AABB Survey: Impact of upcoming changes to CCP use

### Highlights
- 224 hospitals responded.
- 38.7% hospitals plan to continue high-titer CCP use through May 31 and beyond.
- 37.1% are not yet clear on whether CCP use will change or not.
- Only 5.8% (n=13) hospitals are planning to discontinue CCP or have already done so. Among these hospitals, lack of stronger efficacy data followed by plan to shift towards other treatments were the two most common factors for discontinuation.
- 132 (~73%, total response=181) hospitals have discussed the availability of high titer CCP with their blood supplier.
- Most hospitals are willing to continue transfusing CCP if the reimbursement structure changes to a more traditional model.
- Most hospitals believe availability of high titer units will have the biggest impact on their CCP use in the future.
- A majority of the hospitals reported the use of CCP was at the entirely at the discretion of the ordering physician.

### Anticipated impact of revised EUA and potential payment changes in the CCP use

- Planning to discontinue CCP or have already done so: 13
- Other (eg use under a RCT): 16
- Didn’t transfuse CCP under the EUA: 26
- Not yet clear on whether CCP use will change or not: 83
- Plan to continue high-titer CCP use through May 31 and beyond: 86

### Discussed the availability of high titer CCP with blood supplier

- Yes: 132 (73%)
- No: 49 (27%)

### Continue to transfuse CCP if the reimbursement structure changes

- Yes: 102
- Don’t know: 76
- N/A: 4
- No: 3

### Biggest impact on CCP use in the future

- Availability of high titer units: 101
- Both cost & high-titer availability, about the same: 55
- CCP cost: 4
- N/A: 25

### Patient selection and CCP use

- Entirely at the discretion of ordering providers, even for severely ill patients or those on mechanical ventilation: 113
- Mostly at the discretion of ordering providers, but have patient selection criteria to prevent issue to severely ill patients or to those on mechanical ventilation: 44
- Other: 25
- N/A: 3

### Reasons to discontinue use of CCP*

- Plan to shift towards other treatments, including the use of monoclonal antibodies for non-hospitalized patients: 38.5%
- Concerns about the availability of high titer units: 15.4%
- Lack of stronger efficacy data: 61.5%
- The anticipated cost of purchasing CCP units: 7.7%
- Other: 7.7%

* Response ratio presented based on a multi-select question. 13 hospitals responded as planning to discontinue CCP use or have already done so.