Home Infusion Therapy: Considerations for Case Management

January 2018

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The Value of Home Infusion

Top questions to ask your home infusion pharmacy provider
Home Infusion Basics

Key Concepts

Clinical:
• Pertains to how to practically manage patients, from diagnosis to treatment. It is used interchangeably with the term medical.

Home care:
• Provides assistance in the home (personal grooming, medications, running errands, etc.).

Home healthcare:
• Provides skilled care in the home (nursing, physical therapy, wound care, etc.).

Home infusion pharmacy:
• Will be focus of discussion throughout the slide deck.

Specialty infusion pharmacy:
• A home infusion pharmacy that focuses on high cost, high touch medication therapy for patients with complex disease-states.
# Key Concepts

**Intravenous:** \(\text{in-tra-vē-nes}\)
- Is the delivery of medications directly into the bloodstream via a vein, usually located in the arm or hand. Often referenced as “IV”.

**Infusion therapy:** \(\text{in-fū-zhen}\)
- Involves the administration of medication through a needle or catheter into the body. Common infusion therapies include antibiotics, nutrition, chemotherapy and hydration, as well as specialty medications to treat chronic and rare diseases [e.g. hemophilia].

**Home infusion therapy:**
- A safe and effective option to inpatient / outpatient hospital care. Usually involves the administration of intravenous medications in a patient’s home or other alternate treatment setting [ATS].

**Alternate treatment setting [ATS]:**
- Usually an on-site infusion suite located in the home infusion pharmacy but could be an offsite facility affiliated with the home infusion pharmacy.

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**Clinical pharmacist:**
- A key member of the patient’s infusion care team with extensive expertise in prescribing and administering drugs, monitoring response to therapy, side effect prevention / management and education.

**Infusion nurse:**
- A key member of the patient’s infusion care team with special education, training, and expertise in the administration of infusion medications, side effect prevention / management and education.
Home Infusion Pharmacy

Home infusion pharmacy:
- Most commonly a “closed-door”, state-licensed pharmacy that specializes in providing infusion therapies in the home or alternate treatment setting [ATS].
- Home infusion pharmacies must follow licensing, regulatory and accreditation standards required by state pharmacy and nursing boards and insurance payers.

NOT all home infusion pharmacies are the same:
- 
  - **Service territory**: local vs. regional vs. national provider.
  - **IV therapies**: access to and expertise with IV drugs varies greatly.
  - **Clinical services**: pharmacy oversight may be limited; may not have own nursing – must subcontract [refer] to an outside agency.

Home Infusion Accreditation

What is accreditation?
- Accreditation involves reviewing the home infusion pharmacy policies and procedures, and assessing the organization’s ability to meet regulatory requirements and standards established by the accreditation organization.
- Accreditation standards are based on the principles of quality assurance, evidence based practice, medical ethics and prevention of medical error.

Why is accreditation important?
- Accreditation allows a home infusion pharmacy to reflect its dedication and commitment to meeting a high level of performance and patient care standards.

Specialty Pharmacy
Expires 05/01/2019
# Home Infusion Accreditation

Third party accreditations validate a provider's commitment to meeting and exceeding quality standards.

- **Accreditation Commission for Health Care**
  - ACHC accreditation reflects Option Care’s dedication to meeting standards that demonstrate a higher level of performance and patient care. The accreditation demonstrates our commitment to quality and remaining compliant with industry standards and best practices, and practicing performance improvement.

- **Pharmacy Compounding Accreditation Board**
  - PCAB accreditation offers the most comprehensive compliance solution in the industry based on more than 40 sterile compounding standards in the U.S. Pharmacopeial Convention (USP) guidelines, or USP 797. Option Care is the first national home infusion provider to achieve PCAB accreditation for all our compounding pharmacies.

- **American Society of Health-System Pharmacists**
  - ASHP is the only nationally recognized, non-governmental, non-profit pharmacy association that accredits pharmacy education and training programs in the United States. The overarching goal of accreditation is to ensure public safety, as well as a focus on medication safety and quality.

# Home Infusion Pharmacy Accreditation

Managing home infusion therapies requires specialized expertise, clinical and supportive services, and specialized facilities.

- Vast majority of home infusion pharmacies are accredited by 1 of 3 organizations. The accreditation standards of these organizations reflect the highest standard of care expected.
  - Accreditation Commission for Health Care (ACHC)
  - Community Health Accreditation Program (CHAP)
  - The Joint Commission

- Most commercial insurance payers require voluntary accreditation by a nationally recognized accreditation organization to confirm the home infusion pharmacy’s commitment to quality patient care.
  - URAC Specialty Pharmacy Accreditation
  - American Society of Health-System Pharmacists (ASHP)
Care Team Approach

Home infusion is a highly specialized service dependent on a dedicated team to provide quality, individualized patient care.

- Infusion nurses
- Clinical pharmacists
- Registered dietitians
- Support staff members [insurance specialists, pharmacy technicians]

The home infusion healthcare team responsibilities include:

- Patient and home assessment to ensure home infusion is appropriate.
- Individualized care planning, coordination of care and management.
- Ongoing patient monitoring and reassessment.
- Delivery of the infusion medication and necessary supplies.
- Patient education and advocacy.

Infusion Therapies Administered in the Home

Home infusion has been PROVEN to be a safe and effective for many disease states and medication therapies.

- Core medications typically provided in the home include:
  - Antibiotics
  - Chemotherapy
  - Enteral / intravenous [parenteral] nutrition
  - Pain management

- Specialty medications commonly infused in the home include:
  - Immune globulin
  - Enzyme replacement therapies
  - Bleeding disorder therapies
  - Heart failure therapy
Medical Conditions Treated in the Home

Home infusion pharmacies work closely with physicians and other healthcare providers to clinically manage patients within a wide range of acute and chronic conditions, including but not limited to:

- Infectious diseases
- Nutritional / gastrointestinal disorders
- Cancer / blood disorders
- Primary immune deficiencies
- Hemophilia
- Autoimmune disorders
- End-stage heart failure
- Pre- / post-transplantation

Home Infusion Center of Excellence

Home infusion pharmacies may have a disease-specific treatment program and/or a medication therapy program in place to demonstrate efficacy, optimize patient outcomes and high patient satisfaction - usually denoted as a “Center of Excellence” [CoE].

- Example: Center of Excellence – Heart Failure.

A good CoE program is built on leadership, best practices, research, support and/or training for the focused disease-state or medication therapy.

- Some CoE programs have a defined set of quality criteria that must be met and monitored [e.g. hospital readmission rate, side effect rate, patient satisfaction, etc.].
- Some CoE programs may simply brand themselves as a Center of Excellence for marketing purposes and may or may not meet any objective quality criteria.
# Home Infusion Pharmacy Support

Support provided by the home infusion pharmacy multi-disciplinary team of clinicians and support staff may include:

- Care transition support (hospital liaisons)
- IV therapy teaching and ongoing support
- IV line management and education
- Ordering and delivering medication, supplies / equipment
- Dietitian consultation and nutrition monitoring
- Laboratory support services
- Medication evaluation and counseling / education
- Monitoring effectiveness of the infusion therapy
- Side effect prevention and management
- IV therapy monitoring and management
- 24-hour on-call nursing and pharmacy services

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# IV Access and Infusion Supplies
There are many different types of IV vascular access devices available for home infusion patients.

- **Peripheral IVs:** Short peripheral and Midlines.
- **Central IVs:** Peripherally inserted central catheters [PICCs], tunneled/non-tunneled catheters and implantable ports.

To ensure patient safety, clinicians need to be competent in IV vascular access device [VAD] management.

- Intravenous Nurses Society standards
- Goal is to maintain the IV site device and decrease the risk of IV site complications.
  - Device movement, dislodgement or unintentional catheter removal.
  - Microorganism introduction.

Site selection for IV vascular access shall include assessment of:

- Patient’s age, condition, diagnosis and co-morbidities [e.g. kidney disease].
- Condition of vasculature [vein condition] and surrounding skin.
- History of previous venipunctures [IV access attempts] and IV vascular access devices previously used.
- Type and duration of the infusion therapy.
- Patient preference.

Vascular access devices are stabilized and secured to prevent complications and unintentional loss of IV access.

- Transparent dressings and rolled bandages are not “stabilization” devices.
Short Peripheral IV

The most common IV access device:
- Less than 3” in length.
- Inserted into superficial vein in hand / forearm.
- Not appropriate for some IV therapies.
- No more than 2 IV attempts / per clinician.
- Not appropriate to use for blood draws.

Duration of use:
- Short-term; up to 72 hours [3 days] in home
- Patient / caregiver can be taught to remove.

Catheter care:
Requires flushing every 12 hours when not in use by home infusion patient.

Risk:
Phlebitis [inflammation of the vein] and infiltration [when fluid infuses into tissue surrounding the IV site].

INS Standard:
Rotated at RN discretion

Midline Peripheral IV

Long peripheral IV catheter:
- Less than 3-8” in length.
- Inserted into larger veins of upper arm; catheter tip extends to below shoulder region.
- Not appropriate for some IV therapies.
- Good for patients requiring multiple peripheral IV site changes and infusion therapies lasting < 30 days.
- Use cautiously in patients with history of blood clots [thrombosis], poor blood flow in arm, abnormal blood coagulation [e.g. hemophilia] or end-stage renal disease.
- Not appropriate to use for blood draws.
**Midline Peripheral IV**

**Insertion:**
Can be inserted in the home by nurse certified in Midline placement using ultrasound guidance.
- Local anesthesia not required.
- Does not require confirmation of catheter tip placement by chest x-ray.

**Duration of use:**
- Short-term; 2-4 weeks.
- Nursing removes when IV discontinued.

**Catheter care:**
- Requires dressing change by nursing every 5-7 days.
- Patient / caregiver must flush catheter every 12-24 hours when not in use.

**Risk:**
Dislodgement of catheter, phlebitis [lower risk than short peripheral], and thrombosis [blood clot].

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**Peripherally Inserted Central Catheter [PICC]**

**Most common central IV catheter:**
- 18-20” in length.
- Inserted into larger veins of upper arm then threaded into the central circulation above the heart.
- Good for patients requiring multiple peripheral IV site changes and infusion therapies lasting > 30 days.
- Use cautiously in patients with chronic kidney disease.
- Patients with a pacemaker must be evaluated after insertion to assess the integrity of the pacemaker unit and leads.
- Can be used for blood draws.
- IV insertion site should not get wet.
**Peripherally Inserted Central Catheter (PICC)**

**Insertion:**
Can be inserted in the home by a nurse certified in PICC placement using ultrasound guidance.
- Local anesthesia not required.
- Must confirm location of catheter tip placement (e.g., chest x-ray).

**Duration of use:**
Long-term; up to 1 year.
- Nursing removes when IV discontinued.

**Catheter care:**
- Requires dressing change by nursing every 5-7 days.
- Home infusion patient/caregiver must flush catheter every 12-24 hours when not in use.

**Risk:**
Dislodgement of catheter, phlebitis [vein inflammation], deep vein thrombosis [blood clot] and occlusion [blocked IV flow].

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**Non-Tunneled / Tunneled IV Catheters**

**Non-Tunneled Central IV Catheters:**
- Inserted by a physician into large chest vein [subclavian] or a vein in the neck [internal jugular]. Length: 7-10”
- Short-term access; 5-7 days.
- Requires dressing change every 5-7 days by home infusion nurse.
- Infusion nurse may remove in ATS.

**Tunneled Central IV Catheters:**
- Surgically inserted into a large chest vein [superior vena cava] then tunneled under the skin, exiting through the chest or abdomen.
- Requires physician to insert/remove.
- Long-term access; months – years.
Implanted Port

Implanted central IV access device
- Consists of a portal body [reservoir] and IV catheter surgically implanted beneath the skin, generally in the chest region then threaded to above the heart.
- Decreased risk of IV catheter breakage and infection; provides patient greater freedom with activities.
- Port access requires a special non-coring IV needle [e.g. Huber needle] that must be inserted by a clinician.
- Port may be used for lab draws by nursing.

Insertion:
Surgically placed by physician.

Duration of use:
Long-term; 1+ years.

Catheter care:
- Requires dressing change by nursing every 7 days when port accessed with Huber needle.
- Home infusion patient / caregiver must flush catheter every 24 hours when Huber needle not in use but port accessed.

Risk:
Infection, mechanical failure, thrombosis [blood clot], catheter migration and port separation.
Supply / Equipment Management

The type of infusion therapy prescribed determines the type of equipment and supplies the patient will need in the home. Items typically dispensed include:

- Infusion pump
- IV line flushes
- Sharps container
- IV tubing
- Catheter care supplies

Goals of home infusion pharmacy providers are to provide IV therapies as safely and efficiently as possible.

- Prior to delivery, infusion equipment [e.g. pump] is cleansed and disinfected, tested for accuracy, and undergoes comprehensive safety checks to ensure proper functioning.
- Infusion equipment maintenance is performed semi-annual / annual to ensure it is compliant with the manufacturer guidelines.
- Most infusion pharmacies also double check the IV medication order and ancillary supplies for accuracy before delivery to patient.

Care Transition Support
### Role of the Home Infusion Liaison

The home infusion transition specialist/liaison supports the patient, discharge planning team, and home infusion team to assure an effective transition out of the hospital into the home. Some responsibilities include:

- **Assess appropriateness for home infusion:**
  Assess patient risks and home environment; supports risk mitigation with team.

- **Assures patient/caregiver ability to perform therapy**

- **Educator:**
  Sets initial expectations of patient/caregiver; provides initial patient education.

- **Provides clinical information to post-acute team:**
  Sets initial expectations of patient/caregiver; provides initial patient education.

- **Care plan development:**
  Facilitates individualized coordination and continuity of care by communicating with discharging team and home infusion team.

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### Benefits of Home Infusion Liaison:

- Patient understand their responsibilities in the plan of care
- Patient has received initial teaching and provided a return demo prior to discharge
- Patient transition is safe and effective – pt self-manage until next clinician touch
- All post-acute care providers have necessary information to care for the patient
- Patient satisfied/anxiety reduced
- Proactive resolution of potential risks that may lead to readmission
Clinical Pharmacy Services

Pre-Discharge Education by Registered Nurse Clinical Liaison Improves Home Infusion Outcomes in Adult Intravenous Anti-Infective Therapy Patients

Background
Pre-discharge education is an important component in patient discharge, reducing readmission rates and improving patient satisfaction. However, discharge education is not always effective in reducing complications and readmissions. The purpose of this study was to evaluate the effectiveness of pre-discharge education in improving outcomes in adult patients receiving home infusion therapy.

Methods
The study was conducted in a home infusion setting. Patients received pre-discharge education in the form of a teaching session with a registered nurse. The outcomes were assessed through patient follow-up and medication event data. The intervention group received pre-discharge education, while the control group did not.

Results
The results showed a significant decrease in readmission rates and medication errors in the intervention group compared to the control group. The effectiveness of pre-discharge education was further supported by patient satisfaction surveys.

Conclusion
Pre-discharge education by a registered nurse clinical liaison can improve outcomes in adult patients receiving home infusion therapy. Further research is needed to determine the optimal content and delivery methods for such education.

References
2. Miller, J. (2015). The Role of Pre-Discharge Education in Reducing Hospital Readmissions. Journal of Hospital Medicine, 10(10), 745-750.

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References
2. Miller, J. (2015). The Role of Pre-Discharge Education in Reducing Hospital Readmissions. Journal of Hospital Medicine, 10(10), 745-750.
Mission of the home infusion clinical pharmacist is to ensure patients make the best use of their infusion medication(s) and have the best possible outcomes. Some responsibilities include:

- **Pre-admission assessment:** Assesses the legal / clinical appropriateness of the prescription order; as well as patient candidacy for home infusion.
- **Educator:** Educates and counsels patients on use of their medications and ancillary therapies / supplies.
- **Clinical monitoring:** Assesses the effects of the IV infusion therapy; monitors / prevents potential drug reactions.
- **Care plan development:** Facilitates coordination and continuity of care by communicating with physicians, nurses and other healthcare providers to optimize patient care outcomes.

**Benefits of Home Infusion Clinical Pharmacy Oversight:**

- **Improved patient quality of life:** Skills and experience of home infusion clinical pharmacists improve patients’ lives by ensuring the therapy is appropriate and safe for home use, monitors for medication tolerance and prevents / treats adverse events.
- **Builds better patient relationships:** Home infusion clinical pharmacists work with fewer patients when compared to regular retail pharmacists; special oversight and frequent interaction builds the patient relationship.
- **Use clinical / medical skills:** Home infusion clinical pharmacists use these skills more directly in patient care which strengthens his/her specialized medical knowledge which enhances patient care.
### Delivery of Infusion Therapies / Supplies

- Home infusion pharmacies are sometimes referred to as “Closed Door Pharmacies” and are located within office buildings.
- Prescribed medications and supplies are delivered directly to the patient through either a courier service, such as UPS®, or by the visiting nurse depending on the therapy.
- Patients and/or caregivers may also elect to pick-up the medication and supplies at the home infusion pharmacy location.
- The frequency of deliveries is largely dependent on the medication prescribed but will typically range from weekly to monthly.
- The patient care team will coordinate all deliveries with the patient and/or caregiver according to the established schedule prior to shipment.
- The home infusion care team will instruct patients and caregivers on proper storage of the delivered medication and supplies.
Home Infusion Nursing

Infusion nursing is a specialty where nurses work exclusively with intravenous [IV] therapy and vascular access devices.

Depending on local practices, regulation and availability of skilled infusion nurses, infusion nurses are provided directly by the home infusion pharmacy or by an affiliated / separate nursing agency.

Infusion nurse skills / qualities:
• Must be skilled in IV access [venipuncture].
• May be experienced in midline / PICC catheter placement.
• Must be knowledgeable of the different IV medications / fluids.
• Must be competent in working with the different vascular access infusion devices and pumps.
• May be certified as a highly qualified infusion nursing specialist [CRNI].

Home Infusion Nursing Training

The primary role of the home infusion nurse is to provide quality, clinical care and education to patients receiving a wide range of IV medications.

Home infusion nurses have the training and state licensure to effectively and safely provide:
• Infusion medication administration and education.
• Disease-state education.
• Side effect management.
• IV vascular device insertion and catheter care.
• Ancillary services [e.g. blood draws (phlebotomy), wound care, etc.].
Home Infusion Nursing Training

Home infusion nurses also have the expertise to train patients to be independent with their IV infusion therapy.

- Provide one-on-one training with patients / caregivers for self-administration of infusion therapies.
  - Some IV therapies are excluded and patient / caregiver self-administration is not allowed; e.g. chemotherapy.
- Teach management of pumps and other specialized equipment.
- Anaphylaxis treatment and management.

On-Demand / As needed nursing support [PRN]:

- Many home infusion providers offer nursing support 24 hours a day / 7 days a week to address any patient issue or concern.

To ensure expert patient care and maintain licensure, the home infusion nurse must maintain necessary qualifications and education.

- Infusion nurse competency assessments:
  A tool used by home infusion pharmacy providers to identify the infusion nurse knowledge, skills and abilities to administer IV therapies and maintain vascular access devices safely in the home / ATS.
  - Usually performed upon hire and annually.
- Continuing education:
  Continually advancing education is essential to safe and effective nursing care. It has been shown to increase nurse professional behavior and improve the knowledge of patient management and nursing practice.
  - State nursing boards require continuing education credits [CEUs] for nursing licensure to continue ongoing.
Home Infusion Coverage

Commercial health plans:
- Considers home infusion therapy as a “medical service” and reimburses under the “medical benefit” rather than the prescription drug benefit.
- Services are paid using a “per diem” for clinical services, supplies and equipment with separate payments for the drug(s) and nursing visits.

Government health plans:
- Such as Medicaid, Tricare, and the Federal Employees Health Benefit Programs reimburse for home infusion therapy but coverage varies by state for Medicaid.

Medicare
- Part-A: covers home health care services but patient must be serviced by a Medicare-certified home health agency, be considered home-bound, and needs only intermittent (not 24 hour) home nursing.
Home Infusion Coverage

- **Part-B**: provides coverage for certain therapies when administered using durable medical equipment (a mechanical or electronic external infusion pump) but under specific conditions. Example:
  - IVIg is a covered therapy but only for specific primary immune deficiency diagnoses but the supplies, equipment and nursing are not reimbursable.

- **Part-C**: considered an advantage program; it is a commercial payer that will pick up some of the infusion costs not covered by Medicare.

- **Part-D**: prescription coverage for several home infusion therapies but does not cover the professional services, specialized equipment and supplies needed to ensure safe and effective administration of the therapy.

Nearly every insurance payer (commercial, Medicare, Medicaid) covers home infusion to some extent, but every insurance plan is different.

- A good home infusion therapy provider will check your insurance benefits to find out what is covered, and discuss the potential cost BEFORE therapy begins.

For services not covered by insurance payer, there are several options:

1. Discuss with the home infusion provider and identify reason the service is not a covered benefit. The home infusion provider may attempt to reverse the insurance payers decision depending on the circumstances.
   - **Letter-of-medical necessity**: a letter that details your medical condition & symptoms in depth; often accompanied by supporting clinical articles, evidence-based research, and/or additional clinical documentation.
   - **Peer-to-peer**: also known as a “doc to doc” review; typically a phone conversation between a physician at the insurance company and the patient’s attending physician who is requesting services.

2. Pay out of pocket. Many home infusion providers offer “self-pay” pricing, as well as payment plans and financial assistance programs.
Value of Home Infusion

The Macro View
Healthcare System Under Duress

- Annual US healthcare expenditure exceeds $3.6 trillion in 2013 ($1,013/capita)
- Healthcare costs account for 17.4% of GDP in 2016, yet gaps & inequities continue
- Consumers do not get as much value for healthcare spending as those in other countries
- Demand is increasing and delivery is not coordinated to enable optimal patient outcomes

The combination of high spending and lagging quality is unsustainable for consumers, business, payers and state and federal governments
### Where Does Our Healthcare Dollar Go?

<table>
<thead>
<tr>
<th>Category</th>
<th>Dollars ($)</th>
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<tbody>
<tr>
<td>Insurance Expense/Admin</td>
<td>.84</td>
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<tr>
<td>Dental/Professional Services/PT/OT</td>
<td>.16</td>
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<tr>
<td>Research/Structures</td>
<td></td>
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<tr>
<td>Public Health</td>
<td></td>
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<tr>
<td>Durable Medical Equipment/Other Medical Products</td>
<td>.03</td>
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<tr>
<td>Home Health/Other Residential and Personal Care</td>
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<tr>
<td>Skilled Nursing &amp; Other Facilities Care</td>
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<tr>
<td>Home Health/Other Residential and Personal Care</td>
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<tr>
<td>Skilled Nursing &amp; Other Facilities Care</td>
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<tr>
<td>Hospitals</td>
<td>.33</td>
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<tr>
<td>Physicians/ Clinics</td>
<td>.19</td>
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<tr>
<td>Long Term Acute Care</td>
<td>.10</td>
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Source: Altarum monthly national health spending estimates. ALTARUM INSTITUTE Spending Brief #5-6: March 2015 data © 2015 Altarum Institute. All rights reserved.

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### The Current Post-Acute Environment

- **Relative Cost**
  - Low
  - High

- **Acuity Level**
  - Low
  - High

- **Facilities:**
  - Hospital Care Team
  - Inpatient Hospital
  - Emergency Room
  - LTACH
  - Inpatient Rehab
  - Home Infusion
  - Home Care /Hospice
  - Skilled Nursing Facility
  - Skilled Nursing Facility
  - Assisted Living
  - Independent Living
  - PCP
Value of Home Infusion

Many studies have confirmed home infusion is safe, clinically effective and improves patient quality of life while being less costly when compared to infusion care delivered in a hospital/hospital clinic.

- **Good or Better Outcomes:**
  Patients receiving IV therapy at home have as good or better clinical outcomes as those patients who receive the same therapy in a traditional health care setting [e.g. hospital outpatient clinic].

- **Preferred site of care:**
  Patients overwhelmingly prefer to receive their infusion therapies at home, reporting fewer disruptions in personal schedules and responsibilities.

- **Lower cost:**
  The costs associated with home infusion are consistently lower than services provided in a health care facility [ranges between 2-4 X price difference].

Choosing a Home Infusion Provider

<table>
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<tr>
<th>Appendix—Checklist for Evaluating a Home Infusion Service Provider</th>
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<tr>
<td><strong>Criterion</strong></td>
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<tr>
<td>Does the provider service the area where the patient lives?</td>
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<td>Is the provider licensed by the State Board of Pharmacy?</td>
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<td>Is the provider accredited?</td>
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<tr>
<td>Is the provider United States Pharmacopeia chapter 797 compliant?</td>
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<td>Does the provider have the required nursing staff?</td>
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<td>Is the provider willing to work with preferred nursing agencies?</td>
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<td>Does the provider's normal hours of operation suffice to fulfill all requirements and needs?</td>
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<tr>
<td>Does the provider provide 24/7 coverage for nursing?</td>
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<tr>
<td>Does the provider provide 24/7 coverage for pharmacy?</td>
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<td>Does the provider have a nutrition support team? (if applicable)</td>
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<td>Does the provider have pediatric expertise? (if applicable)</td>
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<tr>
<td>Does the provider have any other areas of expertise needed?</td>
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<tr>
<td>Does the provider have clinical licensed? (if applicable)</td>
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<tr>
<td>Will the provider come to the hospital to initiate therapy if needed?</td>
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<td>Can the provider receive the expected turnaround time needed?</td>
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<td>Can the provider accept the patient's insurance?</td>
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<td>Does the provider have evidence of positive outcomes?</td>
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<tr>
<td>Does the provider provide timely followup?</td>
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<tr>
<td>Will the provider accept after-hours referrals?</td>
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<tr>
<td>Can the provider accept patients who do not speak English? (if applicable)</td>
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<tr>
<td>Can the provider accept electronic prescriptions?</td>
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<tr>
<td>Has the patient been with this provider in the past?</td>
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[https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines-evaluating-using-home-or-alternate-site-infusion-providers.ashx?la=en](https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines-evaluating-using-home-or-alternate-site-infusion-providers.ashx?la=en)
# Home Infusion Provider Questions to Ask

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>1. Do you provide [name of IV medication] for use in the home?</td>
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<tr>
<td>2. How large is your service area?</td>
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<tr>
<td>3. Do you provide benefit verification services to confirm my therapy is covered under my medical or pharmacy plan?</td>
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<tr>
<td>4. Will you discuss the cost of services with me before first delivery occurs?</td>
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<tr>
<td>5. Will you bill my insurance provider?</td>
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<tr>
<td>What if I have more than 1 insurance provider?</td>
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<tr>
<td>6. If I cannot afford the cost, what options can you provide me?</td>
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<tr>
<td>7. What accreditation(s) does your home infusion pharmacy currently hold?</td>
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<tr>
<td>8. * If provides Specialty Pharmacy services: Is your specialty infusion pharmacy URAC accredited?</td>
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<tr>
<td>9. Do you have your own infusion nursing or do you subcontract this service out?</td>
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<tr>
<td>10. What type of pharmacy oversight does the infusion pharmacy provide me?</td>
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<tr>
<td>11. How are my medications delivered to me?</td>
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<tr>
<td>12. Do I call you for follow-up deliveries?</td>
</tr>
<tr>
<td>13. Do you provide services 24 hours a day?</td>
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</tbody>
</table>
References

References


10. iDataResearch (2016/10/05). Study Shows Home Infusion Care Improves Patient Outcomes, Quality of Life, Reduces Costs. Retrieved from https://idataresearch.com

Questions?