

Risk management indicators in people with Hemophilia to evaluate results in disease control obtained by health insurers and providers in Colombia

INTRODUCTION AND OBJECTIVES

Risk management in patients with hemophilia is responsibility by health insurers and providers, so it should be measured to improve the health status of this population. The aim of this study was to determine and measure the indicators needed to evaluate risk management results in patients diagnosed with hemophilia in Colombia.

MATERIALS AND METHODS

An observational, descriptive and retrospective study. The information was obtained from the national registry of patients with hemophilia and other bleeding disorders in Colombia for 2015 by High Cost Diseases Fund. All patients diagnosed with hemophilia A or B and patients with the last year of clinical information available were included. 14 indicators related to overall bleeding, joint bleeding, inhibitors development, chronic hemophilic arthropathy, hospitalizations, health care by an interdisciplinary team, health care for hematology and dentistry, were measured.

RESULTS

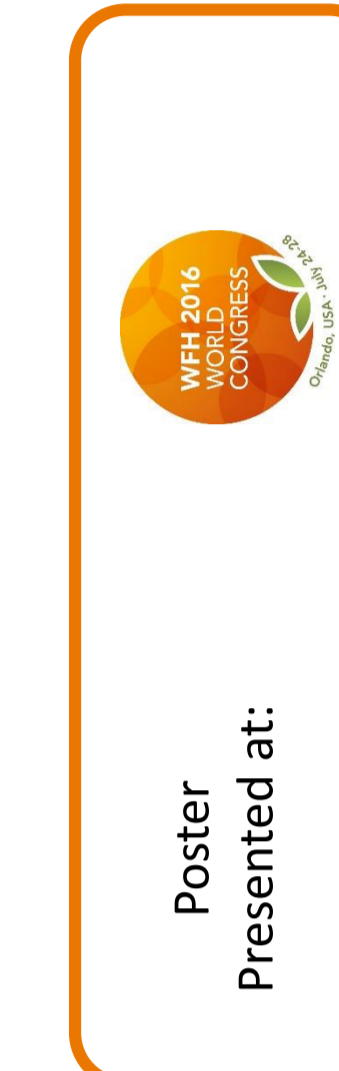
1.832 patients with hemophilia reported around the country were included and 16.7% were type B. The average overall bleeding rate in hemophilia patients with high-response inhibitors in prophylaxis during the past year was 4.5 bleeds/year, versus the identified in hemophilic patients without inhibitors in prophylaxis in whom an annual average of 1.5 bleeding was identified. Similar to the above it observed for joint bleeds, where the average bleeding in patients with inhibitors (high-response) was 3.3 bleeds/year, compared to 1.0 joint bleeds/year in patients without inhibitors. 46.2% of patients with hemophilia in Colombia have chronic hemophilic arthropathy, the hematologist is the professional who leads health care and only 24.7% of patients were assess by an interdisciplinary team over the past year.

CONCLUSIONS

Through the clinical outcomes of patients with hemophilia in Colombia, we could show some better results than other indicators. These indicators constitute a baseline for the country, but it's necessary to implement some strategies for monitoring patients with this diagnosis to improve the results and adjust public policies defined by the national government to contribute to the health system sustainability.

| INDICATOR | | RESULT |
|---|-------------|--------|
| Rate of bleeding in hemophiliacs with inhibitors (high response) in prophylaxis | General | 4,5 |
| | Spontaneous | 1,8 |
| Rate of bleeding in hemophiliacs without inhibitors in prophylaxis | General | 1,5 |
| | Spontaneous | 0,7 |
| Rate joint bleeding in hemophiliacs with inhibitors (high response) in prophylaxis | General | 3,3 |
| | Spontaneous | 1,5 |
| Rate joint bleeding in hemophiliacs without inhibitors in prophylaxis | General | 1 |
| | Spontaneous | 0,5 |
| Incidence rate of inhibitor development in patients with moderate or severe haemophilia A | | 25,80% |
| Incidence rate of inhibitor development in patients with moderate or severe haemophilia B | | 16,20% |
| Proportion of hemophiliacs with chronic hemophilic arthropathy in prophylaxis | | 46,20% |
| Proportion of patients with severe hemophilia without inhibitors in prophylaxis management | | 94,30% |
| Proportion of patients with hemophilia evaluated by an interdisciplinary team in the period | | 24,70% |
| Proportion of hemophiliacs hospitalized | | 18,60% |
| Average hematology care for patients with mild to moderate hemophilia | | 3,2 |
| Average hematology care for patients with severe hemophilia | | 5,4 |
| Average dental care for patients with mild to moderate hemophilia | | 0,9 |
| Average dental care for patients with severe hemophilia | | 1,1 |

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Outcome Assessment
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