

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/unpacking-the-logistics-of-at-home-subcutaneous-cancer-immunotherapy-delivery/35771/>

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Unpacking the Logistics of At-Home Subcutaneous Cancer Immunotherapy Delivery

Announcer:

This is *Project Oncology* on ReachMD. On this episode, we'll learn about the operational and logistical challenges of delivering subcutaneous immunotherapy in the homes of cancer patients with Dr. Jorge Nieva. He's an Associate Professor of Clinical Medicine at the University of Southern California's Keck School of Medicine. Let's hear from Dr. Nieva now.

Dr. Nieva:

Well, there's a lot of operational challenges with home administration of these medicines. I think the biggest operational challenge is related to their expense and their reimbursement. Now, expense of these agents is, of course, going to come down in the future as patents begin to expire and other formulations become available. Also, different health systems have different ways of handling the cost of these medicines. For many health systems where capitated care is standard—I'm talking about your typical HMOs—they view these drugs entirely as a cost and not as a revenue stream, and so for places that view these medicines primarily as a cost for them, administration in the home or administration in the office means essentially the same thing. There are other health systems that are fee-for-service based, where administering the drug in the office is associated with a significant margin for the organization. And so for those types of organizations, they may have a reluctance to administer the drug at home if they think it's going to affect how the drug is reimbursed.

Of course, now many large health systems and many fee-for-service systems have their own specialty pharmacies, and so for them, there may be no major effect on reimbursement and on the margin provided to the organization for providing these medicines. But, of course, insurers may have their way as well of thinking about how these home formulations might impact their costs, and they may actually have a preference for people with certain insurance plans to have dispensing of these medicines from pharmacies that are owned by the insurance company, and so therefore could bypass all the additional expense associated with administering them within a healthcare system.

There's a number of other logistical challenges associated with home administration. These medicines have a shelf life. They have a certain limitation on what temperature they can be stored at. And so ensuring that this medicine is delivered to the patient's home and that the medicine is received by the patient without being lost in transit, without being overheated, and without freezing—all these sorts of logistical challenges impact how we deliver the medicines. Of course, we don't want to deliver these very expensive medicines to someone who shouldn't be receiving them, so having a pattern of laboratory testing and physician visit, sometimes by telemedicine, to ensure that anytime a drug is delivered to the patient, it's appropriate for them to receive it. We certainly don't want these drugs going out to patients who are experiencing drug toxicity that would mandate the drug not be given, so having a series of checks in place with telemedicine visits with a provider and with appropriate laboratory monitoring is essential if you're going to have an effective home administration program.

Announcer:

That was Dr. Jorge Nieva talking about the operational and logistical challenges of at-home subcutaneous cancer immunotherapy delivery. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!