Quantify

QUANTIFY SPECIALTY CARE · CAPABILITIES PACKET

A Higher Standard of Specialty Care for High-Risk Therapies

Virtual Hospital Model · REMS-Grade Oversight · Auditable Patient-Level Reporting

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Why Quantify

Quantify Specialty Care was purpose-built around a single belief: patients on high-risk therapies deserve continuous, clinician-led oversight — not a dispense-and-ship handoff. Our Virtual Hospital Model places a 24/7 Virtual Command Center on top of every infusion, with 1:1 bedside RNs in the home and continuous physiologic monitoring between doses.

24/7

Virtual Command Center

Always-on RN oversight — every patient, every infusion.

1:1

Bedside RN Ratio

Personalized home infusions vs. 1:4+ clinic-chair models.

3–5

Day Virtual ICU Admission

Individualized baselines before any therapy starts.

Quantify is the operating model high-risk therapies need in the home — REMS-grade by design, not by retrofit.

What Makes Quantify Different

More Physiologic Data Than Any Provider

Cellular devices · wearable + passive monitoring

Cellular IV pumps, wearable smart patches, and cellular-connected home vitals stream continuously to the EMR — no Wi-Fi dependency, no patient-initiated check-ins. We capture more passive physiology per patient, per day, than any specialty pharmacy or home infusion provider in this category.

Per-Treatment Clinical Oversight

Every dose, end-to-end

Every infusion is supervised by a 24/7 Command Center RN with a 1:1 bedside RN in the home. Pre-, intra-, and post-infusion physiology is logged for every dose — not just a generic visit note.

Auditable Monthly Reporting

Partner-grade evidence

Patient-level monthly outcomes: adherence, AE/ER avoidance, baseline drift, SDOH interventions, and REMS-relevant safety events — delivered with full traceability for manufacturer and payer review.

Nurse-to-Nurse Coordination

Named clinical contact

Direct RN-to-RN handoffs with the prescriber's clinic and the REMS-certified pharmacy. No fax black-holes, no portal-only updates. A dedicated clinical contact, every patient, every week.

Why This Matters for High-Risk Therapies

High-risk therapy clinical realities

- Black-box and REMS-flagged risks (anaphylaxis, infusion reactions, hepatotoxicity) require observed dosing and trained responders — every dose.
- Induction-and-titration protocols mean time-to-stable-dosing is the outcome that matters, not just dispense velocity.
- Adherence is fragile: complex routines, dietary discipline, daily injections, and behavioral follow-through.
- Specialty patient populations carry chronic SDOH burden — transportation, food, benefits, and housing drive drop-off.
- Traditional specialty pharmacy workflows weren't designed for REMS-grade per-dose oversight in the home.

How Quantify answers — every patient, every dose

- More physiologic data than any provider — cellular IV pumps, wearable smart patches, and cellular home vitals stream passively, 24/7.
- Trained RN at every dose plus a Command Center RN supervising the streaming data in real time.
- Individualized baselines and titration tracking visible to the prescriber — weekly nurse-to-nurse handoffs.
- Daily clinical touchpoints and adherence telemetry; behavioral health and dietitian concurrent, not separate.
- Dedicated Resource Coordinators close SDOH gaps end-to-end; REMS-Plus reporting auditable monthly.

Quantify vs. Traditional Specialty Pharmacy

Dimension	Traditional Specialty Pharmacy	Quantify Specialty Care
Clinical model	Dispense & ship; nurse visit scheduled by 3rd party	Virtual Hospital — 1:1 bedside RN + 24/7 Command Center RN
Per-dose oversight	Bedside RN documents; no concurrent clinical command	Live Command Center RN supervises every infusion, end-to-end
Monitoring between doses	None — patient calls if something is wrong	Continuous physiology via cellular pumps, patches, home vitals
REMS / black-box readiness	Per-visit nurse training; reactive	Anaphylaxis-trained RNs + Command Center triage; proactive
Reporting to manufacturer / payer	Dispense data; limited clinical outcomes	Monthly auditable outcomes: adherence, AE/ER avoidance, SDOH
Coordination with prescriber	Fax / portal; ad hoc	Named RN; nurse-to-nurse weekly + on-event escalation
SDOH support	Not in scope	Dedicated Resource Coordinator team — end-to-end

What Quantify Is Requesting

We are requesting a formal, criteria-based evaluation of Quantify Specialty Care for inclusion in your specialty network — reviewed against the same standards you apply to any candidate organization providing REMS-grade or high-touch home-based care.

1. **Written qualification criteria**
   The current, documented criteria you use to evaluate specialty providers for your REMS or specialty network.

2. **A formal evaluation meeting**
   A structured review of Quantify against those criteria — clinical operations, REMS readiness, reporting, and patient safety.

3. **A defined decision timeline**
   A reasonable, written timeline for evaluation and a documented decision — yes, no, or specific gaps to close.

4. **Reviewer of record**
   The name and role of the reviewer(s) accountable for the evaluation decision.

5. **Payer-client transparency**
   Acknowledgment that Quantify's payer clients will be informed of the evaluation status and the rationale for any denial.

Patients on high-risk therapies deserve REMS-grade oversight every dose — not a dispense-and-ship handoff.

— Liane Parker, RN, CPHM

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Ready to start the evaluation conversation?

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