

Economic benefits of comprehensive hemophilia care

Comprehensive care carried out in a specialized Hemophilia Treatment Centre (HTC) is the optimum treatment for patients with hemophilia and other bleeding disorders.

Hemophilia *cannot* be adequately treated in a general hematology department due to its complexity. This reality is recognized by the World Health Organization (WHO), the World Federation of Hemophilia (WFH), and all developed countries.

An HTC's **basic care team** consists of a hematologist and qualified laboratory personnel equipped to diagnose bleeding disorders.

A **core comprehensive care team** includes not only a hematologist and lab personnel, but also a hemophilia nurse, a physiotherapist, and an orthopedist. Additional members could include a social worker, a dentist, a psychologist, a genetic counsellor, and an infectious disease specialist.

Benefits of Comprehensive Care

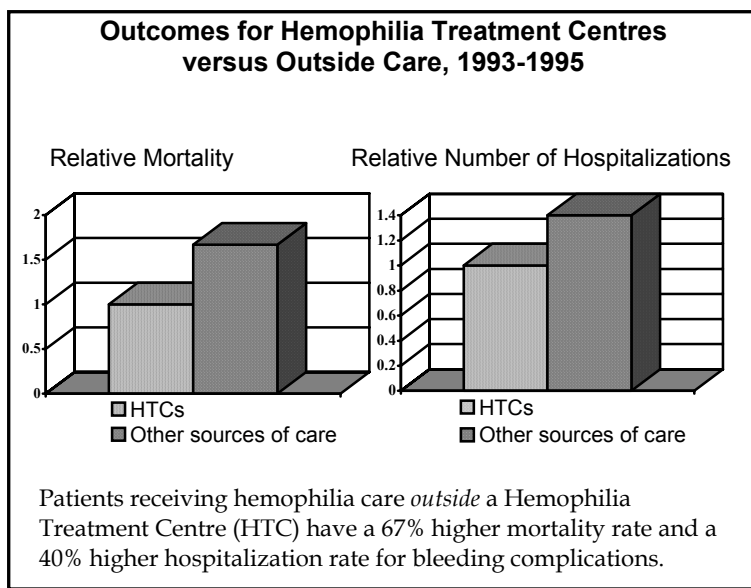
- Studies in the United States have shown that the mortality rate of hemophilia patients receiving care outside the multidisciplinary team environment of an HTC with comprehensive care increases by 70% and there is a 40% higher hospitalization rate even while in the care of a hematologist. [See graph.]
- In some countries, hemophilia management is complicated by HIV and hepatitis C infections as a direct result of contaminated blood products used to treat hemophilia before the 1990s. However, the complications can be safely managed by a multidisciplinary team through a Hemophilia Treatment Centre (HTC).

The cost of NOT providing patients with comprehensive care

- When bleeding episodes are not treated early and appropriately by a specialized clinical team, it is often necessary to give a higher dose of factor replacement therapy, and to provide repeated treatments. Since more than 90% of the cost of hemophilia treatment is actually the cost of factor replacement, proper clinical supervision in an HTC can lead to optimal use of expensive replacement therapy and actually decrease the cost of treating specific bleeding episodes.
- Uncoordinated, non-specialized care costs more than comprehensive care through inappropriate use of expensive blood products leading to increased use of these products, as well as hospital and emergency services.

For more information, consult the following resources.

1. Sohail, Muhammad Tariq and Lily Heijnen, eds. 2001. Comprehensive Haemophilia Care in Developing Countries. Montreal: World Federation of Hemophilia.



Soucie JM, Symons J 4th, Evatt B, Brettler D, Huszti H, Linden J and the Hemophilia Surveillance System Project Investigators. (2001) "Home-based factor infusion therapy and hospitalization for bleeding complications among males with haemophilia." *Haemophilia* Mar; 7(2): 198-206.