

PROMISING PRACTICES FOR PROMOTING UTILIZATION OF COVID-19 MONOCLONAL ANTIBODY TREATMENTS

There are a number of **high-risk settings** – including long-term care (LTC) facilities, skilled nursing facilities, federally qualified health centers (FQHCs), and correctional facilities, among other congregate settings where large breakouts can occur – for which critical partnerships may be needed to enable access to COVID-19 monoclonal antibody (mAb) treatments. Here, we outline emerging promising practices, example stakeholder antibody treatment efforts, and shared resources to further support these types of settings in providing antibody treatments at scale.

CRITICAL STEPS

Streamline the care process

- Timely assessment and testing for high-risk patients, routine screening of nonvaccinated patients and staff
- Recommend treatment with test results to patient/caregiver if patient is eligible
- Same-day referral and transport to infusion center, or [in-facility “home infusion”](#)
- If providing infusion, set up direct access to mAb supplies through [ASPR’s SPEED program](#) or [ASPR’s direct order process](#)

Educate participants in the care process

- Educate providers about clinical efficacy/safety data, availability, and [referral process](#)
- Provide patients and caregivers with educational material regarding mAb [availability, eligibility](#), as well as [benefits and risks of infusion](#) in advance

Expand footprint to increase access

- Assure that patients have straightforward access to testing and infusion services – track timeliness of testing, infusion rates, and hospital use rates for eligible patients

Ensure adequate payment

- Add-on payment for infusions administered by staff or contractor
- Home infusion provider can be reimbursed for delivery in-facility

INNOVATIVE EXAMPLES & RESOURCES

Streamline the care process

- [RefuahHealth](#), an FQHC in New York State, has implemented same-day COVID-19 testing using rapid tests and antibody infusion; the entire process can take as little as two hours.
- St. John’s Well Child and Family Center, an FQHC in Los Angeles, California, was already running testing sites for their community before requesting an allocation from [ASPR’s SPEED program](#), an option for other infusion-ready FQHCs, LTC settings, or non-traditional settings unable to obtain product from states.

Educate participants in care process

- The American Society of Consultant Pharmacists (ASCP) and AMDA – The Society for Post-Acute and Long-Term Care Medicine jointly developed a [readiness document](#) to assist LTC pharmacies and settings in obtaining these drugs through the Federal [SPEED program](#) and effectively implementing treatment programs.

Expand footprint to increase access

- [Nebraska Medicine](#) has partnered with a local FQHC to implement a COVID-19 antibody infusion program. In this partnership, the FQHC completes the testing and consent process and the patient can then be infused at Nebraska Medicine, an academic medical center.
- [St. Peter’s Health Partners](#) set up an infusion program that centers equity in its approach, reaching patients from LTC settings to urgent care locations and emergency departments. Temporary hotel housing following infusion is also provided to homeless patients who present to the emergency department seeking COVID-19 treatment but cannot return to a shelter due to being COVID-positive.
- SSM Health developed referral protocols for their affiliated nursing homes to provide antibody treatment through the system’s infusion program.