



Pharmacists Optimizing Cancer Care®

## Site of Care Issue Brief

### Background

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Site of care programs allow insurers to mandate that specific medication infusions and injections be given at alternate locations, including stand-alone infusion centers, physician provider practices, or home infusion. This is sometimes referred to as site of care optimization or site of care steering. There is a current shift in insurance payor policies restricting certain locations where infusions can occur. Navigating and understanding the financial decision of using one site of care over another can be difficult and stressful. There may be a loss of convenience, familiarity, safety, and continuity of care for the patient.

### Benefits of Choices in Site of Care in the Outpatient Setting

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The intent of site of care optimization policies is to direct patients to sites that have a lower overall cost of care for specialty injectable medications. Patients can receive specialty pharmaceuticals at four primary settings: hospital outpatient infusion, physician-based infusion, free standing infusion center, and home care infusion. Patients may prefer the home infusion model, or local ambulatory infusion centers, because it may be more convenient. Alternate sites may offer more flexibility with work and home schedules, and they may also reduce the distance patients need to travel for treatment.

### Drawbacks of Choices in Site of Care in the Outpatient Setting

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Patient safety is a major concern with different site of care choices. Variations in the setting introduce risks that have the potential to impact the patient's health and outcomes. For home infusion, there may not be appropriate safety equipment checks or proper patient assessment. Communication regarding dose modification or discontinuation of therapy may be difficult due to the lack of consistent communication and necessary presence of medication at home prior to the confirmation of appropriateness of therapy. This difference in communication raises concern that administration at a different site other than where the provider recommends may increase the risk of inappropriate and likely dangerous use of medication. 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 potentially have less accuracy, which can lead to inadvertent rapid infusion causing harm to the patient. The safety of the patient also extends to the transition of the patient from a hospital setting to another site of care.

There are concerns about the safe storage, compounding, handling, and disposal of medications at alternate site of care locations. For example, not all provider-based or ambulatory infusion centers have a pharmacist available to check the medication preparations. This could lead to errors in mixing or preparation to be overlooked. Many ambulatory infusion centers do not have USP <800> compliant rooms for compounding hazardous drugs, which could limit the therapies that can be offered. Inexperienced staff at infusion centers may also be less familiar with unique drug properties and compounding requirements. Storage and handling are also major issues, since temperature excursions during delivery of home infusions could compromise drug stability or potency.

Providers may not be comfortable using alternative infusion sites since it introduces many nuances to the care delivery model that are outside of their control. Not all patients are ideal candidates for a change in their site of care, such as patients with metastatic disease, multiple comorbidities, anxiety about re-direction of care, risky and complex infusions, brain metastases, advanced age, or complicated treatment regimen. Site of care can also create an increase in administrative burden for providers. Often an extender of the oncologist or additional staff members are needed to coordinate care or to follow up on restrictions. In rural areas, it can be very challenging and time consuming to set up home infusion and home health. 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 an alternative 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 the potential for error. If providing initial doses at the prescriber's preferred clinic is prohibited, there may not be robust support at an alternative site should an infusion reaction occur.

## **Impact on Cancer Patients**

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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 which may lead to medications coming from multiple sources.

Mandating sites of care can cause several detrimental impacts on cancer patients and their caregivers, including:

- Confusion over how supportive care medications, such as anti-emetics, anti-anxiety, and pain management medications, are provided, how they will be billed, and where the patient will 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.
- Delays in administration of time sensitive medications. E.g. delivery of pegfilgrastim, a medication used to stimulate the production of white cells within a narrow time window following chemotherapy may require a patient to coordinate with a specialty pharmacy hundreds of miles away, and result in a delayed or missed dose
- Fragmentation of care for patients receiving multi-drug regimens.
- Barriers to participation in clinical trials if policies require a patient to seek alternate sites for different elements of care.
- The need for additional visits because patients cannot receive toxicity checks, radiation therapy, or supportive services—such as palliative care, nutrition, social work, and nurse navigation—on the same day as their treatment.
- Loss of patient education as many practices counsel patients both during the clinic visit and during infusion, and this critical layered learning would be absent if patient is sent to an alternative site of care.

## **Recommendations**

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HOPA believes that patients with cancer deserve to receive treatment at sites with the acumen to deliver optimal outcomes, and HOPA's vision is that all individuals affected by cancer have a hematology/oncology pharmacist as an integral member of their care team. Thus, 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 time and financial impacts. It is crucial that the patient be the first consideration in any decision. Wherever the infusion is provided, there needs to be adequate safety policies and procedures in place.