AMERICAN COLLEGE OF RHEUMATOLOGY

POSITION STATEMENT

SUBJECT: Access to Care

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO:
- Members of the American College of Rheumatology
- Members of Congress
- Pharmaceutical Councils/Representatives
- Professional Pharmacists’ Associations
- Medical Review Organizations, e.g. AMCRA
- Medicare Carriers/Private Insurers
- State Insurance Commissioners

POSITIONS:

1. The ACR recommends that all Americans be covered by continuous health insurance that encourages high quality health care including care for chronic arthritis and rheumatic diseases. This coverage should have the following features:

   - No exclusions for preexisting conditions.
   - No lifetime caps on health insurance coverage for any patients, especially for those with rheumatic conditions in light of the high cost of routine therapies for these diseases.
   - Extension of coverage for young adults as part of family health insurance plans.
   - Access to providers with expertise in rheumatology and coverage for services that are exceptionally valuable to their patients, including but not limited to biological therapies, appropriately supervised infusions, therapeutic water exercises, physical and occupational therapy, psychological care and appropriate radiologic imaging.
   - Coverage for health education activities for patients with chronic rheumatic diseases in acknowledgement of the importance of education in the management of chronic rheumatic diseases.
   - Recognition and mitigation of barriers related to travel for patients with arthritis and other rheumatologic conditions. Laboratory, radiology and infusion services should be readily available, unfragmented and as near to the patient’s home as possible.
   - Expansion of provider networks to ensure access to expert rheumatology care. Patients who are forced out of network to gain access to reasonably convenient and appropriate care by a rheumatologist should not be financially penalized for doing so.
   - Readily available provider directories that are complete, accurate, and up-to-date and reflect and adhere to fair health plan contracting practices.
   - Elimination of excessive co-payments that further reduce access to care.
2. The ACR recommends that all patients have timely access to expert rheumatology care and suggests the following steps:

- Health care policies should encourage non-rheumatologists and especially primary care providers to refer patients to a provider with expertise in rheumatology early in the course of a patient’s disease, as many conditions are more effectively managed when an accurate diagnosis and initiation of therapy are prompt.
- Health care policies should be designed so as to allow rheumatologists to run viable medical practices in a plurality of settings with a variety of organizational structures including rural and urban environments, small and large practices, single and multispecialty groups, academic centers, solo practices, and practices affiliated with and independent of other health systems.
- Health care policies should recognize that rheumatologists care for patients with lifelong conditions and therefore frequently provide primary care services to their patients. These services should not be classified in a higher tier with higher co-pay, a practice which results in reduced access to care.
- Health care policies should minimize or eliminate the need for repeated renewal of referrals for ongoing rheumatologic care as continual and tedious renewal processes are overly burdensome to patients trying to maintain access to care and to physicians trying to provide care.
- Graduate medical education programs should be expanded to train more rheumatologists and encourage physician assistants, nurse practitioners and nurses to obtain specialized training in rheumatology.

3. The ACR recommends that all patients have access to medications and other medically necessary treatments for rheumatic conditions and suggests the following steps:

- FDA authority should be maintained to expedite approval of safe, effective biosimilars and facilitate competition in the biologics marketplace.
- Transparency should be encouraged in policies, established by pharmaceutical manufacturers, pharmacy benefit managers and health insurance companies that determine prescription drug prices.
- Regulations governing the pharmaceutical marketplace and market-based approaches to ensure affordability of and access to prescription drugs should be reevaluated.
- Administrative burdens associated with the delivery of high-cost treatments, including but not limited to prior authorizations, should be minimized, streamlined and made more uniform.

BACKGROUND:

The mission of the American College of Rheumatology (ACR) includes advocacy for excellence in the care of both adults and children with autoimmune and musculoskeletal diseases. The ACR is deeply concerned about any barriers which may limit the ability of patients with arthritis or other rheumatic diseases to obtain affordable, high quality, high value healthcare. The ACR therefore advocates for patient access to adequate and affordable health insurance, including access to a rheumatologist for both
initial consultative services as well as ongoing care, and access to medications and other medically
necessary treatments for rheumatic conditions.

Lack of insurance affects many patients with rheumatic disease, including children\(^1\). Not only does this
lack of coverage have a detrimental effect on the health of the uninsured individuals\(^2\), but it can also
impact the medical and economic well-being of the insured population in the same community\(^3\). The
need to improve and expand access to high value healthcare is especially important for patients with
rheumatologic conditions for three reasons:

1. Patients suffering from rheumatic conditions, some of which (such as rheumatoid arthritis) are
   highly prevalent, reap tremendous benefits in terms of reduced morbidity and prevention of
disability when their disease is controlled quickly by virtue of a prompt and accurate diagnosis
and the rapid initiation of appropriate therapy\(^4\).
2. New therapeutic options, especially a class of medicines called biologics, have revolutionized
   the treatment of rheumatic conditions but the high cost of these treatments precludes their
appropriate use in many patients\(^5\).
3. Timely access to expert rheumatologic care is hindered by a national workforce shortage of
   rheumatologists\(^6\).

REFERENCES:

   http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/ (accessed 23 Jan
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3. America’s Uninsured Crisis: Consequences for Health and Health Care, Institute of Medicine
   Report available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285,
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4. Demoruelle MK and Deane KD, Treatment Strategies in Early Rheumatoid Arthritis and
5. Harrold LR et al, Cost-Related Medication Nonadherence in Older Rheumatoid Arthritis
6. 2015 Workforce Study of Rheumatology Specialists in the United States. Available at

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