



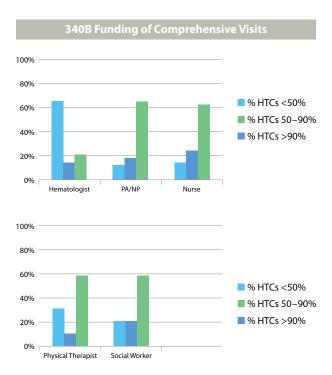
340B Drug Pricing Program Survey Highlights

In 2014, the National Hemophilia Program Coordinating Center (NHPCC) conducted the first-ever national survey to assess the impact of the 340B Drug Pricing Program on the capacity of hemophilia treatment centers (HTCs) to deliver services. The survey collected both quantitative and qualitative data to demonstrate the value of the 340B program in supporting and enhancing services offered by HTCs.

The impact of the 340B program on the bleeding disorders community

Federally funded HTCs across the United States provide multidisciplinary, comprehensive care services to over 30,000 individuals with inherited bleeding disorders. Since 1992, when the federal government created the 340B Drug Pricing Program to require that drug manufacturers provide outpatient drugs at reduced prices to eligible health care providers, HTCs have relied on the income from this program to maintain and expand the full array of services they provide for patients.

While a 2014 report showed a national total of 569 full-time employees (FTEs) were funded through 340B program income, the associated patient services were not quantified. As a result, the NHPCC conducted a national survey that same year to better understand the full impact of the 340B program on HTCs and the bleeding disorder community.



How we conducted the survey

The NHPCC established the 340B Work Group, consisting of multidisciplinary providers and consumers, which developed the survey questionnaire to collect information about:

- → Patient services provided by HTCs
- → Annual number of encounters for each service provided
- → Services funded by the 340B Drug Pricing Program, and the extent to which it funded each service

The survey was sent to 37 HTCs in the ATHN-affiliated network that had an established 340B Drug Pricing Program; 31 HTCs completed the survey.

Key findings

With the exception of physician services, the HTCs are highly dependent on income through the 340B Drug Pricing Program to support core comprehensive care team personnel and services that improve access to and quality of care. Importantly, it also shows these services benefit all patients who receive care at the HTC, including those who do not get their clotting factor through the 340B program.

Other key findings show the majority of centers reported the 340B Drug Pricing Program provided >90% funding of:

- → 60,000 annual patient encounters by nurses, social workers and physical therapists at the 31 HTCs
- → 57,072 urgent/emergent telephone encounters; 62,640 care coordination and 28,880 psychosocial and vocational services
- → 15,480 patients and 2,160 community and provider education sessions
- → 166 outreach clinics serving over 100 individuals were held, with most centers reporting more than 90% 340B program funding
- → 3,000 individuals received transportation assistance, with half the centers reporting more than 90% 340B program income support

Taken together, the NHPCC survey data emphasizes the critical importance of the 340B Drug Pricing Program in supporting and sustaining the HTC comprehensive care model.

To learn more about the 340B Drug Pricing Program survey, visit www.athn.org.

About the National Hemophilia Program Coordinating Center

The American Thrombosis and Hemostasis Network (ATHN) is a non-profit organization committed to improving care for individuals affected by bleeding and clotting disorders. In June 2012, the Maternal and Child Health Bureau of the Health Resources and Services Administration funded ATHN to establish the National Hemophilia Program Coordinating Center. The NHPCC serves as a bridge between the regional HTC networks, helping to create value on a national scale. The NHPCC partners with regional leadership, over 135 ATHN-affiliated HTCs, patient advocacy groups, government partners, payers, and thought leaders to guarantee a community-wide perspective. **To learn more about the NHPCC, visit athn.org.**

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