

Home Infusion Resources for Private Practice Clinicians – A Successful Collaboration

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Introduction

Registered Dietitians (RD) working in private practice or in a clinic setting may be faced with the need to refer a patient to a home infusion provider to provide enteral (EN) or parenteral nutrition (PN). The patient's managing physician may have limited experience and education regarding the management of nutrition support patients at home, and generally do not discern between home infusion companies' expertise in Home Parenteral and Enteral Nutrition (HPEN) patient management. Therefore, they may rely on the private practice RD for guidance. The private practice RD has a unique and important role in understanding the capabilities of the available HPEN providers and educating both the managing physician and patient as to their best options for care.

As these patients are living at home when HPEN need is identified, additional healthcare and human costs for hospitalization may not be warranted. It is important to identify and work with a home infusion provider that can provide safe and effective initiation of the nutrition support therapy in the home.

Once the private practice RD determines that neither the managing physician nor the patient have a preferred home infusion provider, a few key questions are indicated to determine the best fit provider for the patient's needs.

Key Questions in Finding the Optimal Home Nutrition Support 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 home infusion 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?

The Role of the Home Infusion Provider

1. Confirm coverage for therapy(s) or provide options to patient for payment
2. Confirm safety of provision of therapy(s) at home
3. Provide suggestions or modifications to home therapy based on experience and expertise to assist the referral source
4. Provide the home infusion therapy safely
5. Provide appropriate patient education and materials
6. Coordinate or provide nursing
7. Coordinate or provide other therapies (PT, OT, DME)
8. Provide clinical oversight for therapies provided
9. Provide follow up and feedback to referral source (or sources such as the private practice RD)

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
- Reviewed 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

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

Infusion Provider:

- Confirmed insurance coverage for the therapy
- The home infusion nurse met with the patient at the private practice RD office to describe the home PN process and equipment to the patient
- No additional coordination of access device placement was needed (patient had a port for chemo)
- Fluid with electrolytes to normalize labs was provided by the home infusion provider

Outcome:

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

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?

Resources for the Private Practice RD Related to HPEN Patient Management

- American Society for Parenteral & Enteral Nutrition
- WeNourish.com
- The Oley Foundation
- Dietitians in Nutrition Support Practice Group

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.