

Patient Choice Notification Policy	Department: General Operations	
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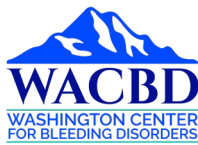
PURPOSE: Washington Center for Bleeding Disorders (WACBD) respects patient’s freedom of choice. Patients have the right to choose comprehensive care, preferred factor vendor, pharmacy, and home care services. It is within the scope of patient care that WACBD respects the patient choice and will abide by patient decision.

SCOPE: The scope of this policy applies to all WACBD patients.

POLICY STATEMENT: All patients receiving care at WACBD have the right to choose their preferred form of care including the right to choose the clotting factor that is safe, beneficial, and cost effective.

PROCEDURES:

Procedure 1- Patient Choice	
Comprehensive Care	<p>WACBD offers comprehensive care to all persons with hemophilia and inherited blood disorders. WACBD clinicians provide comprehensive care and may include pediatric and adult hematologists, nurse practitioners, physician assistants, registered nurses, physical therapists, social workers, genetic counselors, psychologists, education specialists, nutritionists, dentists, and/or hepatologists.</p> <p>Some medical insurance providers require prior authorization for patient services rendered at WACBD. If prior authorization is needed, the WACBD staff will obtain before patient’s appointment. It is the patient’s responsibility to let the clinic staff know of any known insurance restrictions.</p>
Factor Purchase	<p>A prescription is required to obtain factor concentrate. Patients and their families may choose to have that prescription filled at any pharmacy providing factor replacement. The patient choice of factor provider may be limited by the patient’s medical insurance or pharmacy benefits plan. These include home care pharmaceutical delivery companies, WACBD or private pharmacies designated by medical insurance payers. Patients and their families have a right to know what the price per unit of factor is and what amount is billed to their medical insurance or other third-party payer.</p> <p>It is the patient’s responsibility to pay the pharmacy provider for medications, including factor concentrate. Private medical insurance, managed care programs, Medicare, Medicaid, other third-party payers, the patient, and/or the family will be billed for factor purchase and services provided.</p>
Factor Choice	<p>All patients are entitled to information about the different factor concentrate and non-factor medication choices available to treat their type of hemophilia or blood disorder. This information is available from pharmacy, medical and/or nursing staff at WACBD. Product purity, safety, effectiveness, and cost are all considerations in making this choice. Patients and their families have the right to an informed choice about the type of</p>



	medication they want to use.
Home Care Services	<p>The patient and their family are entitled to a home care provider that serves the patient's needs. The patient has a right to information on the cost of the services and the amount the patient or the patient's insurance carrier is billed for services. The patient is entitled to purchase only the services the patient requires. WACBD staff will participate in a consultative role with any home care service the patient chooses.</p> <p>Some managed care programs and other medical insurance providers have exclusive relationships with Home Care Service providers. It is the patient's responsibility to be aware of these restrictions, if applicable.</p>

Procedure 2- Patient Responsibilities	
Patient Responsibilities in Hemophilia Care	<p>The patient and their family are partners with WACBD in the comprehensive care for the patient's blood disorder. Complete information from the patient assists WACBD in providing the best possible care. Useful information from the patient or their family can include infusion issues, reports of difficulties encountered at school, participation in play or sports, abilities to work, and communication about other treatments, diagnoses, and reports from other health care providers.</p> <p>WACBD recognizes A Consumer Bill of Rights and Responsibilities for Health Care Services of the National Hemophilia Foundation as guidelines for this partnership.</p>

APPROVING COMMITTEE(S):
Policy and Compliance Committee (PCC)

REVISION HISTORY

	Final Approval by	Date	Brief description of change/revision
Revision	PCC	8/31/21	Updated Format
Revision			