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# Hospital-based Infusion Centers 101: What You Need to Know

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## | Our Presenters

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St. Luke's Health System

and

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St. Luke's Health System

## | Speaker Disclosures

- The presenters have no real or perceived conflicts of interest related to this presentation.
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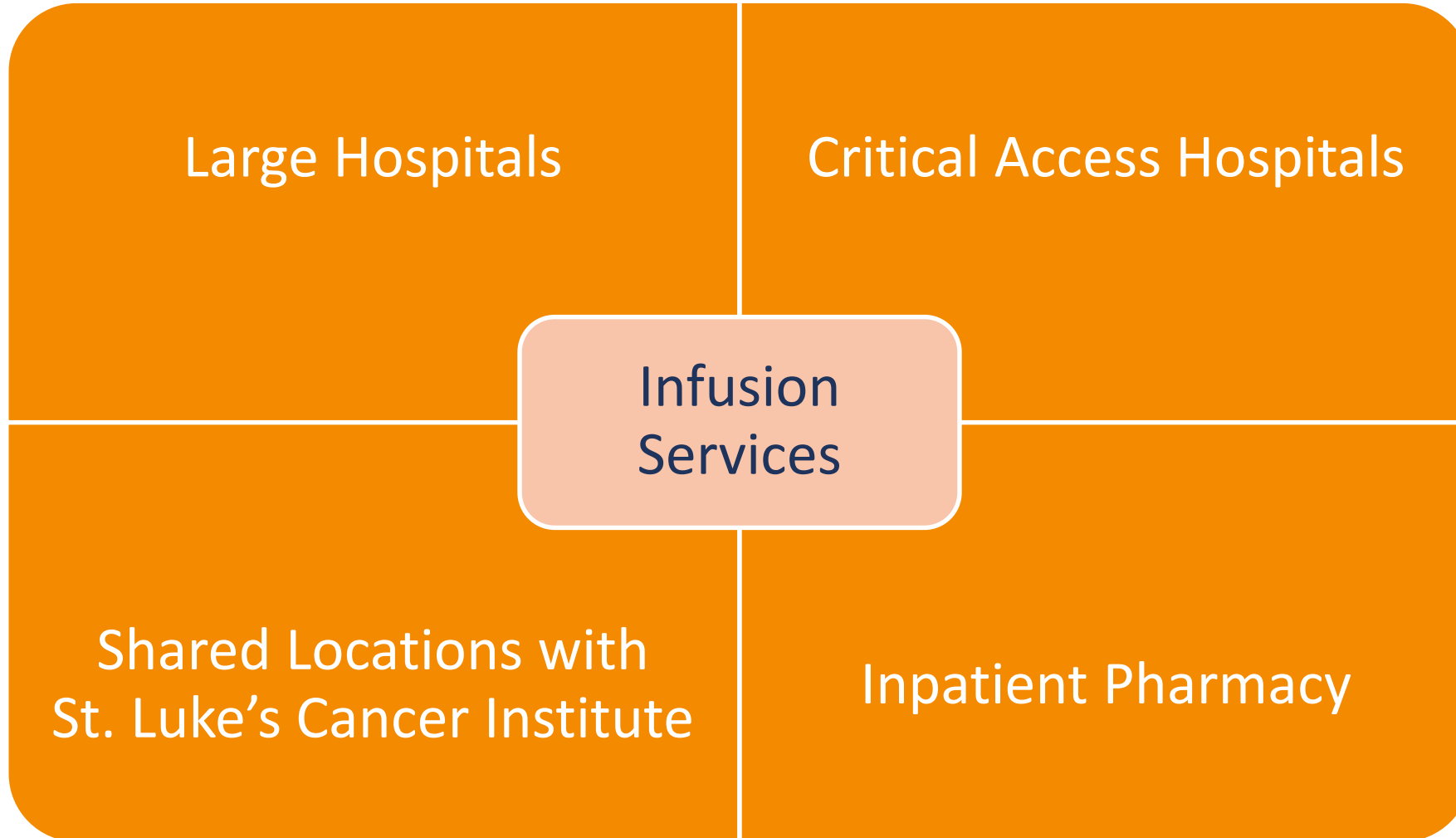
## | Learning Objectives

At the end of this session, participants should be able to:

1. Describe approaches to managing an infusion center formulary and therapy standardization
2. Recall key concepts in the reimbursement verification process
3. Identify the information required to track financial outcomes



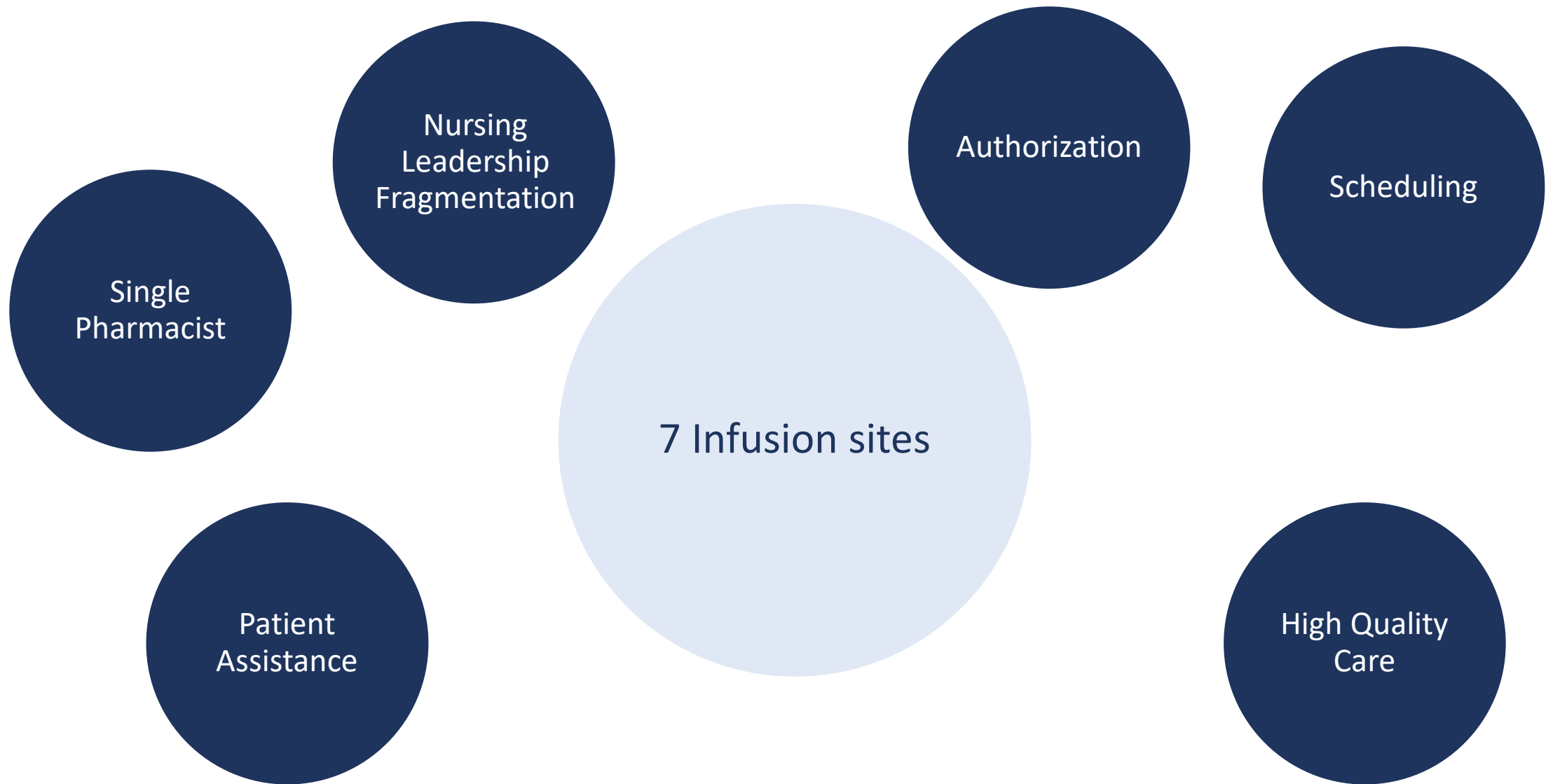
## Infusion Services – Operations



## | History of SLHS Outpatient Infusion

- “Also ran”
- Revenue split between departments
- Outpatient infusion tucked in to 5 different operational locations in 3 years
- NO practice standardization
- NO system-wide clinical or operational leadership
- Many team members unaware of location/existence/capability of service line
- Authorization/patient assistance was done by provider offices/infusion centers
- Nursing support was fragmented
- Single pharmacist for one location
- Scheduling done by infusion center staff, as available

# | SLHS Outpatient Infusion Pre-2018





The background is a blurred hospital hallway with a person walking in the distance. In the foreground, an IV drip is visible, hanging from a stand. The overall color scheme is a cool, blue-toned gradient.

# How Can We Improve?

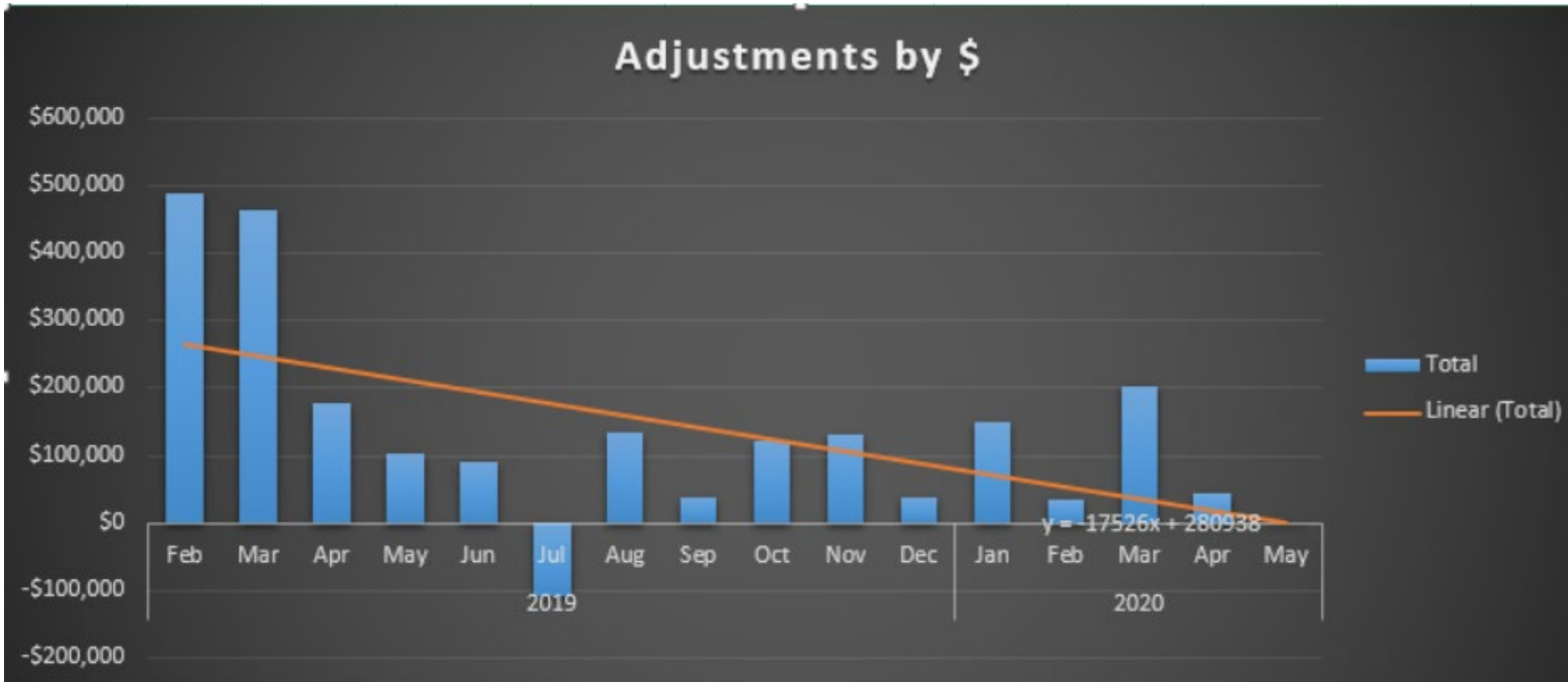
# | SLHS Outpatient Infusion Key Program Components

## Infusion Authorization Team

- Formed in 2017
  - Prior to formation, IVIG write-off averaged 45%
- Team members added
- Continuous process improvement
- Clinical pharmacist support for navigating payer, provider-related issues
- Denial review for revenue cycle
- Dramatic impact on revenue stream

# Infusion Authorization Team – Key Results

Avoidable Write Offs



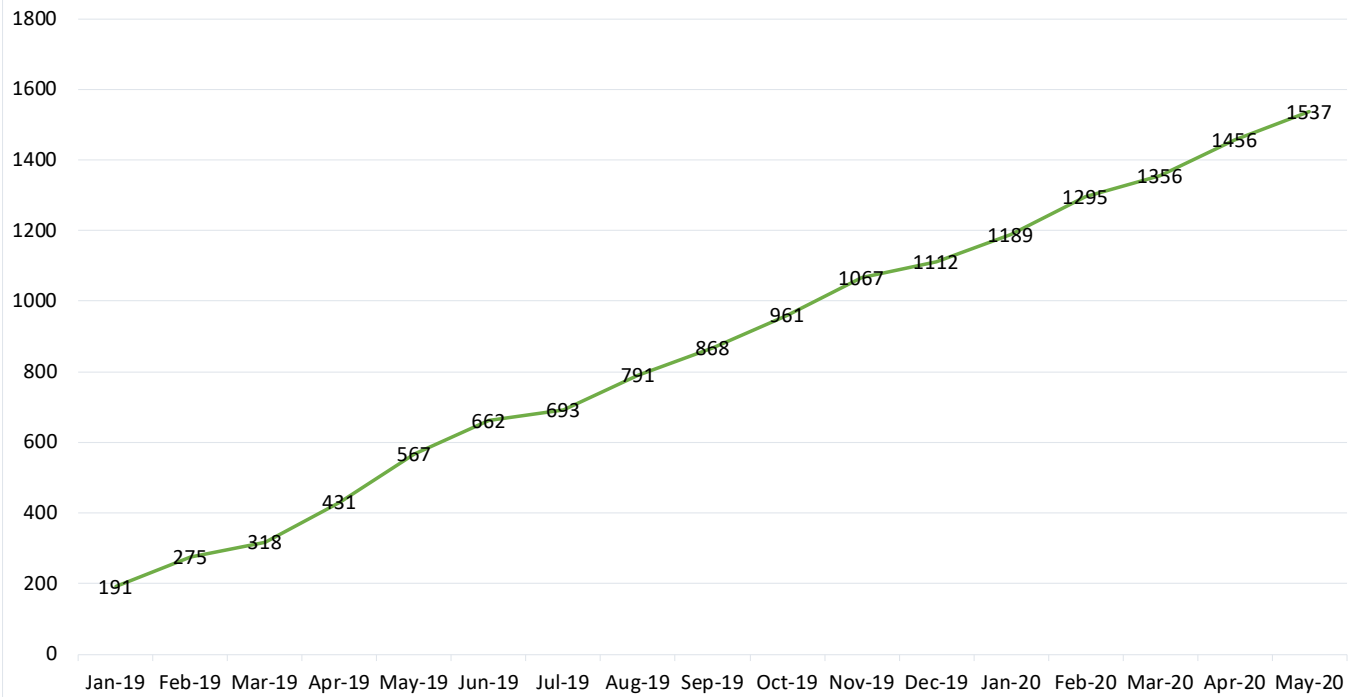
# | SLHS Outpatient Infusion Key Program Components

## Medication Access Team

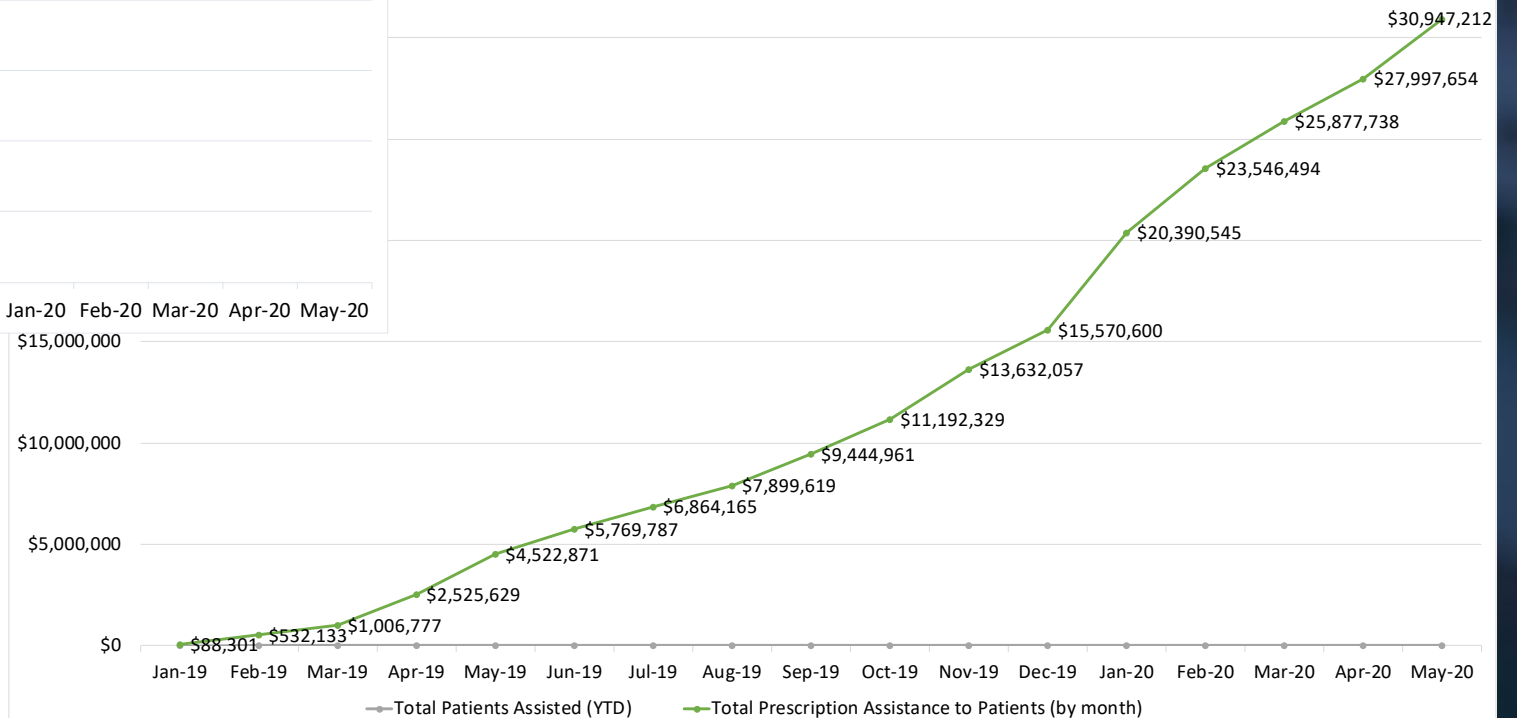
- Formed January 2019
- Site visit at John's Hopkins
- Team members added
- Expansion beyond outpatient infusion
- Departments across SLHS are requesting MAT support

# Medication Access Team – Key Results

Total Cumulative Patients Assisted (YTD)



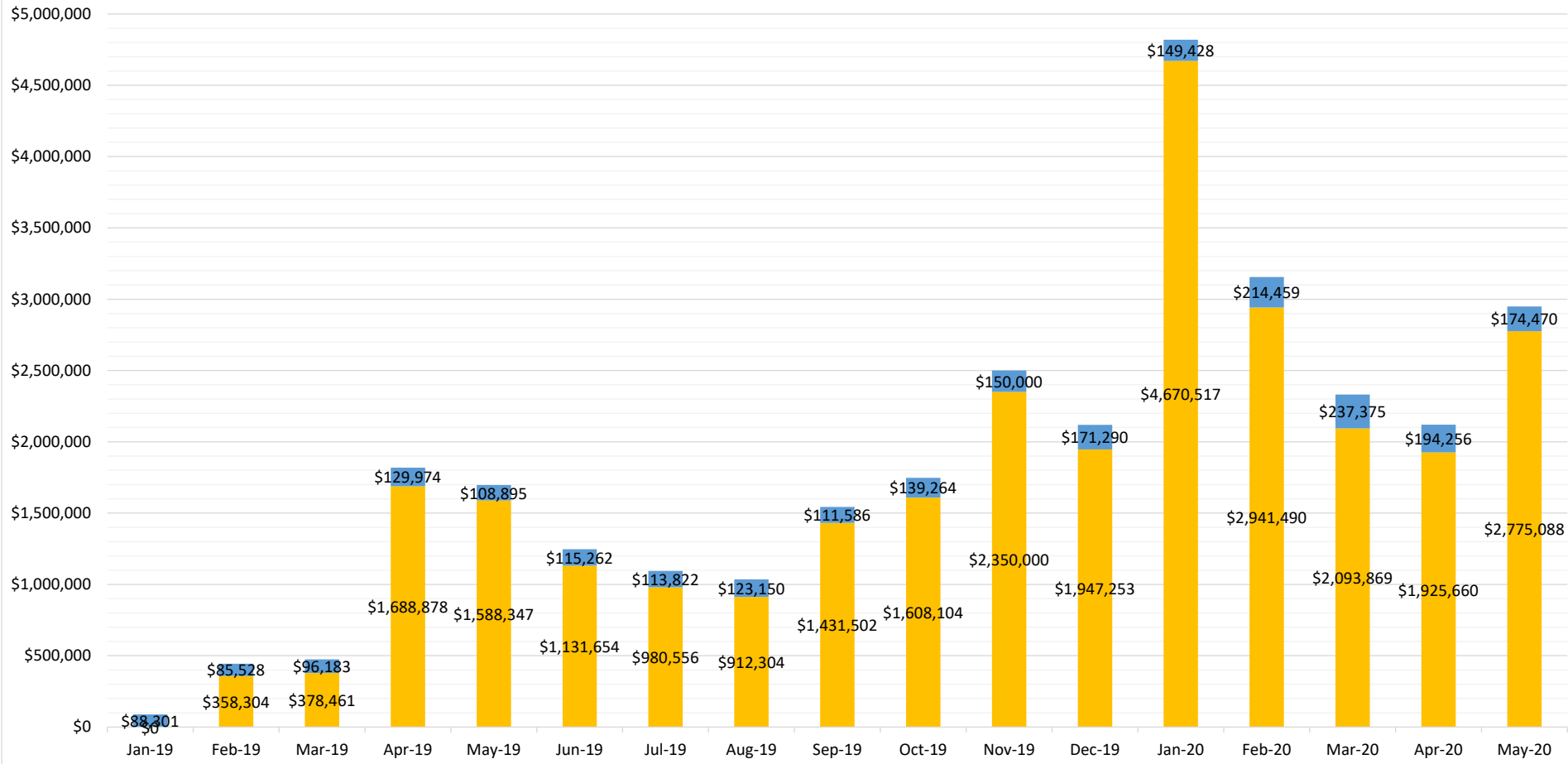
Total Cumulative Savings



# Medication Access Team – Results

## Total Amount of Assistance Per Month

■ Manufacturer (PAP and Co-Pay) Awards
 ■ 340B Assist Disbursements



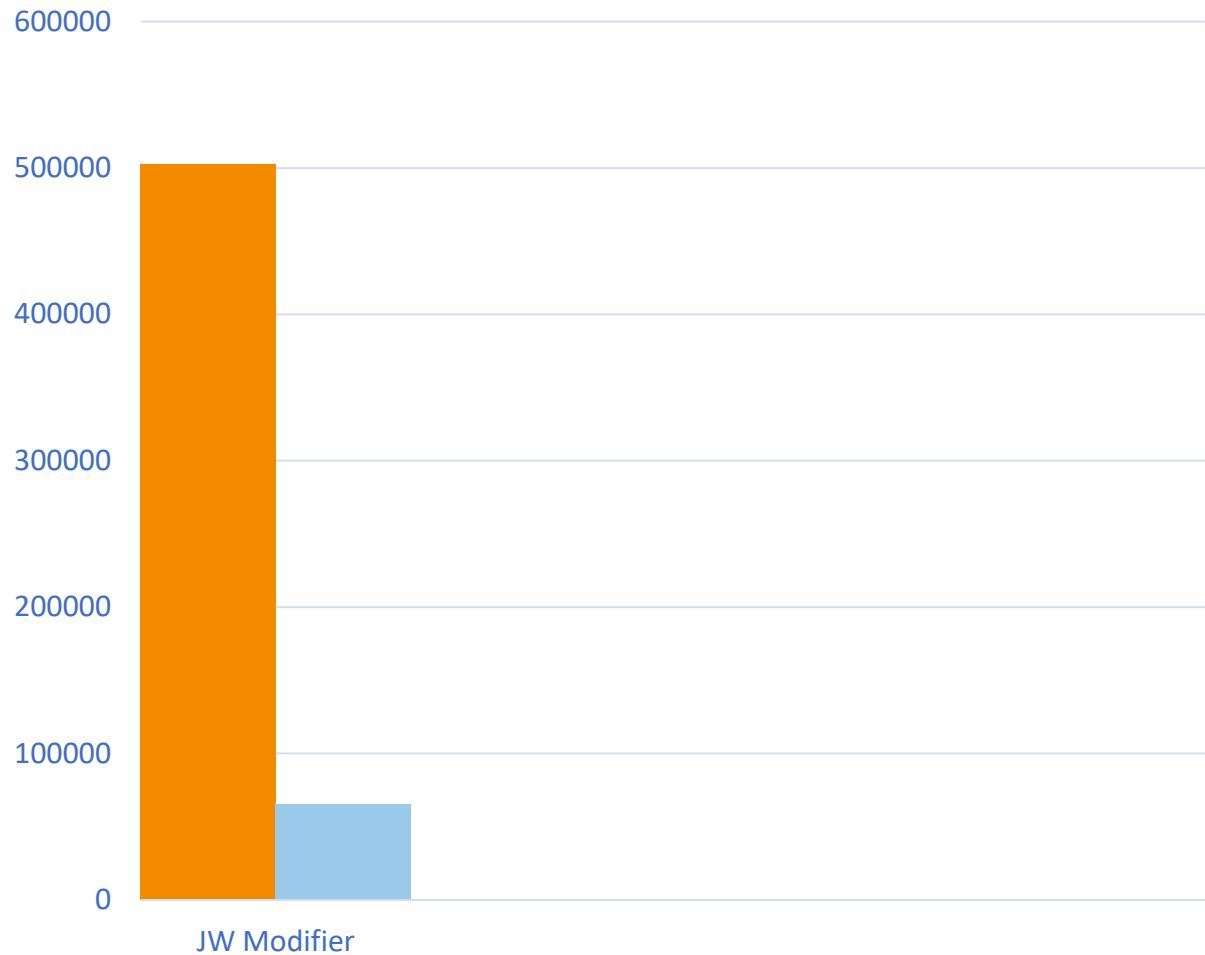
# | SLHS Outpatient Infusion Key Program Components

## Infusion Pharmacy Services Team

- Team members
  - 1 Pharmacist manager
  - 2 Full-time staff pharmacists
  - 1 Full-time pharmacy technician
- Transcribe all external orders for system
- Order management for 3 large hospitals
- Inventory management support
- Maintain EPIC database for infusion medications
- Clinical and operational support for:
  - Critical access hospitals
  - Nursing staff
  - Infusion authorization team
  - Infusion scheduling team
  - Medication access team
  - System and non-system providers
- Formulary management

# Dose Rounding Potential Cost Savings

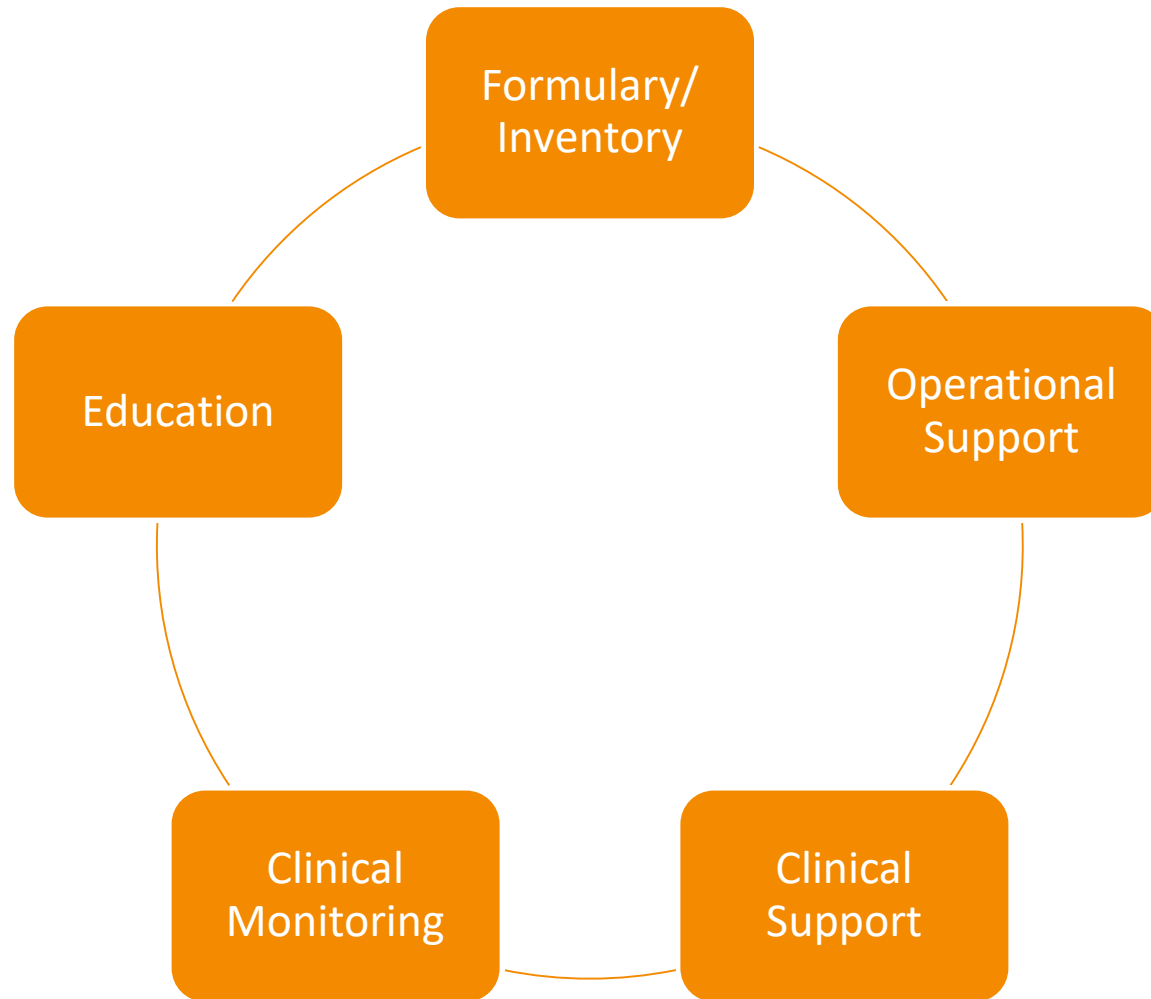
JW Modifier Claims Billed for Infusion Drugs 5/1/19 to 5/1/20



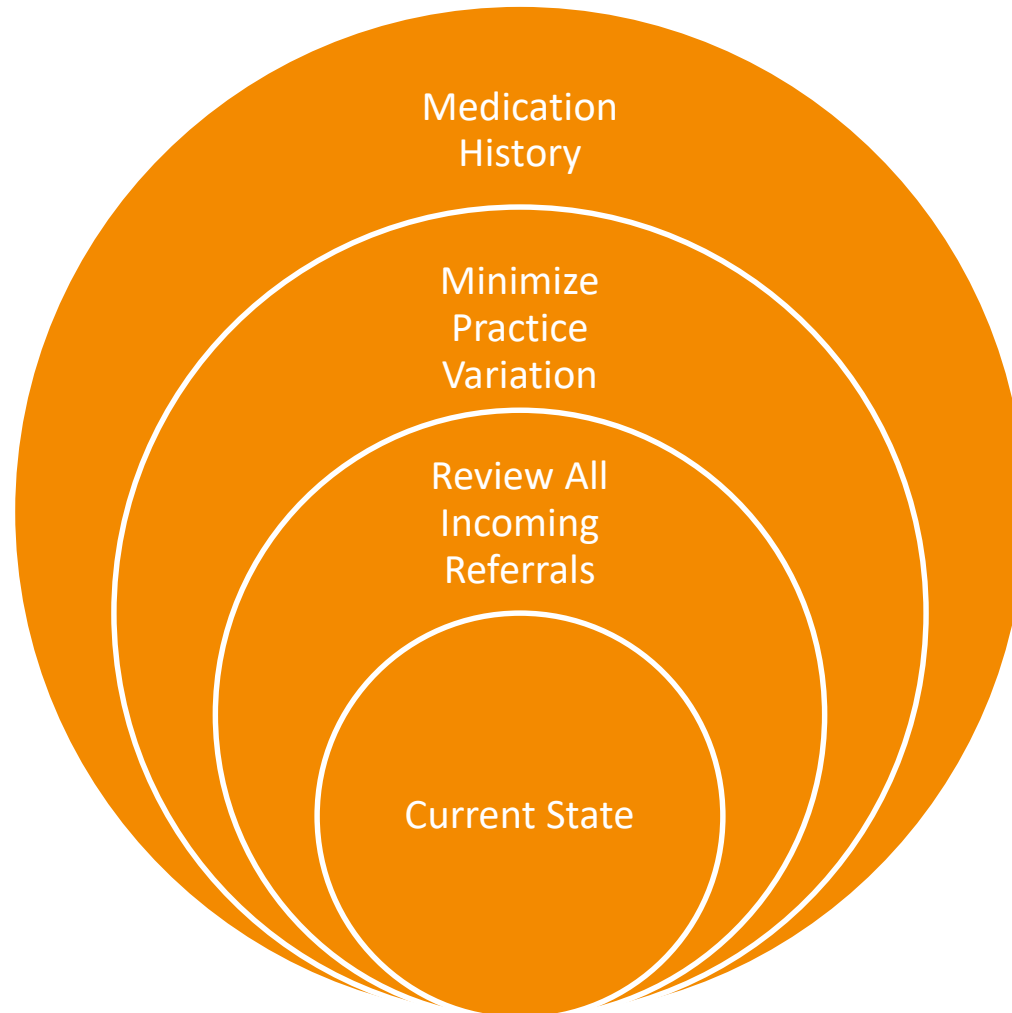


# Infusion Services Pharmacy Team

## What We Do



# Infusion Pharmacy Services Team – Program Targets



# | SLHS Outpatient Infusion Key Program Components

## Centralized Pharmacy Scheduling

- Team formed September 2019
- Backlog of more than 300 patients was addressed
- Freed nurses/CNAs for patient care
- Continues to expand scope throughout system

# | SLHS Outpatient Infusion Key Program Components

## Nursing Leadership

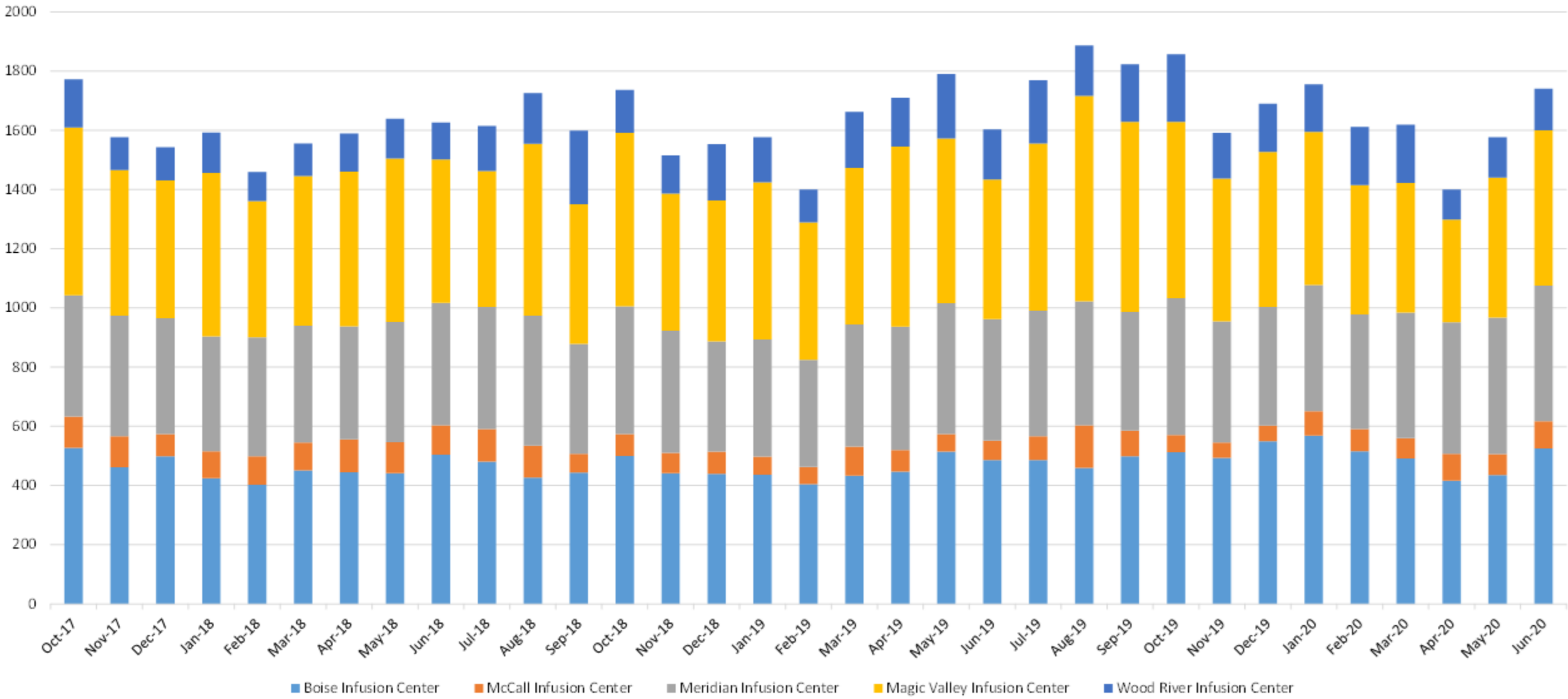
- Two nurse leaders
  - Divide system into population health areas
- System nursing support/standardization of practice
- Formalized onboarding and educational competencies
- Expanded infusion hours in larger hospitals
  - Expanded access, increased visit numbers
- New infusion location opened June 2020

# | SLHS Outpatient Infusion Key Program Components

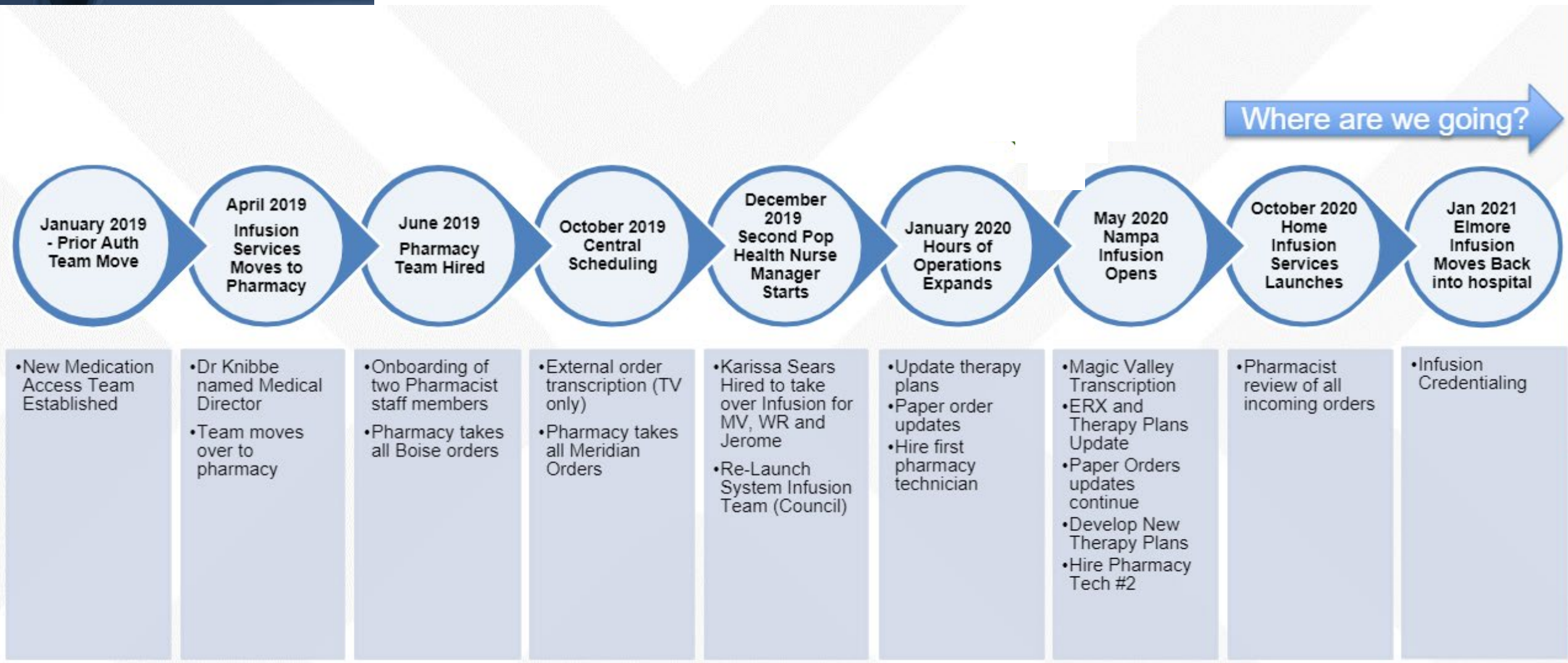
## Medical Director

- Informally supporting infusion for many years
- Formalized relationship April 2019
- Clinical and operation support throughout system
- Extensive clinical experience has been instrumental in moving program forward
  - Clinical initiatives

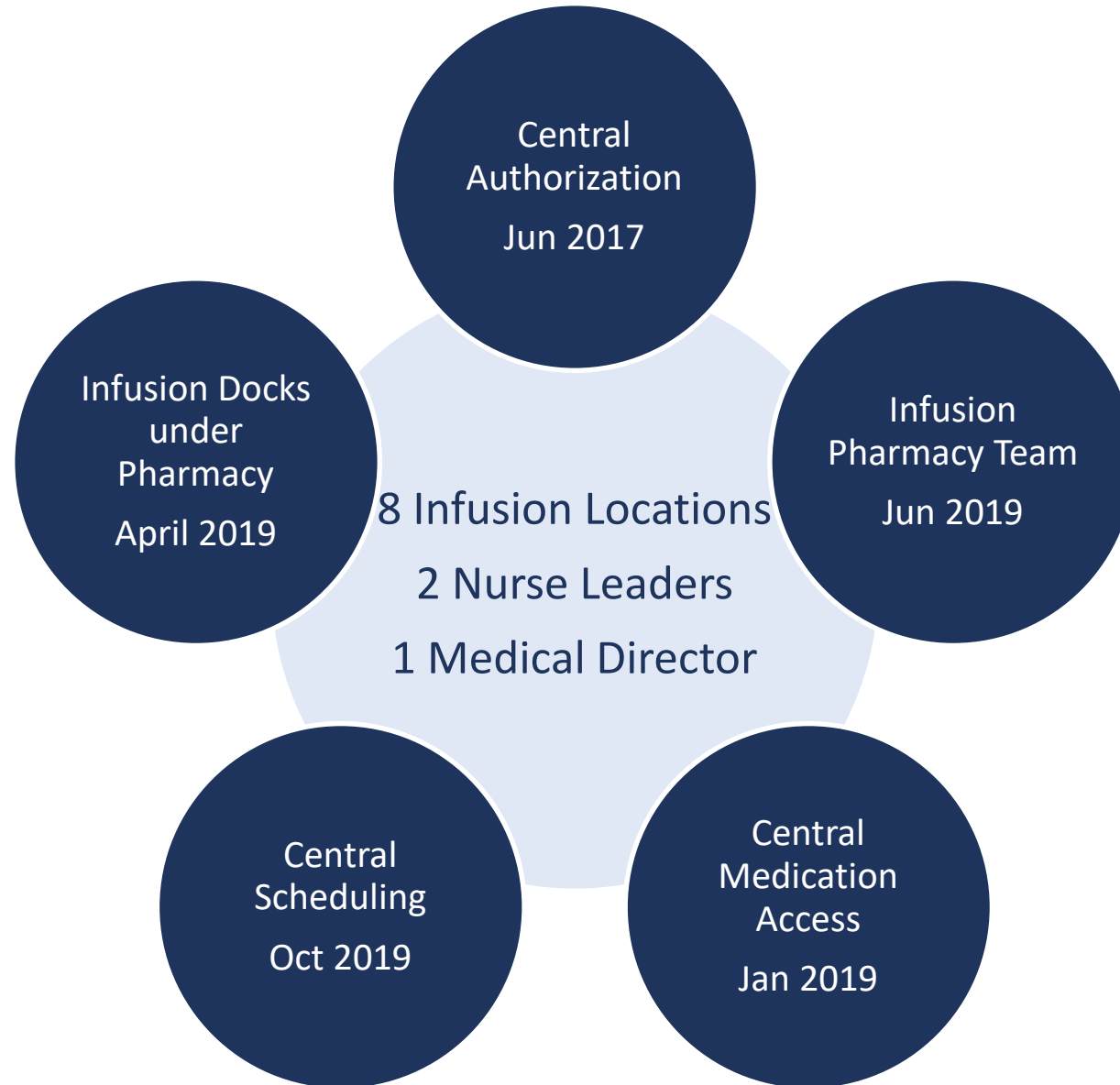
# Infusion Services Volume



# High Level Roadmap – Infusion Services

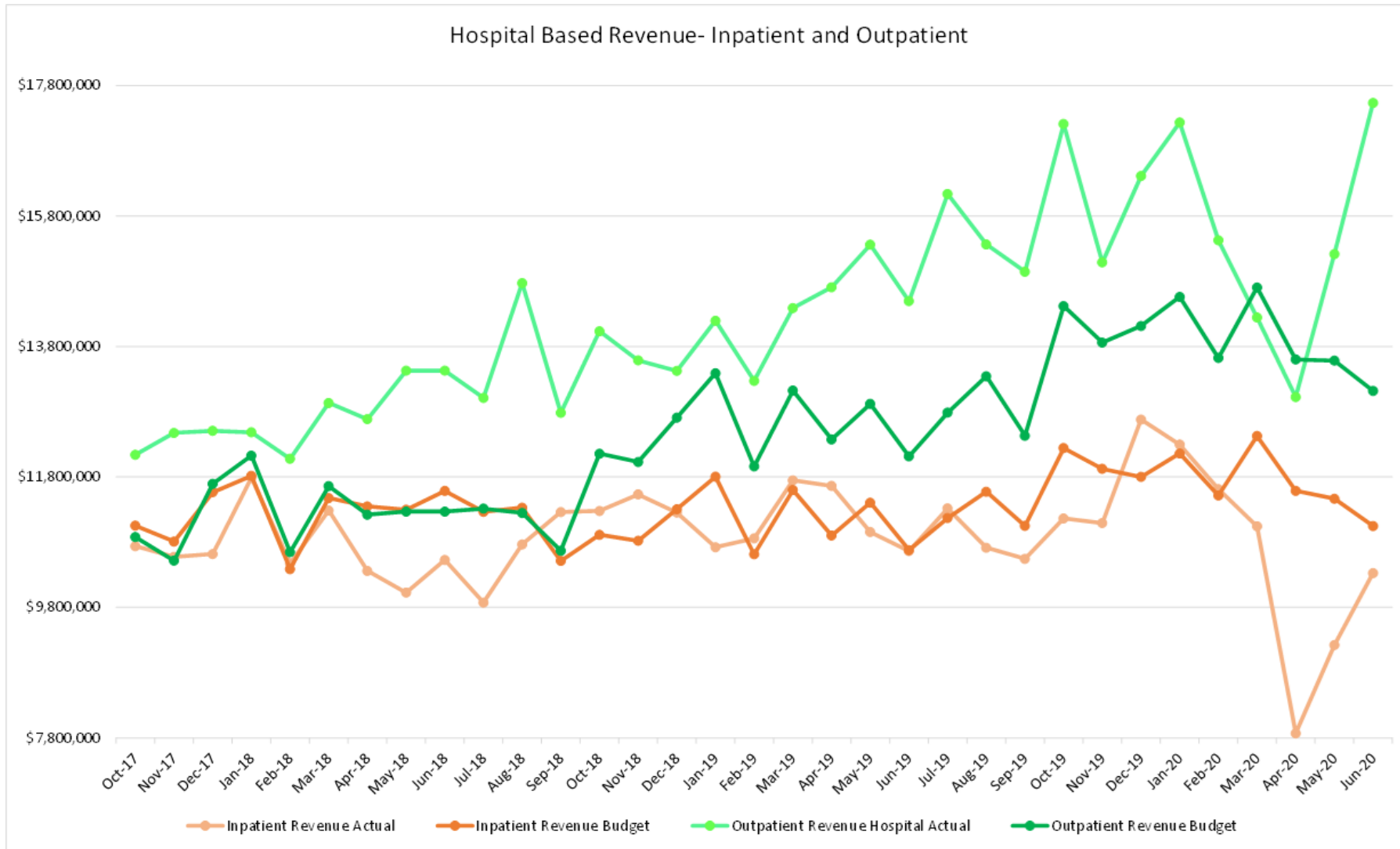


# SLHS Infusion Services Today

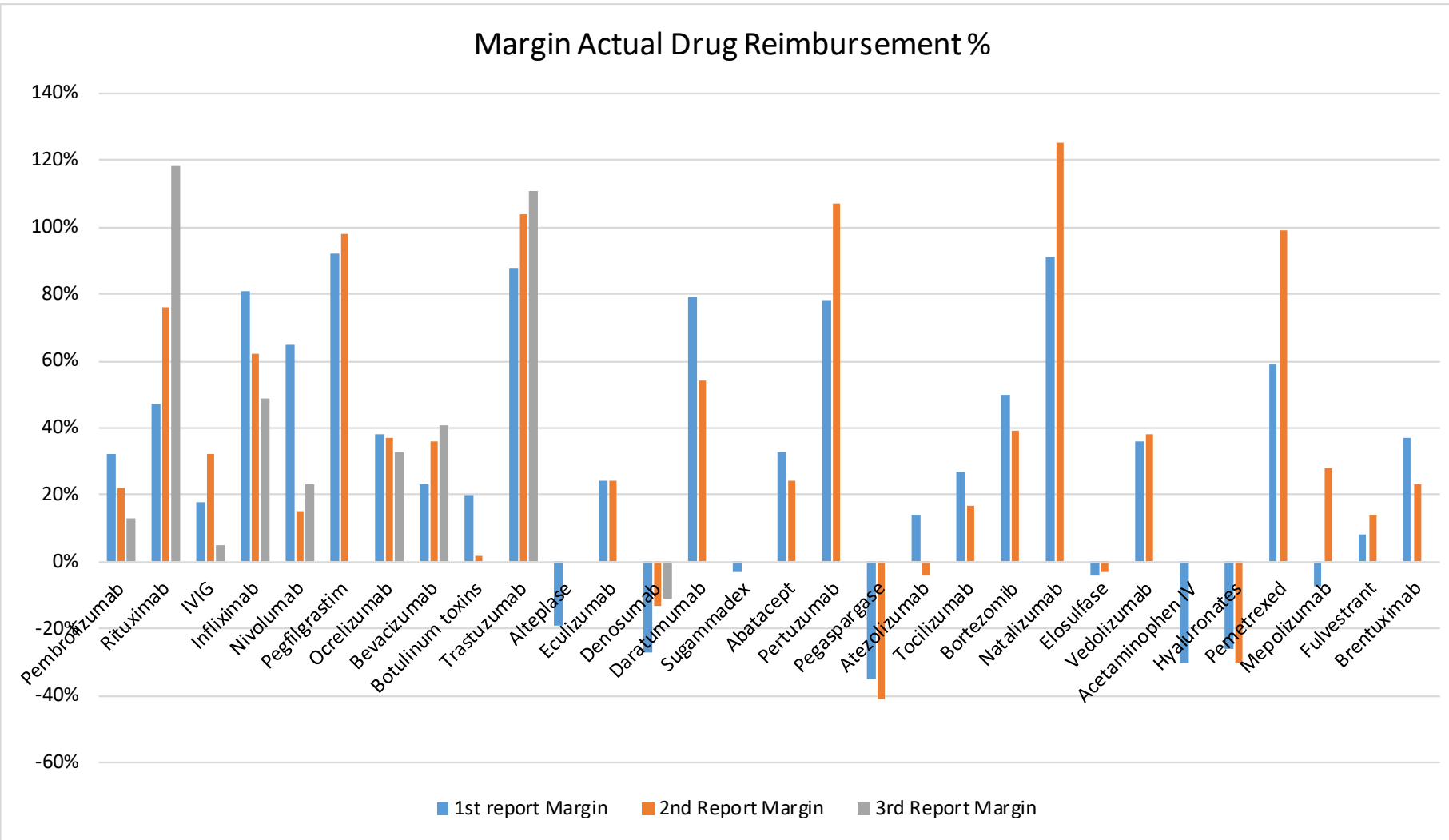




# Reporting of Revenue – Professional Services



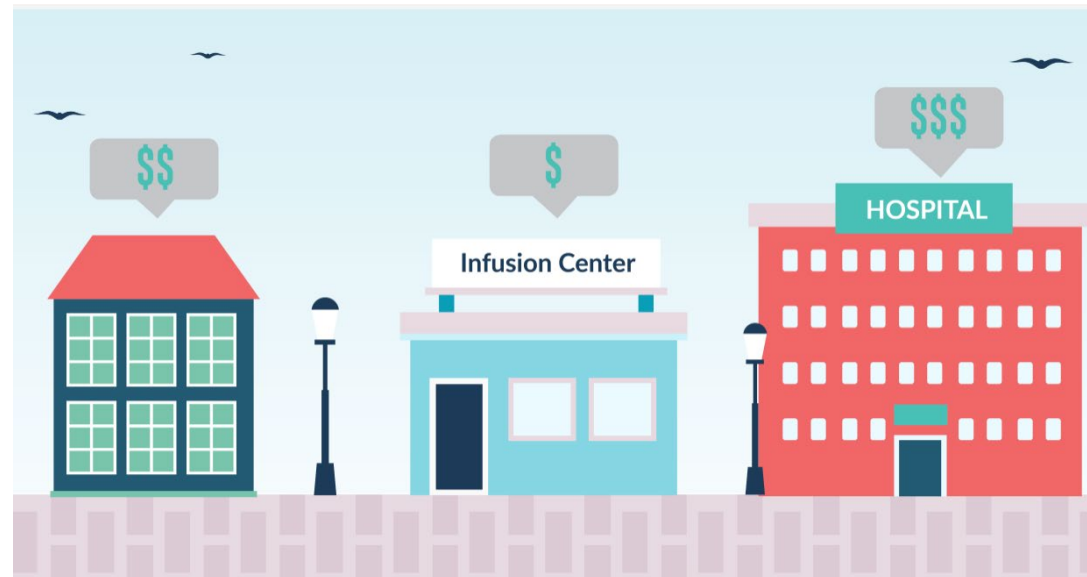
# Reporting of Revenue – Drug Reimbursement



# Current State of Infusion Services

## Challenges

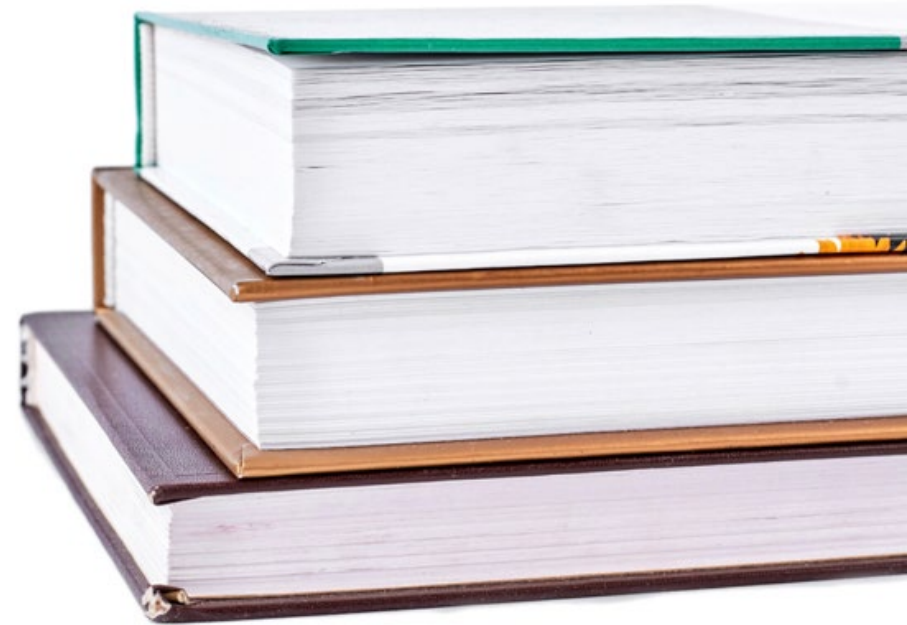
- Payer mandates
- Site of infusion payment differences
- Formulary challenges/drug availability
- Required authorizations
- Credentialing of internal and external providers



## | Assessment Question 1

Successful approaches to managing an infusion center formulary and therapy standardization include all the following EXCEPT:

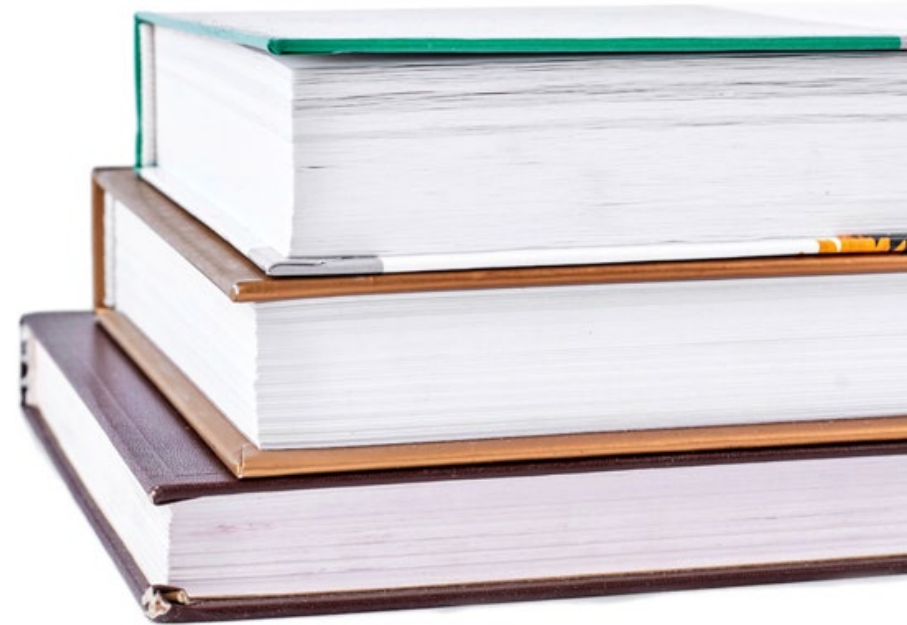
- A. Medication access team
- B. Open access to medications
- C. Dedicated pharmacy team
- D. Provider buy-in and support



## | Assessment Question 2

Key concepts in the reimbursement verification process include all the following EXCEPT:

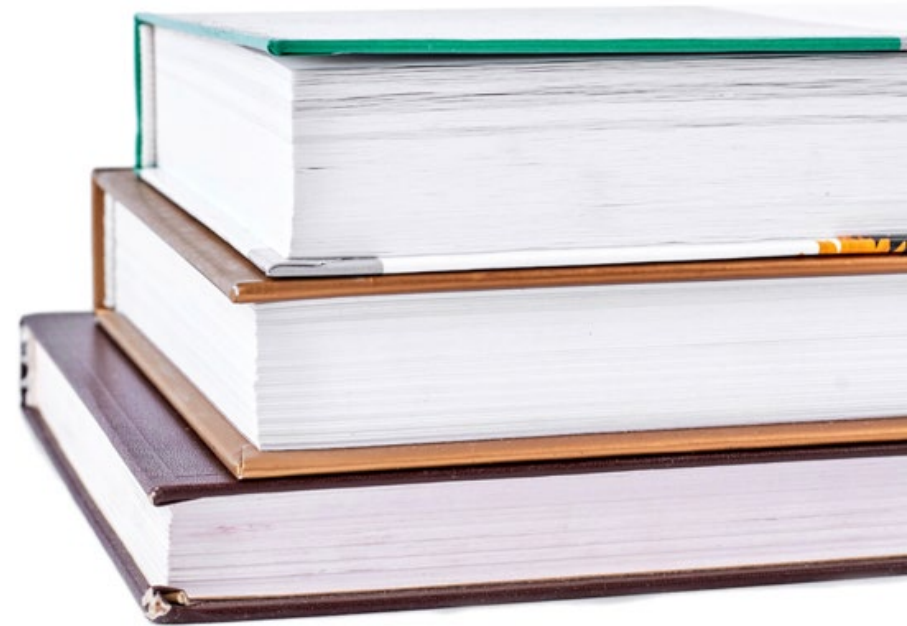
- A. Clinical support of authorization team
- B. Infusion team review of denied claims
- C. Leaving all claims/denial work to revenue cycle team members
- D. Formulary management



## | Assessment Question 3

Identify the information required to track financial outcomes

- A. Professional services revenue and drug reimbursement
- B. Medication access team assistance performance
- C. Outpatient pharmacy revenue
- D. None of the above



## References

1. Partnerships for establishing a hospital-based ambulatory care infusion center. J Bryant-Wimp,<sup>1</sup> L Liebert; Am J Health Syst Pharm. 1999 Oct 1;56(19):1974-7. Am J Health Syst Pharm.
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# Thank you...

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