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 American College of Rheumatology (ACR) affirms the ethical responsibility to place the welfare of the patient above all and this includes the importance of preserving appropriate therapeutic options required to maintain patients' health and to treat their diseases.[1,2]

    - The ACR supports the appropriate care and counseling for patients and feels these discussions and decisions should be free of the threat of legal repercussions.
    - The ACR unequivocally supports the practice of shared medical decision making between the provider and the patient, and the primacy of clinical autonomy in the care of our patients.
    - Any attempt to influence or interfere with the evidence-based management of patient care is in direct conflict with our ethical obligation to patients and with the principles of the ACR.

2. 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 conveniently located for patients.
- 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.

3. 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 adult and pediatric rheumatologists and encourage physician assistants, nurse practitioners and nurses to obtain specialized training in rheumatology.

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 objects to any attempt to influence or interfere with clinical autonomy in the care of patients, shared decision making, and evidence-based care. 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, access to medications and other medically necessary treatments for rheumatic conditions, and preservation of all appropriate therapeutic options without undue influence or interference.

Lack of insurance affects many patients with rheumatic disease, including children[3]. Not only does this lack of coverage have a detrimental effect on the health of the uninsured individuals[4], but it can also impact the medical and economic well-being of the insured population in the same community[5]. 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[6].
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[7].
3. Timely access to expert rheumatologic care is hindered by a national workforce shortage of rheumatologists[8].

REFERENCES:

1. American Medical Association Code of Medical Ethics. Available at https://www.ama-assn.org/delivering-care/ethics/patient-physician-relationships (accessed 13 September 2019).
2. American College of Rheumatology Code of Ethics. Available at https://www.rheumatology.org/Portals/0/Files/Code%20of%20Ethics.pdf (accessed 13 September 2019).
3. Key Facts about the Uninsured Population, Sept 2016, Kaiser Family Foundation. Available at http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/ (accessed 23 Jan 2017).
4. American College of Physicians. Achieving a High Performance Health Care System with Universal Access: What the United States Can Learn from Other Countries. Philadelphia: American College of Physicians; 2007: Position Paper. (Available from American College of Physicians, 190 N. Independence Mall West, Philadelphia, PA 19106.)
5. 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, Washington, DC 20055; (800) 624-6242 or www.nap.edu.
6. Demoruelle MK and Deane KD, Treatment Strategies in Early Rheumatoid Arthritis and Prevention of Rheumatoid Arthritis, 2012, Curr Rheumatol Rep. 14(5): 472–480.
7. Harrold LR et al, Cost-Related Medication Nonadherence in Older Rheumatoid Arthritis Patients, 2013, J Rheumatol. 40(2): 10.3899/jrheum.120441.

8. 2015 Workforce Study of Rheumatology Specialists in the United States. Available at www.rheumatology.org/portals/0/files/ACR-Workforce-Study-2015.pdf (accessed 13 September 2019).

Approved by Board of Directors 05/00 05/05 08/09 08/13 02/17 09/19