The Role of the Home Infusion Provider

1. Does the home infusion provider have educated and experienced nutrition support clinical staff (RPh, RN and RD)?
2. Does the provider have policies, procedures and clinical outcomes demonstrating a practice of safe home EN or PN initiation and ongoing management?
3. Do they have the ability to provide multiple infusion therapies as HPEN patients may have multiple co-morbidities and therefore a need for additional therapies (antibiotics, subcutaneous immunoglobulin, fluids, anti-emetics, pain management)?
4. Does the provider have 24/7 on-call clinical coverage?
5. Is there a clinician available to work with the private practice RD and the patient at the private practice office?
6. Is there assistance with reimbursement questions/qualification for therapy coverage?
7. What type of education and educational materials does the provider have to promote patient therapy administration safety and understanding?
8. What type of communication related to patient’s status is the provider willing and able to provide to the private practice RD and MD?

Case Studies

To illustrate the collaboration of the private practice clinician and home infusion provider, two cases are presented:

Patient #1

- 49-year-old female with chronic pancreatitis seen in the private practice office of the RD for difficulty with weight gain, inadequate oral/enteral intake and significant weight loss of 22 percent of usual body weight
- The patient was receiving both oral and an enteral feeding via jejunostomy, although without clinical monitoring from the enteral provider
- Because of the weight loss, it was determined that the patient would benefit from home PN

Private Practice Clinician:
- RD assessed nutrient requirements and PN initiation formula, and confirmed with the physician the preferred home infusion provider and coordination of prescription orders

Infusion Provider:
- Verified insurance coverage for the therapy
- Coordinated out-patient placement of the PICC line for infusion with the physician
- Evaluated the initial PN formula for stability, safety and efficacy
- Initiated PN with home infusion nursing
- Provided initial and ongoing patient education and therapy monitoring
- Provided concise patient clinical status updates to the private practice RD and ordering physician outlining patient tolerance to therapy and advancement to goals

Outcome:
- After five months of home PN therapy with the infusion clinicians working in coordination with the private practice RD through four in-office visits:
  - No unplanned hospitalizations
  - Patient gained 21 pounds while receiving HPN
- The private practice RD coordinated transition to an oral diet, and continued to follow the patient for six months post-home PN to assure weight maintenance

Considerations for Initiating PN in the Home

- Electrolytes (K, Cl, Na, PO4, Mg) available?
- Manageable output?
- Patient and caregiver willing/able to infuse the therapy at home?
- Insurance coverage?
- Physician oversight readily available?
- Patient willingness to be hooked up to TPN for 20-24 hours initially?

Patient #2

- 56-year-old female referred to the private practice RD due to weight loss, difficulty swallowing and complications of chemotherapy including nausea and diarrhea for pancreatic cancer

Private Practice Clinician:
- RD assessed nutrient requirements and PN initiation formula, and confirmed with the physician who provided the order to the infusion provider
- As the patient was not a candidate for gastric placement of a feeding tube, home PN was required

Outcome:
- This patient had many challenges with fluid status and complications from chemotheraphy
- The patient had only one in-office visit with the private practice RD; therefore, the RD would turn over the care of this complex patient to the home infusion company to provide close monitoring

Conclusion

Visits with a private practice RD are limited, so reliance upon a qualified home infusion provider is important. Collaboration with a home infusion provider with nutrition support expertise allowed the private practice RD to be assured that both the logistical components of home infusion (reimbursement, supplies, nursing) and close clinical monitoring were provided leading to a successful outcome.