

Home Infusion Update

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FAQ's

- Q** Does a nurse from Home Care I.V. stay during the entire infusion of medications in the home?
- A** Most times - no. This is seldom necessary. Nursing staff teach the patient and/or family member how to administer the medication safely and appropriately at home. Our staff is on call at all times to respond to urgent concerns, answer questions, or resolve problems that may arise.
- Q** If an antibiotic is ordered every four hours, do you go out to the home for each dose and hook it up?
- A** No. For any medication that must be administered every 4 (or 6) hours, we use a small, portable, programmable infusion device and teach the patient and/or caregiver how to operate it. Medication stability and quantity determine whether it is provided in 1, 2 or 3 day bag or cassette. Our clinical staff programs the pump to automatically deliver the ordered dose at the correct intervals and a KVO (Keep Vein Open). We also teach the patient how to change the bag or cassette when it is due for a new one.
- Q** Are you a home health agency?
- A** No. We are a home infusion service, licensed by the State of Oregon as a pharmacy and accredited by the Joint Commission on Accreditation of Healthcare Organizations. Our clinical staff includes Registered Nurses, IV technicians and clinical pharmacists. Our nurses make home visits to assess the care environment, start infusion therapies and train patients and caregivers in all aspects of their infusion therapy. Patients with other home health care needs in addition to infusion therapy, i.e. wound care, are typically referred to a local home health agency. We coordinate care with that home health agency to insure the appropriate care is provided.
- Q** Do you see all of your patients at their home?
- A** No, we only see a small percentage of our patients every week at their home. Also, some infusion therapies and infusion care services are more appropriately administered in a closely monitored setting, such as Remicade and DHE. HomeCare I.V. has an ambulatory infusion suite at our Bend office to serve the needs of those patients and to provide a convenient setting for ambulatory patient teaching, dressing changes, peripheral catheter insertion procedures and other services.

HomeCare I.V. Provides Enteral Nutrition Therapy

Although we are specialists in home infusion therapies, we also provide care, equipment and supplies for *enteral* nutrition patients. If sufficient nutrients cannot be consumed orally, for example when the swallowing reflex fails due to illness or injury, fluids containing the necessary elements can be administered via a tube. *Enteral* nutrition is also known as "tube feeding".

Depending on the specific needs of the patient, *enteral* nutrition fluids are administered by pump, gravity, orally, or syringe. Unlike parenteral nutrition compounds, *enteral* nutrition formulae are delivered directly to the stomach or small intestine. HomeCare I.V. of Bend, Inc. provides the appropriate formula, supplies and equipment, and supports the patient and caregiver twenty-four hours a day, seven days a week.

Medicare Part D: Not for Home Infusion

One of our greatest challenges in providing home infusion therapies in eastern and central Oregon has been the limited coverage of home infusion under Medicare Part B, the Federal program intended to help pay health care expenses incurred other than in a hospital. Medicare is one of the only health insurance programs that do not take full advantage of the clinical and cost savings benefits of home infusion. When the Medicare Modernization Act (MMA) of 2003 was passed, however, there were high hopes for a comprehensive home infusion benefit. Unfortunately this was not the case when the Part D regulations became effective January 1, 2006.

Coverage of home infusion drug therapy required a number of considerations that differ from oral medications and other drugs typically available from community retail or mail-order pharmacy. Home infusion is service-intensive with unique and stringent standards of care and safety concerns. Safe and effective home infusion therapy requires specialized medical equipment and specially trained pharmacists and nurses. There are no provisions under Medicare Part D for comprehensive coverage of these critical elements.

As a consequence of these and other Part D issues, HomeCare I.V. of Bend, Inc. has made the decision to not participate in Part D contracts with stand-alone Medicare Part D PDP's. **We will, however, participate in Medicare Advantage Drug Plans such as that offered by Clear Choice Health Plans. In addition, there is no change for patients we care for who qualify for the limited coverage of certain home infusion therapies covered by Medicare Part B. Care for patients meeting qualifying requirements of Medicare for these therapies will continue to be covered under Part B.**

Our conclusion, consistent with many other home infusion providers, is that home infusion is the proverbial square peg that simply cannot fit in the round hole of Medicare Part D as it is currently written.

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This does not mean that we will not help Medicare Part D beneficiaries get the care they need. We have always been strong advocates for our Medicare patients, worked very hard to help them receive the care they need in the most appropriate care setting and will continue to do so.

Medicare Part D has insufficient protections to prevent unqualified entities from dispensing infusion drugs to Part D enrollees without appropriate clinical support. Patient safety *is* and *should be* a major concern in our health care system. The range of variables that must be managed by the pharmacy to ensure safe and appropriate home infusion therapy administration has led commercial payers to treat these therapies as medical service, reimbursed under their medical benefit (rather than the prescription drug benefit), and paid for using a per diem for clinical services, supplies, and equipment plus a payment for nursing visits. It has also led most commercial payers to require that infusion pharmacies be accredited by a nationally recognized accreditation body to demonstrate that they are qualified to administer these therapies. Medicare Part D has none of these safeguards

Drugs In The News

TYSABRI® Although an FDA Advisory Panel recommended Tysabri's return to market for relapsing MS, the FDA extended its regulatory review of the drug on March 22 for up to an additional 90 days. The manufacturer reports it hopes to start delivery of the drug sometime this summer. We will notify any former patient of its re-release as soon as it becomes available again. New patients can contact us to find out the status of Tysabri availability the end of June or July if interested in having their physician prescribe the therapy.

ORENCIA® has been approved by the FDA for Rheumatoid Arthritis. Administered by a 30 minute intravenous infusion, Orenzia is indicated for reducing signs and symptoms, inducing major clinical response, slowing the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more DMARDs, such as methotrexate or TNF antagonists (i.e. Remicade)

National Nurses Week May 6-12

The work of America's 2.9 million registered nurses to save lives and to maintain the health of millions of individuals is year's National Nurses Week, celebrated annually May 6-12 throughout the United States.

"Nurses: Strength, Commitment, Compassion: is the theme for the 2006. Annually, National Nurses Week begins on May 6, marked as RN Recognition Day, and ends on May 12, the birthday of Florence Nightingale, founder of nursing as a modern profession.

Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which registered nurses, the largest health care profession, are working to improve health care. From bedside nursing in hospitals, long-term care facilities, home health and infusion room nursing to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

There are nearly 2.9 million registered nurses in the United States. Over 240,000 advanced practice nurses are part of the 2.4 million actively employed nurses, of these 144,000 are nurse practitioners, 69,000 are clinical nurse specialists, 14,600 are both. 13,700 are nurse midwives and 32,500 are nurse anesthetists.

There is no better time of year to show nurses how much you appreciate their contributions to patients and to your institution.



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