

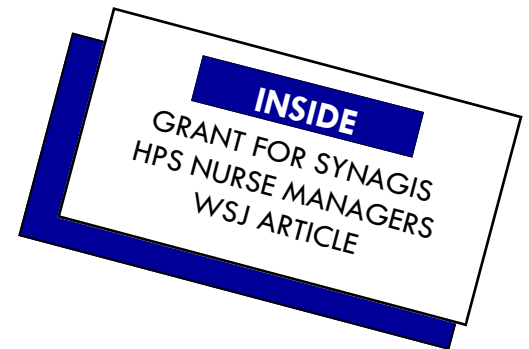
# PARENTERAL PATHWAYS

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## RSV SEASON AND SYNAGIS

Medication helps babies fight respiratory infection



Respiratory Syncytial Virus (sin-SISH-shul VI-rus), or RSV, is a common, seasonal and easily spread virus. RSV is spread through contact and droplet transmission. Anyone who comes into contact with the nasal or oral secretions of someone infected with RSV can transmit it to themselves as a result. You've probably had RSV and thought it was just a bad cold. In fact, nearly all children will get their first RSV infection by age two. Most people with RSV suffer moderate to severe cold-like symptoms. RSV season usually starts in the fall and continues into spring.

For some babies, RSV can be more serious—it's the #1 cause of hospitalization in infants. Most infants who suffer serious complications from RSV are under 6 months old. Premies and babies

born with a heart or lung condition are at higher risk for severe RSV disease, which could lead to serious lung infections like pneumonia and bronchiolitis. It is estimated that the annual infant death rate due to RSV is 10 times greater than that of the flu, with up to 400 infant deaths from RSV each year in the U.S.

Premies are often born before getting enough antibodies from their mothers to help fight RSV and other viruses. But premies are also at greater risk for severe RSV disease because their lungs are less developed and their airways are narrower than those of full-term babies.

Synagis is the only FDA-approved medication to help protect high-risk babies from severe RSV disease. Synagis helps premies by providing more in-

fection-fighting antibodies to help protect their vulnerable lungs from RSV. Synagis is given as a shot by a health-care provider and works differently from a vaccine. Each Synagis shot provides a dose of antibodies that help prevent RSV from infecting a baby's lungs. There are enough antibodies in one Synagis shot to help protect a baby's lungs for about 28-30 days, so babies receive a shot each month through the RSV season. Pediatricians will most likely refer a baby needing Synagis to a home health agency for the shots. The neonatal intensive care unit might also set up a child's Synagis shots before leaving the nursery if the child was born prematurely.

Home Parenteral Services is a specialty pharmacy provider throughout Missouri, Arkan-

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### RSV Season and Synagis *continued*

sas, and Northeast Oklahoma and has a team strictly dedicated to Synagis.

Marsha Wiles, RN, Home Parenteral Services Synagis Coordinator, has been in her position for 8 years and with the company for 18 years. "Babies have become my passion. RSV is a very significant illness in preemies and Synagis is a very effective medicine to eliminate or help prevent illness," says Wiles. She works very closely with the doctor, home health nurse, and the patient's parent or guardian to ensure that Synagis is being given on a monthly basis. From the beginning of the season, Marsha coordinates each step from receiving orders, conducting a benefit check for insurance or Medicaid, to contacting a home health agency to dose the medication. Marsha makes sure the parents or guardians of each baby are informed on every facet of the Synagis season.

Sharon Coon is the Synagis Billing Specialist and has been with Home Parenteral Services for 8 years. Sharon obtains clinical edits from Medicaid.



***From left:  
Sharon  
Coon,  
Pam  
Simpson,  
Marsha  
Wiles.***

Clinical edits are prior approvals from Medicaid before dosing can begin. Sharon also works with Marsha talking with the patient's parents and collecting patient information.

Pam Simpson, RN, is the Synagis Case Manager. She checks insurance benefits for babies that have insurance. Pam sends insurance information to insurance companies for precertification or authorization. Home Parenteral Services pharmacy is another integral part of the Synagis coordination process. Synagis is delivered to a patient's home to be adminis-

tered by a nurse. Pharmacists at Home Parenteral Services are available 24 hours a day, 7 days a week to assist the nurse administering Synagis with any questions that might arise.

RSV season has begun in the southwest Missouri region, and Home Parenteral Services welcomes the opportunity to work with patients, doctors, and home health agencies to provide Synagis. Please call (417) 887-7525 with any questions or referral information.

Reference: [www.synagis.com](http://www.synagis.com);  
[www.medimmune.com](http://www.medimmune.com)

## HPS Utilizes Grant to Help with Synagis Injections

Home Parenteral Services received a \$200,000 grant from the Missouri Health Foundation last March. The grant is used to help extreme low-income patients living in southern Missouri pay for

home infusion therapy. This grant will cover the medication and supplies for a low income family that has a baby requiring Synagis. The grant will be awarded to families based upon specific financial criteria. Please

call Home Parenteral Services (417) 887-7525 or 800-637-9201 if you have any questions or feel there may be a patient/family that would qualify to receive Synagis.

### Three HPS Employees Assume Additional Roles.

As HPS continues to grow we recognize the need to increase our management team. We have identified three staff members who have shown tremendous commitment and dedication in assuring quality patient care for all HPS patients.

Angie Douglas, RN, BSN has been employed at HPS for the past eight years. She has been the Patient Care Coordinator for the HPS Joplin office and Director of HPS' Infection Control/ Employee Health Program. Angie is very active in assuring that all HPS staff are updated on infection control issues and that patients are receiving quality care. Angie has been named Nurse Manager for the HPS Joplin home care office in addition to her other duties.



Angie Douglas

Kreg Simons, RN has been employed at HPS for the past six years. Kreg has been on the PICC (Peripherally Inserted Central Catheter) team since its inception. He has worked diligently to improve practices and assure quality care for patients in the hospital requiring some type of vascular access device. Kreg has acted as the Manager of the PICC team for the past 5 years. This past year he has been named Nurse Manager for the ambulatory infusion center in addition to his role as PICC team manager.



Kreg Simons

Deb Stover, RN has been with HPS for one year as our patient care coordinator in the Springfield office. She has recently also been named as Nurse Manager for the HPS Springfield home care office. She brings a tremendous background in hospice care and volunteerism. Deb recently received the Meredith Bass Spirit Award recognizing her as the Day of Caring Ambassador for her dedication and enthusiasm during the United Way Day of Caring.

Please join HPS in congratulating these employees for their dedication and commitment to quality patient care as well as their new roles at HPS.



Deb Stover



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## Medicare Part D article in Wall Street Journal: Can you help out?

The October 15<sup>th</sup> edition of the Wall Street Journal had a very important article regarding the inadequate coverage under Medicare Part D for intravenous therapy in the home. The Medicare Part D program covers only the drugs administered intravenously, but not the pharmacy and nursing services, supplies and equipment that tend to be half the cost of home infusion therapy. The article gives examples of patients throughout the United States who cannot afford to pay for IV therapy out of pocket. This results in those patients having to remain in the hospital for an extended period of time rather than receiving the therapy at home where it is less costly. An essential piece of pending legislation is before both houses of congress to provide additional coverage for home infusion therapy. The government is currently in the process of reviewing cost estimates of that legislation. Home Parenteral Services would like the opportunity to share this article with healthcare professionals. Please call us for a copy of the article at (417)887-7525 or email [jeff.kelley@coxhealth.com](mailto:jeff.kelley@coxhealth.com). We would also encourage those in the healthcare industry to send comments to the editor of the Wall Street Journal at [wsjcontact@dowjones.com](mailto:wsjcontact@dowjones.com) if they recognize patients who fall into this Medicare Part D coverage gap. The National Home Infusion Association is gathering patient examples to take to congress so they can share the problem of this coverage gap.

Parenteral Pathways is published quarterly for health professionals involved in parenteral and enteral therapy in the Springfield/ Joplin area. Please direct questions and comments to Lynn Kelley, Home Parenteral Services, an affiliate of CoxHealth.

