What role does infusion play in treating your patients?

**Dr. M:** I’m a rheumatologist, so my patients with rheumatoid arthritis are often treated through infusion. They visit the infusion center once a month, once every six weeks or once every three months, depending upon which medication they take. Infusions last about two hours.

Patients see tremendous results with these medications.

Has COVID-19 interrupted care for these patients?

**Dr. M:** We definitely get phone calls about COVID and questions from concerned patients. People want to know if it’s safe to come to the clinic, and whether treatment puts them at risk for the coronavirus. But I practice in an urban area where it’s easy to reach the infusion center. At this point, most patients are still coming in for treatment.

I can see how rheumatologists in remote areas or in cities like New York with very high coronavirus infection rates might see different trends.

Medicare officials have relaxed their rules temporarily to allow for more infusions at home. Is this a good thing?

**Dr. M:** Patients’ immune systems are suppressed by the rheumatoid arthritis treatment. So home infusion could help in regions that are highly impacted by the coronavirus. It could also be more flexible for patients living in remote areas like Utah or Montana who worry about traveling for treatment.

Feasibility is the challenge. It takes time to get home infusion up and running.

How do patients balance the need to continue infused treatment against the risk of COVID-19?

**Dr. M:** My patients with rheumatoid arthritis know their disease will get out of control if they don’t continue their infused medication. They’ll become functionally disabled, find that they can’t do daily activities. They can get sicker. It’s a snowball effect.

That’s part of the reason they’re committed to continuing the infusions, even during COVID. They know the alternative isn’t good for them.