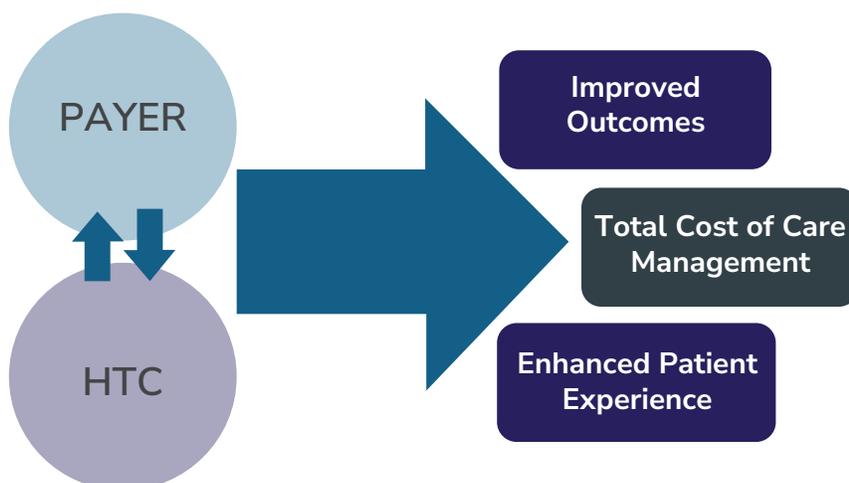


## CCSC EXECUTIVE SUMMARY

### Background

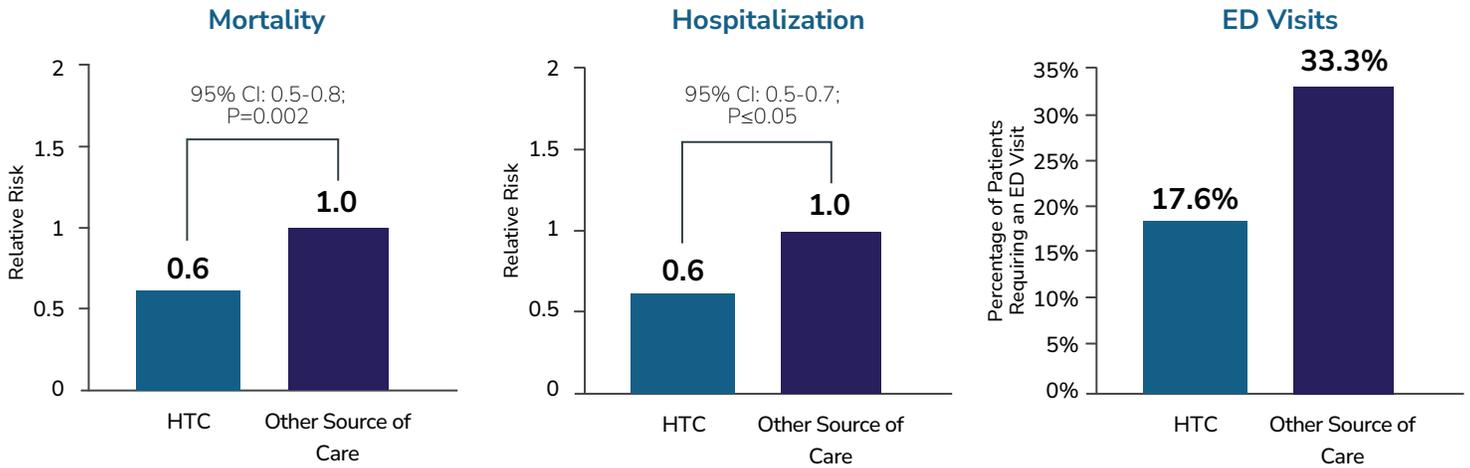
- CCSC is a hemophilia quality improvement and cost management initiative sponsored by the National Bleeding Disorders Foundation (NBDF)
- The aim of CCSC is to provide payers with knowledge crucial for managing the high costs associated with hemophilia and to augment the sustainability of hemophilia treatment centers (HTCs) as centers of excellence by...
  - overcoming communication gaps to increase connectivity between payers and providers
  - disseminating standards of care, quality, and cost management for hemophilia that will provide clarity regarding the value of the HTC integrated care model



*Through enhanced communication and collaboration, payers and HTCs have a distinct opportunity to positively impact outcomes, cost, and patient experience in the management of hemophilia.*

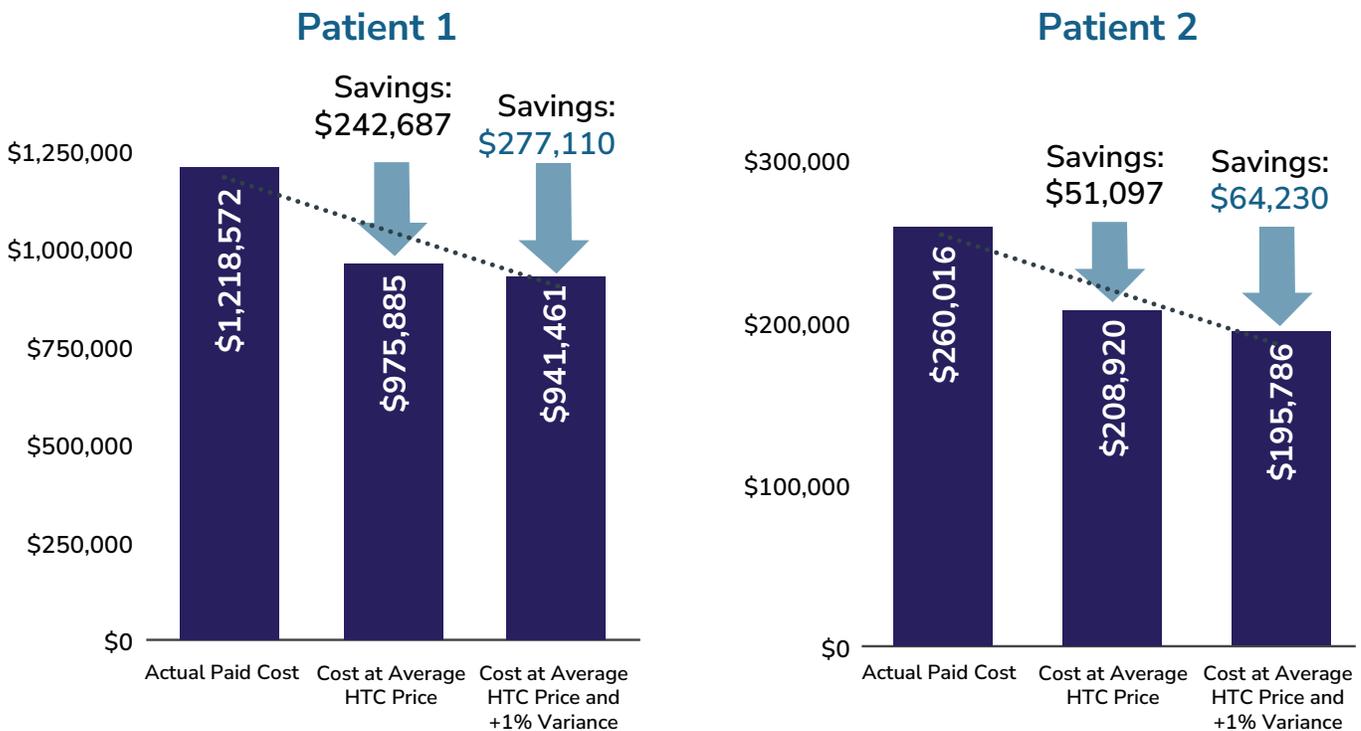
# Improved Outcomes

Patients managed via the HTC integrated care model benefit from 40% reductions in mortality and hospitalization and a 47% reduction in ED visits<sup>1,2,3</sup>



# Total Cost of Care Management

In addition to cost-savings generated by reduced health care resource utilization (emergency department visits, hospitalizations, etc.), patients managed by an HTC may experience lower annual costs realized through rigorous factor assay management and 340B drug discount pricing<sup>4</sup>



## Enhanced Patient Experience

*HTCs engage patients literally thousands of times every year for triage, medical care coordination, psychosocial/vocational assistance, and education; the majority of these encounters are non-reimbursed and funded via 340B revenue<sup>5</sup>*

HTC Services	# of Encounters	% of HTCs Reporting ≥90% 340B Funded
<b>Telephone Triage Urgent/Emergent</b>		
Annual Mean Encounters per HTC	1,968	76%
Annual Total Encounters 29 HTC	57,072	76%
<b>Medical Care Coordination</b>		
Annual Mean Encounters per HTC	2,088	80%
Annual Total Encounters 30 HTC	62,640	80%
<b>Care Management/Psychosocial/Vocational</b>		
Annual Mean Encounters per HTC	960	70%
Annual Total Encounters 30 HTC	28,800	70%
<b>Patient Education</b>		
Annual Mean Encounters per HTC	516	75%
Annual Total Encounters 30 HTC	15,480	75%

## Benefits of CCSC Participation

HTCs	Payers
Access to open communication channels with payers making important network inclusion and contracting decisions regarding care provision and factor dispensation	Access to open communication channels with federally recognized HTC experts seeking more rigorous standards of care quality and cost containment for hemophilia and other rare bleeding or clotting disorders
Increased ability to identify payer requirements when making plan determinations	Increased insight on appropriate hemophilia management and total cost of care transparency
Identification of the data that payers require to quantify the value of the integrated care model	Greater ability to formalize a strategy to mitigate risk among patients with severe hemophilia and/or those with inhibitors
Recognition as the gold standard in the management of rare bleeding and clotting disorders	Access to advanced analytics and transparent total cost of care management that can significantly reduce specialty drug spend

CCSC offers both HTC and payer stakeholders the distinct prospect to positively affect outcomes, cost, and patient experience in the management of hemophilia.

Additional information and materials are readily available to determine the best fit for your organization in this unique initiative:

For More Information and Resources go to [www.CCSCHemo.com](http://www.CCSCHemo.com)

<i>The Value of Hemophilia Comprehensive Care</i> – 6-minute video	<i>Journal of Managed Care &amp; Specialty Pharmacy (JMCP)</i> Peer-Reviewed CCSC Publication
Award Winning CCSC White Paper	CCSC Brief Overview
Downloadable Fact Sheets	Inhibitor Case Study
CCSC Poster presented at the AMCP Managed Care and Specialty Pharmacy Annual Meeting	CCSC Slide Presentation Library

Have questions or want to find out how to participate?

CONTACT > [ccsc@impactedu.net](mailto:ccsc@impactedu.net)

## References

1. Soucie JM, et al. *Blood*. 2000;96:437-442.
2. Soucie JM, et al. *Haemophilia*. 2001;7:198-206.
3. Okolo AL, et al. *Haemophilia*. 2019;25(3):456-462.
4. National Bleeding Disorders Foundation. Data on file. 2023.
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Provided by



In Partnership with



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The National Bleeding Disorders Foundation (NBDf) 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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