



Pharmacists Optimizing Cancer Care®

Site of Care Issue Brief

Definition of Site of Care

Site of care is a program where insurance mandates that specific medication infusions and injections occur at alternative locations, which could include a stand-alone infusion center, physician provider practice, or home infusion.

Benefits of Choices in Site of Care Outside the Hospital Setting

The intent of site of care policies is to direct patients to sites that have a lower overall cost of care. Having the choice of different sites of care purportedly decreases the care providers' expenses and cuts down on indirect costs for institutions. Patients may prefer the home infusion model, or local ambulatory infusion centers, because it may be more convenient. Alternate sites may increase flexibility with work and home schedules, and it may reduce long traveling distances to receive treatments. Furthermore, during the COVID-19 pandemic, home infusion limits the risk of exposure since the patient does not need to come into an institution.

Drawbacks of Choices in Site of Care Outside the Hospital Setting

Patient safety is a major concern about having different site of care choices. Variations in the setting introduce risks that impact the patient's health and outcome for care. For home infusion, the patient may not have appropriate safety checks in place around equipment and patient assessment. Cases where a patient has had immunotherapy toxicity resulting on the medication to be placed on hold, but the home infusion company infused the drug to the patient anyway. Furthermore, at home the patient does not have the equipment to handle adverse events and is reliant on 911 emergency services. Devices used to administer products in the home have less accuracy, which can lead to inadvertent rapid infusion causing harm to the patient. Safety of the patient also extends to the transition of the patient from a hospital setting to another site of care.

Safety of the drug, its compounding and handing also can arise with alternate site of care locations. At provider-based or ambulatory infusion centers, the staff who are checking the drugs may not be pharmacists. This introduces a risk of errors for mixing and preparation of the medication. Ambulatory infusion centers may not have USP <800> compliant rooms for compounding hazardous drugs, resulting in confusion of which therapies can be offered. Inexperienced staff at infusion centers may also be less familiar with the individual drug properties and its compounding requirements. There are also storage and handling concerns, since temperature excursions when being delivered for home infusion could compromise drug stability or potency.

Providers may not be comfortable giving patients care through home infusion since it introduces so many nuances to the care delivery model that are outside of their control. It also can create an administrative burden for providers, with increased staff time needed to follow up on restrictions. In rural areas, it is very challenging to set up home infusion and home health. Often an extender of the oncologist is coordinating care, adding to the administrative burden.



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Finally, there are concerns that an insurance mandate to receive care at sites outside of the hospital setting will eliminate patient choice. There are some policies that allow patients to receive the first dose in hospital-based clinics, but some payers mandate that even first doses must be given in a home setting. If the initial dose is completed at the prescriber's preferred location, the prior authorization will have to be canceled and resubmitted with the new Tax ID number, which introduces administrative waste and potential for error. If providing initial doses at the prescriber's preferred clinic is prohibited, there is an increased risk for infusion reactions to occur at the other site of care, where support may not be as robust.

Impact on Cancer Patients

Cancer patients have very serious medical conditions and require close monitoring by their cancer providers. By pushing care out of the hospital-based clinic, it is more difficult to continuously monitor patients. Pharmacists and providers may not be able to follow-up on toxicities. As more expensive chemotherapy medications come to the market the impact of value-based care models, capitated markets, and global payment initiatives will become even more confusing with the shuffling of costs to different sites of care.

Sites of care outside the hospital setting can also lead to fragmented care for cancer patients:

- Determine who is providing ancillary medications, such as anti-emetics, anti-anxiety, and pain management medications, how these will be billed, and where will the patient pick them up. If it is at a retail pharmacy, these medications may not always be in stock or may need to be delivered from a pharmacy hundreds of miles away from the patient's home.
- For time sensitive medications for cancer patients that treat emergent conditions, it is important to consider all locations of treatment rather than delay care and wait for a medication to be delivered from a pharmacy hundreds of miles away from the patient's home.
- If a patient is on a multi-drug regimen and is mandated to go to another site of care for one drug, this will lead to fragmented care that could impact the patient's outcome.
- Policies that require a patient to seek alternate sites of care for multiple-drug regimens may impede a patient's participation in a clinical trial.
- Patients often receive infusions on the same day as toxicity checks, radiation therapy, palliative care visits, nutrition visits, social work, nursing care navigators, and other services. These services are not provided in the home, so would be an additional visit to provider's office.
- Many practices counsel patients both during the clinic visit and during infusion, and this layered learning would be lost if patient is sent to an alternative site of care.

Recommendations

HOPA opposes mandated requirements on site of care and believes that the choice should be made with shared decision-making between the patient and providers. The choice of site of care should consider the individual circumstances of the patient, including drug characteristics, safety risks, and financial



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impacts. It is crucial that the patient be the first consideration in any decision. If home infusion is provided, there needs to be adequate safety policies and procedures in place.