Use your pharmacists: lead screening, care management, PEP roles taken by pharmacists

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- Nothing to disclose
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- The IHS HIV/STD/HCV Pharmacy Workgroup
Objectives

- Define the different roles of pharmacist in HIV management
How are pharmacists used in HIV management at your facility?
“Increasing the number of HIV providers, as well as increasing knowledge among all health professionals about HIV risks and prevention is a critical need. This involves a wide range of health professionals in all health care settings including physicians, registered nurses, nurse practitioners, physician assistants, social workers, pharmacists, and dentists.”

“There is also a need for ongoing support to maintain the necessary high levels of adherence to antiretroviral treatment.”
Ryan White Standards of Care

- **STANDARD:** Monitor proper dosing, drug interactions and drug utilization.
- **MEASURE:** Dosing order in chart matches provider’s order.
- **MEASURE:** Potential drug interactions are reviewed by the pharmacist and noted in the patient profile.
- **MEASURE:** Indications for drug utilized matches provider order.
DHHS HIV Guidelines

“All health care team members, including nurses, nurse practitioners, pharmacists, medication managers, and social workers, have integral roles in successful adherence programs”

“Strategies to Improve adherence include multidisciplinary team approach”
  ◦ “Nurses, social workers, pharmacists, and medications managers”
Pharmacists: Partners in Health Care for HIV-Infected Patients
www.hivguidelines.org Updated 2006

Figure 8-1: Algorithm: Quarterly Assessment and Plan

- Pharmacist reviews medication profile
- Are you ready for refills?
  - Yes
  - Which medication(s) are you ready to refill?
    - Are there any complaints/problems that may affect medication therapy, or are there any difficulties as a result of the medication therapy (including a review of drug-drug interaction)?
      - No
      - Arrange for pickup or delivery
      - Yes
      - Pharmacist intervention
  - No
    - Pharmacist to prepare appropriate recommendation that may improve compliance and/or consult with prescriber

- No
  - Pharmacist intervention

- Pharmacists reviews medication history. If the patient is receiving only partial service from our program, discuss our ability to provide pharmaceutical disease management by increasing more services that will improve quality of life by offering the convenience of reminders, deliveries, and professional regimen reviews. If other services are requested, document in the intake form.

- If no nutritional items are ordered, is patient obtaining them from another supplier?
  - Yes
  - Is the patient losing weight and not getting support?
  - No
What is a pharmacists role?

- **Treatment:**
  - Antiretroviral counseling: Initiation and change
  - Adherence (including refill history)
  - Medication reconciliation
  - Drug interaction identification and management
  - Side effect management
  - HIV prophylaxis
  - Laboratory assessments
  - Vaccinations

- Alternate resource utilization
What is a pharmacist’s role?

- Prevention
  - Improve the management and control of STIs
    - Promotion of safer sexual behaviors
  - Post-exposure prophylaxis (PEP)
  - Reduce mother-to-child transmission

- Screening
  - Improve access to testing
    - Walk-in STI testing
    - Bundled STI screening versus HIV testing alone
Pharmacists and Care Management
Clinical HIV Pharmacist

- Facilities with pharmacists working in HIV
  - PIMC
  - Rosebud
  - GIMC
  - Ft Defiance
  - Shiprock

- Any other sites here today with active pharmacy involvement in HIV?
Clinical Services by HIV Pharmacists throughout IHS

- New Case Identification (iCare)
- Clinic multidisciplinary team
- HIV test interpretation
- Refill management
- Adherence clinic
- Alternate resource utilization
- HIV/HCV co-infection management
- Co-morbidity management
  - Hyperlipidemia and Hypertension
- Post-exposure prophylaxis
PIMC’s growing HIV population

- 2004– HIV registry 235
- 2012– HIV registry 442
  - Active patients: 200

- Treatment with antiretrovirals
  - FY2005 83 patients, 802 pt–mo
  - FY2010 149 patients, 1446 pt–mo
Pharmacy Impact at PIMC

- Clinic multidisciplinary team started 2004
  - RN Case managers, Physician, Pharmacists, nursing assistant, and Patients

- Pharmacy recommendations
  - Averaged 0.5 per patient per clinic

- Saved $3,467,208 in 5 years

- FY10 ARV expenditures $1.29 million net cost to PIMC less than $135,000

- 90% of patients on ARVs were at goal
  - VL <200 copies/ml or 1–2 log drop for new starts at end of the fiscal year
Figure 1: Total Antiretroviral (ARV) Cost Compared to Net Cost to PIMC
Adherence key to reducing morbidity and mortality

- Requires 95% adherence to prevent drug resistance
- Simplification of regimens has helped
  - All first-line regimens are once daily except for one
  - First-line regimens are one to four pills daily
- With good adherence, patient many never need to change medications
Barriers to Adherence

- Access to medications
- Side effects
- Drug interactions
- Active substance abuse
- Homeless
Adherence Program at PIMC

- Adherence assessment at each medical visit
  - Self-report +/- refill history + lab results
- Separate adherence clinic:
  - New starts—pharmacist protocol
  - Med changes—provider/pharmacist recommended
  - Med box fills
- Automatic refills (including mail order)
What have we learned?

- Majority (if not all) of treatment failure is from nonadherence
- Patients need consistently reminded of drug interactions and food restrictions
- Side effects can be life altering and should be addressed even if someone is well controlled
Pharmacists and PEP roles

How can a pharmacist be involved?
What is PEP, nPEP, and PrEP?

- **PEP (post-exposure prophylaxis)**
  - Occupational exposure

- **nPEP (nonoccupational post-exposure prophylaxis)**
  - Support 3 drugs for known HIV+ source and 2 drugs for unknown source
  - Must be started within 72 hours of exposure
  - Highly recommend consulting PEPLine

- **PrEP (pre-exposure prophylaxis)**
  - Recommendation for use in MSM population
  - Need to use with caution (TDF)
    - Screening HBV, HIV x2, HIV VL?, SrCr, UA?, PO4?
  - Able to replicate study conditions?
Consider having pre-packaged PEP kits

- Recommend short supply 3–5 days
  - Allows time for additional source patient testing
  - Continued follow-up in population with high rate of discontinuation
  - Reduce cost if discontinued or changed
- Include reference material
  - Contain medication guide, follow-up for employee
Determine if PEP is indicated

- Many providers believe giving PEP is always the right answer
- Appropriate med choice
  - Efavirenz
  - Renal function
  - Drug interactions
- PEPline
  - Especially for nPEP
Adherence and Follow-up

- Employees are more likely to have ADRs
- Most employees do not complete 28 days
- Continue meds past “PEP kit” as appropriate
- Coping with ADRs or changing if needed
- Follow-up testing
  - Use EHR notifications
What is new in PEP?

- PEP & nPEP guidelines expect update soon
  - Make sure to update your policies
  - Recommended antiretrovirals likely to change

- HCV
  - Treat acute infection with peg-interferon alone?
Lead screening
Universal screening and pharmacy based HIV testing program
HIV/STD Testing & Treatment Goals

- Implement universal screening measures
- Increase overall number of patients ever tested for HIV
- Identify HIV infection as early as possible to increase survival and decrease transmission
- Link patients to appropriate care
- Implement Expedited Partner Therapy (EPT)
**HIV/STD Testing and Treatment**

- Current progress:
  - Proposal to adopt new HIV and STD screening measures approved by Medical Staff
  - STD/HIV and EPT Protocol being developed based on CDC protocol and adapted to fit local needs
  - Routine screening is being done at providers discretion until protocol is approved by P&T
  - EPT and presumptive treatment of STDs per area guidelines with protocol to come
HIV/STD Testing and Treatment

- Still to come:
  - Nurses to be trained on how to offer “opt-out” testing and obtain informed consent per protocol
  - Will use clinical reminder in EHR once a new Clinical Applications Coordinator is established
  - Provider to attend HIV preceptorship training in Denver to become local HIV care provider
Pharmacy Based HIV testing

Pharmacy testing goals:
- Provide increased access to HIV testing
- Reduce stigma attached to HIV testing
- Increase awareness of the need for HIV testing
- Incorporate HIV testing into other routine screenings and healthcare services in IHS pharmacies
Pharmacy Testing Model

- Pharmacy will provide private testing to any patient asking for an HIV test
- Testing will occur in private counseling rooms
- Tests done using either Insti (60 second) test or OraSure Rapid test (20 minutes)
- Results reported to patient according to patient preference (phone, in person, or patient call-in)
Pharmacy Testing Model

Current Progress

- Pharmacists trained on testing procedures for both testing types
- Proposal for pharmacy testing model approved by medical staff
- Protocol developed, awaiting revision and P&T Committee approval
- Billing procedure is being explored but no model has been developed yet
Contact Info

PIMC – HIV Center of Excellence

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Funding Expanded HIV Services

- Funding
  - Minority AIDS Initiative (MAI) Grant
  - Ryan White (direct or subcontractor) Grant
    - Policy Notice 07–01
  - ADAP
  - Patient assistant programs
MAI Funding

- **Federal sites**
  - Interested in expanding HIV testing contact Lisa Neel or Brigg Reilley
  - Other HIV initiates in pharmacy submit plans now for funding for 2014

- **Urban**
  - Through a cooperative agreement
  - Contact Phyllis Wolf

- **Tribal**
  - Grant cycle $90,000/year up to 5 years
  - Grants.gov released in early summer submit by Aug

- Get on IHS HIV list serve for other opportunities