

POSTTEST AND EVALUATION FORM
Challenges and Opportunities for Managing Hemophilia
Annotated Slides

Medical Education Resources, Specialty Healthcare Benefits Council and the National Hemophilia Foundation respect and appreciate your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete the posttest and evaluation form.

There are no prerequisites or fees for participating in and receiving credit for this activity. During the eligibility period beginning September 27, 2011 and ending July 31, 2014, participants must 1) study the educational activity, 2) complete the posttest by recording the best answer to each question in the answer key on this form and 3) complete the evaluation form.

A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed posttest with a score of 70% or better. Statements of credit will be mailed within 6 weeks of the activity.

Request for Credit

PLEASE PRINT

Name	Specialty	
Organization		
Degree	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> Other _____	
Mailing Address:	<input type="checkbox"/> Hospital/Academic/Office <input type="checkbox"/> Home	
Address:		
City:	State:	Zip:
Telephone:	Fax:	Email:
Signature	Date:	

For Physicians Only

I certify my actual time spent to complete this educational activity to be:

I participated in the entire activity and claim two (2) credits.

I participated in only part of the activity and claim _____ credits.

Activity Post-test

1. Hemophilia is an X-linked recessive bleeding disorder that affects approximately 1 of 5000 live male births. True or false

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2. Most inhibitors develop early in life at a median age of 1.7 to 3.3 years and after a median of ~9 exposure days (ie, the number of days the patient was exposed to any clotting factor replacement therapy). True or false

3. The total cost of care for patients with alloantibody inhibitors is much greater than that for patients without inhibitors. True or false

4. Patients who receive care directly from, or coordinated through, an HTC experienced a ____ in mortality.
 - 50% reduction
 - 40% reduction
 - 20% reduction
 - 20% increase
 - 40% increase

5. HTCs provide a multidisciplinary program. Which services do HTCs provide? Please check all that are correct.
 - Direct medical care
 - Patient support
 - Patient education
 - Genetic counseling
 - Mental health counseling
 - Physical therapy
 - Integrated pharmacy program
 - Outreach programs
 - Diagnostic testing

6. MASAC develops policies regarding the care of hemophilia patients include all of the following and 73 others? True or false
 - The selection of an appropriate specialty pharmacy program for hemophilia patients.
 - Standards of care
 - Prophylaxis
 - Preferred drug lists

7. Health plans have contracts with all HTCs in the plan's region. True or False

8. MASAC recommends that specialty pharmacies provide which of the following attributes?
 - Clinical expertise and experience in hemophilia
 - Deliver medications within 48 hours on a routine basis and within 3 hours (if logistically possible) for emergencies
 - Fill all prescriptions within $\pm 5\%$ to 10% of prescribed assays
 - Carefully manage clotting factors based on expiration date
 - Provide 24/7 availability in multiple languages.

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9. Rising cost-sharing arrangements can significantly increase a hemophilia patient’s cost of care. This can place the cost of prophylaxis, make it unaffordable and, hence, lower the quality of outcomes and increase the cost of care. True or False

10. As many as 20% to 30% of severe hemophilia A patients¹⁰ and approximately 1.5% to 3% of those with severe hemophilia B develop a neutralizing antibody—called an alloantibody inhibitor—directed against the exogenously administered factor replacement therapy. True or False

Please answer the following questions by circling the appropriate rating:

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Outstanding

Extent to Which Program Activities Met the Identified Objectives

After completing this activity, participants should be able to:

• differentiate general hemophilia from hemophilia with inhibitors, and identify the unique challenges associated with inhibitors.	5	4	3	2	1
• evaluate the impact of changes in the treatment of pediatric and adult hemophilia on their own organizations	5	4	3	2	1
• identify opportunities to engage additional clinical and financial stakeholders in the medical care and management of pediatric and adult hemophilia patients, thereby increasing the effectiveness of all participants in the care process	5	4	3	2	1
• evaluate current formulary development and management techniques and specialty pharmacy arrangements and incorporate new concepts to improve the quality and cost effectiveness of care for both pediatric and adult hemophilia patients	5	4	3	2	1
• better integrate available resources such as hemophilia treatment centers in clinical treatment and overall patient management	5	4	3	2	1

Please indicate if this activity was free from commercial bias.

Yes No

If No, please indicate the topic(s) that were not free from commercial bias.

Overall Effectiveness of the Activity

• Objectives were related to overall purpose/goal(s) of activity.	1	2	3	4	5
• Enhanced my current knowledge base.	1	2	3	4	5
• Will help me improve patient care.	1	2	3	4	5
• Provided new ideas or information I expect to use.	1	2	3	4	5
• Was timely and will influence my practice of medicine.	1	2	3	4	5
• Addressed my most pressing questions.	1	2	3	4	5

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Please indicate any changes you plan to make in your practice of medicine as a result of information you received from this activity.

<ul style="list-style-type: none">Please rate your commitment level to making these changes.	1 2 3 4 5
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In what time frame do you anticipate making these changes?

- Immediately 1-2 months 3-6 months At some point in the future

Based on my participation in this activity, I will incorporate the following new strategies:(check all that apply)

- Enhanced relationship and coordination of services with hemophilia treatment centers
 Enhanced relationship with specialty pharmacy providers
 Better utilize medical experts to manage costly, chronic diseases with limited prevalence
 Better encourage compliance with best clinical practice, even for costly, chronic diseases with limited prevalence
 I already do all these things

If this activity did not give you strategies to be better able to practice medicine, please list the factors acting as barriers.

<ul style="list-style-type: none">This activity was designed to help the participant master the ABMS/ACGME core competency of professionalism. How well did this activity address this competency?	1 2 3 4 5
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Please provide general comments regarding this activity and suggest how it might be improved.

Are future educational activities on this topic needed?

- Yes
 No

Please indicate medical topics that would be of interest to you.

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