AMERICAN COLLEGE of RHEUMATOLOGY
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ACR Infusion Guidance During COVID-19 Crisis

During the COVID-19 outbreak, rheumatology practices and patients have concerns about the continued safety of office-administered therapies. Certain rheumatology patients may be among the high-risk population for poor COVID-19 outcomes, and this may impact the risk and benefit considerations for their ongoing treatments to include office administered therapies.

The ACR provides the following guidance for practices to continue to operate essential infusion services utilizing CDC recommendations, to keep their patients and team members safe during the COVID-19 crisis.

In general, rheumatologists and rheumatology health professionals must consider several factors during the COVID-19 pandemic. These include: the potential impact of immune modulating therapies on outcomes for infected patients; the impact on a patient's rheumatic disease-related outcome when changing or interrupting their treatment; and patient access to treatment. Given the complexity of balancing these considerations and the need for tailoring any response to the individual patient, all decisions need to be made by the treating rheumatologist or rheumatology professional in consultation with the patient in question.

In the specific situation in which a patient may feel uncomfortable or have logistical difficulties traveling to a rheumatologist's office for treatment or continuing their treatment during the pandemic, they should discuss their options with their treating team. Based on the specifics of the treatment plan, possible changes might include temporary interruption of therapy, increased dosing intervals, temporary initiation of a bridge therapy such as a less potent anti-inflammatory or immune modulating agent, or temporary change to an alternative therapy. In light of each patient's unique circumstance and the risks related to potential disease flares and risk of infection, decisions about patient therapies and site of therapy must be individualized and made by the physician and the patient rather than insurance companies or other entities. For patients with a history of vital organ-threatening rheumatic disease, immunosuppressants should not be dose-reduced.

There may be rare circumstances in which home infusions could be medically necessary in order for a particular patient to have access to treatment with a biologic. In these highly unusual situations, the increased risk of a home infusion may be outweighed by the risks associated with a lack of access to biologic therapy at all. The ACR encourages providers in such unusual and difficult situations to make the best medical decision based on the individual needs of the patient. The ACR believes that home infusion for the sake of cost-cutting undermines patient safety.

Because of interest in anti-IL-6 therapy for patients with active COVID-19 infection, there may be shortages of intravenous forms of these medications. For patients well-

controlled on an IL-6 inhibitor, this DMARD should be continued, when accessible; when unable to access the agent, switching to a different biologic should be considered.

For facilities that cannot offer office-administered therapies due to an emergency plan such as a hospital that is reapportioning space for inpatient beds, considerations such as communication with community rheumatology infusion resources or case-by-case changes to patient treatment plans as discussed above may be appropriate.

The ACR will also continue to advocate to CMS to increase access and affordability of self- administered (Medicare Part D) treatments so that patient costs for those therapies are on par with infusion therapies covered under Medicare Part B.

ACR Recommendations for Safe Infusion Therapy Administration

The ACR's recommendations for facilities providing infusion therapy include the following:

- Clean and decontaminate facilities frequently using a disinfectant known to be effective, and ensure the appropriate contact time for the disinfectant.
- All equipment and high-touch surfaces in patient care areas should be cleaned and disinfected between each patient use, along with special attention to other high-touch surfaces in check-in areas and around the facility.
- Inform patients of social distancing and hygiene procedures. Adjust waiting rooms to allow for social distancing, placing chairs six feet or more apart, and consider asking patients to wait for their appointment outside the facility (for example, in their vehicles). Hand sanitizer should be readily available in patient care areas.
- Implement screening for staff and patients. Patients should be screened by phone prior to their visit for risk of COVID-19 infection.

Additional Resources

ACR clinical guidance on management of rheumatology patients during COVID-19 is here: https://www.rheumatology.org/Portals/0/Files/ACR-COVID-19-Clinical-Guidance-Summary-Patients-with-Rheumatic-Diseases.pdf

CDC guidance for healthcare facilities is available here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html

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Printable guidance to communicate with patients is here:
https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html

Infection prevention and control recommendations for patients with suspected or confirmed Coronavirus Disease 2019 (COVID-19) in healthcare settings are here:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

The CDC Situation Summary for Coronavirus Disease 2019 (COVID-19) is here:
https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html

For additional information on ACR COVID-19 practice management recommendations and coding guidelines, contact Antanya Chung at achung@rheumatology.org.

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