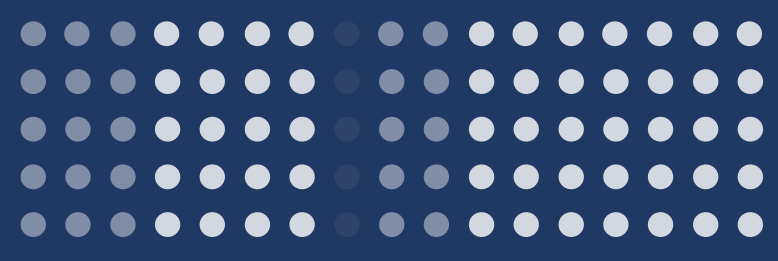


Safety Outcomes in Patients Receiving Oncology Infusions via Home Infusion and Hospital-Based Outpatient Infusion Centers



Marrea Peters, PharmD; Eric Betzold, MS; Alicia Zagel, PhD, MPH. Fairview Pharmacy Services, Minneapolis, MN.

BACKGROUND

- Site of care (SOC) optimization is appealing to third-party payers because it...
 - Improves access to therapy
 - Increases patient satisfaction
 - Allows patients to transition from higher-cost to lower-cost settings without compromising quality of care.
- Administration of specialty drugs in physician offices or home settings can improve care and provide cost-savings of 33 - 52%.
- Oncology patients receiving home-based therapies have high satisfaction rates and report improved physical & mental well-being, without an increased risk of adverse drug reactions.

PURPOSE

To compare safety outcomes in patients receiving oncology therapy through home infusion and outpatient hospital infusion centers, including:



REFERENCES

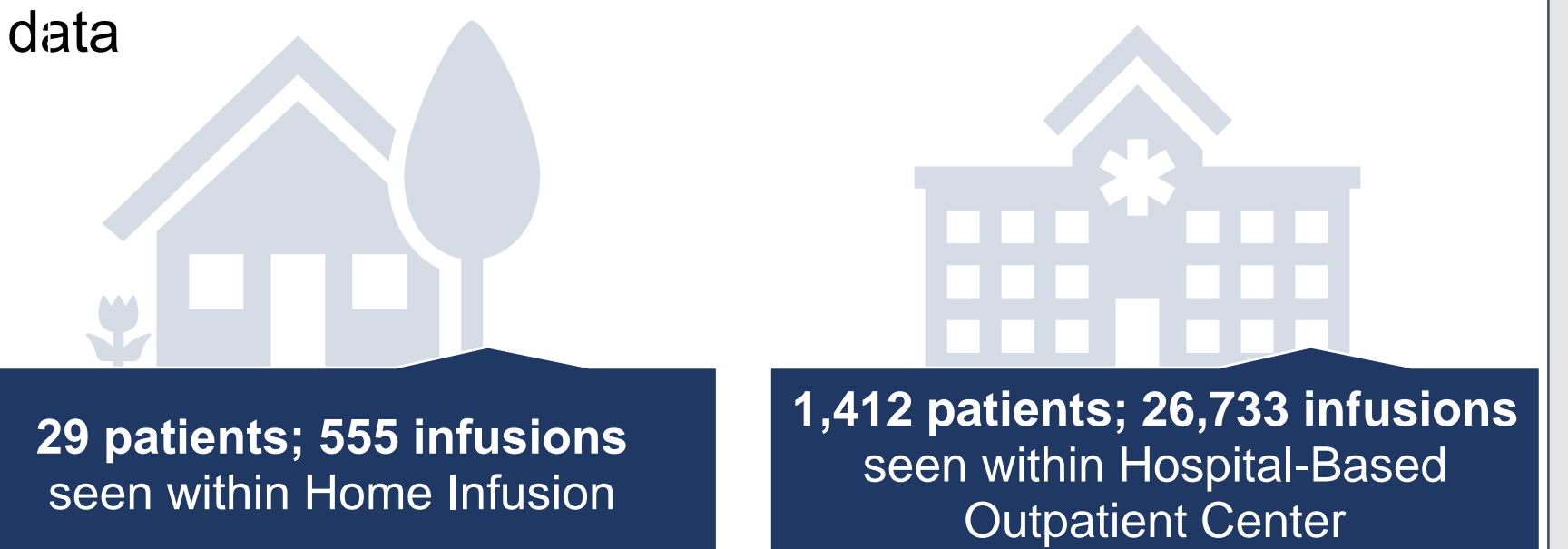
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METHODS

Study Design: Single-center, retrospective cohort study; chart review and EMR data

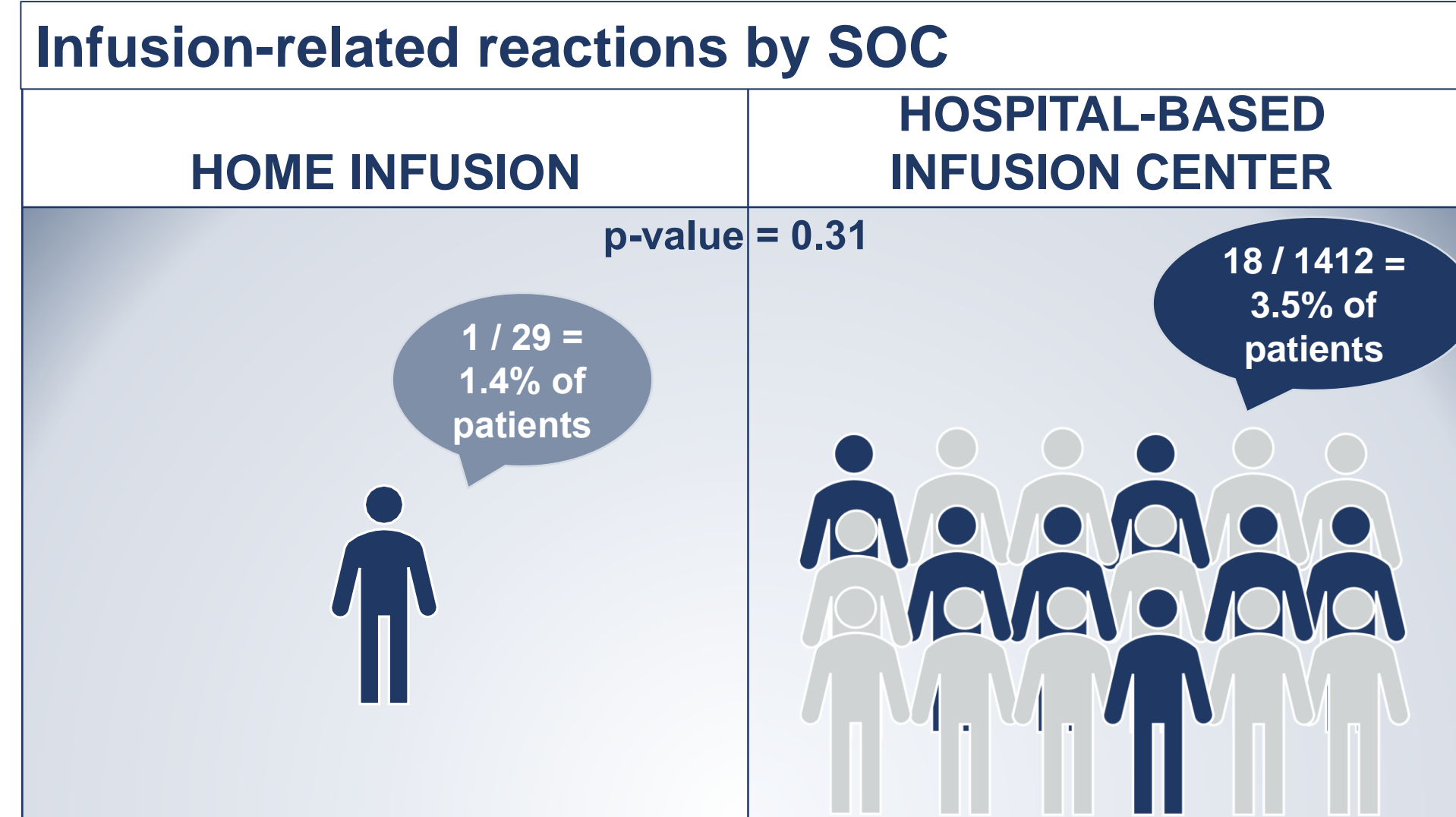
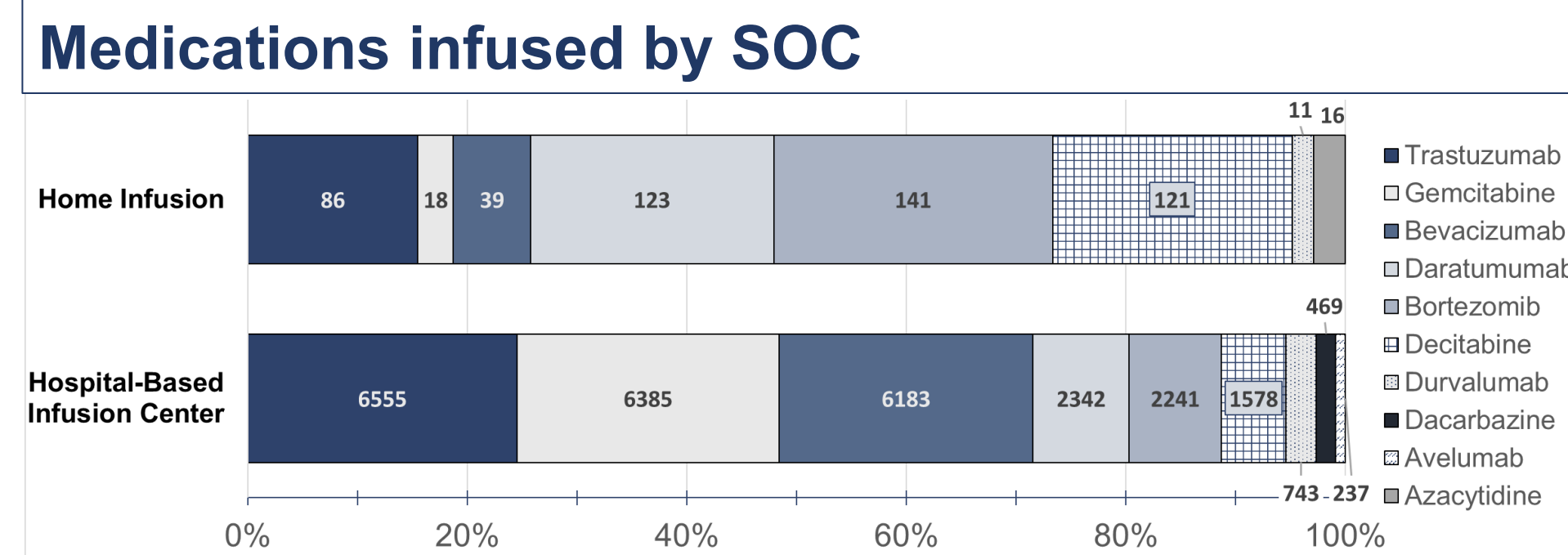
- INCLUSION CRITERIA**
- Adult patients (18 years or older)
 - Received advanced oncology infusions
 - Infusions occurred January 1, 2020 – December 31, 2022
 - SOC included Fairview Home Infusion or an M Health Fairview hospital-based outpatient infusion center



ADVANCED ONCOLOGY INFUSIONS:

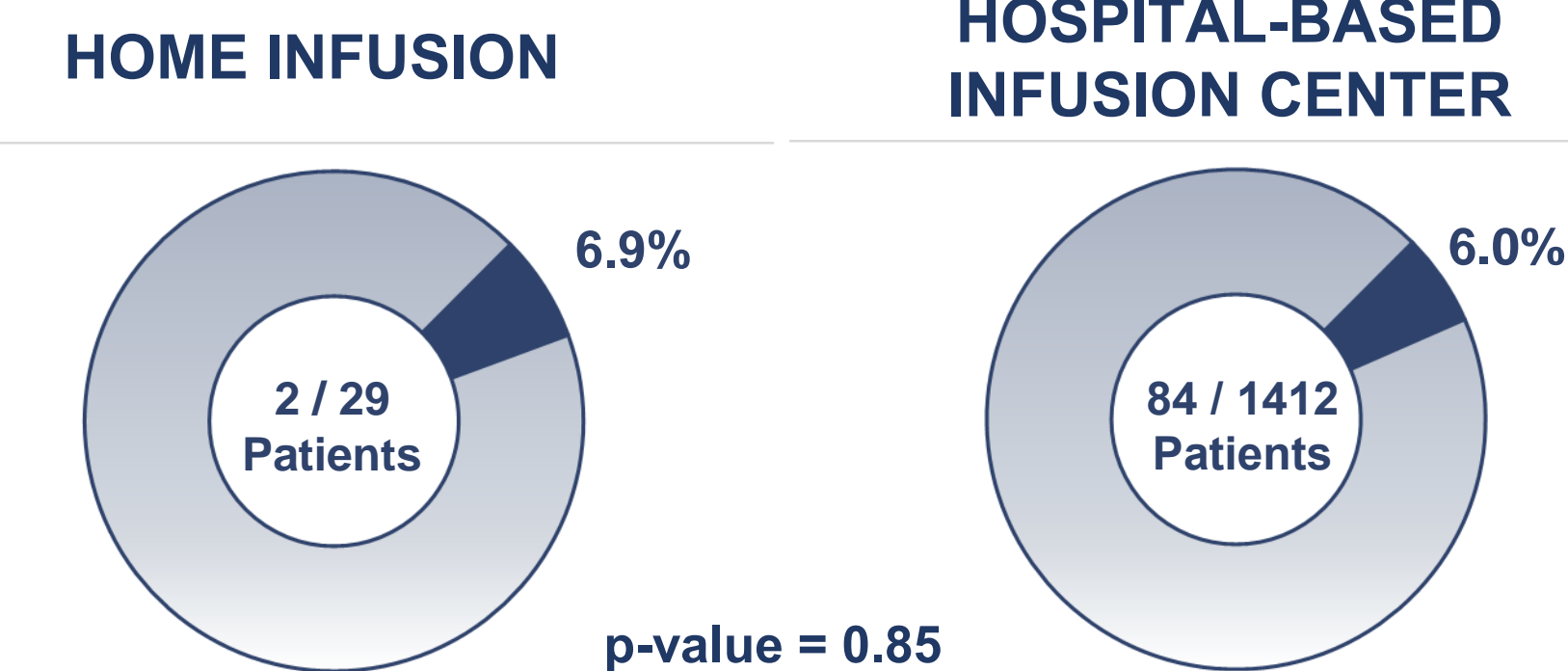
- Avastin (Bevacizumab) • Darzalex (Daratumumab) • Gemzar (Gemcitabine) • Imfinzi (Durvalumab) • Vidaza (Azacytidine)
- Dacarbazine (DTIC) • Dacogen (Decitabine) • Herceptin (Trastuzumab) • Velcade (Bortezomib) • Bacencio (Avelumab)

PRELIMINARY RESULTS

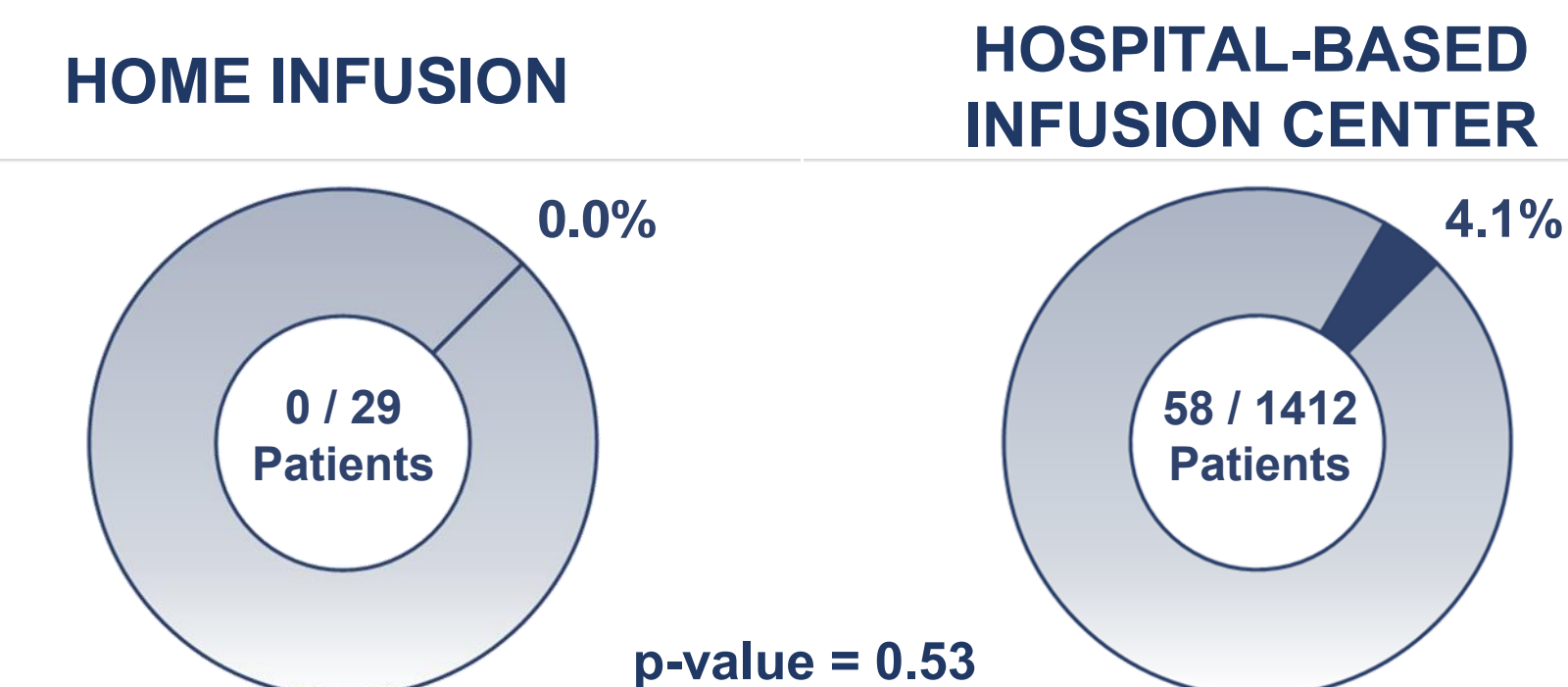


- Infusion-related reaction definitions:**
- Mild: fever, sweats, chills, rigors, skin rash, and/or mild shortness of breath
 - Severe: hives, severe facial swelling, low blood pressure, and/or inability to breath

ED or Hospital Admission within 48-hours Post-Infusion by SOC



Patients with COVID, RSV, or Influenza infections Occurring within 14-days of infusions by SOC



DISCUSSION

In adult patients receiving advanced oncology infusion, no statistically significant difference was found between home infusion and hospital-based outpatient infusion center regarding:

- Infusion-related reactions,
- ED or Hospital admissions within 48 hours post-infusion, or
- COVID, RSV, or Influenza infections following infusion.

This study indicates that home infusion may be a safe alternative to hospital-based infusion center care, especially for vulnerable patients such as those with cancer.

Study limitations include a small home infusion population size, differences in reporting between SOC, and the inability to determine results of at-home COVID tests.

CONCLUSION

- There is minimal research evaluating safety outcomes of oncology infusions within home infusion.
- This study found similar safety profiles between home infusion and hospital-based infusion centers, based on infusion-related reactions, ED or Hospital admissions within 48-hours post-infusion, and COVID, RSV, or Influenza infections following infusion.
- Larger, multicenter studies of safety outcomes, patient satisfaction, and total cost of care among patients receiving advanced oncology therapies by SOC are needed.
- The anticipated societal benefit of this study is to promote the utility of home infusion as a mechanism to lower healthcare cost and improve access to therapy without compromising quality of care.

DISCLOSURES

The authors have no conflicts of interest to disclose.

CONTACT INFORMATION:

Marrea Peters, PharmD
PGY-1 Ambulatory Care Resident
marrea.peters@fairview.org

