

Collecting clinical data through a care management assessment form during telephone patient encounters: A study among patients of the Gulf States Hemophilia and Thrombophilia Center (GSHTC) in Houston, Texas 2014-2015



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Table 1. Selected Characteristics of patient assessment forms included in study between May 2014 and December 2015

Characteristics	n	%
Total patient assessment forms	1066	
Total patients	236	
GSP patients	80	33.9
Treatment regimen		
Prophylaxis	827	77.5
On demand / other	239	22.5
Use of infusion logs		
No	593	55.6
Yes	460	43.2
No response	13	1.2
Current / Recent Bleed		
No	777	72.9
Yes	283	26.5
No response	6	0.6
Recent ER Visit		
No	1032	96.8
Yes	24	2.3
No response	10	0.9
Recent Hospitalization		
No	1049	98.4
Yes	10	0.9
No response	7	0.7
Use home nursing service		
No	1007	94.5
Yes	59	5.5

INTRODUCTION AND OBJECTIVES

Hemophilia continues to be among the most expensive chronic diseases to manage largely due to the high costs of clotting factor. Private and government insurers and other stakeholders are requesting outcome data from Hemophilia Treatment Centers (HTC) to validate the economic and clinical effectiveness of treatment regimens. A care management assessment form was used to track various clinical parameters among patients calling into the HTC to request factor and evaluated to determine if a telephone patient assessment will provide meaningful clinical information for outcome analyses.

METHODS

This was a prospective study that collected data on factor needs and related clinical information among patients with Hemophilia A, Hemophilia B and VWD who requested factor from GSHTC between May 2014 and December 2015. Some patients were represented multiple times during the data collection period as they ordered every 1 to 2 months for prophylaxis. Data was collected over the telephone on a care management assessment form that was developed by the pharmacists at Gulf States Pharmacy (GSP), a service of GSHTC.

RESULTS

- 1066 patient assessment forms were completed which represented 236 patients.
- 33.9% of the patients received factor from GSP.
- 77.5% were on prophylaxis.
- 72.9% reported no current bleed or recent bleed (within last 2 months).
- 96.8% reported no recent ER visit and 98.4% reported no recent hospitalization (within last 2 months).
- 43.2% reported completing some form of infusion log and 5.5% used a home nursing service for their infusions.

CONCLUSIONS

It is important for patients to have regular contact with their HTC to assess and track their factor usage, bleeds, ER visits and hospitalizations and adherence to prescribed treatment regimens. Patients should be encouraged to complete infusion and bleed logs and to communicate with HTC staff regularly. Using a care management assessment form during telephone encounters with patients when they call the HTC to order factor can be an effective tool to improve management of the disease and adherence to prescribed treatment.

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