

LEARNINGS FROM CSL BEHRING CARES: SUPPORTING PATIENTS WITH PRIMARY IMMUNODEFICIENCY (PID) TO USE SUBCUTANEOUS IMMUNOGLOBULIN (HIZENTRA® and EVOGAM®) IN THE HOME

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INTRODUCTION

Subcutaneous immunoglobulin (SCIg) therapy is a growing treatment option for patients with primary immunodeficiencies (PID) as an alternative to intravenous immunoglobulin (IVIg) infusions. Guidelines state that reasons for consideration in choosing SCiG for immune deficiency indications for appropriate patients include preference for autonomy and convenience of self-treatment at home and may avoid some systemic side effects and intravenous cannulation.¹ To help patients transition from hospital-based to home-based care and establish their competence in Hizentra® (20% normal immunoglobulin) and Evogam® (16% normal immunoglobulin) self-administration, the CSL Behring CARES patient support program (PSP) was created. CARES was designed to provide education and training to patients through regular in-home sessions with a registered nurse. The CARES PSP also supports patients with secondary immunodeficiency (SID) and chronic inflammatory demyelinating polyneuropathy (CIDP).

PROGRAM STRUCTURE

CARES is commissioned by CSL Behring and managed by Aesir Health Pty Ltd (Aesir). Aesir is an independent, national healthcare provider, with over 15 years of experience in patient education on the self-administration of injectable medications. Training through CARES is provided by a team of up to 30 Registered Nurses, each with extensive experience in community nursing and patient education services.

CARES offers a multi-level approach to servicing patients referred into the program. Patients enrolled in CARES program receive a series of in-home educational visits from a program nurse. This education is also offered to carers of enrolled patients. Further assistance is also provided through Aesir phone support and the Support service offers access to program coordinators via the 1800 line or email as needed.

OBJECTIVE

The aim of CARES is to ensure that patients are confident and competent in SCiG self-administration. A review of patients with PID enrolled in CARES was undertaken to assess the effectiveness and quality of the program.

METHOD

Patient competence in SCiG self-administration was assessed by the registered nurse on completion of each home visit using a standardised form. Patient's skills and knowledge were rated in relation to the preparation, infusion and post-infusion care, with a focus on medication storage and handling, competence, site selection and correct infusion technique.

The total number of visits a patient received was based on their competency in the above areas. Patients who were deemed competent to self-manage their ongoing treatments received no further in-home visits following sign-off from the nurse. Upon completion of the in-home visits, patients were asked to complete a survey to ascertain the quality of education and training provided.

PATIENT ENROLMENTS

A total of 251 patients with PID, aged two to 92 years, enrolled in CARES: 200 with face-to-face education and 51 with intensive phone support. Participation in CARES was nationwide, as shown in Figure 1. Patient demographics are shown in Figure 2.

Table 1: Medication summary (n=251)

SCiG experience	80% new to SCiG infusions (n=202)
Volume infused (mL/week)	10–252.5 mL
Dosing frequency	89% on weekly dosing

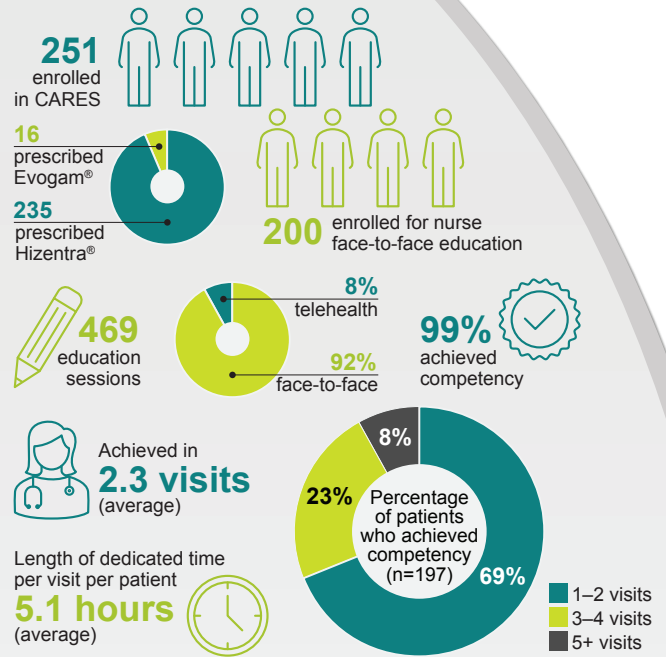
RESULTS

Of the 251 patients with PID who enrolled into the program, 235 were prescribed Hizentra® and 16 were prescribed Evogam®. The majority (80%) received nurse education sessions, with 469 (92%) sessions conducted face to face and 38 (8%) conducted by telehealth. Prior to enrolling in CARES, 63% of patients were previously receiving IVIg, 18% were receiving SCiG and 18% were treatment naive. The remaining patients previously received SCiG and IVIg (n=3). Of the 200 patients who received face-to-face nurse education, 197 (99%) were deemed competent, two did not achieve competency, and one was ongoing at the time of writing. On average, patients became competent in self-administration after 2.3 nurse visits (range 1–8 visits).

More than half of patients (68%) only required one or two visits by the nurse to reach competency. Some patients (23%) required three or four visits, and 7% of patients required more extended support, with five or more visits. The average length of dedicated time for the in-home education was 5.1 hours per patient.

References

1. Australasian Society of Clinical Immunology and Allergy. ASCIA Position Statement – Subcutaneous Immunoglobulin (SCiG). 2018. Available from: https://www.allergy.org.au/images/stories/pospapers/ASCIA_HP_Position_Statement_SCiG_2018.pdf (accessed 7 August 2022).
 2. AAAAI 2018 Poster; Henderson TS et al. Patient-reported experience on training associated with subcutaneous immunoglobulin (SCiG) therapy self-administration. 2–5 March 2018 (Orlando, FL, USA).
- Disclosure of interest. This program was supported by CSL Behring Australia. The company was involved in the review of this poster. Aesir Health has been engaged by CSL Behring as an independent third-party provider of patient support services including CSL Behring Cares. Dr David Tognarini has participated in CSL Behring Advisory Boards for other therapeutic areas.

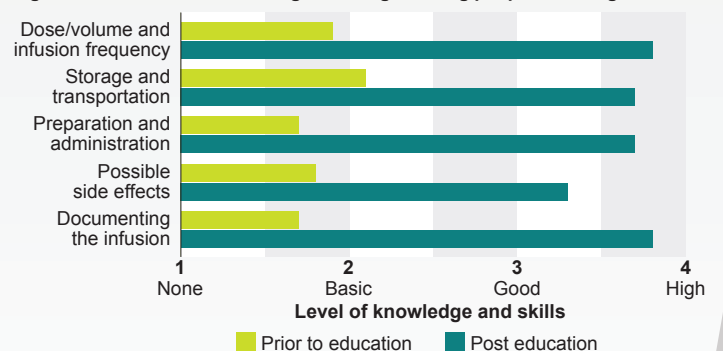


The two patients who were deemed as not competent were referred back to the clinic after an average of five visits each.

PATIENT KNOWLEDGE AND SKILLS

Of those who completed the program, 54 patients (27%) provided their feedback via a program assessment survey. Patients were asked to rate their knowledge and skills on a scale of 1–4 before and after the education. Patients reported improvement from pre-education to post-education in every area assessed in the survey.

Figure 3: Patients' understanding/knowledge of SCiG pre/post training



DISCUSSION AND CONCLUSION

The CSL Behring CARES patient support program is an effective means to support patients with PID in the self-administration of SCiG treatment. It has demonstrated that patients of all ages with PID are suitable for home-based therapy with Hizentra® and Evogam® and can be transitioned from hospital-based Immunoglobulin treatment to weekly home-based therapy.

Patients aged two to 92 years were referred to CARES by their treating specialist. Out of 200 patients, 99% were deemed competent and able to continue in-home therapy following completion of the training component of the program. On average, patients became competent in self-administration after 2.3 nurse visits (range 1–8 visits), which is in line with previous reports² and suggests the quality of the education and support provided through the program was effective in achieving competency for most patients.

Patient feedback also revealed the program was effective in improving patients' understanding and knowledge of SCiG and was considered of a high quality.

Consideration for each patient's treatment, home circumstances and supporting networks were important in the design and execution of CARES and has contributed to the success of the program thus far. Further analyses of CARES are planned to determine how to best continue to support patients with their ongoing home-based treatment.