

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 TNF α inhibitor, is a mainstay of IBD therapy and administered via IV infusion.^{1,2}
- 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.³ Choosing an appropriate SOC is imperative to deliver safe and effective care while controlling costs.

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

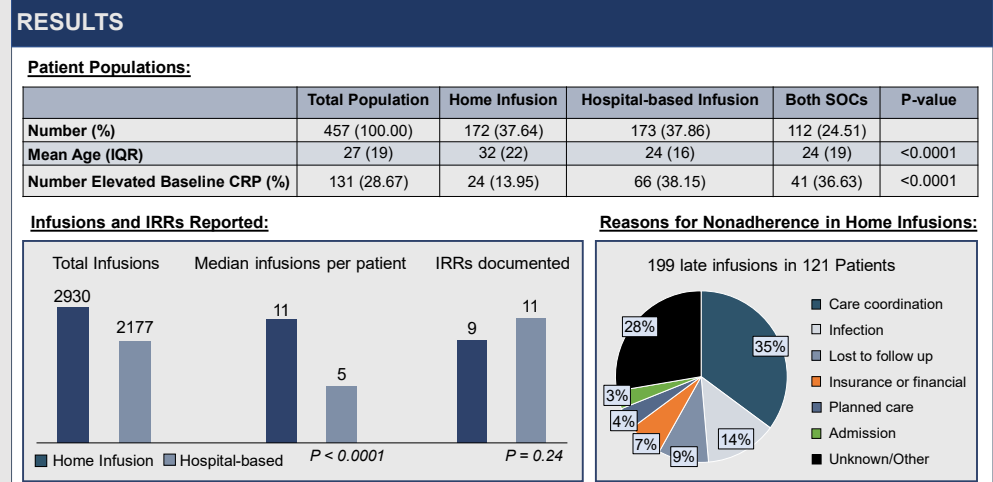


The authors have no conflicts of interest to disclose.

METHODS

Selection Criteria	Study Objective	Home Infusion Data Collection	Hospital-based Data Collection
<ul style="list-style-type: none"> IBD diagnosis Age >6 years old At least 1 infliximab infusion between 3/1/19 and 3/1/22 	Infusion-related reactions	Manual chart review of home infusion record	Data report from EHR flowsheet
	Medication adherence	Manual chart review of home infusion record	Manual chart review of EHR notes
	Healthcare utilization	Data extracted from EHR	Data extracted from EHR

- For medication adherence, infusions were considered late if they were administered >5 days past due date.
- Patients included in analysis for healthcare utilization objective they had documented primary care visit within the health system.
- Data for reaction severity, reaction medications used, and reasons for late infusions were also collected.



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.

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