

National Survey of the 340B Drug Pricing Program: Quantitative Evaluation of the Services Provided by the U.S. Hemophilia Treatment Centers

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Background

The national network of 135 federally funded Hemophilia Treatment Centers (HTCs) has provided care to individuals with inherited bleeding disorders since 1976. In 2015, the HTCs provided care to over 40,000 individuals. Over the years, level funding has greatly reduced the federal support for services, requiring the HTCs to find alternate resources, including institutional support to maintain the comprehensive care model. In 1992, Congress established the 340B Drug Pricing Program, which allows participating HTCs to purchase clotting factor at a discounted rate and generate program income to stretch scarce federal dollars and limited institutional support. In 2014, the regional networks reported to the federal government the amount of income generated from the program and that 569 full-time equivalents (FTEs) were supported by the program that year. However, the report on the number of FTEs does not include the associated services supported by the program. In 2014, the National Hemophilia Program Coordinating Center (NHPCC), which is funded by the federal government through the American Thrombosis and Hemostasis Network (ATHN), collaborated with the HTCs to conduct a survey to quantify the HTCs' services generated by the sale of clotting factor by the 340B Drug Pricing Program.

FTEs of Clinical Staff Paid for by 340B Funding. HTCs Reporting = 83.

Position	FTEs
Physicians	73.3
Fellows	1.4
Nurses, NPs and PAs	176.7
Social workers and psychologists	64.0
Physical therapists	41.3
Genetic counselor	10.6
Other professional staff	80.1
Administrative staff	111.5
Consultants	13.2
Total FTEs	569.2

Methodology

A 340B work group of the NHPCC developed a questionnaire to collect quantitative data on HTC utilization of 340B income to support HTC services. The questionnaire collected information on:

- Services provided by the HTCs
- Annual number of encounters for each service
- Services funded by 340B program income
- Extent to which 340B program income funded each service

Funding level for each service was defined as:

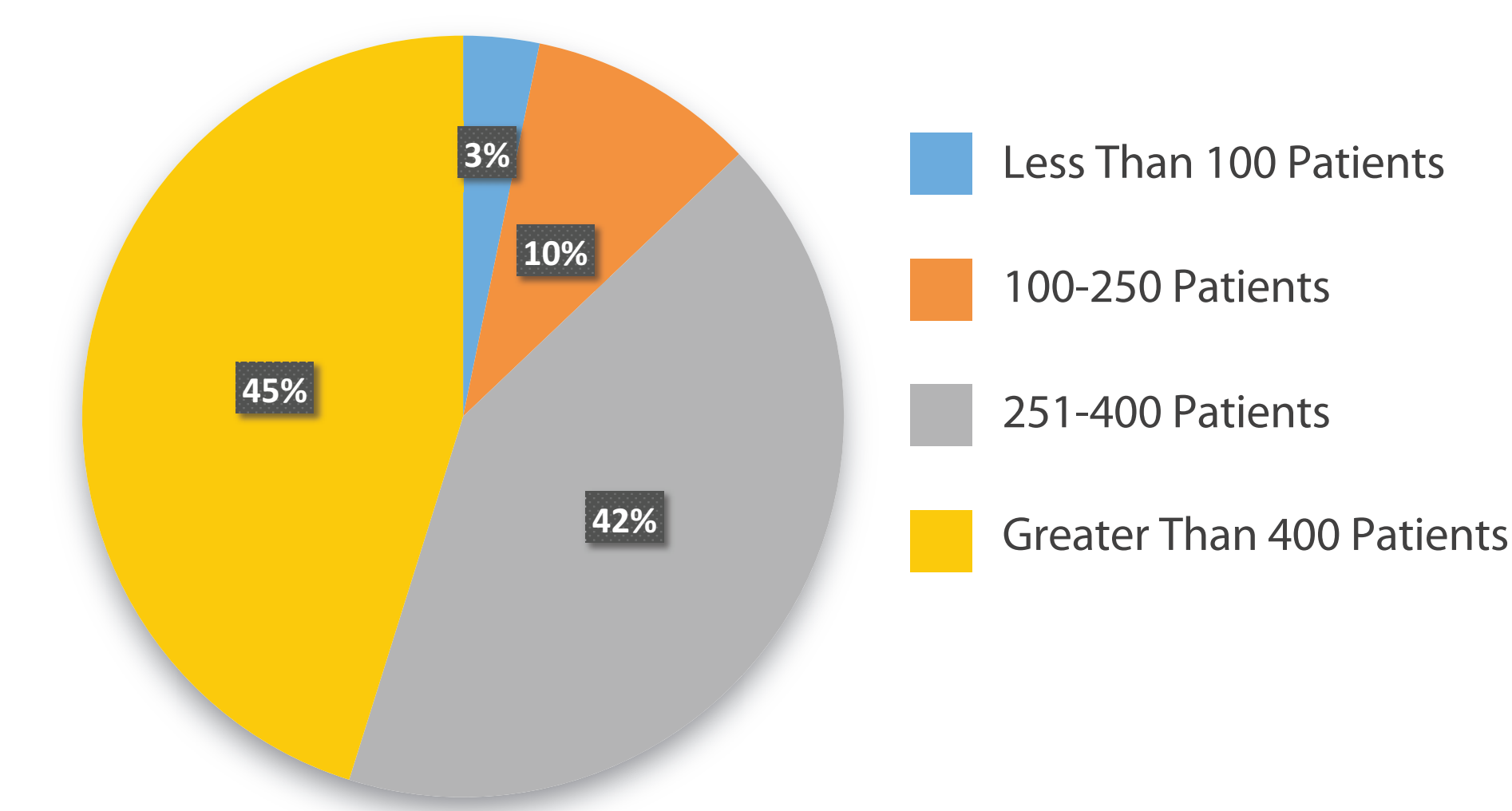
- At least 90%
- More than 50% but less than 90%
- Less than or equal to 50%

The percentage of centers reporting each level of funding was analyzed. Centers with established 340B programs were asked to participate.

Results

The survey was sent to 37 HTCs with established 340B programs; 31 HTCs completed the survey. The majority of centers (87%) reported serving more than 250 patients, with 42% serving over 400 patients. It is estimated that over 10,000 patients are served by the responding HTCs.

Distribution of Center Size



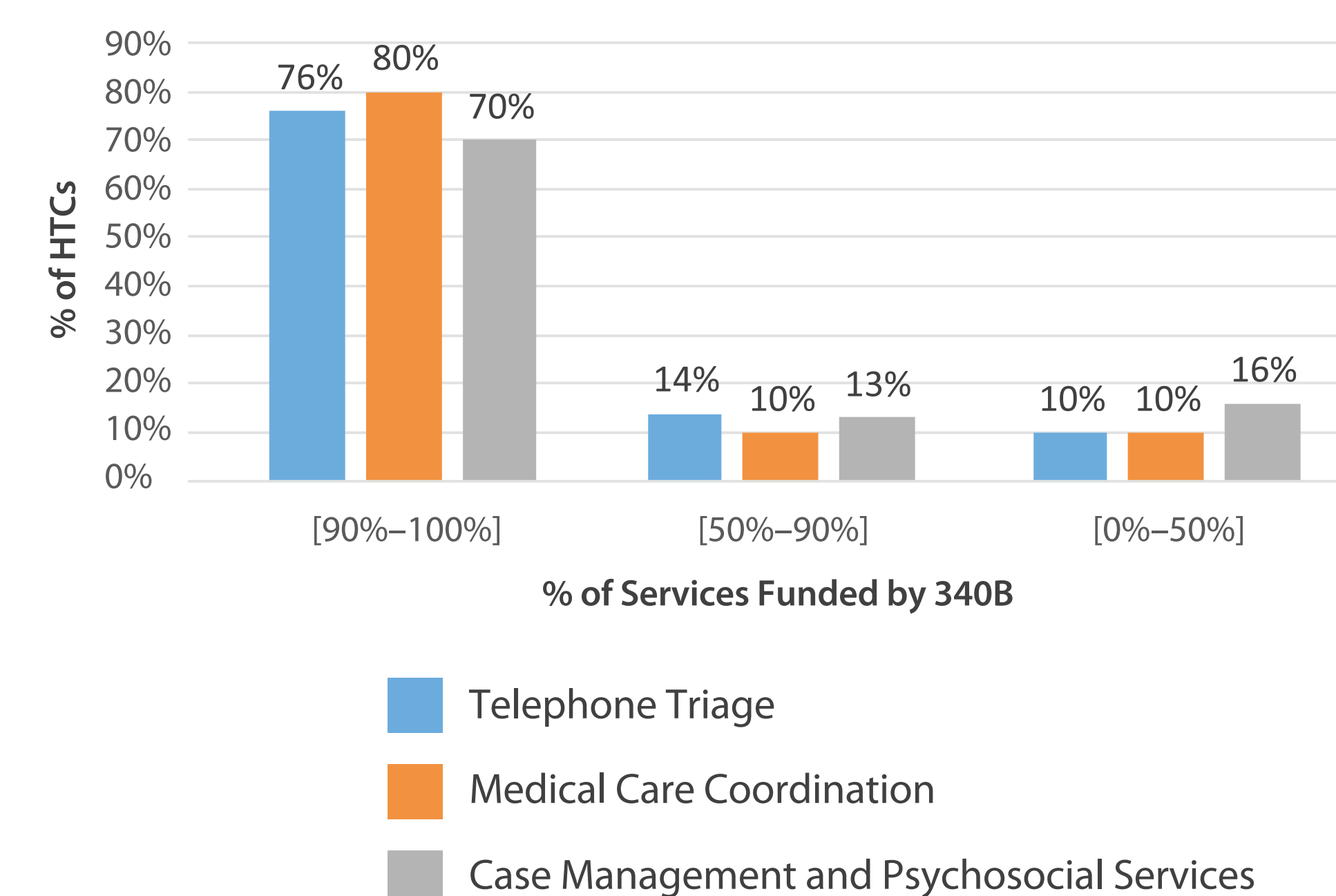
There were two levels of analysis: The first was the analysis of the HTC's level of 340B program income used to support the delivery of six categories of services. The second analysis evaluated the level of services that are generally not billable to two third-party payers and generally considered to be not reimbursable, including:

1. Comprehensive care visits
2. Outpatient and other follow-up visits
3. Coordination of care
4. Patient/family education and support
5. Camp services
6. Outreach and telemedicine clinics

Comprehensive Care Services

The graph below shows the number of annual comprehensive care visits by core staff. It demonstrates that (with the exception of hematologists) the HTCs rely on the 340B program income to support the staff at the comprehensive care visits.

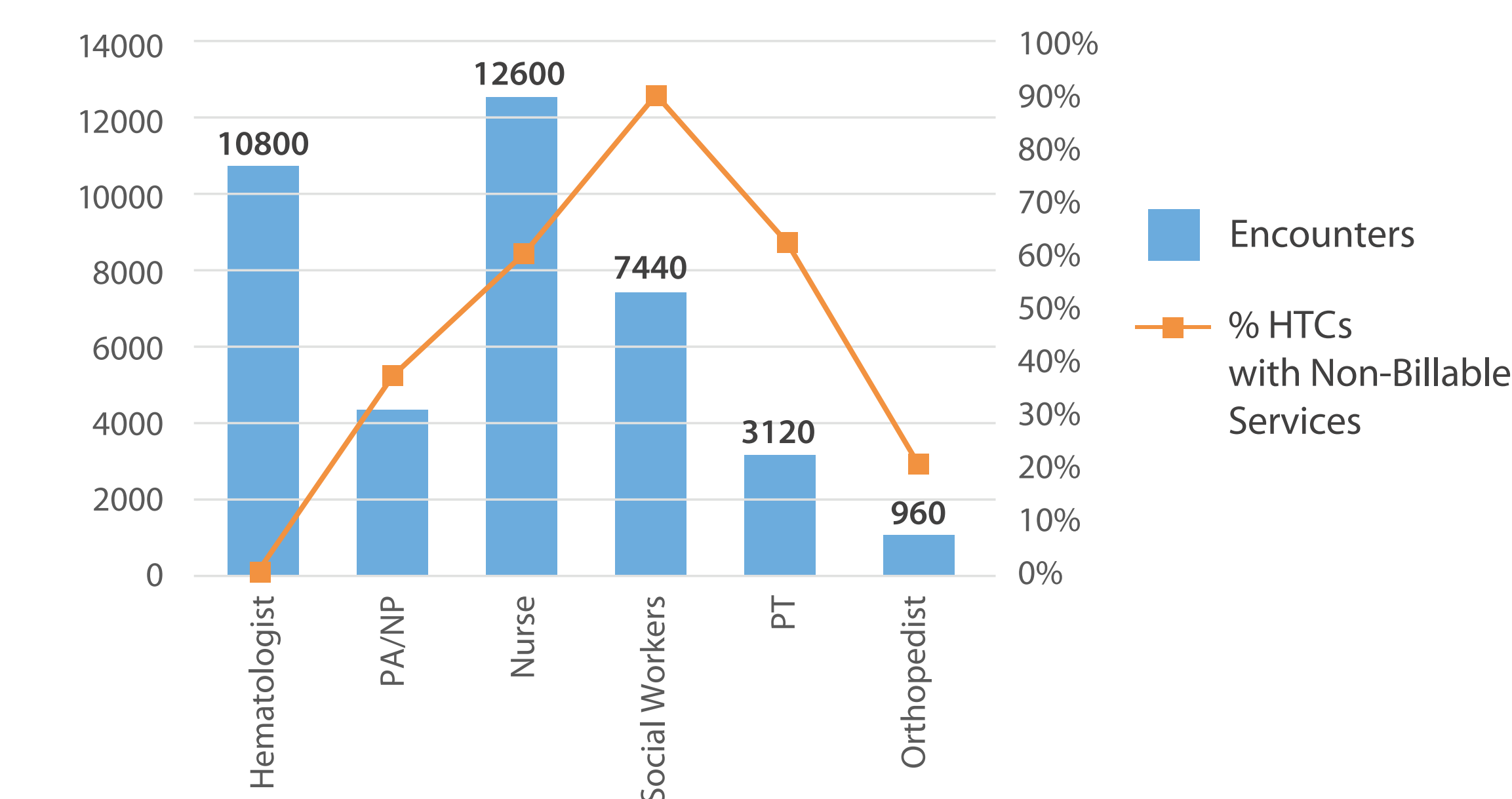
Percent of Centers by Level of Funding Using 340B Program Income for Care Coordination



Outpatient and Follow-Up Visits

The 340B program income support of clinical staff salaries at outpatient and follow-up visits is similar to that of the comprehensive care visits. Most centers fund >50% of the salary costs of non-physicians utilizing 340B program income. For example, over 90% of centers use 340B funding to support social workers.

Outpatient and Follow-Up Visits



Home Visits and School Visits

Home and school visits by the HTC team are almost entirely supported by the 340B program income.

Home and School Visit Encounters and Percentage Reporting Services That Are Non-Billable

	Number of encounters	Percent non-billable
Home visits	4200	100%
School visits	432	100%

Telephone Triage, Care Coordination and Case Management and Encounters

The majority of centers support coordination of care and case management services with 340B program income at the >90% level. These services are typically not funded by third-party payers.

340B Drug Pricing Program Support for Telephone Triage, Care Coordination and Case Management

Hemophilia Treatment Center Services	# of Encounters	% of HTCs Reporting ≥ 90% 340B Funded
Telephone Triage Urgent/Emergent		
Annual Mean Encounters per HTC	1,968	76%
Annual Total Encounters 29 HTC	57,072	76%
Medical Care Coordination		
Annual Mean Encounters per HTC	2,088	80%
Annual Total Encounters 30 HTC	62,640	80%
Care Management/Psychosocial/Vocational		
Annual Mean Encounters per HTC	960	70%
Annual Total Encounters 30 HTC	28,800	70%
Patient Education		
Annual Mean Encounters per HTC	516	75%
Annual Total Encounters 30 HTC	15,480	75%

Conclusion

The regional network reported 569 FTEs at 83 HTCs were supported by 340B income in 2014. This survey of 31 HTCs—a subset of the national network—demonstrates the importance of income from the 340B Drug Pricing Program to HTCs in providing comprehensive care, care management, and patient and community education to improve access to care. All patients receive the same services regardless of whether they participate in the 340B program.

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