

# Evaluation of the Patient Advocacy Team in Providing Comprehensive Care for Positive Patient Outcomes

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## Background

- The need for home infusion care is growing, and home infusion providers recognize the importance of helping patients with both clinical and non-clinical challenges to drive positive outcomes.
- Patients and their families often feel overwhelmed, anxious, and fearful due to chronic diseases, and initiation of home infusion often exacerbates these sentiments.
- The Patient Advocacy Team has been able to establish high standards of care for patients that are hesitant about receiving necessary medical treatment at home.
- The Patient Advocacy Team is committed to providing quality clinical and non-clinical support related to a patient's treatment.

## Study Purpose

- The primary purpose of this study is to evaluate the effectiveness of the Patient Advocacy Team in guiding patients who are not ready or are unwilling to move forward with a home infusion treatment plan.

## Methods

- Retrospective observational analysis includes new referrals and existing patient data from a company-wide EMR system.
- Patients were referred to the Patient Advocacy Team to intervene and resolve the challenges that are preventing therapy initiation or continuity of prescribed intravenous (IV) therapy.
- The Patient Advocacy Team consists of clinical and non-clinical staff who provide comprehensive support to patients, caregivers, referral sources, and others involved in a patient's care.
- This research activity meets IRB exemption criteria

## Table 1: Inclusion/Exclusion Criteria

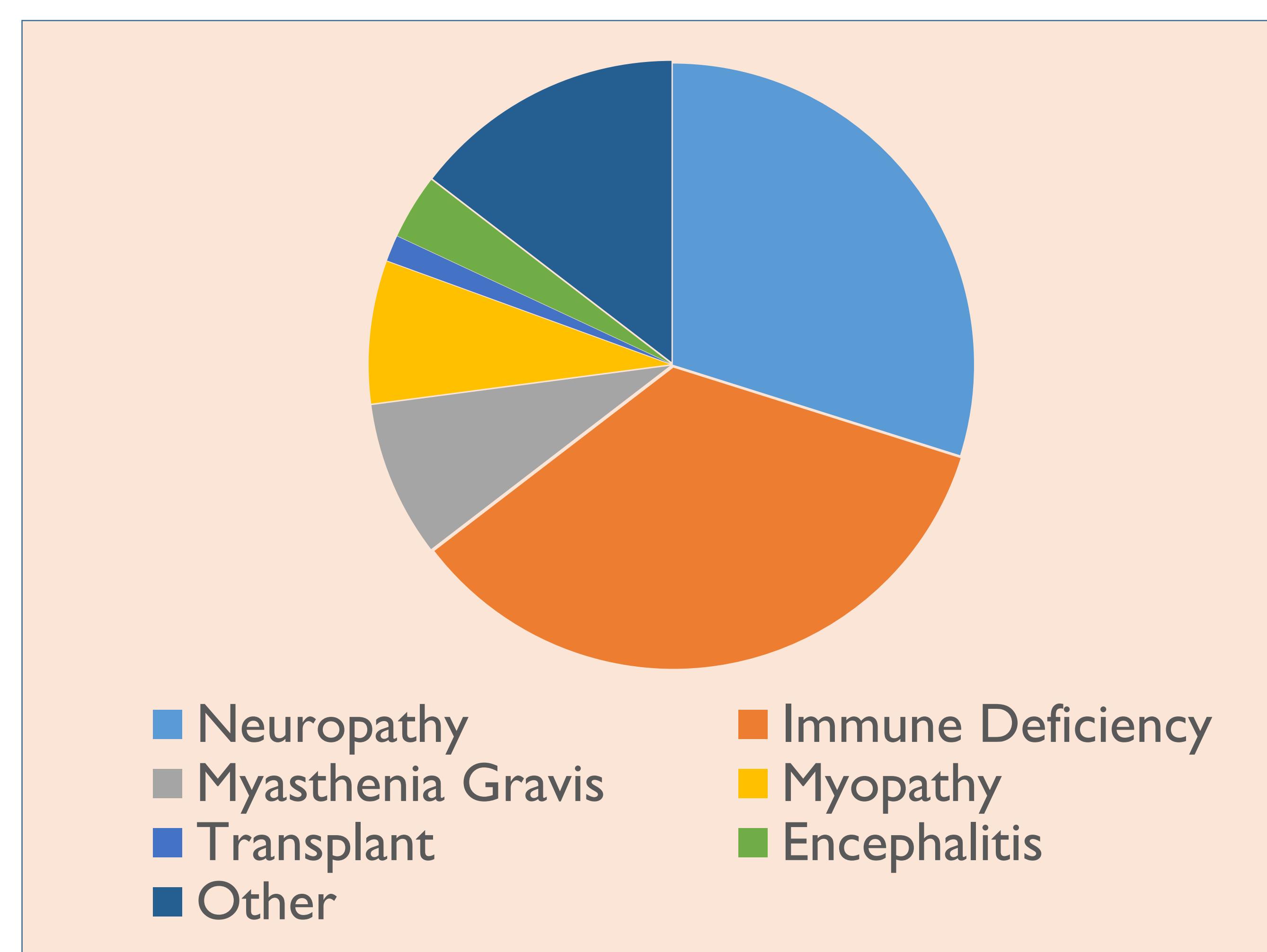
Inclusion Criteria	Patients with $\geq 1$ chronic health condition declining prescribed therapy.
Exclusion Criteria	Patients with acute conditions requiring a short IV course ( $\leq 7$ days) and/or patients whose medical therapy had been canceled by the physician.

Table 2: Challenges/Barriers and Outcomes

Challenges/Barriers	Resolved	Not Resolved	Pending	Patient Count
Home Infusion/OPIC	8 (5.8%)	16 (11.9%)	5 (3.4%)	29 (20.1%)
Financial Challenge	13 (9.7%)	14 (10.4%)	0 (0%)	27 (18.7%)
Hesitation/Knowledge Deficit	26 (19.4%)	27 (20.1%)	2 (1.4%)	55 (38.2%)
Insurance Challenge	4 (3.0%)	10 (7.5%)	1 (0.7%)	15 (10.4%)
Moving/Provider Change	4 (3.0%)	5 (3.7%)	1 (0.7%)	10 (6.9%)
Other	2 (1.5%)	5 (3.7%)	1 (0.7%)	8 (5.5%)
<b>Total</b>	<b>57 (42.5%)</b>	<b>77 (57.4%)</b>	<b>10 (6.9%)</b>	<b>144</b>

**Please Note:** 134 (93.1%) patients were included in the analysis (Results) for resolved and not resolved cases given that 10 (6.9%) patients are pending outcome

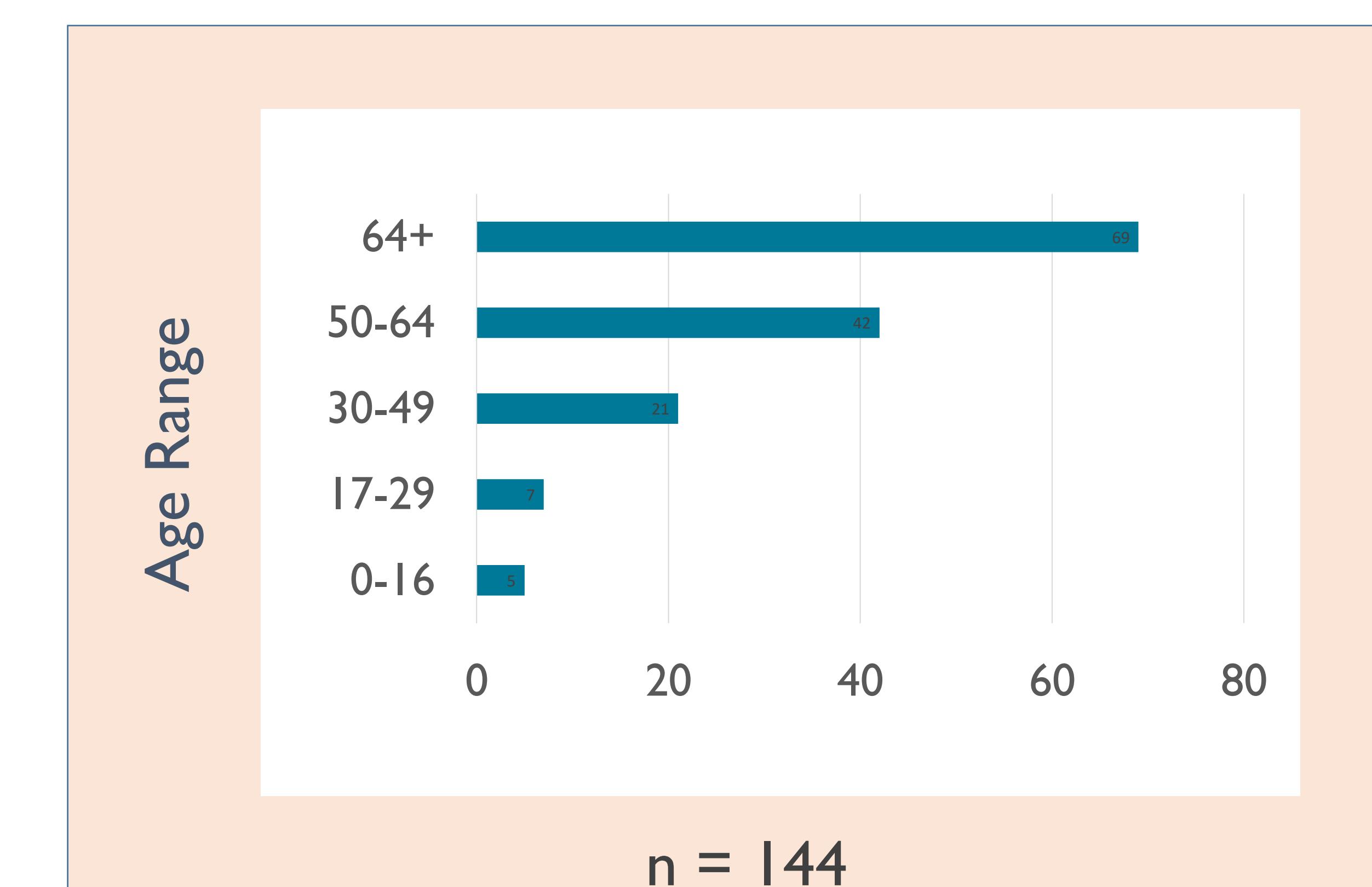
Figure 1: Patient Diagnosis



## Results

- 144 patients met the study inclusion/exclusion criteria over a one-year period (Table 2).
- Patient demographic data include age, gender, and diagnosis (Figure 1 & 2).
- The advocacy team has yet to follow up on 10 (6.9%) patients.
- 57 (42.5%) patients from 134 patients began and/or continued therapy after the advocacy team intervened.
- 77 (57.4%) patients did not start therapy despite the Patient Advocacy Team's intervention (Table 2).

Figure 2: Patient Age Range



**Please Note:** 51 (34.5%) males and 93 (64.5%) females were included in this analysis

## Discussion

- Patients who declined necessary treatment for a diverse range of reasons have received proper guidance from the Patient Advocacy Team in order to make well-informed treatment decisions.
- The Patient Advocacy Team is successful in providing multidisciplinary support to physicians, intake, nursing, and pharmacy.

## Conclusions

- Patients are educated and empowered through the Patient Advocacy Program, which combines clinical expertise and practical experience, improving comfort in navigating home infusion.
- Evaluation over a prolonged period could provide a more comprehensive analysis of advocacy effectiveness.
- The Patient Advocacy Program has the potential to expand in the organization.

## References

Polinski JM, Kowal MK, Gagnon M, Brennan TA, Shrank WH. Home infusion: Safe, clinically effective, patient preferred, and cost saving. *Healthc (Amst)*. 2017 Mar;5(1-2):68-80. doi: 10.1016/j.hjdsi.2016.04.004. Epub 2016 Apr 29. PMID: 28668202.

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