A comparison of clinical outcomes following infliximab infusion between home infusion and hospital-based infusion center sites of care in patients with IBD

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**BACKGROUND**

- Inflammatory bowel disease (IBD) is a chronic, relapsing autoimmune condition of the GI tract.
- Infliximab, a TNFα inhibitor, is a mainstay of IBD therapy and administered via IV infusion.
- At many academic medical centers, infliximab can be infused across multiple Sites of Care (SOC), e.g. hospital-based infusion centers, home infusion, or other ambulatory infusion center locations.
- Choosing a SOC can depend on patient-specific factors (disease state activity, home environment, payer, etc).
- Programs to optimize SOC can provide cost savings on a system level.

**OBJECTIVES**

To compare clinical outcomes among patients with IBD receiving infliximab infusions within home infusion and hospital-based infusion centers across three domains:

1. Safety, measured by infusion reactions (IRRs)
2. Medication adherence
3. Healthcare utilization

**METHODS**

### Selection Criteria

- IBD diagnosis
- Age >6 years old
- At least 1 infliximab infusion between 3/1/19 and 3/1/22

### Study Objective

<table>
<thead>
<tr>
<th>Infusion-related reactions</th>
<th>Manual chart review of home infusion record</th>
<th>Data report from EHR flowsheet</th>
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<tbody>
<tr>
<td>Medication adherence</td>
<td>Manual chart review of home infusion record</td>
<td>Manual chart review of EHR notes</td>
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<tr>
<td>Healthcare utilization</td>
<td>Data extracted from EHR</td>
<td>Data extracted from EHR</td>
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### Infusions and IRRs Reported:

- Total Infusions: 2930
- Median infusions per patient: 11
- IRRs documented: 199 late infusions in 121 Patients

**DISCUSSION AND CONCLUSIONS**

- We did not observe a difference in IRRs by site of care.
- The "care coordination" category for late infusion (including patient’s personal schedule, lab work, and obtaining provider orders) was the most common reason for late home infusions.
- The home infusion population appears to be older in age and lower disease activity per baseline C-reactive protein (CRP).
- Under-reporting of IRRs may be a limitation to this study.

**FUTURE DIRECTIONS**

- Determining reasons for nonadherence among infusion center patients will allow us to compare with home infusion data, inciting directions for quality improvement programs to aid patients as they undergo therapy.
- We are interested in further exploring differences in healthcare use and how that could relate to differences in medication adherence.
- Information from this study will be used to optimize site of care and enhance services that support adherence.

**REFERENCES**

