

Physician Name
Practice Name
Street Address
City, State Zip

Dear Dr. [Name here]:

The California Rheumatology Alliance (CRA) is a non-profit organization established in May, 2004. The mission statement of the CRA is *Advocacy for Access to Rheumatology Care*. As a professional medical organization, we represent the standard of care for rheumatology patients in California.

It has come to our attention that [California medical group] “is promoting the use of self-injectable medications in therapeutic areas where infusions are often used.” In addition, in those cases where patients may not tolerate self-injectables or among those who do not respond as well to self-injectables versus infliximab (Remicade), as of April 1st, those patients will be directed to specific, outpatient infusion centers instead of receiving infliximab in their doctor’s offices. Your letter of March 6th, 2006, goes on to solicit feedback regarding this policy change for the purposes of developing “the highest standards of care.”

It has been the position of the American College of Rheumatology (ACR), the Coalition of State Organizations (CSRO) as well as the position policy of our organization in California that administration of infusion therapy is the responsibility and right of the treating physician and the patient. Since the treating rheumatologist is intimately involved in all aspects of the patient’s disease management, as well as the patient’s overall health status, we have the nearest view of potential benefits and risks of the infusion process and how it relates to each patient. Since the physician is also on-site for each infusion, we are able to closely monitor potential adverse reactions and implement necessary medical interventions expediently. In addition, this close involvement with the patient’s treatment allows for timely adjustments to medications at the time of the infusion and it affords us the opportunity to insure both medicine and laboratory compliance.

Rheumatologists and oncologists agree that the standard of care, with regard to infusion therapies for patients, is attained through the office of the treating physician. Your current policy does not reflect this standard of care. Sending patients to outpatient infusion centers for infliximab therapy does not meet “the highest standards of care” for which you aspire. Promoting one biologic therapy over another also ignores treatment decisions best left to the patient and their physician.

I ask that you reconsider your policy of promoting one biologic therapy over another and the policy of redirecting patients away from their doctor’s office for infusion treatments. These policies compromise quality care to patients and, in so doing, [California medical group] is ignoring established standards in rheumatology care.

Sincerely,