

REIMBURSEMENT OF BLEEDING DISORDERS' TREATMENT IN LATVIA 2005-2015

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Objective

The objective of this poster is to provide a summary of government spending on treatment products for bleeding disorders in Latvia from 2005 to 2015.

Background

For life-long rare conditions as bleeding disorders, access to adequate treatment is one of the fundamental elements. Main characteristics of hemophilia and other bleeding disorders are frequent, spontaneous bleedings of various magnitudes in joints, muscles, internal organs and impaired blood ability to clot after injuries and surgeries. If not treated, they negatively influence physical, psychosocial and emotional health and quality of life of patients. Therefore most countries try to provide necessary treatment to stop and/or prevent bleeding episodes in people with bleeding disorders.

Reimbursed on-demand treatment at home in Latvia is available since 2002. Currently, majority of people with severe hemophilia receive prophylaxis with plasma derived or recombinant factor concentrates. Some patients are denied treatment due to lack of precise diagnosis and no access to some specific treatment through reimbursement system.

Despite the fact that World Bank classifies Latvia as high-income country¹ with GNI 15'280 USD per capita (2014), health care services in hemophilia do not reach minimum standard care², which is now 3 IU (international units) per capita use of coagulation factor VIII in Europe³.

Methods

Reimbursement system in Latvia is defined by Cabinet of Ministers⁴ and organized by NVD (National Health Service) according to budget provided by Ministry of Health. Reimbursement data from NVD public domain sources⁵ for bleeding disorders (hemophilia A, hemophilia B, von Willebrand disease and Factor VII deficiency) covering time period from 2005 to 2015 were collected. Some data for 2005-2010 were taken from WFH Annual Global Surveys⁶. Quantitative data were cleaned, organized and analyzed.

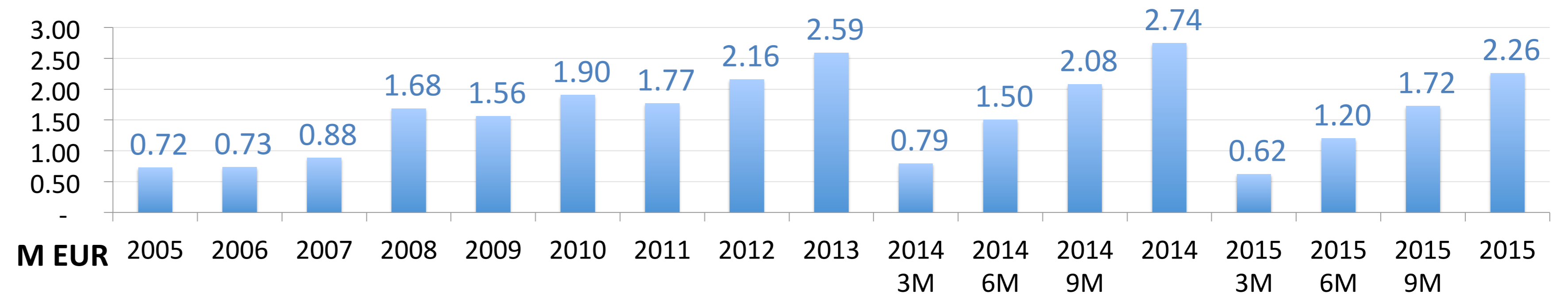
Conclusions

- The government spending on hemophilia treatment in Latvia over the past decade has considerably increased, which does not mean proportionally improved treatment levels.
- Contrary to goals of reimbursement system, number of treated patients with bleeding disorders has decreased.
- To analyze spending efficacy, new patient outcome measurements should be introduced and data of individual patient treatment should be closely monitored and analyzed.

Results

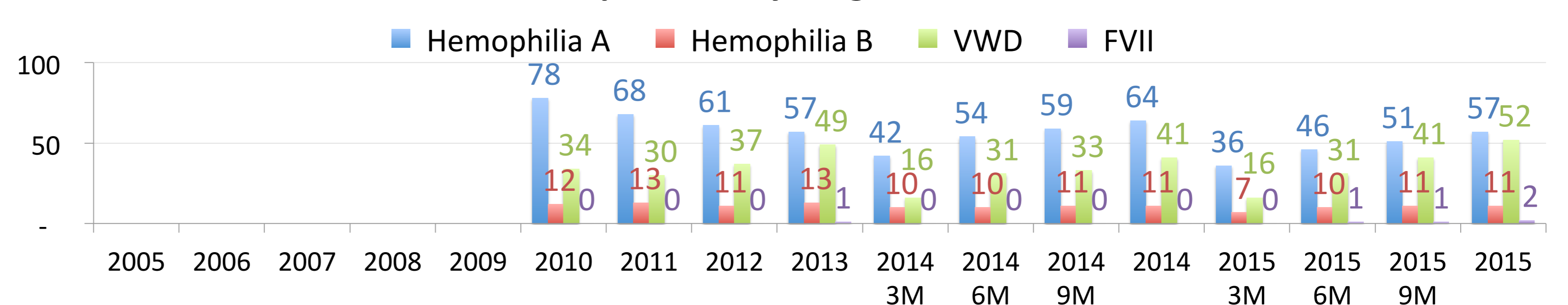
Total spending for medicines reimbursement in Latvia grew from 43 M EUR in 2005 to 124 M EUR in 2015. Spending on bleeding disorders range from 1.0 to 2.8%, on average 1.9% of all budget. In 2005, 0.72 M EUR were spent on treatment of bleeding disorders, but in 2015 the spending had reached 2.26 M EUR.

Total spending on treatment for bleeding disorders in Latvia, 2005-2015



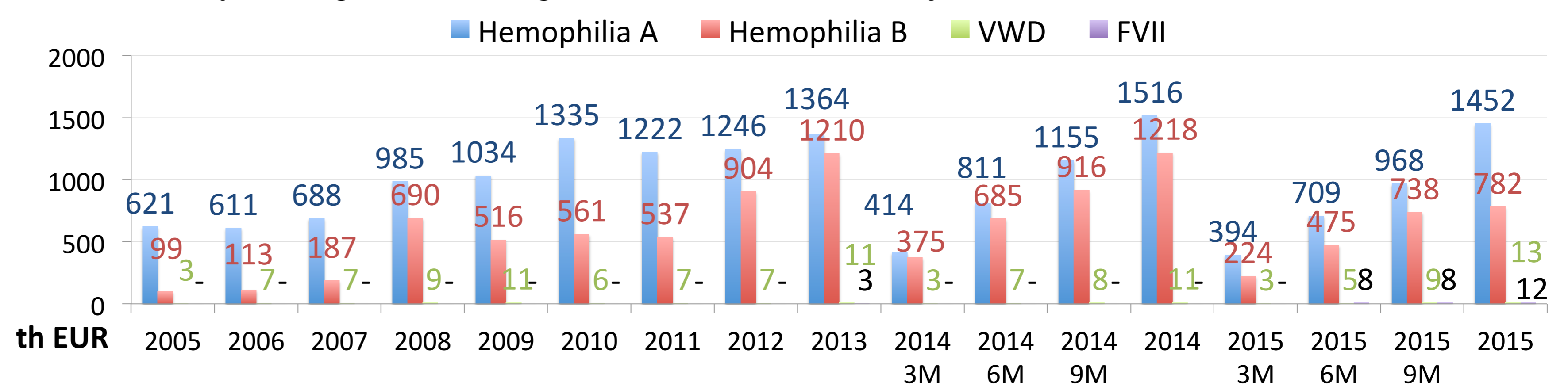
Latvia Hemophilia Society has identified 283 people with bleeding disorders (2014). The total number of patients with bleeding disorders treated within reimbursement system had decreased from 124 in 2010 (no earlier data were available) to 122 in 2015. The structure changed from mainly treating hemophilia A patients to treating hemophilia A and VWD patients equally. Many hemophilia A patients were involved in Clinical trials or emigrated.

Number of treated patients by diagnosis, Latvia, 2010-2015



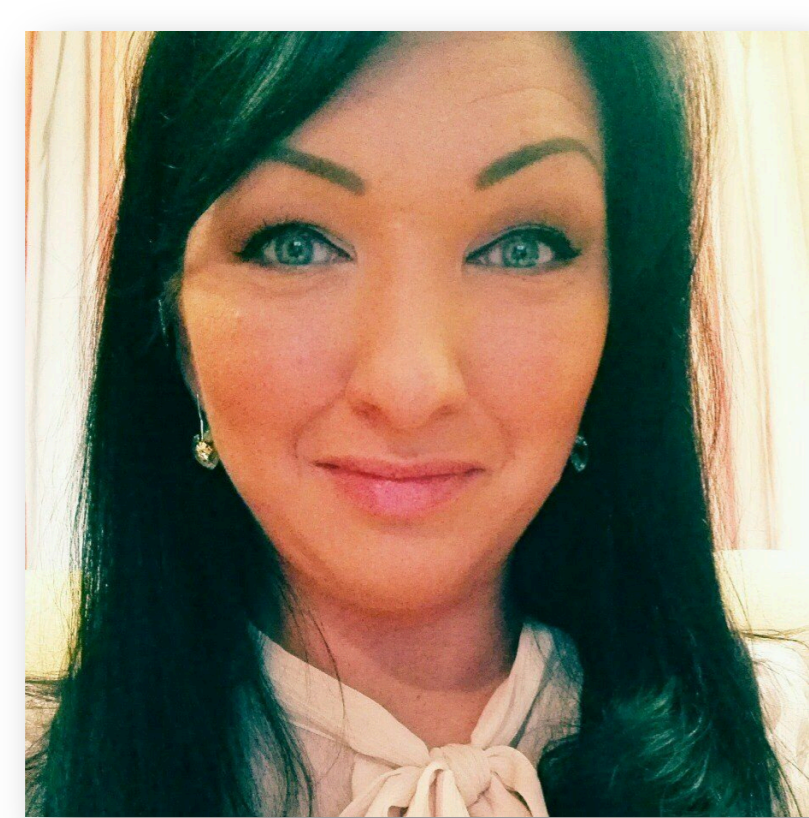
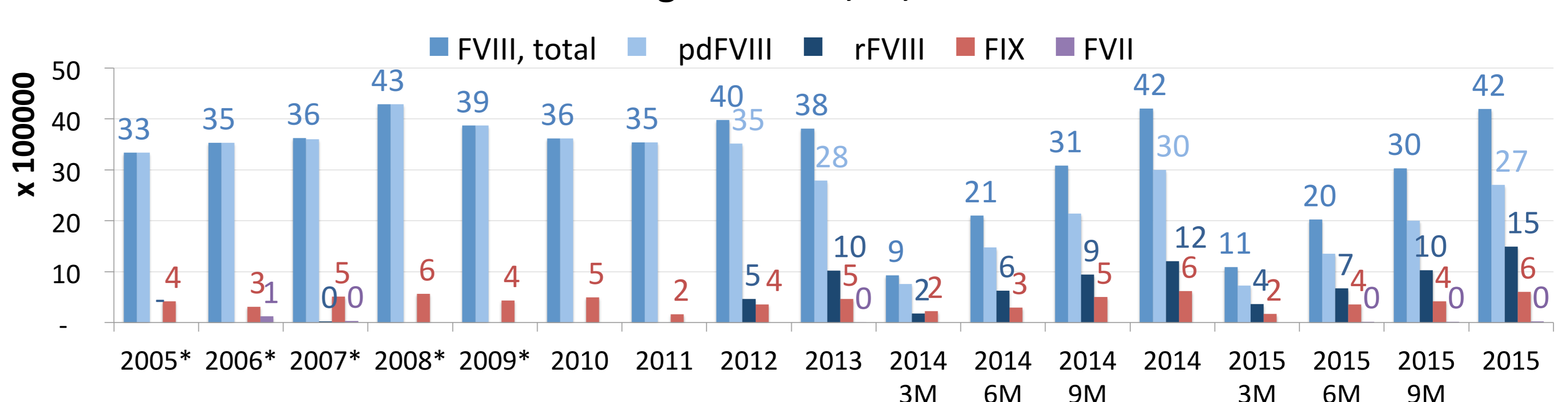
Hemophilia A constitutes the biggest proportion of spending, since treatments are expensive and prescribed according to Treatment guidelines. Up to 90% of hemophilia B treatment costs are allocated to inhibitor treatment for 1 patient, not factor purchases. Treatment for VWD is comparatively cheap. But Factor VII deficiency is ultra-rare condition in Latvia and only 2 of 5 patients have received reimbursed treatment in 2015.

Spending on bleeding disorders treatment by disease in Latvia, 2005-2015



During past ten years, amount of factor VIII for hemophilia A treatment increased by 26%, while amount of factor IX for hemophilia B treatment increased by 44%. Plasma derived factor VIII (pdFVIII) amount decreased by 19%, but after introduction in 2012, amount of recombinant factor VIII (rFVIII) has tripled. In 2015, 4.2 M IU of FVIII and 0.6 M of FIX were bought, out of which recombinant factors were 36% rFVIII and 0% rFIX concentrates.

Factor usage in Latvia, IU, 2005-2015



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