



Medical Virtual Assistants Emerge as Cost Strategy for Infusion Centers Facing Payment Cuts

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HENDERSON, NV, UNITED STATES, July 15, 2026 /EINPresswire.com/ -- Infusion economics shifted on January 1, 2026, and it's already reshaping how health systems plan their footprint. A new McKesson analysis calls it a "perfect storm" — four federal policy changes hitting at once instead of one at a time, potentially a structural reset.

The biggest immediate hit: site-neutral payment for drug administration. Excepted off-campus hospital outpatient departments now receive Physician Fee Schedule equivalent rates (roughly 40% of prior OPPS levels) across 61 HCPCS codes covering infusion and injection services. Layered on top: a CMS acquisition-cost survey due March 31, and the first Part B drugs entering Medicare price negotiation, with Maximum Fair Prices effective January 1, 2028.

The service lines feeling it first are the usual suspects — oncology, rheumatology, neurology, gastroenterology. These specialties rely heavily on infusion services and may experience increasing financial pressure as reimbursement changes take effect. McKesson's take: the systems getting ahead of it look pretty similar: one unified strategy, care spread across multiple settings, and the flexibility to move patients between HOPDs, physician offices, ambulatory infusion centers, and home-based care when the numbers say to.

As administration reimbursement declines, every opportunity to improve operational efficiency carries greater financial impact. That's where virtual staffing can help. Adding medical virtual assistants to the roster means scaling infusion center staff without adding physical overhead. Trained [infusion center virtual assistants](#) can handle scheduling, prior authorization, patient intake, and payer coordination. And working with a single company can increase standardization across multiple sites.

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