Establishing a Successful Inotropic Therapy Sales Program

Jan Ruel Juneau, RN, CRNI®, Regional Sales Manager and Bill Miller, RPh, Branch Manager, CarePoint Partners, Metairie, LA
Top 4 Things to Know for CE

1. Make sure your BADGE IS SCANNED each time you enter a session to record your attendance.

2. Carry your Evaluation Packet with you to EVERY session.

3. Pharmacists, Pharmacy Technicians and Nurses need to track their hours on the Statement of Continuing Education Form as they go (the 2-page triplicate form, so press firmly!).

4. FOR CE: At your last session, total the hours and sign both pages of your Statement of Continuing Education Form.
   - Keep the PINK copy for your records and place the YELLOW and WHITE copies in your CE Envelope.
   - Make sure an Evaluation Form is in your CE Envelope for each session you attended (extra forms are available at the registration desk if you forgot to pick one up).
   - Write your name and unique ID number (six digit number at the bottom of your name badge) in the designated area on the outside of the envelope, seal it, and place it in the drop box located near the registration area.
• Jan Ruel Juneau and Bill Miller declare no conflicts of interest or financial interest in any service or product mentioned in this program.

• Clinical trials and off-label/investigational uses will not be discussed during this presentation.
Objectives

• Define: Heart Failure & IV Inotropic Therapy
• Discuss the development of an Inotropic therapy program
• Identify steps in conducting a market analysis related to therapy and patient population
• Discuss operational needs for this out-patient therapy
• How to successfully sell the program
Heart Failure

• Defined:
  – Heart Failure is a condition in which the heart can’t pump enough blood to meet the body’s needs. In some cases, the heart can’t fill with enough blood. In other cases, the heart can’t pump blood to the rest of the body with enough force. Some people have both problems.
    • 5.8 million people in United States have heart failure
    • Both children and adults can have the condition
    • Currently, heart failure has no cure
# The Stages of Heart Failure

<table>
<thead>
<tr>
<th>Class</th>
<th>Patient Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I – Mild</td>
<td>No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).</td>
</tr>
<tr>
<td>Class II – Mild</td>
<td>Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.</td>
</tr>
<tr>
<td>Class III – Moderate</td>
<td>Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.</td>
</tr>
<tr>
<td>Class IV – Severe</td>
<td>Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.</td>
</tr>
</tbody>
</table>
Heart Failure Causes / Risk Factors

• Most common
  – Coronary heart disease
  – High blood pressure
  – Diabetes
  – Previous Heart Attack
  – Age > 65

• Other causes
  – Congenital
  – Viral or bacterial
  – Valvular
  – Genetic
  – Chemically induced

• Risk Factors
  – Thyroid disease
  – Alcohol abuse
  – Diet / obesity
  – Smoking
  – Stress
  – Sleep apnea
Treatment Options

• Lifestyle changes
  – change habits
  – diet / exercise
  – rest

• Oral medications

• Surgical procedures – Left Ventricular Assist Device (LVAD)

• IV Medications

• Heart Transplant

• Treatment may vary accordingly
  – physician practice
  – patient choice
  – according to patient heart failure type and severity
IV Inotropic Therapy

IV medication used to increase contractility of a poorly functioning heart muscle

• Inotropic therapy utilized for:
  – Advanced heart failure, normally class 4 disease
  – Patients awaiting transplant (Bridge to Transplant) to improve cardiac function and keep patients alive while waiting for heart
  – Deferred Candidates
  – Destination Therapy /Palliative
Medications

• Dobutamine Hydrochloride
  – Synthetic catecholamine, which stimulates Beta receptors of the heart.
  – Produces mild chronotropic, hypertensive, arrhythmogenic and vasodilative effects
  – Doses range from 2-20 mcg/kg/min
  – Onset of action is with 1 -2 minutes and peak effects may take up to 10 minutes
  – Plasma half-life is 2 minutes
  – Elimination is renal
  – May see tolerance develop and need increases
Medications

• Milrinone Lactate
  – Phosphodiesterase inhibitor
  – Dose range from 0.25 to 0.75 mcg/kg/min
  – Both inotropic and vasodilator
  – Increases myocardial contractility
  – Half life 2 – 4 hours
  – Does not show tolerance
  – Elimination is renal
Our Beginning

• Early 1990’s worked in conjunction with an advanced heart failure/heart transplant hospital and associated home infusion/home care agency to administer dobutamine at home (previously was administered in ICU)

Case Study:

• JW - 40 y/o female received a single dose of Adriamycin™ for treatment of metastatic breast cancer
  – Sustained chemotherapy-induced cardiomyopathy
  – Patient became inotrope dependent
  – Patient was deferred as a transplant candidate due to co-morbidities

• Patient verbalized 2 last wishes:
  – attend son’s High School graduation
  – attend daughter’s wedding
Our Beginning (continued)

- Physician called hospital’s home infusion department seeking a solution
- Requested continuous infusion of Dobutamine at home?
- Neither hospital nor home infusion had prior experience with therapy
- Patient was made aware that the team was looking into options but home inotrope therapy would be considered experimental
Our Beginning (continued)

- Initial collaboration consisted of 2 teams that would develop policy and procedures to provide therapy for this patient's request

<table>
<thead>
<tr>
<th>Acute Care Team</th>
<th>Home Infusion Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>Administrators</td>
</tr>
<tr>
<td>Nurse</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Infusion Nurse Specialist</td>
</tr>
<tr>
<td>Heart Transplant team leaders</td>
<td>Pharmacist</td>
</tr>
</tbody>
</table>

- Discharge occurred approximately 1 week later with newly developed Policies and Procedures

- Plan of Care resulted in:
  - Attained 2 last wishes
  - Remained home for total of 7 months
What Came Next

• Physicians lecturing at National Cardiology Conferences
  – Sharing the case study and successes of provided therapy
• Publishing articles
  – *Home Inotropic Therapy in Advanced Heart Failure: Cost Analysis and Clinical Outcomes* *CHEST* November 1997 vol. 112 no. 5 1298-1303
• Home Infusion staff received calls requesting information on therapy
  – Home care agencies
  – Infusion companies
• Acute care team started to request care for similar case scenarios
• Requested to provide therapy to patients who were actively on heart transplant list
  – 20+ years of inotropic patient management
  – 1000’s of patients later, we find ourselves here today
What We Learned Then, Still Applies Today

• Success of the program depends on:
  – Data collected
  – Demonstrated that we could
    • Provide therapy successfully
    • Decrease hospital length of stay
    • Provide cost savings with heart failure patient population
    • Provided additional option for patient with advanced heart failure diagnosis
Market Analysis

• Do your homework
  – What is your region’s advanced heart failure population?
  – Heart Transplant Center?
    • Region
  – Advanced Heart Failure Clinics?
    • What treatments are offered?
• Cardiologist Practice Patterns
  – Do they treat advanced heart failure patients?
  – Philosophy?
  – Pro or con to inotrope?
• Qualifying account
  – Yes, they have a need for home inotropes
  – Current provider
  – Are there opportunities for additional provider
• L- VAD utilization
HIT Company Resource Analysis

• Clinical Staff
  – Clinical Pharmacist with heart failure experience
  – Nursing with HF experience
  – Infusion Specialist
  – Clinical Liaison Nurse
  – Home Nursing support – are they ready?

• Support Staff
  – Intake department
  – Pharmacy technicians
  – Delivery personnel

• Equipment/ Supplies
  – Warehouse manager
  – Medication supplier
  – Contracts
HIT Company Resource Analysis continued

- Service area coverage (regionally)
  - Response time to patient
  - Availability of emergency services

- Home care nursing partners
  - Service area
  - Assist with education
  - Assist with policy and procedures

- Emergency Plan
  - How patient population will be managed
  - Re-hospitalized?

- Financial stability
  - Your ability to sustain increase in outstanding AR
Payer Qualifications

- Qualified Reimbursement Team - Medicare / Medicaid / Insurance coverage
  - Authorization
  - Data collection form
  - Billing
  - Collections

- Need to know coverage

- Covered by most contract insurance companies

- Medicare – Inotropic Data Collection form
  - Qualifiers
  - Max oral meds
  - 20% improvement in Cardiac Index
  - or 20% decrease in Wedge Pressure

- Specific dosages
  - Dosage for Milrinone is 0.375 mcg/kg/min to 0.75 mcg/kg/min
  - Dosage for Dobutamine is 2.5 mcg/kg/min to 10 mcg/kg/min
  - Dosage for Dopamine is less than or equal to 5 mcg/kg/min
**Medicare Data Collection Form**

December 1995, DMERC Medicare Advisory

---

### HOME PARENTERAL INOTROPIC THERAPY: DATA COLLECTION FORM

**Patient's name:** ___________________________  **HIC #:** ___________________________

Information below may not be completed by the supplier nor anyone in a financial relationship with the supplier.

1) Results of invasive hemodynamic monitoring:

<table>
<thead>
<tr>
<th>Cardiac Index</th>
<th>Wedge Pressure</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before inotrope infusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On inotrope infusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Dose</td>
<td>mcg/kg/min</td>
</tr>
</tbody>
</table>

2) Cardiac medications (digoxin, diuretics, vasodilators) immediately prior to inotrope infusion (list name, dose, frequency):

______________________________

3) Does this represent maximum tolerated doses of these medications?

______________________________

4) Breathing status (check one in each column)

<table>
<thead>
<tr>
<th>Prior to inotrope infusion</th>
<th>At time of discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>No dyspnea on exertion</td>
<td></td>
</tr>
<tr>
<td>Dyspnea on moderate exertion</td>
<td></td>
</tr>
<tr>
<td>Dyspnea on mild exertion</td>
<td></td>
</tr>
<tr>
<td>Dyspnea at rest</td>
<td></td>
</tr>
</tbody>
</table>

5) Initial home prescription: Drug ❌ Surgical Dressings ❌ mcg/kg/min

_______________________ hrs/day ___________________ days/week (or every ______ days)

6) If continuous infusion is prescribed, have attempts to discontinue inotrope infusion in the hospital failed?

______________________________

7) If intermittent infusion is prescribed, have there been repeated hospitalizations for heart failure during which parenteral inotropes were required?

______________________________

8) Is the patient capable of going to the physician for outpatient evaluation?

______________________________

9) Is routine electrocardiographic monitoring required in the home?

______________________________

The above statements and any additional explanations included separately are true and accurate and there is documentation present in the patient's medical record to support these statements.

**Physician Signature:** ___________________________  **Date:** ___________________________

**Physician Name Printed/Typed:** ___________________________  **UPIN #:** ___________________________

**Physician Specialty:** ___________________________
Now You Are Ready To Sell!

• Very clinical-oriented sell
• It’s not always about slick brochures
  – Have you done your homework?
  – Know heart failure & terminology associated
  – Knowledge of therapy
    • Use
    • Patient populations
    • Medication

• Is operations ready?
  – ~ one shot
Successful Selling

• Use current resources
• Proven performer for others within the facility
  reference other successful accounts
  – Infectious Disease
  – Oncology
  – Neurology
  – Case Managers
  – Coordinators
  – Social Workers
Successful Selling

• Sharing Data
  – Re-hospitalizations - (pre - transplant / deferred)
  – Infection rates

• Satisfaction surveys
  – Referral source satisfaction
  – Patient Satisfaction

• Service coverage area

• Discuss the program you have in place

• Policies and Procedures
Sales (continued)

- Superior Customer Service
  - Patient contact
  - Follow up
  - Patient satisfaction
  - Go the extra mile

- Superior Clinical Services
  - Accurate reporting
  - Positive clinical outcomes
  - Facility / acute team satisfaction
  - Proactive
What does the future hold?

• Clinical Trials
  – Mount Sinai School of Medicine
    • SERCA2a
      • CUPID Trial
      • Phase II
      • Delivered via adeno-virus vector
      • Stimulates production of an enzyme within cell enables heart to pump effectively

• Ventricular Assist Device
  – LVAD (left), RVAD (right), or BiVAD (both)
  – Internal pump
  – External power

• Gene Therapy

• Ultrafiltration – Aquapheresis®
Recapping Successful Programs

- Respected competent clinical team
- Proactive
- Knowledgeable of centers practice and protocols
- Patient satisfaction
- Data collection
- Positive outcomes
- Collaborative care
- Competent sales team
- Efficient / timely operational team
- Sales and Operational teams united
References


Learning Assessment Questions & Answers

Please refer to the NHIA Annual Conference & Exposition 2012 On-Site Program for a brief post-test.

jjuneau@carepointpartners.com
bmiller@carepointpartners.com