

# Ambulatory Infusion Services Offered Within Existing Independent Pharmacy

Tal Rozene, RPh, Hannah Littlejohn, Pharm.D. Candidate Southern Illinois University Edwardsville School of Pharmacy SOUTHERN ILLINOIS
UNIVERSITY EDWARDSVILLE
SCHOOL OF PHARMACY

## BACKGROUND

- In 2019, half of all drug approvals were infused products.
- Many of these medications are obtained via a specialty pharmacy and the patient may be required to consult with home infusion services or physically travel to the doctor's office to receive their medication.
- With new emerging therapies for multiple acute and chronic disease states coming in the form of intravenous infusions, access to infusion services is required to receive these medications.
- Pharmacies have been identified as one of the new areas where these services can be provided.
- As illustrated by the chart below, cost varies widely based on where an infusion is performed.

Table	Cost Variance for Infusions at an ATS versus at a Hospital			
Code	Drug	ATS rate,	Outpatient hospital rate,	Per-unit difference, %
J1745	Infliximab	63.4/unit	129.04/unit	103.27
	injection	3134/claim	5790/claim	

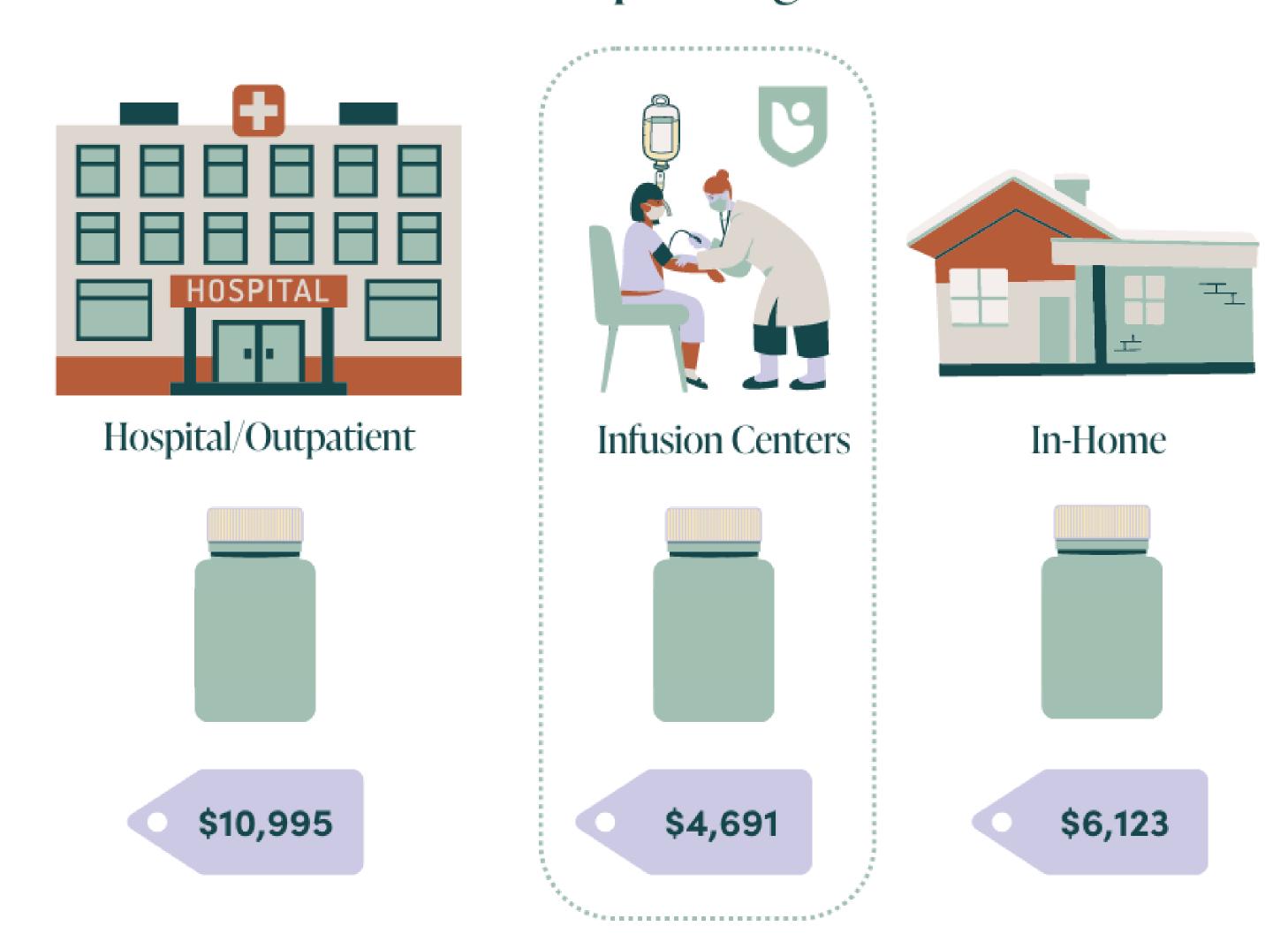
• Implementation of infusion areas within community pharmacies has clear benefits to every party: pharmacies, pharmacists, patients, physicians, and payers.

### OBJECTIVES

- Reduce cost for payers and patients receiving infusion therapy
- Implement pharmacy-based ambulatory infusion treatment center
- Improve patient adherence by offering convenient treatment options
- Address access to care issues in a rural setting

Same Drug, Same Procedure.

Different Cost Depending on Site of Care.



## METHODS

#### **Operational Plan**

- New customers anticipated from surrounding health systems
- Advertise new service
- Provide services for acute and chronic conditions
- Establish rapport with local hospitals
- Obtain infusion chairs and infusion-related supplies

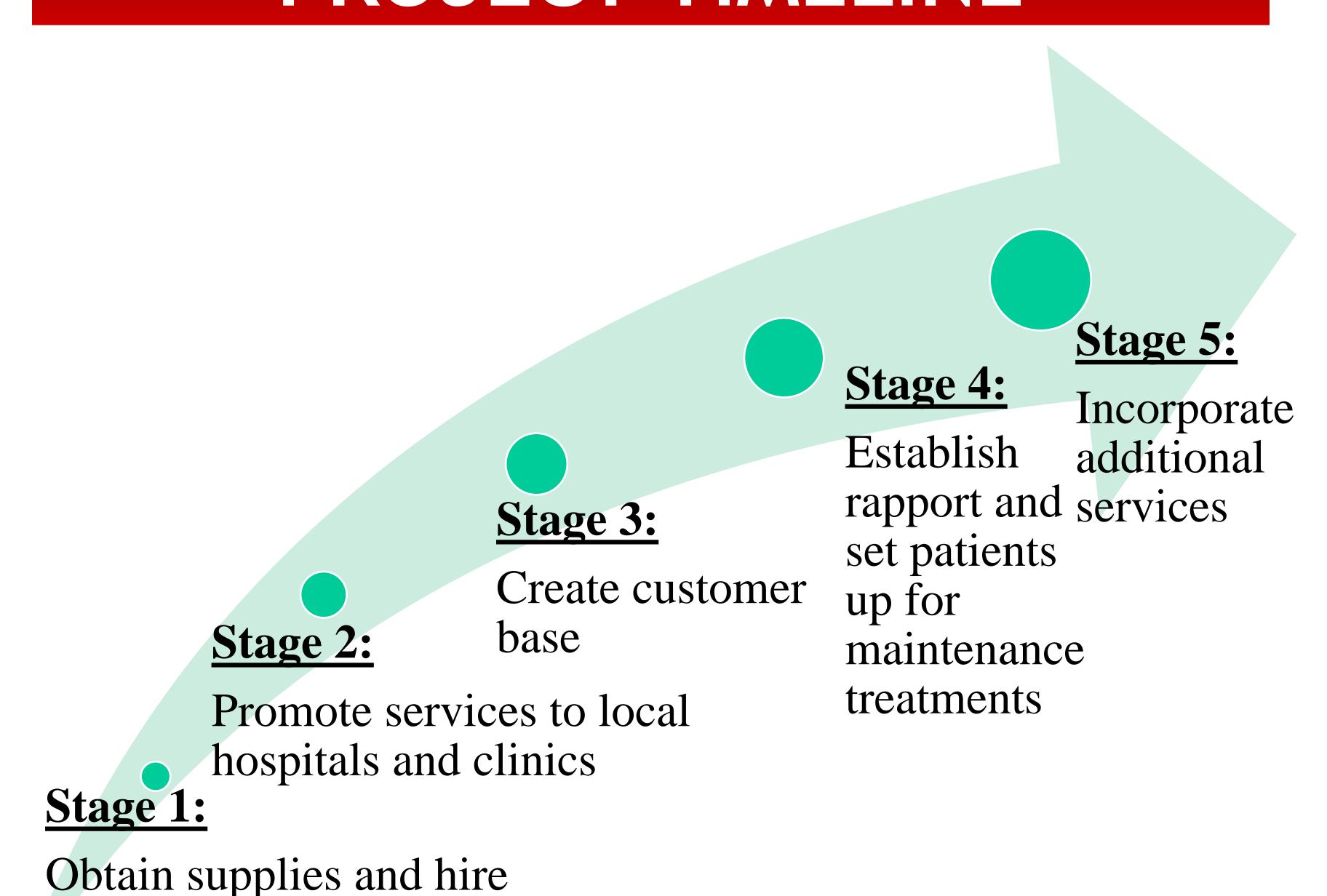
#### Quality and Regulatory Issues

- Pursue accreditation through ACHC
- Provide training for employees
- Hire CRNI RN to administer medications
- Obtain sterile compounding certification, and follow USP and OSHA standards
- Obtain overhead and supplies for infusion-related reactions
- Purchase pre-made solutions that only require administration

#### Financial Analysis and Implementation

- Reimbursement received through medical and pharmacy benefits
- Infusion provider must determine coverage and expenses to the patient

## PROJECT TIMELINE



## EXIT STRATEGY

If our infusion services are not profitable or needed in the area, we plan to:

- Sell our chairs and related equipment to other ambulatory infusion clinics
- Return medications to suppliers if able and dispose of all other medications properly
- Terminate the nursing position

additional employees

- Notify customers via phone to ensure that they have ample time to locate another facility to meet their infusion needs
- Contact local hospitals and clinics in the area to let them know that we will no longer be providing these services
- Inform patients and providers of other areas where these services can be performed
- Return the facility to its normal function of filling and dispensing prescriptions and compounds