Collaboration and Data Reporting for Hemophilia Specialty Pharmacy Management: Metric Development for Quality Improvement
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Background
- Hemophilia is a significant driver of health care resource utilization—with 40% of direct health care costs related to non-therapy-related events. For more than 40 years, federally-funded hemophilia treatment centers (HTCs) have been under contract to deliver quality care.
- Despite being nationally recognized as the centers of excellence for hemophilia patient care, services remain underutilized by payers, and HTC stakeholders are largely responsible for the underutilization of HTC services.

Objectives
- Real-time information sharing between specialty pharmacy providers (SPPs), payers, and HTC stakeholders is crucial for the utilization of HTC services and HTC oversight of specialty drugs (i.e., clotting factor replacement therapy) among plan populations.

Methods
- Over the course of a series of consensus meetings, the CCSC is developing a framework for quality improvement pilot programs that can be replicated across the US between payers and HTCs.
- CCSC activities to date have included development of a set of payer- and HTC-reported performance-related metrics serving as the fulcrum of excellence in managing this unique patient base.

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 and SPPs and payers should have adequate means to bridge the communication gaps between these two groups of stakeholders.

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 demonstrate 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