Apheresis Program Management Essentials

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Objectives

✓ Propose an outline of key essential components for apheresis program operation
✓ Offer specific examples on how to work toward achievement of these elements
✓ Provide some resources that may be used to build or strengthen existing programs
Introduction

• Overview essential considerations in the management of an apheresis program:
  ✓ organizational structure
  ✓ resources
  ✓ financial considerations
  ✓ quality program
  ✓ regulatory issues
Program Structure

• Procedure Offerings
• Populations Served
  ✓ Adult/Pediatric
  ✓ Donor/Therapeutic
  ✓ Cellular Therapy
• Personnel Performing the Procedures
  ✓ Registered Nurses
  ✓ Medical Technologists
  ✓ Apheresis Technicians
Organizational Structure

• Proposed Guidelines to provide essentials of structure
  – ASFA
    • Licensed Physician serve as medical director
    • Has ultimate responsibility and authority for all medical and technical policies and procedures
    • Oversight of the provision of safe care to patients/donors in compliance with regulatory guidelines
  – AABB / CAP
    • Licensed physician medical director to oversee the policies, procedures, and practices of the apheresis program, and take responsibility for its lead.
    • All programs compliant with all regulations as found in the CFR and state laws
Organizational Structure

- Clear organizational structure reporting to the physician leader
- Non-physician staff manager
  - typically nurse or medical technologist
  - technically savvy, knowledgeable in apheresis theory, and possess apheresis experience
- Technical staff
  - perform work using clearly defined job descriptions
Staff Qualification

• Educational and professional qualification varies
  – National or state regulations
  – State licensing boards
  – Accrediting organizations

• Donor centers
  – Apheresis technicians, phlebotomists

• Therapeutic apheresis programs
  – Apheresis nurses
  – Licensed vocational or practical nurses
  – Medical technologists
Resource Challenges

- **Adequate staff** – service volume varies greatly and can change from one hour to the next.
- **Competent staff** – highly specialized field, most newly hired staff have no experience, training and competency must be mastered on the job.
- **Adequate equipment, supplies, space** – limited number of separators available to perform procedures, critical supplies required, adequate space necessary for patient care.
Adequate Staffing

• Training and developing the best apheresis personnel starts with recruitment.

• **Strategic hiring practices** designed to retain desirable employees who have an excellent chance of long-term success within the specialty of apheresis medicine and within a particular organization.
Adequate Staffing - Hiring Practices

- Promote the job
- Focus on job description
- Use real work scenarios
- Provide clear understanding of varied schedule
- Help candidate make an informed decision
Adequate Staffing

- Desirable qualities in **potential candidates**
  - Difficult to find candidates with apheresis experience
  - Evaluate complimentary work experience
    - Dialysis, hematology/oncology, critical care
    - Transfusion Medicine, research or other laboratory-related fields
  - Adaptability to work schedule and change in general
  - Excellent communication skills
  - Excellent phlebotomy skills
  - Appreciation for quality assurance
Adequate Staffing

- **Long-term retention** - maximize quality and safety standards, minimize financial burden on the facility

- **Stable staffing**
  - Robust selection process
  - Rigorous orientation
  - Mentoring practices
  - Team involvement in hiring
  - Keep abreast of trainee progress and hold accountable to expectation of job description
Adequate Staffing

• Varied work schedule
  – Flexible scheduling

• On-call staff
  – off hours procedures
  – emergency procedures

• Scheduled vs. acute procedures
  – Inpatient acute procedures may/may not have flexibility of scheduling
  – Scheduled outpatient procedures
Competent Staff - Training

- Description of training program/requirements
- Schedule for training event
- Trainer assigned
- Expected outcome of training
- Validation of training
Competent Staff

• Competency evaluation - knowledge/skills for adequate performance of job functions

✓ AABB - evaluation of competence shall be performed before independent performance of assigned activities and at specified intervals

✓ Joint Commission - competence is continually assessed, demonstrated, and improved. In addition, continuous data collection regarding staff competence patterns and trends helps to determine staff educational needs
Competent Staff

• Continuing Education
  – specialty requires staying current with technology, practice, research, standards of safety and quality
  – important to maintain highly trained, knowledgeable personnel
  – tool in staff retention as employees tend to be more satisfied with jobs that allow these opportunities
  – some states require nurses have CE credits to maintain licenses
  – ASCP certified health care professionals required to show proof of CE to maintain certification
Competent Staff

• Types of educational events
  – Formal society meetings – Annual/Regional
  – Vendor sponsored educational events
  – Webinars
  – Web-based training
  – Local healthcare community experts
  – In-services at staff meetings
Adequate Equipment and Supplies

- Cell Separators
- Patient Monitoring Equipment
- Medications, Replacement fluids and Blood Products
- Patient care supplies
- Computers
- Office Supplies
Adequate Space

- DPH requirements
- Easily accessible for patients
- Allow privacy for patients
- Maintain proper infection control
- Outpatient settings - enough space for equipment, supplies, stock inventory, patients, family waiting and staff
Financial Aspects

• **For-profit entities** require revenue above expense to continue operating

• **Hospital-based** justified by the ancillary business brought by having an apheresis service

• **Mission driven** supported by charitable contributions or government funding

• **Rate of reimbursement** vary depending on
  – location of the patient (inpatient vs. outpatient),
  – type of apheresis procedures being performed
  – Patient coverage type
Financial Aspects - Budget

• Annual budget
  – Predictive revenue budget
  – Expense budget based on projections
    • Personnel budget
    • Non-Wage
  – Capital equipment budget

• **Focus on controlling expenses**

• Budget reports - monitor variances between projected financial estimates and actual values and can be used to monitor/identify wasted resources

• Trends - opportunities for cost conservation and expense reduction
Financial Aspects - Billing

- Standardized billing codes for disease states and procedures
- Personnel knowledgeable in claims process
- Ensure data elements recorded properly
- Stay current on billing changes
- Follow up on denied claims
- Separate billing event generated by MD overseeing procedure
- Pre-authorization may be required
- Some insurers require re-authorization

*For a better understanding of this process, refer to the ASFA document on apheresis reimbursement*
Financial Aspects - Reimbursement

• Complicated due to variable patient types and payer mix
• Sometimes possible to negotiate better contracts with better performance quality
• Advocate better reimbursement rates
• Ultimately the true measure of financial stewardship is controlling expense
Productivity

• Difficult to measure especially with widely variable procedure types, volume and emergent cases
• Straight productivity calculation-oversimplified
• Smallest programs three staff minimum
• May use contracted staff to support
Productivity

• Productivity measurement example:
  – Hours paid per billable procedure
  – Ratio used as consistent monitor of productivity; can be trended
  – Set goal ratio from historical trend data
  – If calculated monthly ratio:
    • **below goal** - more procedures performed than predicted
    • **above goal** - fewer procedures performed than predicted
  – Staffing levels can be determined through analysis of these trends
Quality Program

• Quality Plan
  – ensures that the activities occurring within the service are fully compliant, safe, and of maximum benefit
  – provides a framework to ensure that quality system aspects in order, monitored, and corrected in a systematic manner
  – should be familiar to management and staff
  – many programs borrow extensively from the quality system framework of a regulatory agency such as AABB
Role Of Certification

• Ensure the health and safety of the public standardizing knowledge and skill base in professions where licensure not required
• Competency validation of a large number of professionals in a specific occupation
• Personal validation of experience and knowledge, professional affirmation
Role Of Certification

Qualification in Apheresis (QIA)

ASFA is pleased to offer a Qualification in Apheresis (QIA) in partnership with The Board of Certification (BOC) of the American Society for Clinical Pathology (ASCP) as of January 2016!
Role Of Professional Societies

• Continuing education, networking opportunities, and professional development training
• Publish resources and reference materials for medical specialty areas
• Advocate and influence reimbursement for apheresis procedures and maintain a voice to address reimbursement coding
• Opportunity for research presentation and scientific advances
• Employees engaged in these types of professional development and continuing education offerings demonstrate commitment to a quality-oriented service
Conclusion

• Successful operation of apheresis programs that provide quality care for patients:
  ✓ defined program structure
  ✓ highly trained apheresis staff
  ✓ effective use of resources
  ✓ careful attention to quality goals and compliance initiatives
  ✓ link to professional societies

• Many resources available to help program management in this endeavor
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Thank You