



## Writing an Op-Ed

### **Guideline**

- Op-Ed is about providing your opinion and view on a particular topic. Consider the following when gathering your thoughts:
  - What's your point in writing about this topic?
  - Why is it important?
  - What, if anything, do you want the reader to do?
- The tone should be conversational.
- An Op-Ed should argue a point clearly and up front. A compelling "hook" generates interest and demonstrates relevance to the readers. State your opinion at the outset and then back it up with facts. Do not present the facts first and save your opinion for the conclusion.
- Keep sentences and paragraphs short.
- Length is typically between 600 and 800 words, depending on publication.

### **Content**

**Headline**—Headline should be written in active voice. It needs to serve as an invitation to read the content. It should evoke emotion or inspire curiosity, depending on the subject, but should always elicit a reaction. Be catchy, yet respectful.

- One example: “Fix damaging reimbursement gap that prevents vulnerable patients from receiving IV infusions at home.”

**Lead paragraph/Introduction**—Put your argument forward in a persuasive, authoritative manner. Be passionate in arguing your point. Grab readers right away with your first sentence; make them want to read more. Start with an interesting story or example that encapsulates your point.

- Damaging provisions contained in the *21<sup>st</sup> Century Cures Act* is placing unnecessary risk on vulnerable patients unable to access life-saving infusion therapy at the home. (Personalize by sharing any patient experience that would be appropriate)

**Supporting paragraphs**—Key messages that emphasize the value of home infusion and why Congress needs to modify provisions of the *21<sup>st</sup> Century Cures Act*.

**Consider including the following:**

- Home infusion, which has been used for 30 years with high-quality results, allows patients on long-term IV medications to receive care at home instead of remaining in the hospital or going to a nursing home. Patients prefer it because it allows them to return to the comfort of their home; Physicians prefer it for its safety.
- The four-year gap between the January 1, 2017, implementation of ASP and the implementation of the infusion services payment in 2021 jeopardizes the accessibility of home infusion therapy for Medicare beneficiaries receiving Medicare Part B DME infusion drugs during the gap, particularly vulnerable patients on inotropic therapy for heart failure and subcutaneous immunoglobulin therapy for primary immunodeficiency diseases.
- Benefits of home infusion versus doctor’s office, hospital, or other institutional setting—in terms of safety, costs, efficiency.
- Impact of the lack of coverage--on vulnerable patients; discuss the associated costs to nation’s health care system.
- Medicare is the only payor that does not cover all essential components of home infusion therapy.

### **Solution spearheaded by NHIA and Home Infusion Community:**

- NHIA and the home infusion community are working with lawmakers to close the gap between ASP reimbursement and Part B DME coverage of home infusion drugs and to attain a service payment for Part D infusion drugs.
- Health care providers and partners, patient advocates, medical societies and associations, and Medicare beneficiaries and their caregivers, among others, can act to close the reimbursement gap by contacting lawmakers.
- NHIA and leading home infusion providers have launched [Keep My Infusion Care at Home](#), an effort to gather the experiences of patients affected by the *Cures Act* and to press lawmakers to address the payment gap.

**Conclusion—State what needs to be done next.** Re-state your position. Issue call to action. **Make the final sentence compelling. Some thoughts to include:**

- There is no reason to make vulnerable patients pursue a more dangerous and expensive method of infusion therapy treatment when there is a safer, more cost-effective alternative available in the home.
- Congress needs to move early in 2017 to align the effective dates of ASP reimbursement for Part B DME infusion drugs and the infusion services payment (Section 5004(a) and Section 5012 of the *21st Century Cures Act*) to ensure beneficiaries access to life-saving home infusion therapy.