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Dr. Trautman and Mr. Schoen,

Thank you again for meeting with the American College of Rheumatology (ACR) to share more information about the Blue Cross NC/OMI Autoimmune Pathways Program. We greatly appreciate your time and the insights shared by you and your colleagues.

The ACR continues to have serious concerns about this program's impact on the doctor-patient relationship and patients' access to treatment. Providing physician payment per patient per month for not utilizing a biologic medication or to reduce or taper doses is ethically unsound. Furthermore, the fact that patients would not be informed of this program is unacceptable. If a patient were to learn after the fact that their doctor was paid by their health insurance company to delay or taper medications critical to controlling their chronic disease, they would lose trust in that physician and the field of rheumatology (and medicine) in general.

As previously stated, rheumatic conditions can rapidly lead to irreversible joint damage and disability. Early access to biologic therapies is key to reducing pain, dysfunction, and disease-related complications including cardiovascular disease, metabolic syndrome, expensive procedures and surgeries, and long-term disability. For many patients, the journey to finding an effective treatment is lengthy and involves numerous treatment failures. Delaying therapy or directing a patient who has finally reached low disease activity or remission to discontinue treatment simply to reduce health plan spending is a most egregious violation of patient welfare and runs counter to all treatment guidelines. Additionally, if a patient stops therapy and experiences a disease flare, there is a chance that same biologic medication will not be as effective when reinitiated. Monitoring patients for poor outcomes is simply not enough – the risk this program poses to patients' health is not acceptable.

While the ACR supports efforts around value-based care, we cannot support a program that pays rheumatologists for making treatment decisions that limit patient access to critical biologic therapies. We urge Blue Cross NC and OMI not to move forward with implementation of the Autoimmune Pathways Program.

Sincerely,

A handwritten signature in blue ink, appearing to read 'RmCm', with a horizontal line extending from the end.

Rebecca Shepherd, MD, MBA
Chair, ACR Insurance Subcommittee