Guiding Principles from the American College of Rheumatology for Home Infusion During the COVID-19 Pandemic

The American College of Rheumatology (ACR) strongly supports efforts, including physical (also known as “social”) distancing, to prevent the spread of SARS-CoV-2 and minimize loss of life during the COVID-19 pandemic. Rheumatologists and rheumatology health professionals work with patients every day to delay and modify patient evaluation and delivery of care to ensure the highest possible measure of safety.

Along these lines, we appreciate the intent behind attempts, such as an expansion of home infusion, to improve patient access to critical treatments. On the surface, this may appear to improve patient safety by reducing the need for patients to travel to infusion centers. While transitioning selected patients to home infusions may be appropriate in select cases, it may result in reduced patient safety in others. Specifically, our members have expressed a number of safety concerns with home infusions that are exacerbated by the COVID-19 pandemic:

- Inadequate evaluation of a patient’s health prior to administration of medication
- Inadequate resources to manage adverse reactions outside a medical facility
- Reduced availability of staff combined with increased volume of complex home infusions
- Difficulty ensuring safe transport of medications and equipment
- Inadequate oversight to ensure proper use of personal protective equipment to protect patients and staff

The ACR does not support indiscriminate expansion of home infusion. Rheumatologists and rheumatology health professionals are in the best position, in careful consultation with patients, to consider a broad array of factors and arrive at individualized recommendations to maximize patient safety. Regulations and policies that promote home infusion without patient consent and provider input bypass the critical need for expert and individualized evaluation of a patient’s unique circumstances. The ACR strongly recommends that patient safety be the first priority of policy-makers, regulators and payers, during and after the COVID-19 pandemic.

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