

# Patient

## Decreased Barriers to Care, Increased Patient Oversight



- ✔ Patients benefit, both clinically and personally, from more time with their healthcare providers. Frequent, direct contact with their clinicians gives patients a stake in their own care. One patient describes this experience as “feeling doctored” with a personal touch from clinicians who care about him as a person, not just another patient file. With streamlined, point-of-care infusion delivery, you, the clinician, can more closely monitor patients as they receive therapies and more quickly address any clinical concerns that may arise surrounding those therapies.
- ✔ What is shared decision-making? A 2013 Health Affairs article defined it as, “Patients and providers together consider the patient’s condition, treatment options, the medical evidence behind the treatment options, the benefits and risks of treatment, and patients’ preferences, and then arrive at and execute a treatment plan.” (J James. Patient Engagement. *Health Affairs*. Available at )
- ✔ Why invest time, money, and resources in one-on-one time with patients? According to the Harvard Business Review in 2014, “The costs of such extra time would be repaid many times over, often by orders of magnitude, through fewer future complications.”

**Takeaway:** *Infusion treatment plans change over time. Patients may start out preferring a subcutaneous infusion but clinical needs may dictate an eventual switch to IV infusion, or vice versa. Flexibility is key for both provider and patient.*

## Increased Medication Compliance

- ✔ Offering in-office infusion services enables office staff to monitor patient compliance. Thanks to EHR technology, clinicians and office staff receive real-time data on which patients have missed doses, allowing faster rescheduling of treatment. More rapid identification of nonadherence may contribute to lower rates of asthma exacerbations; a reduction of recurrent infections in immunodeficient patients; and perhaps even fewer hospital admissions among high-risk patients.
- ✔ Long-term or chronic immunologic conditions require more clinician oversight and although changes in patient behavior may not always be immediately apparent, you can measure changes in patient quality of life and satisfaction at the point of care. In fact, many of the clinical trials for omalizumab, mepolizumab, and reslizumab included quality-of-life measures. A representative list of abstracts is linked below; this list is not all-inclusive.
  - > Omalizumab (Xolair): Busse W, et al. *J Allergy Clin Immunol*. 2001;108(2):184-190. 📄
  - > Mepolizumab (Nucala): Ortega HG, et al. *N Engl J Med*. 2014;371(13):1198-1207. 📄
  - > Reslizumab (Cinqair): Castro M, et al. *Lancet Respir Med*. 2015;3(5):355-366. 📄
  - > IGIV: Abdou NI, et al. *Int Arch Allergy Immunol*. 2009;149(3):267-274. 📄



“If you want to retain your patients, you have to treat them well.”

- Dr. Josh Jacobs, AAAAI 2017 symposium. Atlanta, GA.







## Increasing Health Education

- ✔ **Patients often lack knowledge about their conditions.** Many immunodeficient patients struggle for months or even years without receiving an accurate diagnosis. Even after they receive the correct diagnosis, patients often do not understand their conditions or the therapies they must receive throughout their lives. It is often up to you, the clinician, to educate your patients about their disease and their therapies on an ongoing basis. Educating your patients can be far simpler to achieve if they receive infusions regularly at your office instead of at a separate hospital or clinic.
  - > Why the need for so much ongoing patient education? First and foremost, immunodeficiency and immunologic conditions are uncomfortable subjects for patients. In addition, the very nature of immunology means that care plans, infusion schedules, and infusion delivery systems will change throughout patients’ lives. As a result, it is no surprise that this inherent treatment complexity leads to high patient noncompliance. For example, a 2014 Harvard Business Review article reported that up to 50% of patients with chronic conditions do not take their medications as prescribed.
  - > What if a patient’s disease worsens? Most asthma patients, for example, are used to oral or inhaled therapies. If their disease

worsens to the point at which they are on the maximally tolerated dose of long-acting beta agonists (LABAs) and inhaled corticosteroids (ICs), the patient's next best option may be an infused biologic. At that time, you, the clinician, need to explain how the drug works and what can be expected before, during, and after the infusion. Via direct patient education in the infusion center, you, the clinician, can make patients more comfortable with transitions in therapy.

## Reduced Costs

✔ **Connect patients with payment assistance.** Biologic therapies (both subcutaneous and IV) are often more expensive than other medications. An in-house infusion clinic gives you the opportunity to help connect your patients with appropriate patient assistance programs, or PAPs, offered through pharmaceutical companies. These programs help defray some of these medications' high out-of-pocket costs. Moreover, many states require pharmacist oversight of infusion dispensing, and having an infusion pharmacist onsite or on-call at your infusion clinic can help patient referral to these programs because pharmacists are well trained on how to obtain PAP reimbursements. A representative sampling of PAPs is listed below; note, however, the list is not all-inclusive.

- > Omalizumab (Xolair): 
- > Mepolizumab (Nucala): 
- > Reslizumab (Cinqair): 
- > Gammagard (IVIG or SCIG) FAQs:  or 
- > Privigen (IVIG): 

## Helping Patients Manage Costs

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- ✔ **Faster, simpler, and possibly more affordable access for patients.** Having a “one-stop shop” for both clinical care and infusions offers patients the added benefit of having a single administrative department handling their insurance preauthorization and claims related to their treatment. This way, patients will have less paperwork and less time traveling between treatment locations, and they will learn about their out-of-pocket costs more quickly and efficiently. Finally, patients can save money via fewer copays and other costs associated with receiving care at multiple in- and outpatient sites when they receive all their care from one provider.
- ✔ **Avoiding high specialty pharmacy costs.** In today's managed care environment, specialty pharmacy coverage and care can be costly and difficult for patients to obtain. When patients receive infusions in a physician's office rather than through a specialty pharmacy, they can avoid incurring pharmacy benefit management (PBM) costs as well as the major medical costs associated with hospital infusions.

## Patient Insurance Billing: Major Medical vs PBM

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- ✔ **Gain more direct control over billing issues and improve patient adherence.** With an in-house infusion clinic, you and your staff have the opportunity to educate patients about the many different insurance coverage and out-of-pocket cost issues associated with receiving infusion therapy at the point of care. In addition, if your office offers payment plans or other types of financial assistance for out-of-pocket costs, keeping infusions in-house allows you, the clinician, to incorporate financial information into your overall patient education protocol.
- > How can you accomplish this? At each patient encounter, clearly explain payment plans at your practice and other financial assistance programs in the same manner you explain diagnoses, therapies, and infusion schedules. This way, patients understand that financial concerns are an important part of their overall care plan, including the potential health effects if treatments are skipped or declined for financial reasons.