Telemed J E Health. 2025 Apr;31(4):490-493. doi: 10.1089/tmj.2023.0666. Epub 2025 Jan 30.

A Statewide Telemedicine Referral System for Regional Monoclonal Antibody Infusion Centers

Romeo R Fairley [1], Andrew Ta [1], Tatiana Emanuel [1], Traceee Rose [2], Justine Skyler [2], Ralph Riviello [1]

Affiliations

PMID: 39882985 DOI: 10.1089/tmj.2023.0666

Abstract

Background: Regional infusion centers (RICs) played an integral role in treating high-risk patients with COVID-19, with mild to moderate symptoms, who did not need acute hospitalization, with monoclonal antibodies. While any medical provider could place a RIC referral, it was recognized that many people face challenges with accessing care. A dedicated medical team was created to provide telemedical evaluation of patients and place appropriate referrals to RICs. The objective of this work was to assess patient populations who utilized a telemedicine referral system for COVID-19 antibody infusions. **Methods:** Providers used Pulsara, a Health Insurance Portability and Accountability Act-compliant video chat platform, to remotely screen patients and refer them to regional monoclonal antibody infusion centers if they met criteria. Basic demographic data were collected anonymously on all patients referred to the RICs, and medically underserved populations were determined using the uniform data system mapper. **Results:** A total of 6,031 patients were referred to RICs through Pulsara. Of these, 1,723 (29%) lived in medically underserved areas and 1,042 (17%) lived in mixed zones. In the second half of the program, 36 providers virtually screened 3,531 patients with 1,890 patients (53.5%) receiving an infusion. **Conclusions:** The successful implementation of a telehealth referral system facilitated the decentralization of monoclonal antibody infusion therapy from emergency departments to RICs. This system reached a significant number of people living within medically underserved areas.

Keywords: COVID-19; infectious disease; medically underserved; monoclonal antibody; public health; telehealth; telemedicine.

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