Improving Payer-Provider Collaboration and Data Reporting for Hemophilia Management: Metric Development for Quality Improvement

Vanita K. Pindolia, PharmD, BCPS, Kollet Koulianos, MBA, Michelle Rice

Background
- Hemophilia represents a significant driver of health care expenditures, with total estimated annual expenditures attributable to drug cost—and requires expert hematologist and multidisciplinary care to achieve optimal patient outcomes.
- Despite being nationally recognized as the centers of excellence in the unique patient care environment, data collection and treatment centers BTCC is not understood in the current framework of managed care.
- A lack of communication and information shared between payers and HTC stakeholders is largely responsible for the unavailability of HTC utilization and quality management metrics.
- Current trends in managed care indicate a robust movement toward improving the quality and cost efficiency of care by implementing measures targeting costs among payers and patients.

Goal
- To improve payer-provider collaboration and create a framework for healthcare management.

Program Description
- 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.
- The ultimate goal of these efforts is to facilitate cost-effective hemophilia management by integrating the HTC comprehensive care model and to develop transparent standards for the management and disposition of clotting factor concentrate.

Observations
- Services delivered by HTCs meet payer expectations in terms of delivery, quality, and value.
- The intensive level of care and oversight provided by HTCs in the treatment of patients with hemophilia result in lower cost for payers through the avoidance of bleeding-related complications and uninsured complications, improved care management of factor replacement therapy.
- Clothing factor replacement therapy can be provided at competitive lower rates than HTC-managed care.
- Discount drug pricing available through many HTCs.

FINDINGS/RECOMMENDATIONS

- CCSC activities to date have included development of a set of payer- and HTC-relevant metrics to use in these future pilot programs.
- Considering that drug therapy can account for 20% of the direct cost of care for a patient with hemophilia, efficient management of clotting factor replacement therapy and competitive acquisition of clotting factor concentrates is crucial to improving outcomes for patients with hemophilia and other bleeding disorders.

The HTC Model Represents a Multifaceted Approach to Cost Containment

CCSC Metric Development Process

References

CCSC BOARD MEMBER AFFILIATION

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard A. Justman</td>
<td>MD UnitedHealthcare*</td>
</tr>
<tr>
<td>Ira Klein</td>
<td>MD, MBA, FACP Aetna, Inc.*</td>
</tr>
<tr>
<td>Maria Lopes</td>
<td>MD, MS CDMI/Magellan Health</td>
</tr>
<tr>
<td>Vanita K. Pindolia</td>
<td>PharmD, BCPS Henry Ford Health System and Health</td>
</tr>
</tbody>
</table>