

Introduction

Thank you for participating in the National Home Infusion Foundation's (NHIF) benchmarking initiatives. The information in this survey will be used to describe the sample population for benchmarking initiatives and to validate benchmarking procedures. Additionally, NHIF intends to publish an annual report of "Home Infusion Industry Trends" to describe how provider businesses are evolving as the healthcare environment changes.

PRIVACY

NHIF does not know the identities of the locations taking this survey, and all data will remain de-identified. There will be privacy in gathering, storing and handling of all the data and information collected by NHIF. In no circumstances will any of the data shared in this survey be traced back to your location or organization.

Preparing to complete the profile:

Each individual home infusion location that will submit data for benchmarking must be assigned a Data Participation Code (DPC) by Strategic Healthcare Programs (SHP). Never share your DPC with anyone outside of your organization as this code is essential to maintaining confidentiality. Contact Jennifer Lyons at jennifer.lyons@nhia.org to learn how to obtain your location DPC.

The Key Contact from each home infusion location is responsible for collecting and entering the data into this profile. Answer all of the questions in this survey to the best of your ability. Where exact numbers are not available, you may provide an estimate based on the best available data. A response is required to all questions in the survey.

Definitions:

For the purposes of responding to this survey, please refer to the following definitions of key terms:

Home Infusion - a therapy that is administered through an intravenous (IV) or subcutaneous (SC) catheter in the home setting.

Home Infusion Location - a single, separately licensed pharmacy that provides home infusion services.

Revenue - the net revenue after discounts and contractual adjustments from list price are applied.

Home care - the provision of Medicare certified nursing and other professional services such as home health aides, physical therapy, social work, etc.

Home health nursing - the provision of home nursing services without a pharmacy component.

Courier - a driver-based delivery service

Parcel Service - a mail or shipping service

Location Data Participation Code

* 1. Do you have the Data Participation Code assigned to your location by SHP?

Yes

No

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* 2. Enter the Data Participation Code (DPC) for your home infusion location

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Location Characteristics

* 3. Select the state where your home infusion pharmacy is located.

* 4. Indicate the total number of states for which your location maintains an active pharmacy license to provide home infusion services.

* 5. Select the category that best represents your location's organizational structure.

- Single-site organization not affiliated with a hospital or acute care system
- Franchise location not affiliated with a hospital or acute care system
- Organization with multiple, commonly owned home infusion locations, not affiliated with a hospital or acute care system
- Affiliated with a hospital or acute care system

Comments

* 6. How many years has your home infusion location been in operation?

Other (please specify)

* 7. Select the agencies below that are actively providing accreditation services to your home infusion location. Mark all that apply.

- The Joint Commission (TJC)
- Community Health Accreditation Partner (CHAP)
- The Compliance Team (TCT)
- Healthcare Quality Association on Accreditation (HQAA)
- Accreditation Commission for Healthcare (ACHC)
- National Association of Boards of Pharmacy (NABP)
- Center for Pharmacy Practice Accreditation (CPPA)
- Utilization Review Accreditation Commission (URAC)
- Other (please specify)

Service Characteristics

* 8. Select the products and services provided by your home infusion location. Mark all that apply.

- Home infusion (home administration of IV and continuous subcutaneous medications)
- Enteral therapy
- Durable medical equipment (other than enteral)
- Retail pharmacy (open to walk-in customers)
- Other (please specify)
- Self-injectables
- Specialty oral medications (closed door)
- Non-sterile compounded products

* 9. Select the category that best represents your home infusion location's combined **NET REVENUE** for **2018** for **ALL** pharmacy-based services indicated in the prior question. (I.e. Include revenue from services other than home infusion products such as infusion suites, enterals, injectables, etc.)

- 0 - \$1 Million
- \$1 Million to \$2.5 Million
- \$2.5 to \$5 Million
- \$5 Million to \$10 Million
- \$10 Million to \$15 Million
- \$15 Million to \$20 Million
- Other (please specify)
- \$20 Million to \$25 Million
- \$25 Million to \$30 Million
- \$30 Million to \$35 Million
- \$35 Million to \$40 Million
- More than \$40 Million

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Pumps

* 10. Which of the following ambulatory infusion pumps do you use in your location? Mark all that apply.

- CADD VIP
- CADD PCA
- CADD Solis
- Curlin 4000 series
- Curlin 6000 series
- Alaris
- Bard Harvard Mini-infuser
- Graseby 2000 Syringe Pump
- Bard 150XL
- Bard 300XL
- Freedom 60
- Freedom Edge
- Our location does not use ambulatory infusion pumps

Other (please specify)

* 11. Indicate the PERCENTAGE of ambulatory home infusion pumps that are rented versus owned by your location. Round answer to the nearest 5%. The sum of the combined answers must be 100.

Rented

Owned

Comments

Infusion Suites

* 12. Do you have an infusion suite at your home infusion location?

Yes

No

Infusion Suite Characteristics

* 13. How many chairs are provided in your location's infusion suite?

Other (please specify)

* 14. How many unique patients were served in your location's infusion suite in 2018?

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Nursing Services

* 15. Describe how home infusion nursing services are provided by your location.

- We exclusively use nurses who are directly employed by our home infusion location to provide in-home nursing services.
- We exclusively sub-contract and/or coordinate with home health agencies to provide in-home nursing services.
- We directly employ nurses and sub-contract and/or coordinate with home health agencies to provide in-home infusion nursing services.

Comment:

* 16. For the most recently completed fiscal quarter, indicate the **PERCENTAGE** of in-home nursing visits provided under each of the scenarios listed below.

Enter "0" if no nursing visits are provided by the listed scenario. The sum of the combined answers must be 100.

	%
Directly employed nurses	<input type="text"/>
Sub-contracted arrangement with a home health agency	<input type="text"/>
In coordination with a home care agency that bills directly for in-home visits	<input type="text"/>

* 17. Which of the following catheter insertion services are you able to provide through nurses employed by your location? Mark all that apply.

- Midline insertion
- PICC insertion
- Peripheral line insertion
- We do not directly employ nurses who provide these services.

Comments

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Deliveries

* 18. For the most recently completed fiscal quarter, indicate the **PERCENTAGE** of deliveries made by each of the following methods. Answers must add up to 100%. Enter "0" if your home infusion location does not utilize a particular delivery service.

%

Drivers employed by the home infusion location

Contracted local courier service

Private parcel services such as FedEx and UPS

Nurses

United States Postal Service (USPS)

Other

Comments

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Revenue Characteristics

* 19. What was your combined NET REVENUE for the most recently completed fiscal quarter for therapies infused in the home setting? Include all revenue associated with acute and specialty infused therapies. (Round to the nearest 1,000.)

Do not include self-injectable, enteral revenue or other non-infused products or services.

* 20. Enter the **NET HOME INFUSION REVENUE** billed in the most recent fiscal quarter for each of the following payer categories. Round to the nearest 1,000.

Do not include enterals, infusion suites, or self-injectable revenue.

Medicare Part B

Medicare Part D

Medicare HMO/Advantage

State Medicaid Programs

Workman's Compensation

Commercial Insurance

Charity/No Payer

Patient self-pay

Other

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Therapy Detail

* 21. Enter the NET REVENUE from the most recently completed fiscal quarter associated with each therapy type. Enter "0" for therapy categories that did not generate revenue for your home infusion location. Round answers to the nearest 1,000.

Anti-infectives

Parenteral nutrition

Hydration

Pain management

Inotropic

Antineoplastic
chemotherapy

Immune globulin - IV

Immune globulin - SC

Bleeding disorder

Biologics - Other
(monoclonal antibodies,
biosimilars, enzymes)

Catheter care

Other (non-biologic, e.g.
steroids, anti-emetics)

* 22. Enter the number of unique patients served in each therapy category in the most recently completed fiscal quarter. For patients with multiple therapies, please count the patient under each designated therapy category. Some patients may be counted more than once.

Anti-infectives	<input type="text"/>
Parenteral nutrition	<input type="text"/>
Hydration	<input type="text"/>
Pain management	<input type="text"/>
Inotropic	<input type="text"/>
Antineoplastic chemotherapy	<input type="text"/>
Immune globulin - IV	<input type="text"/>
Immune globulin - SC	<input type="text"/>
Bleeding Disorder	<input type="text"/>
Biologics - Other (monoclonal antibodies, biosimilars, enzymes)	<input type="text"/>
Catheter care	<input type="text"/>
Other (non-biologic, e.g steroids, anti-emetics)	<input type="text"/>

* 23. Provide the breakdown by age category for the home infusion patients served by your location in 2018. The sum of the responses should equal 100%.

	%
Pediatric - Ages 0 to 14	<input type="text"/>
Adult - Ages 15 - 64	<input type="text"/>
Older Adult - Ages 65 and older	<input type="text"/>

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Contracting and Accounts Receivable

* 24. Indicate the PERCENTAGE of commercial payer contracts that reimburse drugs using AWP, ASP, or other methodology. Round answer to the nearest 5%. The sum of the combined answers must be 100.

AWP

ASP

Other

Comments

* 25. What was the ratio of bad debt to total net revenue for 2018 for your location?

%

Bad debt as a percentage
of net revenue

Other (please specify)

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Referral Characteristics

* 26. Indicate the percentage of home infusion referrals that were received from each setting during the most recently completed fiscal quarter.

	%
Hospital/ Acute Care Setting	<input type="text"/>
Community Physician/Clinic	<input type="text"/>
Payer	<input type="text"/>
Skilled Nursing Facility	<input type="text"/>
Hospice	<input type="text"/>
Patient/ Self-referred	<input type="text"/>
Home care nursing agency	<input type="text"/>
Other	<input type="text"/>

Comments:

* 27. List the top five home infusion medications in terms of revenue dispensed from your location in 2018. List in order with the highest revenue generating drug first.

(Only list infusion medications. Do not include self-injectables or oral specialty medications.)

Highest revenue generating medication:	<input type="text"/>
Second highest	<input type="text"/>
Third highest	<input type="text"/>
Fourth highest	<input type="text"/>
Fifth highest	<input type="text"/>

* 28. List the top five anti-infectives dispensed by inventory volume from your location in 2018. List in order with the highest volume drug first.

Most dispensed anti-infective by volume:

Second highest

Third highest

Fourth highest

Fifth highest

* 29. List the top three diagnosis codes associated with anti-infective patients served by your location in 2018. Enter the ICD-10 code for the primary diagnosis.

Most common diagnosis code.

Second highest

Third highest

* 30. List the top three diagnosis codes associated with parenteral nutrition patients served by your location in 2018. Enter the ICD-10 code for the primary diagnosis.

Most common diagnosis code.

Second highest

Third highest

* 31. List the top three diagnosis codes associated with immune globulin patients served by your location in 2018. Enter the ICD-10 code for the primary diagnosis.

Most common diagnosis code.

Second highest

Third highest

* 32. List the top three diagnosis codes associated with home infused biologics (other than immune globulin) provided by your location in 2018. Enter the ICD-10 code for the primary diagnosis.

Most common diagnosis code.

Second highest

Third highest

(VER 4-) Home Infusion Location Profile

Referral Conversion

* 33. What percentage of all referrals received in the most recently completed fiscal quarter were converted successfully to start of care in the home?

Comments:

* 34. Rank the reasons for patients not converting to start of care after being referred to your location from most frequent reason to least frequent. Report on data from the most recently completed fiscal quarter. (1 = Most frequent reason, 12 = least frequent reason)

<input type="text"/>	No coverage for home infusion (Medicare payer)	<input type="checkbox"/> N/A
<input type="text"/>	No coverage for home infusion (Commercial payer)	<input type="checkbox"/> N/A
<input type="text"/>	No caregiver in the home	<input type="checkbox"/> N/A
<input type="text"/>	Out of network with payer source	<input type="checkbox"/> N/A
<input type="text"/>	Vascular access could not be established	<input type="checkbox"/> N/A
<input type="text"/>	Out of service area	<input type="checkbox"/> N/A
<input type="text"/>	No nurse available	<input type="checkbox"/> N/A
<input type="text"/>	Patient/caregiver unable to learn infusion	<input type="checkbox"/> N/A
<input type="text"/>	Drug currently in shortage	<input type="checkbox"/> N/A
<input type="text"/>	Unable to source the drug (sole source distribution)	<input type="checkbox"/> N/A
<input type="text"/>	Patient safety concern (IV drug abuser, unsafe environment)	<input type="checkbox"/> N/A
<input type="text"/>	Therapy discontinued - No need for home infusion	<input type="checkbox"/> N/A
<input type="text"/>	Other	<input type="checkbox"/> N/A

(VER 4-) Home Infusion Location Profile

Staffing

* 35. Indicate the number full time equivalents (FTE's) working at your home infusion location in each category below. For assistance in calculating your FTE's utilize a free online FTE Employee Calculator. (E.g.) www.healthcare.gov/shop-calculators-fte/

Enter "0" if your location does not have any employees in a particular category. Do not include per diem staff who are not guaranteed regularly scheduled hours.

Management/Supervisory	<input type="text"/>
Pharmacists	<input type="text"/>
Nurses (for making home visits)	<input type="text"/>
Delivery staff	<input type="text"/>
Billing staff	<input type="text"/>
Other professional clinical staff (dietitians, etc.)	<input type="text"/>
Admissions staff (e.g. insurance verification, nurse liaisons)	<input type="text"/>
Sales staff	<input type="text"/>
Pharmacy technicians	<input type="text"/>
Warehouse staff	<input type="text"/>
Clerical or office staff	<input type="text"/>
Administration (information systems, human resources, quality control, accounting, legal, etc.)	<input type="text"/>
Other	<input type="text"/>

* 36. Enter the total salary expense associated with the home infusion business for 2018. Do not include employer payroll taxes and benefits.

* 37. Indicate the PERCENTAGE of the total salary (not including employer payroll taxes and benefits) expenditures spent on each staffing category in 2018. Enter "0" if your location does not employ staff for a particular category. For multi-site locations with centralized administration functions, indicate the percentage contributed if known.

Management/Supervisory

Pharmacists

Nurses (for making home visits)

Delivery staff

Billing staff

Other professional clinical staff

Admissions staff (e.g. insurance verification, nurse liaisons)

Sales staff

Pharmacy technicians

Warehouse staff

Administration (information systems, quality control, human resources, accounting, legal, etc.)

Other

Compounding Compliance

* 38. To what degree does your location comply with the current (2008) standard for sterile compounding described in the United States Pharmacopeia (USP) Chapter <797>?

- Meets all, and exceed some requirements
- Meets all requirements
- Meets most requirements
- Meets some requirements
- Meets no requirements
- Unsure
- Our location does not compound sterile medications

Comment:

Compounding Activities

* 39. Does your location currently provide compounded hazardous drugs?

Yes

No

Comment:

* 40. Will your location provide compounded hazardous drugs after December 1, 2019, when the United States Pharmacopeia (USP) Chapter <800> goes in to effect?

Yes

No

Comment:

* 41. Does your location prepare compounded sterile products from non-sterile source ingredients?

Yes

No

Comment:

Administration Methods

* 42. Enter the average number of compounded sterile products (CSPs) prepared in each category **in a typical month** for your home infusion location.

Enter "0" if your location does not prepare a particular category of CSP.

Syringes

Bags (non-pump)

Bags (pump, air-evacuated)

Parenteral nutrition

Elastomeric devices

Binary connector devices
(e.g addEase, mini-bag Plus, ADD-vantage)

Pre-mixes and frozen products

Other

Patient Survey Trends

* 43. How many home infusion patients were discharged by your location in the most recent complete fiscal quarter?

Do not include enteral, self-injectable, or infusion suite patients.

* 44. How many patient satisfaction surveys did your location administer to home infusion patients in the most recent complete fiscal quarter?

* 45. How many patient satisfaction surveys from home infusion patients were returned in the most recent complete fiscal quarter?

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Outcomes

* 46. In order to help NHIF plan for future benchmarking initiatives, please Indicate your location's ability to report data consistent with the NHIA Standard Patient Outcome Event definitions published in 2016 for the categories below.

- | | |
|--|---|
| <input type="checkbox"/> Unplanned hospitalizations (related and unrelated to home infusion therapy) | <input type="checkbox"/> Adverse drug reaction outcomes |
| <input type="checkbox"/> Unplanned hospitalization reasons | <input type="checkbox"/> Access device events |
| <input type="checkbox"/> Unplanned hospitalization outcomes | <input type="checkbox"/> Access device categories |
| <input type="checkbox"/> Emergency department use (related and unrelated to home infusion therapy) | <input type="checkbox"/> Access device interventions |
| <input type="checkbox"/> Emergency department use reasons | <input type="checkbox"/> Access device outcomes |
| <input type="checkbox"/> Emergency department use outcomes | <input type="checkbox"/> Access device secondary data elements |
| <input type="checkbox"/> Adverse drug reactions | <input type="checkbox"/> Discharge reasons (general categories) |
| <input type="checkbox"/> Adverse drug reaction severity by classification | <input type="checkbox"/> Therapy Complete as defined by NHIA |
| <input type="checkbox"/> Adverse drug reaction interventions | <input type="checkbox"/> None of the above- we have not adopted the NHIA standard patient outcome definitions |

Comment:

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Your location is not enrolled in NHIF Benchmarking

Unfortunately, your location is not set up to contribute data to NHIF's benchmarking program. Please contact Jennifer Lyons at jennifer.lyons@nhia.org to learn how to obtain a Data Participation Code for your location.

Thank you

Thank you. You have completed the Benchmarking Location Profile.