

“Yes, It Makes Sense—But Can You Prove It?”

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In the most simplistic of terms, the future of the alternate-site infusion industry hinges on one word: **proof**. It is not enough to “believe” that home-based infusion care is a safe and cost-effective option for patients, no matter how sound our reasoning. We cannot convince lawmakers, or the Centers for Medicare & Medicaid Services (CMS), with rhetoric. We need data to achieve a comprehensive Medicare benefit for home infusion, and we need data that ensures our seat at the evolving patient-centered health care delivery table. At a field level there is an urgently growing need for standardized definitions, access to aggregate industry metrics and

consistency in reporting if we are to generate field-specific outcome measurements, best practices, and care enhancements. To survive and thrive, our industry must be able to accurately define value to all our key stakeholders—including consumers and those that pay for their care, especially when the migration to pay-for-performance is becoming the expectation throughout all of health care. We have now entered an era of value-driven health care, **and we are being asked to prove our value.**

The quest for health care data to separate fact from fiction is not new, and has historically been driven by medical need. “Evidence-based medicine” is a movement that has been gathering momentum for more than 15 years, as consumers and clinicians alike seek evidence (“proof”) that specific medications, tests and procedures actually produce desirable outcomes.¹ However, as health care costs continue to dramatically increase,² the critical need to rein in spending is contributing to the pivotal role data is playing in **proving** that a particular aspect of care, or a care-delivery model, is not only effective, but also worth the cost. New buzzwords like the aforementioned “pay-for-performance” have grown from the recent shift in Medicare reim-

bursement in acute care settings, where certain avoidable complications are no longer reimbursed.³ Clearly, the movement of this type of value-based reimbursement approach into the alternate-site is inevitable.

How can alternate-site infusion providers prepare for this changing reimbursement paradigm? The fee for service (FFS) model we are accustomed to working within has been criticized as an outdated methodology that rewards use (and in some cases, over-use) of services, rather than results.⁴ In accordance with the *Patient Protection and Affordable Care Act of 2010*, testing is underway to replace the FFS with bundled payment methodologies that reimburse for successful transitions of care and effective long-term management of chronic disease across the continuum of care.^{5,6} Providers of alternate-site infusion therapies who want to stay relevant in this shifting health care delivery and reimbursement paradigm must be able to demonstrate their value in the larger health care continuum. We believe we can reduce inpatient length of stay (and its associated hospital-acquired infections), and unnecessary hospital readmissions, through the coordinated and high-quality delivery of infusion services to home-based

patients. The question is: **How do we prove this?**

The answer: Through collaboration and confidential, aggregate data sharing among alternate-site infusion providers. As a field we must work together to begin to proactively identify those outcomes measures to which performance-based reimbursement can be applied—and cultivate our data capacities in that regard. We are an industry of specially trained professionals, adept at assessing patient need and delivering complex infusion therapies in a safe and effective manner that maximizes patient independence and self-care. The next essential skill set we must acquire is that of collecting, analyzing and acting on industry-defined, field-specific standardized data that will demonstrate the value of our professional services to all key stakeholders, while guiding care enhancements along the way.

Enter the NHIA Industry-Wide Data Initiative

In 2009, NHIA's Board of Directors, Future of Infusion Advisory Council

(FIAC) and Senior Team met to work on the strategic directions for NHIA and the field—and, in the process, laid out a data-driven vision for our industry's future. Seeing the critical need for data to advance a wide range of initiatives, they embarked upon an effort that would become the "NHIA Industry-Wide Data Initiative." With an evolving work group comprised of business leaders from provider organizations, supply and drug manufacturers, group purchasing organizations, service providers and NHIA leadership, this multi-disciplinary group of industry stakeholders crafted a plan to collect industry-wide data in a series of phases.

Phase I: 2010 NHIA Provider Survey

Within a year of its formation, the NHIA Industry-Wide Data Initiative launched the first of a multi-phase, multi-year data collection effort. The *Phase I: 2010 Provider Survey*, released in late January of 2010, was designed to collect demographic data about the size and scope of the alternate-site infusion industry. In addition to establishing

a core set of baseline data, the results of this survey were intended for use as denominator data in future benchmarking initiatives.

Closing in December of 2010, the survey results, representing 39% of NHIA provider member locations, were evaluated and carefully verified, with a final report published in September of 2011. The principle lesson learned from this inaugural survey was the critical importance of standardized definitions for the key measures that inform our field. With industry-wide adoption of standardized definitions, we could incorporate more data into the final survey results, and providers could more reliably benchmark their own results against the industry aggregate.

Turning Lessons-Learned Into Actionable Results—The 2012 NHIA Data Definitions Survey

As interest in the *2010 Provider Survey* results grew, so did the size of our Data Initiative Work Group. With more than 30 provider and business firm representatives joining the ranks, this group of dedicat-

CLINICAL EDITOR'S NOTE:

The NHIA Industry-Wide Data Initiative is a multi-phased, multi-year endeavor that seeks to foster active engagement among all key alternate-site infusion stakeholders, so as to further our collective data-driven goals, including:

- ✓ *Achieving legislation for an expanded home infusion Medicare benefit.*
- ✓ *Preparing for the movement of "Pay-for-Performance Initiatives" into the alternate-site setting.*
- ✓ *Establishing industry benchmarks for core measures of performance and patient outcomes.*
- ✓ *Providing industry data that will assist business partners in meeting the needs of our field.*
- ✓ *Creating an industry culture of collaboration around aggregate sharing, collection and utilization of field-specific data.*

NHIA applauds the efforts of all those individuals and organizations that are already investing the time, resources and commitment needed to make this critical industry-wide data initiative a success, in both the near and long terms. Additionally, we need to urgently widen that circle of stakeholder participation and collaboration. As such, NHIA plans to utilize this new, periodic INFUSION department—"The NHIA Data Files"—to keep all alternate-site infusion professionals and their organizations aware of, and engaged in, the most crucial developments in this ongoing effort to advance our industry through the aggregate sharing, collection and utilization of field-specific data. *The NHIA Data Files* will help you to be aware—and be involved!

ed volunteers has worked for the past year to develop standardized definitions for key data elements that our industry could rally around and adopt. Before adoption comes affirmation of the proposed definitions, as well as buy-in—and to achieve this critical goal, we launched the *NHIA Data Definitions Survey* on June 28th of this year.

NHIA provider members have until August 15th to respond to this survey, and submit their organization's perspectives regarding the standardized definitions proposed for our field. Will your organization's voice be heard? Diversity of thought and opinion is essential to both strengthen our end result, and contribute to the success of this collaborative, industry-wide effort.

What Does the Future Hold for the NHIA Industry-Wide Data Initiative?

Even while you gather your team and submit your organization's response to the 2012 *NHIA Data Definitions Survey*, work is underway in preparation for the launch of our next NHIA Provider Survey, anticipated for release in 2013. By incorporating the standardized definitions agreed upon this summer, we anticipate being able to collect even more meaningful data that will facilitate further benchmarking by providers, while helping to tell the value-story of alternate-site infusion therapy to a wide range of audiences.

As the Data Initiative Work Group builds the next Provider Survey over the coming months, a key focus of their work will be how to automate data collection to facilitate simple, consistent capture of those key data elements that are most likely to reside in information

systems. No one better understands the time constraints alternate-site infusion providers are under than these work group members, many of whom are providers themselves. With assistance once again from Pete Tanguay's team at Rock-Pond Solutions, the "NHIA Data Collector" will be expanded to automate as much of the requested data as possible, reducing the amount of time providers must spend manually gathering their information for the survey.

The next frontier for the Data Initiative will be in the outcomes arena. Under the leadership of Connie Sullivan, R.Ph., Infusion Director for Heartland Home Health Care and Hospice, the Outcomes Subgroup of the Data Initiative Work Group has collaborated to identify core measures of alternate-site infusion provider performance that are consistent with measures being evaluated in other sites of care. From the Accountable Care Organization (ACO) Quality Measures to quality initiatives promulgated by the National Quality Forum (NQF), these areas represent the next opportunity for meaningful benchmarking and best practice identification for our industry.

The outlook for our alternate-site infusion data efforts holds great promise, thanks to the hard work of our dedicated volunteers and the growing participation of various provider organizations in the data submission process. And that's good news, because the need for "proof" is undoubtedly here to stay. In fact, this notion of "proof" is so critical to our collective future that the NHIA Board and FIAC not only sought to formally include data initiative activities within the newly released

NHIA Strategic Plan, but they also opted to utilize the concept of "proof" as one of the three overarching, guiding strategic elements that are to be integrated into varying aspects of the entire strategic plan, wherever possible (for full details, see article about the new, three-year NHIA Strategic Plan, starting on page 32). Given the data-related tasks ahead and all the opportunities—and risks—at stake, our industry culture of collaboration around aggregate sharing, collection and utilization of field-specific data **must** continue to be advanced. If you are not yet involved in these efforts, please contact NHIA today via kristen.santaromita@nhia.org or 703-838-2661.

Now more than ever, it is essential that we all work together to prove the value of the service that alternate-site infusion providers deliver to home-based patients, while securing our industry's seat at the rapidly evolving health care delivery table. ■

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