



EDUCATIONAL RESOURCES

Expanding Infusion Services

Expanding Home Infusion Services
through Ambulatory Infusion Suites

 PHARMACY



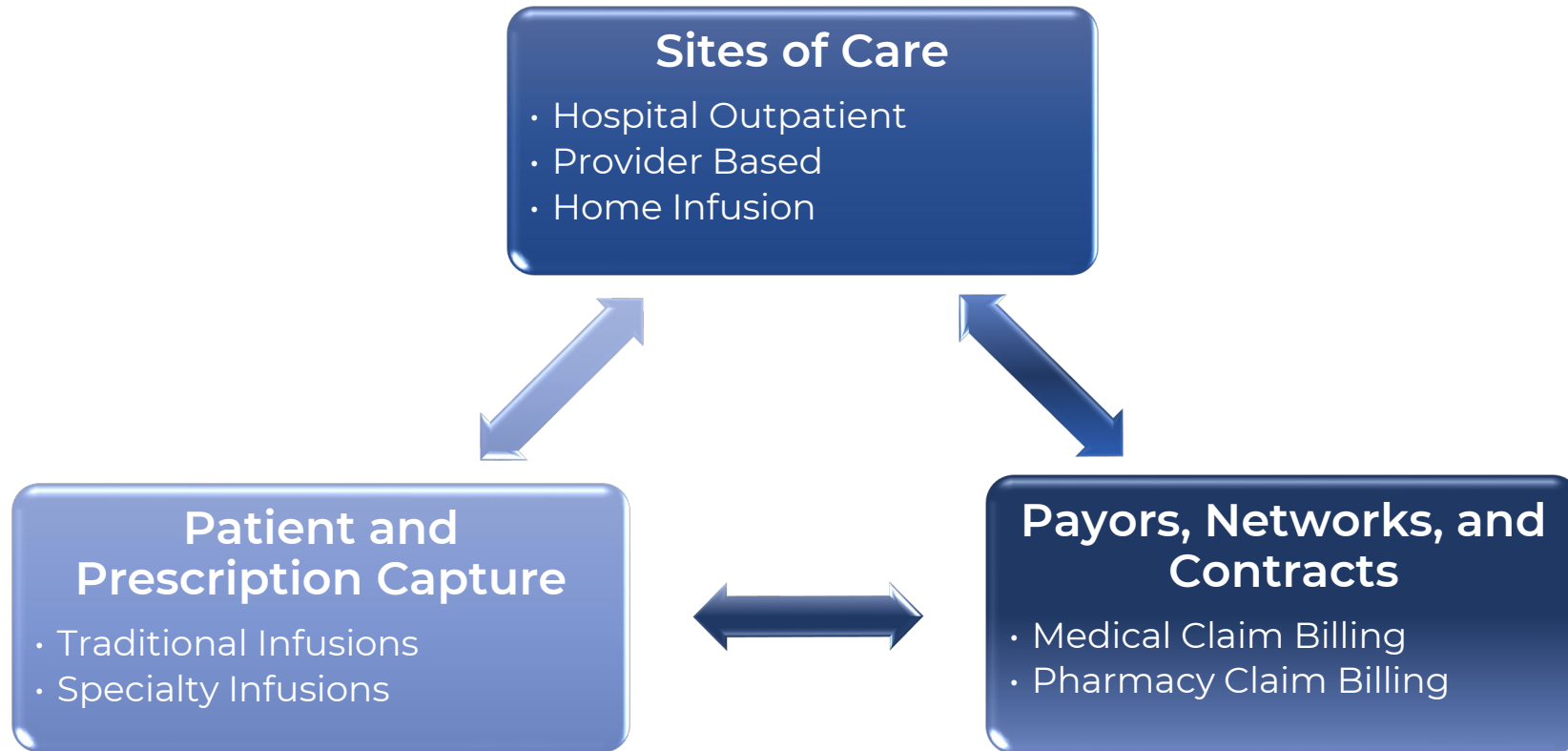
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Welcome

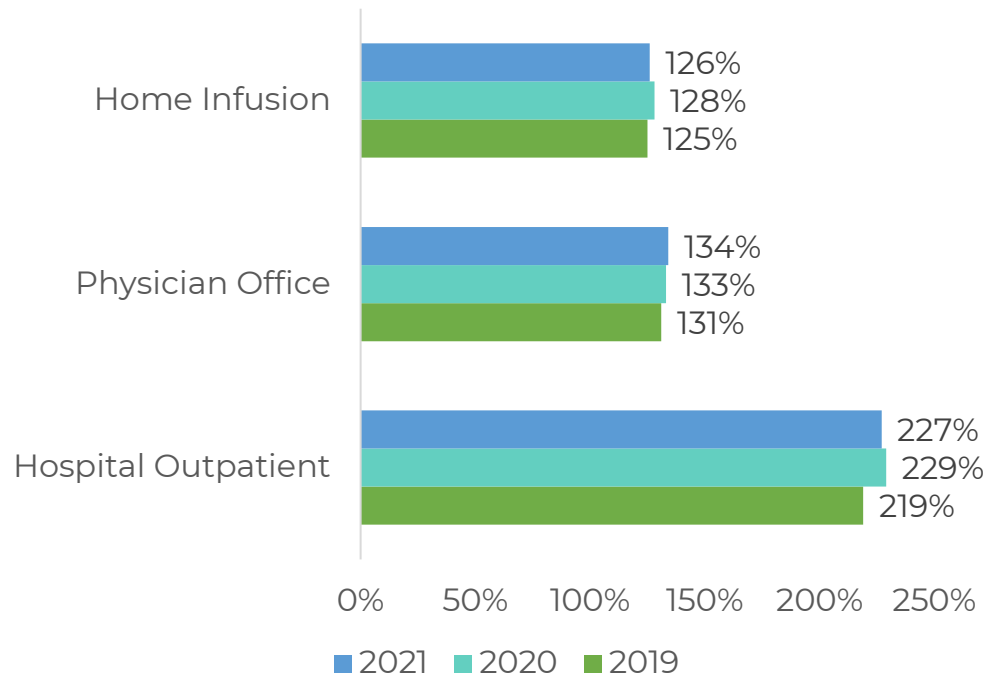
- Background on market forces seen in infusion landscape
- Use of home infusion and ambulatory infusion suites to solve challenges seen
- Let's do this workshop

A successful infusion strategy is enabled by three key driving factors

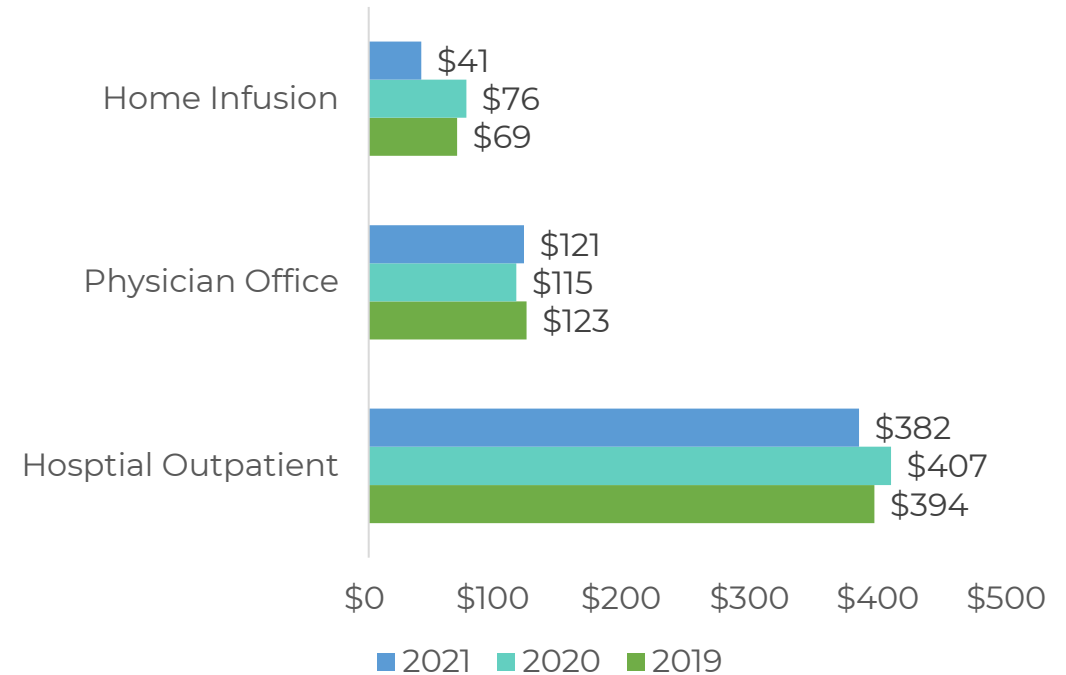


Payers are evaluating both the cost and reimbursement rates when determining site of care restrictions

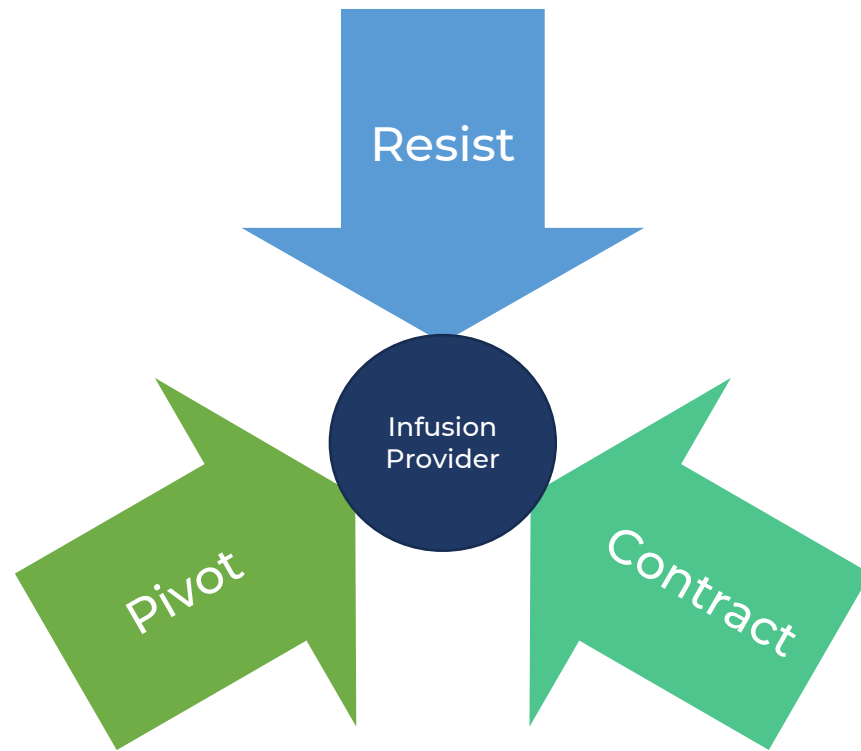
Reimbursement Rates



Costs to Administer Medications



Infusion providers have several contracting strategies to manage the changing payer landscape

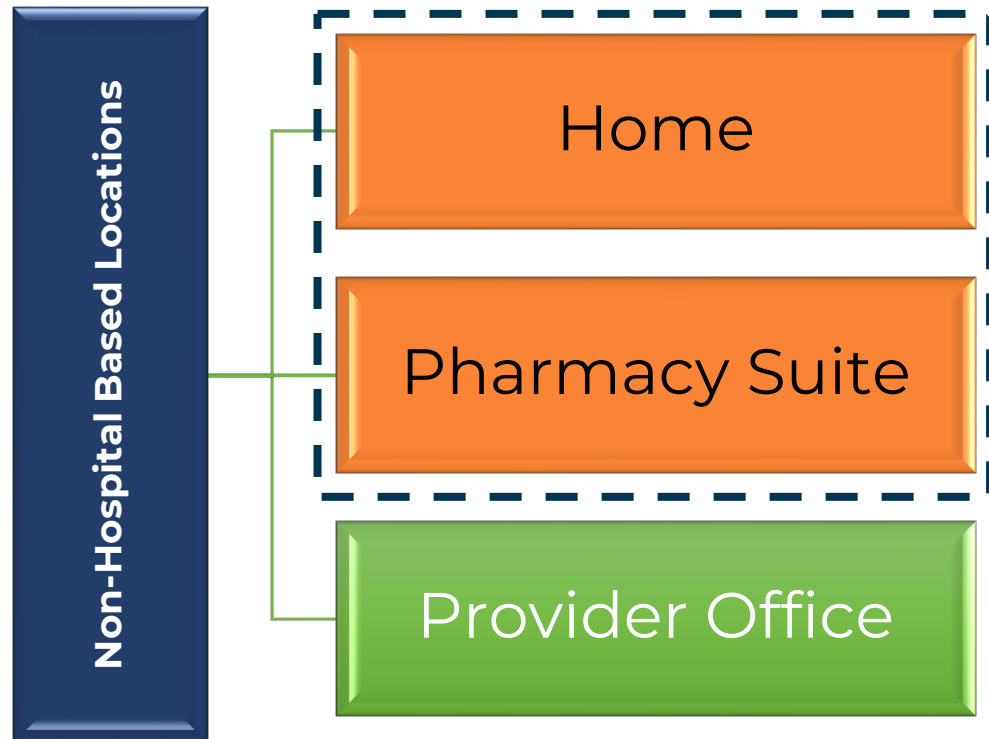


Resist – Receive exemptions from site of care restrictions

Contract – Offering price concessions on other infusion service locations

Pivot – Embrace the change and offer new infusion sites or services

Utilizing alternate site of care locations is one way to manage payer restrictions



Home Infusion Pharmacy

- Medications are dispensed to patient from Home Infusion Pharmacy
- **Administration** can occur **either at Home or Pharmacy Suite** locations
- Reimbursement and regulatory requirements are administration-site agnostic

Provider Office

- Independent practitioners provide infusions within patient appointment

Home Infusion can provide another lever to ensure proper patient access

**Market
Size¹**

\$19B

7.9% projected annual growth through 2030

**Operating
Margin²**

8-10%

Higher for 340B eligible institutions

**New Market
Entrants²**

46%

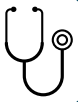




340B eligible entities plan to start Home Infusion Services in next 5 years

**Implementation
Strategy²**

83%

IDNs plan to seek consultation for implementation and/or operations

Home infusion considerations

	Antibiotics, Cardiac, & Nutrition Support	Biologics & Immunologics
 Referral Source	<i>Inpatient providers</i>	<i>Specialty providers</i>
 Administration Location	<i>Home</i>	<i>Home and/or pharmacy suite</i>
 Administration Method	<i>Self-administered</i>	<i>Nurse or self-administration</i>
 Revenue Potential	<i>Low to Moderate</i>	<i>High</i>
 Compounding Complexity	<i>High</i>	<i>Low to Moderate</i>

Staffing
challenges
provide one of
the biggest
concerns in
home infusion



Pharmacist and technician shortage

- Pharmacist projected shortage for 2026¹
 - 13,400 job openings
 - 8,000 graduates
- Pharmacy technicians²
 - Turnover rates of up to 30%
 - Average vacancy rate for ambulatory technicians is over 20%

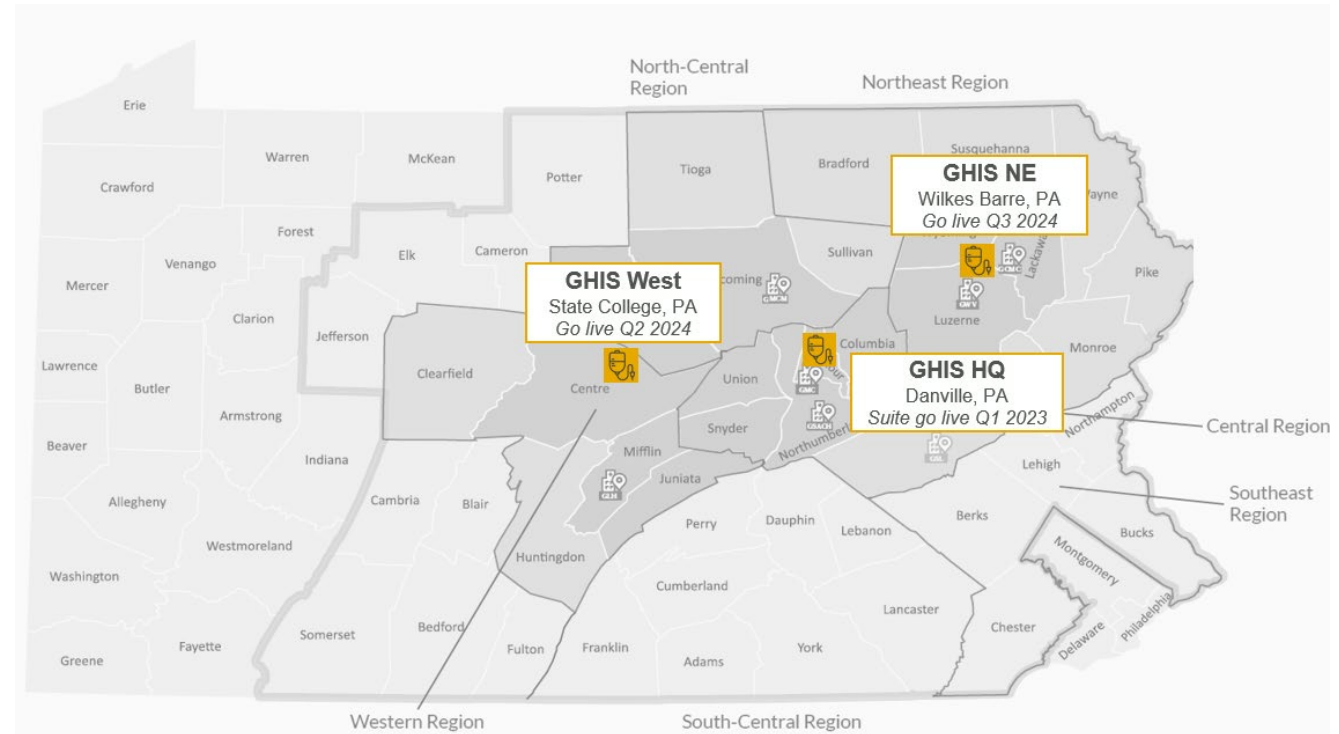
Nursing shortage

- Projected shortage for 2026
 - Registered nurses – 10% shortage, equivalent to 350,540 unoccupied positions
 - Licensed practical nurses – 7% shortage, equivalent to 46,920 unoccupied positions
- Retirement
 - Expected retirement of more than 1 million nurses by 2030
 - Average age of currently employed RNs is 52 years

Geisinger has used ambulatory infusion suites to meet payer and labor challenges

■ Strategic Expansion:

- **Expanded geographic footprint** to align with system growth in Northeast and West markets
- **Building out sterile prep infrastructure** to reduce turn-around time for post-acute therapies and expand payer contracting opportunities
- **Implemented suite model** to realize labor efficiencies and address misalignment in payer policy and clinical best practice



Hospital Infusion Center



Pharmacy Infusion Services

Ambulatory Infusion Suites



A home away from home

- Ideal setting involves the creature comforts from home in a controlled setting
 - Comfortable infusion chairs and seating for guests
 - TVs, handheld devices, music, etc.
 - Food and nutrition
 - Games, puzzles, books, etc.
- Why would you want to leave your own home?
 - Inviting spaces that promote a sense of calmness or tranquility
 - Community center-like atmosphere

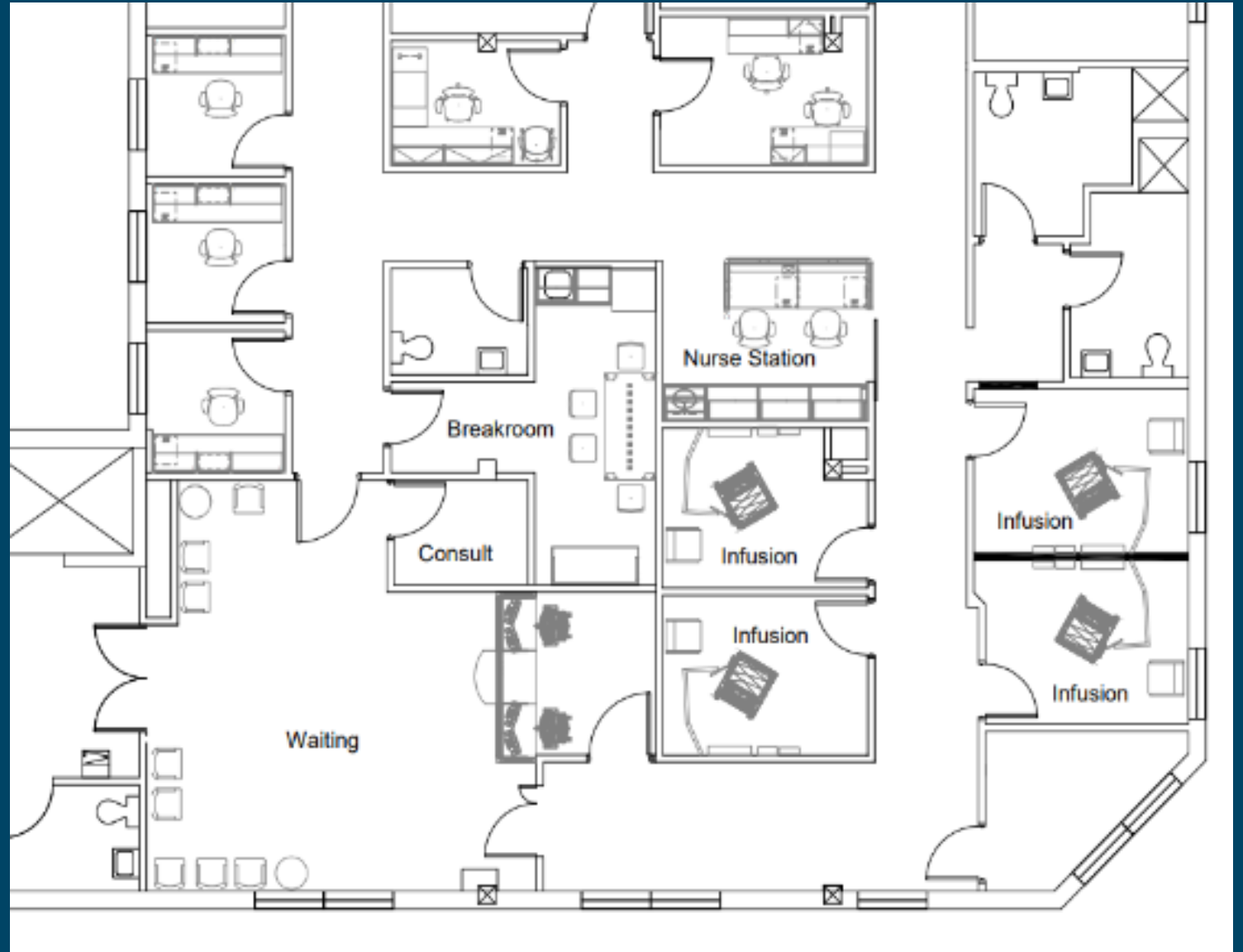
Benefits

- Meets the patients where they live
- Not a licensed location in most states
- Increased safety, monitoring, and quick turn-around times for infusions
- Centralized location for drop in visits
- Reduced nursing burden and “windshield time”






















Considerations










- Location and throughput
- Internal infection control processes
- Seating, entertainment, and nourishment stations
- Access to emergency supplies and assistance
- Ensuring doorways and facilities meet bariatric patient standards

Example Schematic



Project plan considerations

ID		Task Mode	Task Name	Duration
1			Project Initiation	1 day
2			Funding set up	1 day
3			Design	44 days
4			Schematic design	20 days
5			Design Documents	14 days
6			Meet with Owners	1 day
7			Construction Documents	10 days
8			Construction Bidding	10 days
9			Construction Start	1 day
10			ICRA	1 day
11			Demolition - Infusion rooms	4 days
12			Remove table and cabinets from break room	1 day
13			Remove flooring	2 days

ID		Task Mode	Task Name	Duration
14			Remove door unit from breakroom and corridor	1 day
15			Remove cabinets in 2 offices	1 day
16			Remove cabinets, wall and flooring in existing break room	1 day
17			New construction - infusion rooms	87 days
18			Construct new wall and door at checkin desk	2 days
19			Construct new wall in old breakroom	2 days
20			Construct new wall for breakroom	2 days
21			Rough in plumbing	5 days

- Funding
- Design
- Construction
- Equipment
- Staffing
- Marketing

Accreditation needs

- Providers should review the following ACHC standards when beginning a new ambulatory infusion suite
 - Infusion Pharmacy Services (with or without sterile compounding)
 - Home Infusion Therapy
 - Infusion Nursing Services
 - Ambulatory Infusion Center

Thank you

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