

Factor Assistance Program Utilization: A Follow-Up Study among Patients Attending the Gulf States Hemophilia and Thrombophilia Center (GSHTC) in Houston, Texas Between 2011 – 2013



Aroub A. Khleif, Stephanie Gustafson, Nidra Rodriguez, Miguel A. Escobar

The University of Texas Health Science Center at Houston, Gulf States Hemophilia & Thrombophilia Center
Houston, TX, USA



INTRODUCTION

- Hemophilia management is of particular economic concern due to the high costs associated with its treatment. Consequently, providing care to uninsured patients is a major challenge among individuals with this disease.

METHODS

- Eligibility for this study was limited to hemophilia A or B patients who received care at the GSHTC, and who were enrolled in any factor assistance program between January 2011 and October 2013.
- We conducted a retrospective study, and data were obtained from the patients' medical and pharmacy records.

OBJECTIVES

- The primary objective of this study was to examine the use of factor assistance programs among patients with hemophilia, and to follow-up with the status of previous patients enrolled in these programs.

RESULTS

- A total of 56 patients were enrolled in an assistance program during the observation period.
- The majority of the sample had hemophilia A (75%), were of Hispanic origin (63%), were less than 30 years of age (61%; median 28, IQR 23, 37), and had severe hemophilia (50%; 34% mild and 16% moderate).
- Patients of Hispanic origin were disproportionately represented in this sample with regards to being uninsured and assistance program utilization.
- Patients were enrolled in a program for a median of 7 months (IQR 4, 17).
- 34% of patients were able to use these assistance programs as a stop-gap program until they were able to obtain some form of health insurance.
- 48% of the sample were still uninsured by the end of the study period.
- Approximately 43% of the patients in this study were also enrolled in an assistance program in 2010 and carried over into this sample. Among these patients, 22% were lost to follow-up, and only 33% were able to obtain insurance within the timeframe of this study.

Table 1. Selected characteristics of GSHTC patients participating in the study between January 2011 and October 2013.

Characteristics	n	%
<i>All Patients</i>	56	
Age in years		
Median (IQR)	28 (23 - 37)	
Race/Ethnicity		
Caucasian (Non-Hispanic)	8	14.3
Hispanic	35	62.5
African American	8	14.3
Asian Pacific Islander	5	8.9
Hemophilia disease		
A	42	75.0
B	14	25.0
Disease severity		
Mild	19	33.9
Moderate	9	16.1
Severe	28	50.0
Length of time (months) patient enrolled in a program		
Median (IQR)	7 (4 - 17)	
Number of patients uninsured at the end of observation period	27	48.2

IQR, interquartile range.

CONCLUSIONS

- While individuals with hemophilia have benefited from safer, more effective factor replacement products, these advances have been paralleled by substantial cost increases in the treatment for these patients.
- Assistance programs have helped uninsured hemophiliacs receive free factor products, however they are not a solution to the insurance problems confronted by many of our patients.
- Greater efforts should focus on how to effectively manage uninsured hemophiliacs to ensure their health care and treatment needs are met.

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