in rural areas, telemedicine has long represented a critical component of HTC daily operations and a key factor in program success. Furthermore, telemedicine has been linked to reduced hospitalizations and adverse outcomes among children with complex, chronic conditions such as hemophilia.[3,4] As remote care models progress in tandem with burgeoning technology, further success is palpable. In addition to telephone communication, e-mail/electronic messaging, and patient interface applications, Health Insurance Portability and Accountability Act (HIPAA)-compliant videoconferencing has emerged as a valuable tool in the remote management of individuals with bleeding disorders. Such interventions allow providers to remotely and efficiently provide care with limited direct physical contact.

As a result of the recent increase in telemedicine use, HTCs are poised to take a leading role in implementation and rollout among a wide array of available care settings. In addition to HTCs often already having the

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infrastructure to administer telemedicine, the COVID-19 pandemic has given cause for additional HTCs to mobilize resources and capture reportable data with respect to the number of patient contacts and telemedicine interventions deployed. Furthermore, reimbursement for telemedicine may create a revenue opportunity for centers that were already delivering care in this manner.

However, the implementation of telemedicine intervention is not without its challenges among various centers across the US. While HTCs often have the basic infrastructure for telemedicine, some centers may lack the necessary bandwidth to execute it effectively. And although there is currently adequate reimbursement for telemedicine services during the COVID-19 pandemic, government oversight and changes in regulatory policies will likely be necessary to make sure it is maintained and sustained in the future. Continued reimbursement will also likely involve more stringent data collection and reporting on the part of HTCs. Specifically, payers may require evidence of services delivered via telemedicine and metrics related to patient satisfaction that support continued reimbursement post-COVID-19. As a result, intensive HTC data collection and reporting will be imperative for the foreseeable future.

As a quality improvement and cost management initiative that seeks to unify the efforts of payers and providers in the management of bleeding disorders, the Comprehensive Care Sustainability Collaborative (CCSC) is taking steps to ensure the continued reimbursement of telemedicine services for HTCs during the COVID-19 pandemic and beyond. Founded by the National Hemophilia Foundation (NHF) in 2014, CCSC brings HTC and payer stakeholders together in meaningful interaction and disseminates educational programming to enhance the sustainability of the HTC integrated care model. For more information on the initiative and facilitating value-based outcomes in the management of bleeding disorders, visit **CCSC*Hemo*.com**.

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The National Hemophilia Foundation (NHF) is dedicated to finding better treatments and cures for inheritable bleeding disorders and to preventing the complications of these disorders through education, advocacy, and research.

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