

Getting Our Arms Collectively Around the Data— *NHIA Kicks Off New Industry-Wide Data Initiative*

By Jeannie Counce

In a health care delivery landscape—and very visible public debate—where phrases like “evidence-based medicine,” “comparative effectiveness,” and “pay-for-performance” are commonplace, it’s clear that the external forces prompting providers to define and measure the critical elements of health care delivery are mounting. The idea isn’t new, but the need for the alternate-site infusion therapy field is intensifying—especially as we prepare for a possible future in which Medicare provides meaningful coverage for home infusion services.

“Our field has struggled with a profound need for industry-wide data for more than a decade,” observes Nancy Kramer, R.N., CRNI®, NHIA’s Vice President of Clinical Affairs, and a home infusion veteran for more than 20 years. “Providers see the need to track their outcomes and benchmark their performance in certain areas, including many strategic, clinical, and operational realms of their business. And, they are certainly interested in improving their clinical decision making, defining best practices, and—ultimately—improving the quality of care they provide.”

All these things are taking place to some degree within individual organizations, says Kramer. But, collecting data on a larger scale has been a tough nut to crack. “If industry-wide data gathering and benchmarking was easy, we’d have a formal program in place with several years of solid data already,” asserts Kramer. “A great deal of diligent work has previously been invested in data capture for the alternate-site infusion industry, and while each attempt faced significant challenges, their experiences can now offer indispensable guidance for a new data effort NHIA is presently launching. Fortunately, if we learn from the past, we don’t have to reinvent the wheel,” she says.

What’s In It for Me—And Us?

Information gathered nationally, from across the full spectrum of alternate-site infusion organizations, would benefit providers individ-

ually and as a whole, according to Kramer. “First off, it would allow providers to compare themselves with each other and establish national, normative benchmarks. Everyone would know they are being evaluated against the same criteria—helping organizations better strategically plan their business, while enabling them to offer even higher quality care” she explains. “We’d collectively decide which are the measures most important to us and, by defining them, providers would know they are looking at apples-to-apples comparisons.”

“The possibilities are enormously exciting and conceivable if members of the provider community can come together around our vital commonalities, in a spirit of collaboration and improvement,” reflects Kramer. “Clearly, being data-driven as a field, is a must.”

The benefits to the industry as whole would be far-reaching for all the key stakeholders—providers, business firms, and patients alike, she adds. “Solid data can paint a clearer picture of the field for providers who look to strategically map out their near- and long-term business plans, as well as for our partners in the industry who support our mission and create the products and services that we ultimately consume,” Kramer points out. “It can also give seriously needed legs to our legislative initiatives on Capitol Hill, as well as with various government and industry regulatory bodies.”

“If we are to secure Medicare coverage for home infusion therapy, you can bet as the largest payer in the country, CMS (the Centers for Medicare & Medicaid Services) will want to monitor data to ensure quality and cost-effectiveness,” says Kramer of the growing urgency. In recent history, CMS has refused to reimburse providers for undesirable outcomes, such as hospital-acquired infections, and it has altered its payment methodology to reward providers who reach or exceed certain benchmarks, she explains. “They are accountable to taxpayers for containing escalating health care costs, and in turn, are making providers increasingly accountable for the care they provide. We want, and will

Why is Industry-Wide Data so Critical?

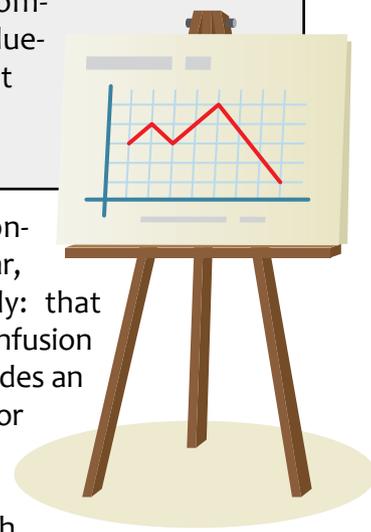
- ▶ Validation of our legislative agenda
- ▶ Impetus for product development, innovation, and refinement
- ▶ Answers to clinical decision making challenges
- ▶ Development of key core measures for alternate-site infusion
- ▶ Enhancement of operational efficiencies
- ▶ Justification for compensation under value-based reimbursement
- ▶ Data-driven strategic planning

need, to clearly demonstrate what we’ve, so far, known only anecdotally: that dollar-for-dollar home infusion is high-quality care, provides an enhanced quality of life for the patient, and is cost-effective compared to other inpatient health care settings.”

Having a system in place, or at least under construction, when a meaningful Medicare home infusion benefit does arrive is a first step in demonstrating readiness to treat Medicare patients. It would also be an advantageous, proactive way for our field to better ensure that the metrics ultimately developed to support reimbursement under a comprehensive Medicare benefit will appropriately align with our business right out of the gate. “We have all seen it coming for a long time,” says Kramer. “Now, more than ever before, the imperative is upon us all to work together to create an industry-wide system for collecting, analyzing, and reporting the data most pertinent to the field” (see the box, on this page for details).

Dipping into the Data Pool

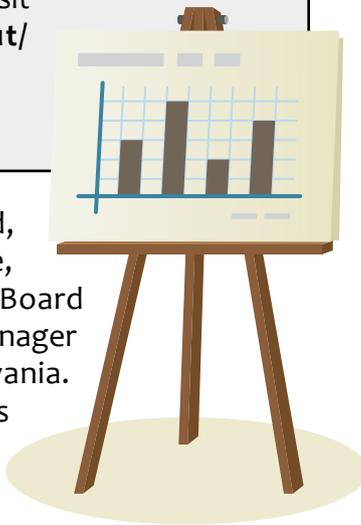
NHIA identified this need for industry-wide data as an essential element to the strategic



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The FIAC brings together outstanding manufacturing and service companies who have pledged leadership, policy, and additional financial support to NHIA (for more on the FIAC, please visit www.nhia.org/about/fiac.cfm).



success of the field, explains Lynn Giglione, R.N., B.S.N., NHIA's Board Chair and General Manager at Chartwell Pennsylvania. "Members of NHIA's Board of Directors and the NHIA Future of Infusion Advisory Council (FIAC) feel strongly about this issue," she says. "Just as I informed the NHIA membership this past March at our Annual Conference, I deeply believe that the most daunting task facing us in the immediate future is the lack of standardized data and core measurements for many aspects of our business—clinical, operational, and reimbursement. And that is exactly why the NHIA Industry-Wide Data Initiative has been made a formal part of the association's strategic plan. To ensure success for our field moving forward, we must truly get our arms collectively around these data needs." The NHIA 2009-2011 Strategic Plan may be viewed at

www.nhia.org/members/strategicplan/index.cfm (also, see the box on this page for members of the FIAC).

Kristen Santaromita, M.H.A., NHIA's new Associate Director of Research & Education, affirms Giglione's call for the field to work collaboratively on its data needs—and opportunities. "It's critical that the entire industry joins together around this issue," says Santaromita. Not only will everyone benefit, she explains, but—by its very nature—data collection and analysis is more effective when it's performed collectively on a large scale. "The more data points involved, the more reliable the data," she says. "Participation in data collection at an organizational level is imperative to provider performance, in addition to meeting many of our common industry-wide goals."

Hired, in part, for her experience with large-scale industry/provider data collection, analysis, and reporting initiatives, Santaromita has been working with Kramer and other key leaders to launch this new NHIA Board of Directors- and FIAC-led data initiative. She points out that individual providers have been working around the "aggregation issue" by comparing themselves to themselves—either by comparing data between branches or over time (from quarter to quarter, year to year, etc.). "This type of internal benchmarking can be very useful in organizational quality improvement," Santaromita continues, "but it doesn't help you understand your position within the bigger marketplace."

In the "big picture" it's incumbent upon the field to create the benchmarks and standards by which it will be measured. "Benchmarking by ourselves for ourselves as a field will assist all the participants and the industry as we grow," she explains. "Clinical outcomes data that will enhance the quality of care and help drive reimbursement are important aspects of that. But it's equally important that businesses have effective tools for improving profitability—financial, operational, and human

resource benchmarks created with data from across the industry.”

Making it Work

Involving a variety of stakeholders allows the data initiative to draw on a great deal of wisdom and experience. While that’s a distinct advantage, challenges still remain, says Kramer. Two perennial challenges—for any industry—are competition and cost.

“There is an understandable reluctance at times to share any type of competitive information—it feels like tipping your hand,” observes Kramer. “But in the case of patient-centered data, following that sentiment can actually limit innovation and quality improvement, as well as, ultimately at the end of the day, even profitability.” Proactively generating success and a thriving future for the alternate-site infusion industry and all of its stakeholders, she says, is rooted in establishing a national standard that all providers are striving to meet or exceed.

Cost is another big consideration. And setting up internal systems for data collection at the provider level will require time, which isn’t free. Once the data enters the pool, there will be costs associated with analyzing and reporting back information. “With provider margins at an all-time low and the nation focused on reducing health care expenses, programs that add cost are a tough sell,” recognizes Kramer. “But, what if the data gathered supported practices that actually cut costs? We’d be innovators—and every industry needs innovation.”

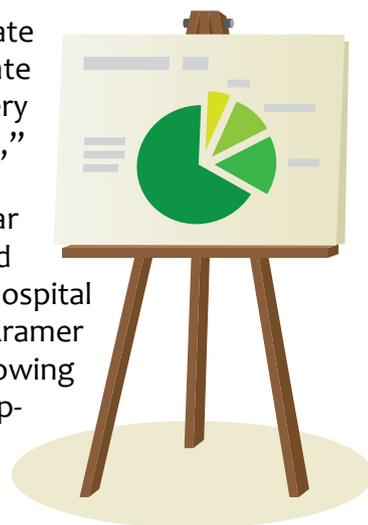
Demographic information about market size and distribution, patients served, therapies and routes of administration, and a whole host of other data points will all prove to be meaningful to a variety of stakeholders. Additionally, the field can move more quickly to establish and improve standards of care as a collective group, according to Kramer. And, the industry could build a body of knowledge where very little has existed before. “We don’t know if the clinical practices supported

in other settings translate to the home and alternate site because there’s very little research available,” says Kramer.

For example, vascular access devices are cared for differently in the hospital than they are at home. Kramer says that a large and growing body of data exists to support specific catheter care regimens in the hospital that have been proven to reduce catheter-associated bloodstream infections (CA-BSI). “Can this data be directly translated to the home, where centrally placed catheters have significantly longer dwell times and the home environment itself offers some protection from multi-drug resistant organisms commonly found in the hospital?” she asks. “Home infusion providers think not—but we lack the industry-wide evidence to prove our theories. If we had our own research, we’d be able to set our own benchmarks and arrive at our own clinical best practices that improve patient care and outcomes in our setting, while containing costs.”

“We’d also be in a better place to give CMS what it will likely call for, once our Medicare legislation is passed,” Kramer continues. “Regardless of when that happens, it’s more than probable that the agency will require validation of any new spending with outcomes data. The OASIS (the Outcome and Assessment Information Set) requirements for home health agencies implemented 10 years ago are an example of CMS working with the home health industry to define measurable outcomes of home health care by creating a standardized, electronically collected, patient assessment tool.”

Anticipating the details is a real challenge, she adds. “We should be proactive by putting systems in place that demonstrate we’re up to the



task,” she says. “If we don’t step up and drive the measurement process, we’ll not only risk losing reimbursement but find measures thrust upon us—probably with higher costs and more associated challenges.”

The key to addressing such challenges is defining what’s necessary to make an industry-wide data initiative work.

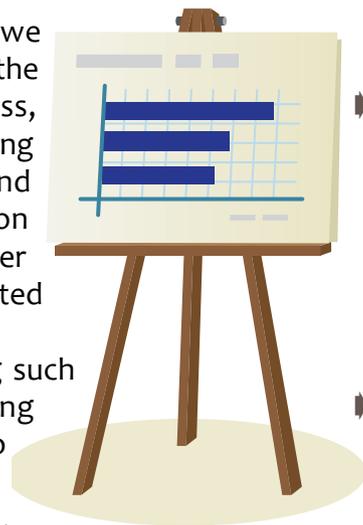
According to Kramer and Santaromita, that includes:

- ◆ A clear mission for collection and use of industry data
- ◆ Consistent and clear definitions for the key data elements
- ◆ A large pool of provider participants for accurate extrapolation
- ◆ A central registry for collecting HIPAA (Health Insurance Portability and Accountability Act)-compliant data and reporting blinded results
- ◆ A process for collecting, validating, and reporting

The NHIA Industry-Wide Data Initiative As It Looks Today

As mentioned earlier, an industry-wide data initiative is an important part of NHIA’s Strategic Plan. To date, the association has held two meetings with members of the Board and FIAC to create the foundation of the initiative, reports Kramer. “With the NHIA Board and FIAC serving as the NHIA Industry-Wide Data Initiative Steering Committee, our meeting in July of 2009 established three key guiding principles of the effort:”

- ◆ **Widespread provider participation.** Extensive adoption by, and contribution from, provider members is critical to the future success of any data initiative. Previous data efforts by many committed



NHIA volunteers lacked this critical element, ultimately leading to their end.

- ◆ **Authentic senior leadership buy-in.** Participation by provider members begins at the top of each organization, with buy-in from senior leaders regarding the importance and necessity of the data initiative. Without this buy-in, participation and contribution from sufficient member organizations is unlikely.
- ◆ **Construct a practical foundation to build upon.** Acknowledging that multi-organization data collection processes are complex, and that we need to begin in a realistic and meaningful manner upon which we can build over time, so as to ensure ultimate success in this endeavor.

At the July meeting, three task groups were created to further the immediate and future focus areas identified for the NHIA Industry-Wide Data Initiative:

- ◆ **Immediate focus.** Member Survey Project— Create and launch a member survey to establish the size/scope of the home infusion market, providing critical information for use in current and future legislative efforts and to establish denominator data for future benchmarking.
- ◆ **Future focus.** Proactively identify data CMS could use, when NHIA legislation passes, to measure the value of covered services.
- ◆ **Future focus.** Establish industry benchmarks for core measures of performance and patient outcomes.

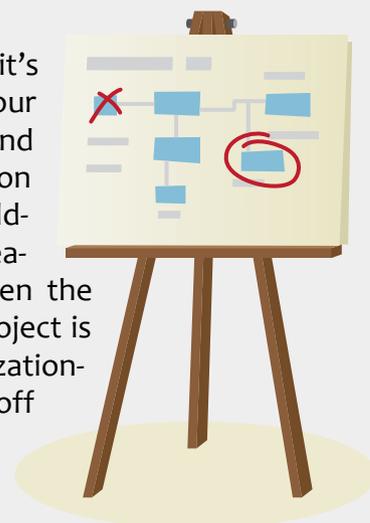
Then in September of 2009, the Steering Committee (inclusive of the above data initiative task groups) met for another full day of planning to expand upon our earlier progress, Kramer continues. “We strategized about how to move the future focus task groups forward to begin the critical work of identifying the benchmarks our industry can use to demonstrate value to CMS and other payers, while providing a framework for the continual improve-

Take the Initiative

While the NHIA Industry-Wide Data Initiative is poised for success, it's still a long way to the finish line. The quality and reliability of our data—as well as the soundness of our data measurement tools and processes—depends tremendously upon widespread participation from across the entire spectrum of alternate-site infusion stakeholders. When we pool our data and work together to identify core measures, meaningful benchmarks, and best practices, we strengthen the industry as a whole. And the information gleaned from such a project is indispensable in guiding quality improvement efforts at the organizational level for each and every participant. Your commitment will pay off many times over!

Won't you join us?

To learn more about this initiative and/or how to get involved, please contact Kristen Santaromita (703-838-2661 or Kristen.santaromita@nhia.org).



ment of patient care and outcomes,” she recalls. “A significant portion of the meeting was dedicated to refining the Member Survey Tool that we plan to launch before the NHIA Annual Conference in April of 2010.” Kramer notes that participation from all provider members is essential to creating the foundation of

industry demographic data that this survey tool will provide—*this is where you come in!*

Calling All Stakeholders

The underlying need for data has always existed, observes Kramer. “What we do with that data, or plan to do with it when we gather it, continues to evolve,” adds Santaromita, “We’ll know more as this initiative takes shape.”

“What we do know,” concludes Kramer, “is that we can strengthen our industry’s quality and safety, and establish the home and alternate site as the cost-effective, high-quality site of care for infusion therapy. External forces are aligning to drive our industry in a specific data direction, if we don’t construct our own internal compass.”

“A very important first step is the member survey, which we’ll launch before the 2010 Annual Conference,” Kramer continues. “This instrument will help us gather basic information on the size and scope of the home infusion market. We are asking everyone who receives this to complete and return it as soon as they possibly can.” There are also other things alternate-site infusion stakeholders can do to contribute to the initiative as it develops,



she adds. “I strongly encourage organizational leaders interested in formally participating in the development of the NHIA Industry-Wide Data Initiative to contact us. We will be examining different data sets and want a variety of viewpoints represented.” See the box on p.41 for information on how to contact NHIA to get directly involved in this data initiative.

A Climate Ripe For Success

“Attempts have been made in the past to put our arms around industry-wide data, yet despite the best efforts of many, to date none has succeeded,” observes Giglione. But the timing and high level of buy-in from many in the field for this current initiative (including the full NHIA Board and all the members of the NHIA FIAC) represent the deepest levels of support for such an endeavor—and has fast established a climate ripe for collaboration and productive achievement.

“Not only has the entire NHIA Board of Directors and the FIAC been involved in every aspect of the current data initiative planning process, but each and every Board Member has pledged their commitment for 100% participation by their organization around the data submission required for the member survey effort,” emphasizes Giglione. “Never before has an industry-wide data initiative been better positioned for success around our shared commonalities.”

Be sure your company is represented in the future efforts of this data initiative—and also make your voice heard, as providers and other industry stakeholders work collaboratively together to shape the future of our home infusion field. Again, please contact Kristen Santaromita (703-838-2661 or Kristen.santaromita@nhia.org) to learn more about this vital initiative.

“Now is the time to sign on and get genuinely involved—I call upon all my fellow alternate-site infusion providers to join with me and the entire NHIA Board of Directors by completing the member survey for your organization when it arrives in 2010,” asserts Giglione. “Without

question, industry-wide data is needed moving forward to truly construct a thriving future for our field, and every stakeholder in it. For the sake of the industry, your company and, ultimately, for the patients you care for, I urge you to be fully engaged in this historic data initiative.” ■

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Attention Reimbursement Professionals!

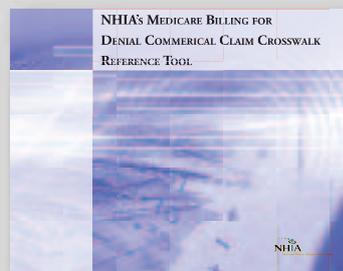
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