Position Statement
On Infusion Therapy Performed in
Rheumatology and Gastroenterology Practices

Introduction:

In the last two years the introduction of infusible Infliximab (Remicade) in these practices has resulted in a new service being provided. Several of these practices in the region now provide this service at one or more locations. In addition, there are several more such agents in various stages of research which might be administered in these practices in the future. Since these practices didn't have this type of drug in their treatment arsenal until recently, many had no experience with infusion drugs. Borrowing from protocols and systems in place in oncology and other similar practices, these practices have invested in the space, staff and equipment necessary and appropriate to the infusion of drugs in their offices. Patient response has been uniformly favorable since many of these patients suffer from chronic or sporadic illness which is managed and monitored by their specialist and not their primary care physician. Having their own physician involved and their medical record at the same location as their infusion has been a source of confidence and comfort to many of these patients.

Changes to the way Medicare will pay for infusion drugs has sparked questions about the impact this will have on Medicare patients in the future. Although a majority of infusion drugs are still administered to Medicare-eligible patients, many of the patients seen in the rheumatology and gastroenterology practices are not eligible for Medicare. Therefore the manner in which commercial insurers adopt any or all of the Medicare methodology for payment for infusion drugs is of deep concern to our practices. We made the service available and now the business basis on which we did that is potentially changing.

This paper sets forth some principles that the practices below believe should be considered and adopted if commercial insurers want these infusions done in a physician's office as opposed to another setting. Failure to adhere to these principles could result in future reductions of infusion options for patients benefiting from these drugs.

1. The practices believe that they must be accountable for the purchase, receipt and administration of the infusion drug in partnership with a pharmaceutical vendor known and accountable to them. Drugs brought to the practice by the patient from any source will not be administered in the practice.
   COMMENT: The practice of "brown bagging" where the patient receives the drug from a pharmacy or other vendor and brings it to the practice for administration is not considered safe and secure enough by the practice.

2. Adoption of the Medicare pricing methodology by commercial insurers for infusion drugs must be accompanied by increases to the administration and supply codes associated with the infusion.
   COMMENT: Reducing the payment for the drug while maintaining the payment for the administration and supplies is contrary to the rationale

adopted by Medicare and will make the business justification for doing this in the practice erode or disappear altogether. If that is the desired end from the insurers' point of view, we would like to know that in advance rather than sustain the interim losses.

3. While the use of home infusion remains an option for some drugs, our practices believe that this practice for Infliximab is sub-optimal and is not in the best interest of the patient.

   COMMENT: The standard for the office setting is to have an RN with IV experience administer the drug with a physician in the office to supervise and monitor any reaction or other unexpected reaction. This level of support is not available in the home setting.

4. Our practices are aware that the patient may not be subject to the same level of deductible or co-insurance when the drug is administered in the physician's office as contrasted with other settings. We are willing to discuss how best to "level the playing field" regarding this issue if the other principles cited above are agreed to by the insurer.

   COMMENT: The patient should be responsible for their share of the cost of the infused drug regardless of the setting in which it is administered and consistent with the benefit design of their policy.

We hope these principles will assist us in continuing to provide this service to our patients and your members in the setting of a physician's office. We look forward to discussion on this topic and agreement on the principles.

SIGNED

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Dated: