

**Positive clinical and financial outcomes for patients with bleeding disorders receiving care at Missouri's hemophilia treatment centers**

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**Objectives:** There are a limited number of studies documenting hospitalization rates for patients with bleeding disorders. One study revealed 40% higher hospitalization rate for patients not seen at a Hemophilia Treatment Center (HTC)<sup>1</sup>. Another four-year study utilizing 808 patients enrolled in HTCs provides hospitalization rates of 21.2 admissions per 100 patient years (PYs)<sup>2</sup>.

A state Medicaid agency will demonstrate decreased hospitalization rates for patients with bleeding disorders receiving care administered by healthcare professionals at federally recognized HTCs versus patients receiving care elsewhere.

**Methods:** Data from January 1st, 2007 through December 31st, 2008 on all active bleeding disorder (n>170) patients with paid claims was utilized for this study. Utilization of patient years (PYs) allowed for inclusion of patients that were on service at the beginning of the study period and for patients that came on service after January 1st, 2007.

**Summary:** The hospitalization rate for the combined bleeding disorder patient population was reported as 24.42 admissions per 100 PYs. Further investigation revealed the hospitalization rate for patients under the care of the comprehensive team at HTCs was 18.98 admissions per 100 PYs, while the patients cared for by clinicians not affiliated with an HTC had a hospitalization rate of 48.53 admissions per 100 PYs. The cost per admit for hemophilia related hospitalizations in this entire study group (n>170) was > \$105,000 per admission.

**Conclusion:** The continuity of care provided by the staff at the HTC with patients being treated by a multi-disciplinary team contributes to a remarkable decrease in hospitalization rates for patients with bleeding disorders. Patients with bleeding disorders utilizing care provided by an HTC had a decreased hospitalization rate of >60% compared to patients receiving care outside of the HTC. Extrapolating the average hospitalization cost for this study group and the difference in hospitalization rates, utilization of the HTC for care demonstrated a cost-savings of >\$3,200,000 versus utilization of non-HTCs per 100 PYs.

1. Soucie JM, Symonds J 4th, Evatt B, Brettler D, Huszti H, Linden J; "Home-based factor infusion complications among males with haemophilia." *Haemophilia* 2001 Mar; 7(2) 198-206.

2. Soucie JM, Symons J 4th, Evatt B, Brettler D, Huszti H, Linden J; Hemophilia Surveillance System Project Investigators. Home-based factor infusion therapy and hospitalization for bleeding complications among males with hemophilia. *Hemophilia* 2001; 7:198-20