

Sites of Care

Maybe You Prefer Hospital Outpatient?

By Jeff Seigel

Once every three weeks, Clydean McCann gets in the car and drives half an hour to Northwest Hospital in Seattle. McCann, 76, a retired newspaper woman, must receive four to six hours worth of infusions to deal with cancer and a primary immune deficiency disease (PIDD).

And, frankly, she says, she wouldn't want to do it anywhere else.

"I prefer to stay in the hospital," says McCann, who hasn't let her treatment interfere with a hectic schedule that keeps her busy well past dinner time. "They can monitor my temperature and blood pressure more conveniently, and all the equipment is there so I don't have to have any of it at home. And, there aren't a lot of disturbances, which can happen if I do it at home. What happens if the phone rings or the dog wants to play?"

McCann is part of a patient group—perhaps the largest group of infusion patients in the country—who receives infusions in a hospital outpatient setting. For, while doctor's offices, infusion suites and homecare gain in popularity, there is still a large demand for hospital outpatient infusions. Some of the demand is motivated by financial considerations, as some hospitals and health systems see infusions as a welcome revenue source in an era of tighter budgets. Some of it is insurance-related, with many carriers preferring that higher-risk patients receive infusions at the safest possible location, while others prefer the least expensive setting. And some of it, as with McCann, is personal preference.

"Every person is different," says Curtis Pease, 23, a Seattle-area shipyard worker who has been receiving infusions for his PIDD for some 20 years—first at the hospital, and today at home. "In some ways, the hospital is easier, especially with insurance paperwork. And in some ways, doing it at home is easier. It all depends on what the person feels most comfortable with."

Hospital Overview

Some patients, of course, must have their infusions in a hospital, says Michelle Kromelis, RPh, the director of pharmacy services for Children's Medical Center in Dallas. These are patients who require critical care or who may be getting an infusion for the first time and no one—patient or physician—is quite sure what the reaction will be.



In addition, says Kromelis, whose hospital's outpatient unit does as many as a half-a-dozen infusions a day, some doctors prefer the hospital setting. For example, it helps with compliance, since, if it's done in the hospital, the doctor knows it has been done. Also, she says, it's often easier for new patients, who have to go to the hospital for an appointment anyway, to combine the two trips.

"For some people, it's just more convenient," says Theresa Gettman, BSN, who works with infusion patients at Children's Hospital & Regional Medical Center in Seattle. "It's one thing to do subcutaneous at home, but it's very hard to get IV access if you've never done it before."

Although many insurers are trying to move patients away from hospital infusions to cut costs, some are not. In fact, says Kromelis, it's not unusual for some insurers to ask physicians at Children's to handle the infusion at the hospital. In one recent case, she says, "It was about the controlled environment. The insurer was looking at the risk perspective versus reimbursement, and wanted to reduce risk." Plus, it's much easier for patients who dread paperwork to let the hospital handle it, which is usually the case in an outpatient setting.

In addition, as infusions become more common and as new therapies are developed and new drugs discovered, hospitals see an opportunity to serve their communities and improve their financial situation. In McAllen, Texas, Texas Children's Cancer Center in Houston and Baylor Medical School worked with local authorities to expand the local infusion center this fall. The upgraded center means most of the children who need hospital infusions don't have to travel to San Antonio, 240 miles away.

Meanwhile, the largest public hospital in Alameda County, Calif., Highland General, opened an outpatient infusion center in October as part of its \$23 million effort to boost revenue, reduce costs and improve patient access to therapies. Hospital officials say the center reflects a growing national trend of treating cancer patients on an outpatient



basis, as breakthrough drug therapies turn once-terminal diseases into chronic conditions. The hospital could save thousands of dollars in drug costs—and free up hospital beds—by setting up the outpatient center.

The Personal Touch

All of this, of course, doesn't matter much if the patients aren't comfortable in their surroundings. And by and large, those who give and receive hospital infusions say they are. The hospital centers are not sterile, off-putting places. The McAllen, Texas, facility

has brightly colored walls and what officials describe as an art nook. Pediatric patients leave with a toy, so they'll have one less reason to be scared. At John T. Mather Memorial Hospital in Port Jefferson, N.Y., patients can watch television or listen to music. At all times, a staff member is nearby in case something happens that shouldn't.

For many children, the idea of comfort and reassurance is an even more important consideration. At Seattle's Children's, says Gettman, one young girl would make a day of her infusion session. She and her grandfather would go to lunch, have fun and spend time together that they might not have otherwise. The experience not only made her brothers and sisters envious, an interesting development given the reason for the visit, but it gave her and her grandfather something that Gettman describes as special.

Also important in a hospital setting: The security given to patients who might be afraid of their infusions or who may not quite understand what is going on. One 4-year-old patient, says Gettman, had moved to home infusions, but the process didn't go well. He would run around the house, and his mother and the home healthcare nurse literally had to chase him to get him to sit still. On the other hand, when his family brought him back to the hospital, he sat quietly through the procedure. "It's like they have a sixth sense," Gettman says. "It's not so much about the environment as it is they know there are people there they can trust."

Yet, having said this, hospital infusions are not for everyone. For every patient who finds a visit pleasant and reassuring, there are others who don't want to make the trip or who find their time is better spent at home, where they are in a familiar setting and around their own things.

"If you live close by or you don't mind the commute, or if you have a lot of checkups or you're in a study, then the hospital is OK," says Pease. "But if it's not, then you want to do it at home. When I heard about subcutaneous [infusions], and that I could do it at home, I said, 'That's for me.'" In fact, Pease—and brothers, Jeff, 20, and

Mitchell, 16, who also require infusions for immune deficiencies—have been infusing at home for several years. It was, not surprisingly, a question of logistics. It became too time-consuming, says Curtis, to drive everyone the 35-mile round trip.

But, as Pease emphasizes, that was his experience. It might be entirely different for someone else. And, as McCann demonstrates, there are plenty of examples of that someone else. "I just don't like to do it at home," she says. "The time just seems to drag and drag. And, if I'm at home, there are things I'd rather do than get an infusion. I have the same four nurses I've had for years. It's comfortable and comforting, a very nice situation." And, a situation that doesn't seem to be going away, despite all of the other changes in the way healthcare is administered in this country.

Says Kromelis: "If someone is that sick and it can't be done anywhere else, ... then this is the environment that everyone wants it to be done in. It's clean, it's safe."

Which is why hospital outpatient infusions are still a viable choice. ■

For some objective criteria to consider when choosing your site of care, consult the professional care guidelines provided as part of the IVIG toolkit on the American Academy of Allergy, Asthma and Immunology website at www.aaaai.org.