

The Basics of Home Infusion Therapy: Part 1

Home infusion therapy has been in existence since at least the mid-1970's. It had some of its beginnings in the management of patients who required life-long intravenous nutrition (total parenteral nutrition, or TPN). These patients were generally healthy, other than the medical condition that created the need for TPN. Physicians and others worked on ways to allow these patients to get their IV nutrition at home so that they could lead more normal lives. The patients were given long-lasting IV catheters similar to those used for inpatients. In the early years, patients had to come to the hospital on a regular basis to pick up their IV nutrition bags because only a hospital pharmacy could prepare these complicated prescriptions. Over time the home infusion industry developed to serve both these and other patients who could benefit from home infusion therapy.

Today home infusion therapy covers a broad range of treatments and medication administration methods. The most common routes of administration are intravenous (IV), epidural, subcutaneous infusion or injection, and intramuscular (IM) injection. Some home infusion companies also provide enteral tube feedings and/or respiratory therapy services.

Some of the most common medications for home infusion patients are:

Anti-infectives (antibiotics & antivirals)	Immune globulin
Blood product transfusion (red cells and/or white cells)	Immune system modulators such as monoclonal antibody drugs
Chemotherapy	Inotropic drugs for heart failure
Factor replacement for hemophilia	Nutrition therapies, such as TPN and enterals
Growth hormone	Pain Management
IV Fluids	Steroids

Diseases commonly treated with home infusion therapies include:

AIDS, including infections and nutritional support	High risk pregnancy
Anemia	Immune deficiencies
Cancer (various types)	Infections, including respiratory, urinary tract, soft-tissue, post-operative infections, and pneumonia
Crohn's Disease	Multiple sclerosis
Growth disorders	Nutrition problems from a variety of medical conditions
Heart failure	Pain, including cancer-related pain
Hemophilia	Rheumatoid arthritis



The Home Infusion Provider

A home infusion company must be a licensed pharmacy. The pharmacy must meet all applicable state and federal laws for pharmacy practice. Most home infusion medications must be compounded from other ingredients, and must be sterile. There are additional regulations that the pharmacy must follow for making sterile medications. These include a training program for pharmacy technicians, proper use of special sterile compounding equipment, adherence to strict procedures when making sterile medications, and continuous monitoring of the cleanliness of the pharmacy environment. Home infusion pharmacies are not like retail pharmacies, which usually dispense only oral and external-use medications. Few retail pharmacies provide home infusion medications because they do not usually have the facilities, the staff, or the expertise required for safe preparation of sterile medications.

Many, but not all, home infusion companies are also accredited by an independent organization like the Joint Commission. Accreditation guarantees that the pharmacy provides a high standard of patient care. Accreditation standards are very strict and it requires continuous effort to comply with them. Pharmacies that maintain their accreditation status show a high commitment to excellence for both patient care services and overall operations.

Referring a Patient to Home Infusion Therapy

Home infusion services start well before any health care clinician arrives in the patient's home. First, the patient's insurance benefits for home infusion therapy must be determined. This is handled in various ways by different insurance companies, and it is always very important to be sure everyone knows the patient's coverage is for the service to be provided. While much less expensive than hospitalization, some home infusion therapies may still be costly. A reputable provider will make sure that patients are aware of their insurance benefits before the first delivery is made. When patients are referred for home infusion over a weekend, it is usually impossible to determine the patient's insurance benefits unless the infusion company already has a contract with the patient's insurance provider. In that case, the referring clinician, the pharmacy, and the patient must agree on how to proceed. Often the pharmacy will provide only enough doses to last through the weekend; the patient must agree to be responsible for any charges if they do not have home infusion insurance benefits.

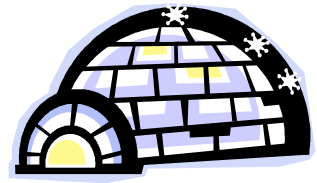
Home Infusion Personnel

Home care nurses are almost always involved when a patient is set up for home infusion therapy. The nurse may be employed by the home infusion company, or may be from an outside home care agency. The nurse has several critical responsibilities, including patient assessment, teaching the patient to care for their IV catheter and to administer their medication, advising the patient on what problems could occur and how to report them, monitoring the patient's care in the home, and drawing patient labs. If the patient is unable to perform any of their own care, the nurse will teach a caregiver to do it. Some long-term home infusion patients become independent with their own care, and a nurse may no longer be needed. These patients see their physician on a regular basis for labs and clinical follow up.

The home infusion pharmacist is responsible for monitoring the patient's response to therapy, preventing drug-related problems, monitoring infusion pumps, and overseeing the preparation of sterile medications. In addition, the pharmacist is responsible for making sure the drugs and IV therapy supplies are delivered to the home on time, and at the correct storage temperature for medication safety. Both pharmacists and nurses must have specialized knowledge about the care of long-term IV catheters and the infusion devices used in home care.

Coming up in the next issue:

Patients who are candidates for home infusion, and managing the home infusion patient.



Patients who opt for home infusion have a high opinion of its value to their quality of life as compared to staying in the hospital.

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Long term home infusion patients often become independent with many aspects of their care