Apheresis Program Management Essentials

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ASFA Annual Meeting
Fort Lauderdale, FL
May 3, 2017
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
Mobile Apheresis

• Provides local access to specialized medicine
• Utilizes specialty trained nurses, physicians, and dedicated apheresis devices and inventory
• Target market is mid-sized, low-apheresis demand hospital
• Hospital benefit:
  – temporarily insources this care, may provide back-up service to those with in-house apheresis program requiring call coverage
• Patient benefit:
  – procedures performed in a hospital setting close to their home with more convenience
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
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
Staff Recruitment

• Promote the job
• Focus on job description
• Use real work scenarios
• Provide clear understanding of varied schedule
• Help candidate make an informed decision
Staff Recruitment

• 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
Staff Retention

• **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
Staff Training

• Description of training program/requirements
• Schedule for training event
• Trainer assigned
• Expected outcome of training
• Validation of training
Staff Competency

- 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
Staff Competency

• 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
Staff Competency

• 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
Equipment and Supplies

- Cell Separators
- Patient Monitoring Equipment
- Medications, Replacement fluids and Blood Products
- Patient care supplies
Space Requirements

• 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
Work Schedule

• 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
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 charge vs. budget
  – 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
Productivity

Worked Hours per Unit of Service Trend

- Actual Worked Hours/PUOS
- Budget Worked Hours/PUOS
Interdisciplinary Communication

Accurate documentation:

• paramount to the provision of quality care as complex apheresis patients are likely to be attended by a wide variety of healthcare providers

• method of meaningful communication across the healthcare spectrum for our patients
Procedural Documentation

Key to obtaining fair compensation is accurate and thorough documentation which includes:

• type of apheresis procedure
• disease condition for which apheresis has been determined medically necessary
• Details to describe the actual procedure
  – volume exchanged
  – replacement fluid
  – medications
  – summary of the procedure
  – future treatment plan
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 Credentialing

• Ensure the ensure that qualified and competent individuals are delivering care to patients protecting the health and safety of the public
• Standardizing knowledge and skill base in professions where licensure not required
• Manager should be familiar with institution’s credentialing requirements and help staff maintain compliance through organized efforts
Role Of Certification

Qualification in Apheresis (QIA)

ASFA worked to offer a Qualification in Apheresis (QIA) in partnership with The Board of Certification (BOC) of the American Society for Clinical Pathology (ASCP) 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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The Joint Commission. 2009 Accreditation requirements. Chapters - accreditation program: Hospital, human resources, 2009: HR 1.05.03 and 1.06.01.


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