



# Achieving High-quality, Cost-effective Care for Inherited Bleeding Disorders Through Meaningful Connections Between Payers and Providers

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## Background

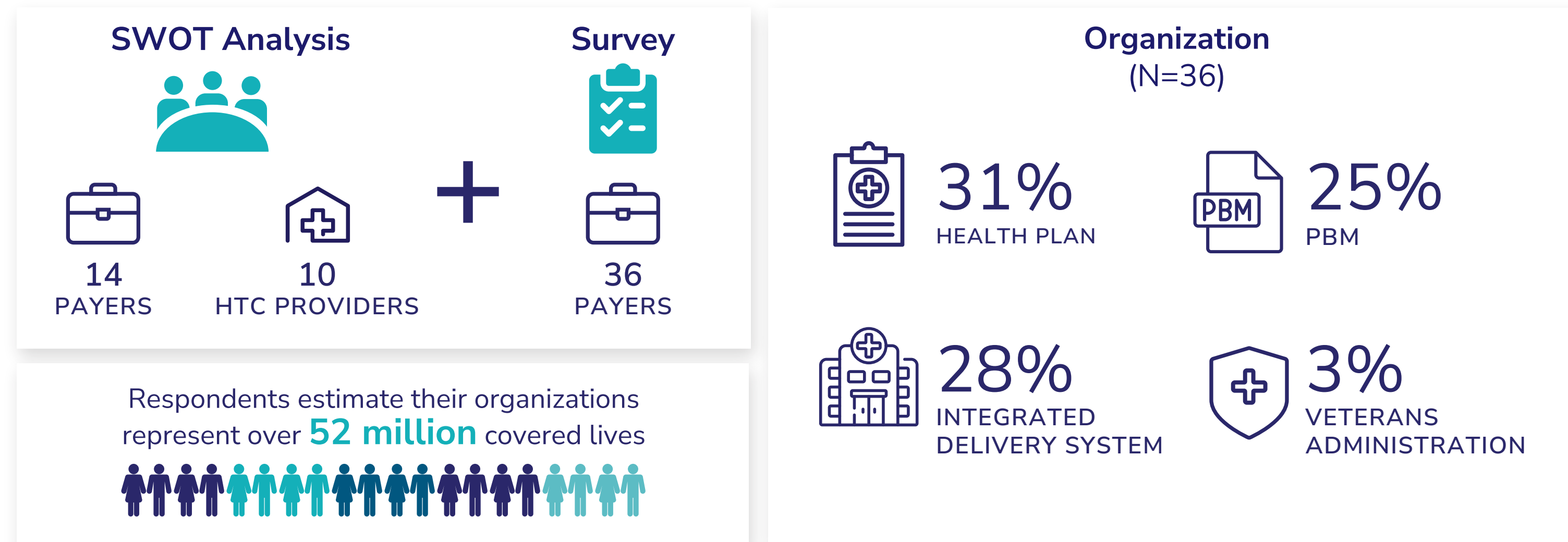
Launched in 2014, the Comprehensive Care Sustainability Collaborative (CCSC) aims to support the sustainability of the hemophilia treatment center (HTC) integrated medical home model of care by facilitating dialogue on both sides of the care management and cost risk equation. HTCs achieve optimal outcomes via care delivered through a medical home model that is recognized as the gold standard by providers; however, payers are largely unaware of their integral role in the management of bleeding disorders or do not understand their full value and scope of services.

## Objective

Identify barriers and overlapping opportunities between payers and hemophilia providers that can improve outcomes and lower costs for persons with inherited bleeding disorders.

## Methods

A SWOT (i.e., strengths, weaknesses, opportunities, threats) analysis was conducted with input from 14 payer and 10 provider advisors. To further identify knowledge and communication gaps, a survey was fielded to 36 payer professionals with influence over formulary and/or medical policy decisions.

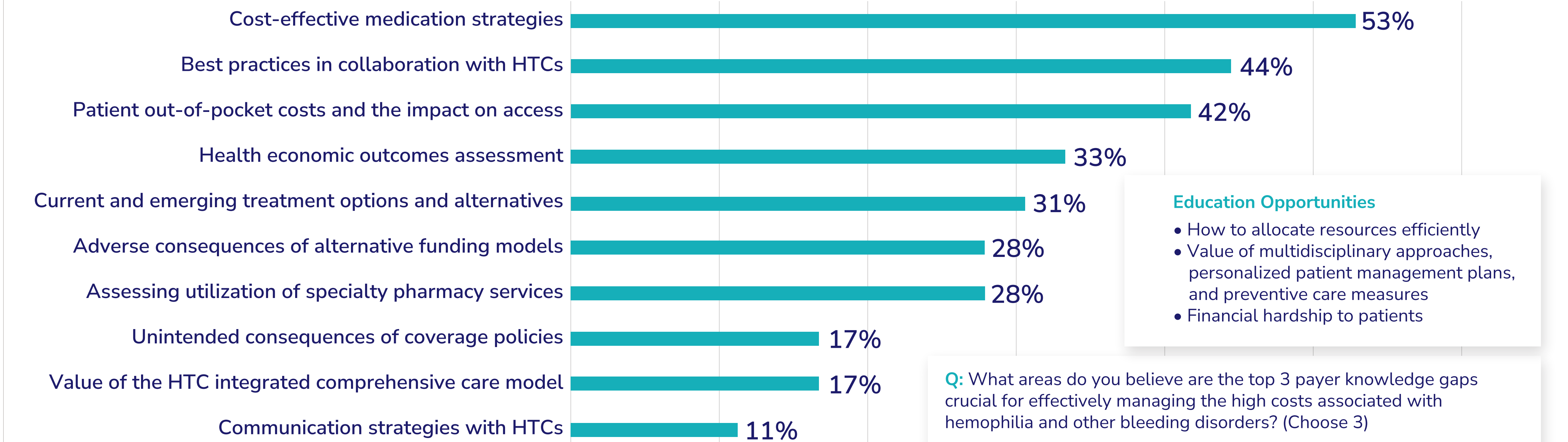


## Results

The SWOT analysis suggested payers view specialty pharmacy providers as an alternative to HTCs for factor replacement product distribution. Payers value HTC-based medical care for their members with bleeding disorders, but often take issue with the payment model predicated on drug dispensation. Therefore, an alternative reimbursement model may be necessary to prevent HTCs from getting “carved out” of drug dispensation.

The survey identified knowledge gaps in strategies to manage bleeding disorders including cost-effective medication strategies, best practice collaborations with HTCs, and the impact of patient out-of-pocket costs on access. Coverage policies are highly variable with disease severity being the most common criteria. Few payers are highly informed on hemophilia, and support for the HTC integrated care model is highly correlated with disease knowledge and HTC awareness. When asked about the potential impact of CCSC on payers’ goals to positively impact outcomes, cost, and patient experience, 60% responded “positive” or “highly positive.”

### Key Knowledge Gaps in Payer Strategies for Managing High Costs of Bleeding Disorders



## Conclusions

There is no other care model that performs as well as the HTC for the medical management of hemophilia. However, centers need to capitalize on this advantage and disseminate associated messaging. CCSC has helped to connect payers and providers to better manage members with bleeding disorders, but a need for increased awareness and understanding of the specific benefits of the HTC comprehensive care model still exist.