

Frequently Asked Questions: Home Infusion

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This document is designed to answer frequently asked questions about Home Infusion Pharmacy Services.

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Development

1. My organization is looking to invest in a home infusion service line, what resources are available to assist me?

The organization would need to develop a business plan, conducting an analysis of need and opportunities for products and services. A consultant familiar with all the legal, costs and requirements could guide the decision. Consultants already have networked with home infusion providers locally and outside of the initial service area.

2. What are the advantages or disadvantages to outsourcing your home infusion business?

The organization is making a long term commitment by deciding to operate a home infusion program. The investment could have favorable impact on the organization operational efficiency, improvement of patient care in addition to additional income. However the home infusion clean room complex and office set ups can be very expensive. Outsourcing a home infusion program could be a shared risk where the organization could partner with another provider but legal issues could be problematic. A total outsourcing would provide the therapy and assist with discharges from the organization but there would not be an additional income stream and that home infusion provider could be reluctant to accept self-pay or low pay payers.

3. Do I need to build a cleanroom or can I use an existing cleanroom at our current health-system?

Many home infusion programs started by using the existing cleanrooms within the health-system but even a dozen or so home infusion patient therapies can consume any available open time in the existing hoods. Home infusion therapy can see exponential growth and that should be expected. Many of the therapies provided by home infusion will have a weeks' worth of medications and supplies sent and these patient specific batches occur during the busiest times for the health-system, and with high priority of need.

4. What are the major drugs or therapies that a home infusion pharmacy services?

- a. Total Parenteral Nutrition
- b. Hydration
- c. Antibiotics
- d. Antivirals
- e. Antifungals
- f. Inotropes: Milrinone, Dobutamine, Dopamine
- g. Intravenous and subcutaneous immune globulin
- h. Pain Management
- i. Chemotherapy
- j. Hormone and biological replacements

- k. Enzymes
- l. Hemophilia Factor
- m. Monoclonal Antibodies
- n. Intravenous and injectable specialty pharmaceuticals through limited distribution networks

5. Do I need to have nurses on staff at my home infusion pharmacy?

A home infusion company may choose to have their own nurses on staff to train patients and their caregivers on infusing the prescribed medications in the home environment. The infusion nurses assess the home environment for safety and the ability of the caregivers. The infusion nurses can administer the medications and stay during the whole infusion. For long term therapies, the goal may be to empower the caregiver. The infusion nurses typically start the therapy and train the family and caregivers on how to prepare and give the medication. The families are taught how to use and care for the infusion pump as well as the intravenous catheter. Sometime training of the caregivers can take place in the hospital prior to discharge and the caregivers are deemed trained to safely give the medication. The home infusion pharmacists frequently communicate with the patients and caregivers monitoring progression to therapy goals, compliance, side effect and catheter site monitoring, while clinically monitoring lab values and communicating with the prescribers.

Operations

1. Is there a recommended number of staff based on volume?

You should assess the type of therapies for the census of patients you have on service first. Look at each therapy and how much time it takes to clinically manage the patient and process all the prescriptions and orders. TPN and Inotropic patients take longer and are more difficult and involved than catheter care or enteral patients. Develop a matrix or average time for each type of therapy and patient. Once this is assessed, then you can determine the amount of staff. You can determine staffing needs by amount of patients and the time it takes to manage them. Take into consideration also that pharmacy technicians should support the pharmacists in calling patients, entering orders and refills and pharmacists should spend their time with clinical management and checking final products.

2. How many hours a day should the pharmacy be open, and is there an on call requirement?

Pharmacy should be open at least 8 hours a day. A pharmacist should be available 24 hours a day and 7 days a week, which would be on call after the pharmacy is closed. There could be a triage system that could answer the calls first and pull a pharmacist into the situation if needed.

3. Should I buy or lease infusion pumps, and which infusion pumps should I have on hand?

Depending on the patient census, it may be easier to start out renting pumps. Using rental pumps allows the rental company to perform annual maintenance on the pumps, which can save an employee at the pharmacy that would need to maintain, clean and test the pumps. There are several infusion pumps available. It is recommended that it is a team of clinicians including nurses and pharmacists that review each pump and make a joint decision on which pump(s) would work best for the company. Take into consideration the cost for the tubing sets and other accessories, since those are used on a daily basis by all patients.

4. What are the advantages or disadvantages to outsourcing your delivery services?

Pros of having your own drivers – can train them, are accountable to the organization and can get a good relationship with patients when they make deliveries each week. In addition, can make weekend deliveries and on Sunday. Cons of having your own drivers – cost of maintaining a vehicle, gas and insurance, possible overtime costs and on-call costs.

Pros of using a courier – no cost for vehicle, insurance or gas; can set up a national contract and deliver all over the U.S. and have time restraints for deliveries. Can insure packages. Cons of using a courier – usually cannot deliver on Sundays, cannot control deliveries in bad weather or other circumstances, if deliveries are not made, cannot contact a national courier’s driver to talk to them, need to go through their representative.

5. What are the requirements regarding cold chain shipping procedures?

Review the regulations of your state board of pharmacy and which agency accredits your organization. Both will have standards that need to be met. A general guideline is that the medication can be kept at the temperature needed or “cold” for at least 24 hours and even 48 hours in case of delays with shipping. There are many companies that have already done testing on cold chain products and can guarantee temperatures based on their standardized packaging. Use one of these companies to ensure that your medication shipments are arriving to patients as they should be and medication is kept “cold”. Ensure that several companies are reviewed to determine the one that best suits the needs of your organization with package sizes, components and pricing.

Clinical

1. Are there special requirements for a pharmacist to practice home infusion pharmacy?

There are no mandated requirements for a pharmacist to practice home infusion pharmacy. From a practical standpoint, a pharmacist practicing in a home infusion pharmacy should have diverse experience that includes familiarity with intravenous antibiotics, biologicals, injectable controlled substances, parenteral nutrition and immune globulins as these therapies are the most common dispensed in this setting. Hospital experience is very valuable as the pharmacist would also have familiarity with sterile compounding principles and with monitoring the clinical outcomes of pharmacotherapy.

Additional skills of a home infusion pharmacist include thorough and clear documentation, strong communication skills, and the ability to collaborate with patients, understanding of pharmacy benefits, especially for Medicare D, and other healthcare providers as members of a health care team.

2. What involvement should the home infusion pharmacist have in the patient's therapy plan?

A pharmacist should be involved in almost all aspects of a patient's therapy plan. The pharmacist should be involved in assessment of patients and their infusion regimen, selection of the most appropriate infusion system, coordination of care, identification and prioritizing of problems/challenges with a care plan, clinical monitoring and recommending changes to the therapy plan, and patient education. Depending on the size of the home infusion pharmacy, these duties may be performed by one pharmacist or divided amongst a team of pharmacists.

3. Are there specific clinical outcomes that I should be measuring for my patients?

A patient's response to infusion therapy should be monitored closely with adjustments being made to the care plan in response to the evaluation of clinical outcomes. Laboratory studies, signs and symptoms of disease, adverse effects, and therapeutic response should be monitored. In addition, patient should be monitored for compliance, unplanned hospitalizations, emergency room use, access device events, medication errors and completion of therapy.

4. How should you handle potential allergic reactions in the home setting?

Screening for allergy to prescribed infusion therapy should always be assessed prior to dispensing. Some patients may need to have the first dose of a prescribed infusion medication administered in a controlled clinical setting to monitor the patient for potential allergy and/or adverse reaction to the infusion.

A patient should be counseled as to the signs and symptoms of allergy and common adverse reactions and provided with some direction as to what to do if experienced. A patient who experiences allergy symptoms should be directed to seek immediate care.

5. Do I really need to perform a medication history?

Completion of a medication history/medication reconciliation is necessary for all transitions of care patients, including the home infusion patient. There are some states with laws that require a medication history prior to each refill. The information obtained will enable the pharmacist to screen for any potential drug interactions, duplications or omissions. In addition, if a patient develops an adverse reaction, the patient's entire medication list can be assessed to ascertain which medication(s) might be responsible for the reaction

Financial

1. Who should manage the home infusion contracts and/or review reimbursement rates?

There are several options to managing both contracts and reimbursement rates, or more commonly termed drug price files.

- i. These may be handled by a dedicated department within your organization and if so you will want to have a transparent working relationship in order to maintain knowledge of your reimbursement, and for you to be able to budget appropriately
- ii. These may also be handled internally within the pharmacy department (very common with start-ups) and if so you will want to ensure you are both leveraging your system in terms of negotiating rates, as well as informing your leadership of which networks and payers you are currently in network with. Also want to keep an open communication with your intake department to ensure your accepting patients with whom you have a contract with. (Since this will be for start-ups, they will not have contracts with every payer).
- iii. Ideally, you will have a team of experts leveraging your size and negotiating power with payers and at all times being inclusive of the pharmacy leadership team prior to executing contracts.
- iv. Companies that are not hospital based have their own reimbursement departments
- v. Hospital based billing should be reviewed by an individual that is familiar with outpatient home infusion billing

2. What are the advantages or disadvantages to outsourcing your home infusion billing and collection process?

Advantages

- i. Company has an existing infrastructure and knowledge base that is up and running. Turn key experts.
- ii. Most 3rd party companies work with a variety of home infusion software
- iii. Will provide monthly reports, data, and documents necessary for accreditation
- iv. Depending on your contract, will have incentives to ensure collection of all possible claims billed
- v. Offers continued insight into changes and updates to the home infusion billing marketplace
- vi. Ability to focus on other areas of more familiarity
- vii. Less overhead

Disadvantages

- i. Will charge a fee based on claims billed or monies collected
- ii. Will require contracts, BAA's, and access to current IT platform
- iii. Must have transparency to contracts and price files on a regular basis in order to bill correctly
- iv. May have more knowledge or expertise with one software platform than another
- v. Communication is primarily remote
- vi. Less control

3. What differences are there in medical vs. pharmacy benefit billing?

Medical billing

- i. Medical billing consists of standardized coding for both services provided and drugs dispensed. There are commonly referred to as CPT and HCPCS J codes. There are a variety of detail and explanation to the various levels of HCPCS codes.
- ii. Medical benefit claims are not adjudicated in real-time
- iii. Medicare part-B only covers services for medications that are infused with the assistance of durable medical equipment (DME). Medications not infused via DME are reimbursement under the pharmacy (Part-D) benefit
- iv. Drugs administered by a HCP are covered under medical benefit (i.e. drs office, hospital, infusion center)
- v. Buy and bill

Pharmacy billing

- i. Is typically handled through a third party intermediary known as a pharmacy benefit manager (PBM) and adjudicates in real-time
- ii. Utilizes National Drug Codes and NCPDP coding to transfer information
- iii. Does not cover services or supplies related to an infusion, only the drug itself
- iv. Drugs administered by the patient
- v. Bill and dispense

4. Are there opportunities to capitalize on 340B programs in home infusion?

Yes, you can participate in the program if you are under an eligible entity or you can choose to participate as a contract pharmacy. For more guidance visit www.hrsa.gov

5. Where can you find resources on maximizing your return on investment for home infusion?

- a. Leveraging resources from your GPO
- b. Attending yearly conferences (e.g. ASHP)
- c. Networking with colleagues
- d. Consultants

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