

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


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Disclosures

- ▶ Nothing to disclose

Special Thanks

- ▶ Jessica Leston
 - ▶ RADM Scott Giberson, Rockville
 - ▶ Lisa Neel, MPH, HIV Analyst, Rockville
 - ▶ Brigg Reilley, MPH, HIV Epi, Albuquerque
 - ▶ Scott Wiegand, Pharm D, Rosebud
 - ▶ The IHS HIV/STD/HCV Pharmacy Workgroup
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Objectives


- ▶ Define the different roles of pharmacist in HIV management

How are pharmacists used in HIV management at your facility?

HIV/AIDS National Strategy

- ▶ “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.
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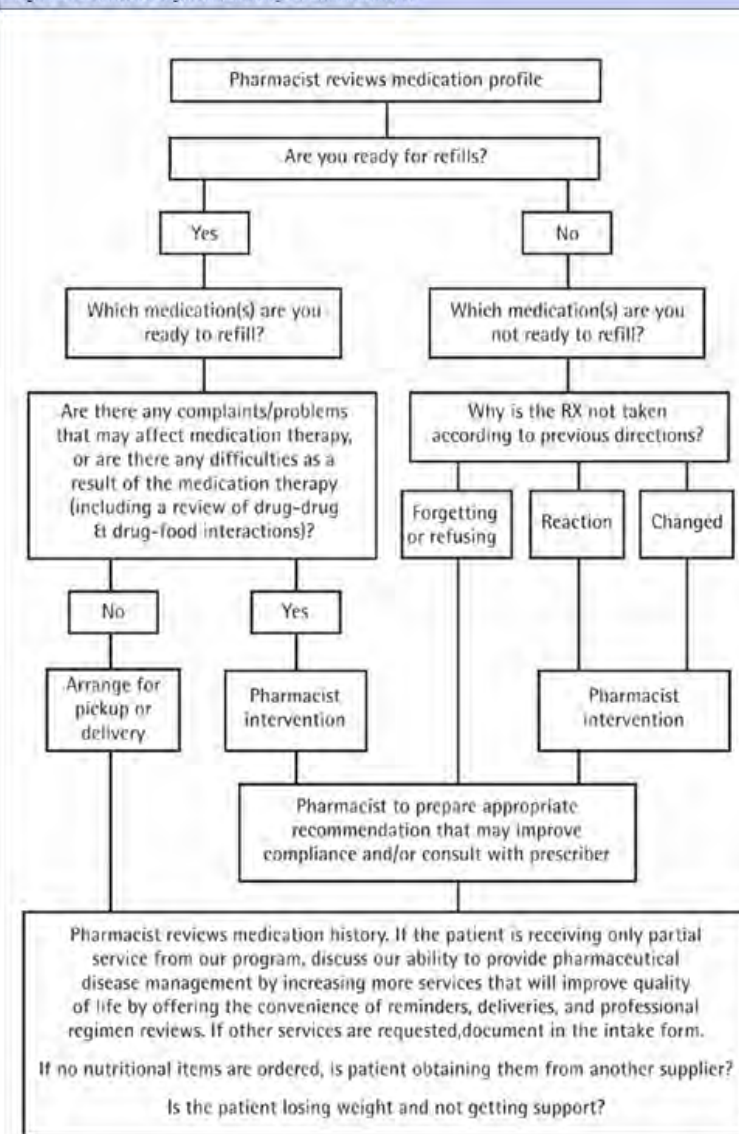
DHHS HIV Guidelines

- ▶ “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 B-1: Adherence Algorithm: Monthly Assessment and Plan



What is a pharmacist's 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?

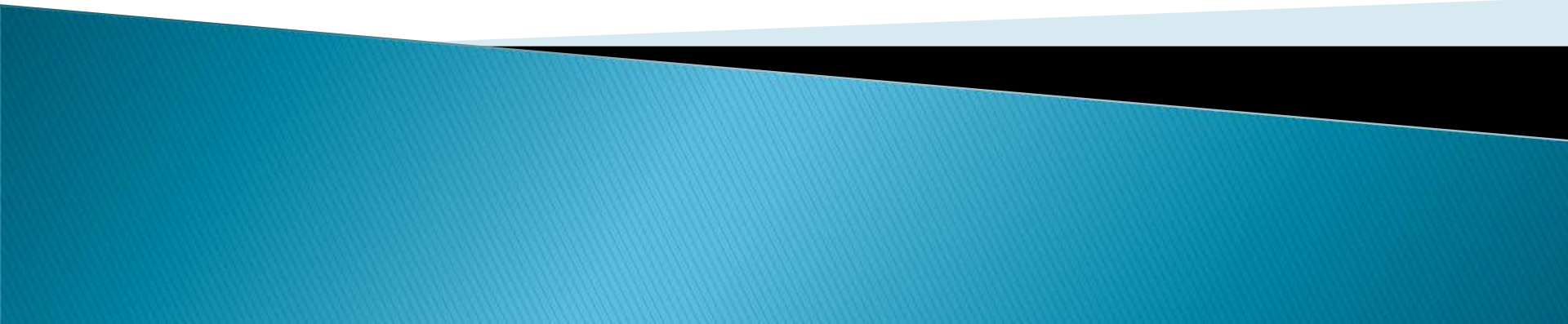
▶ Prevention

- 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?
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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
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PIMC' s growing HIV population

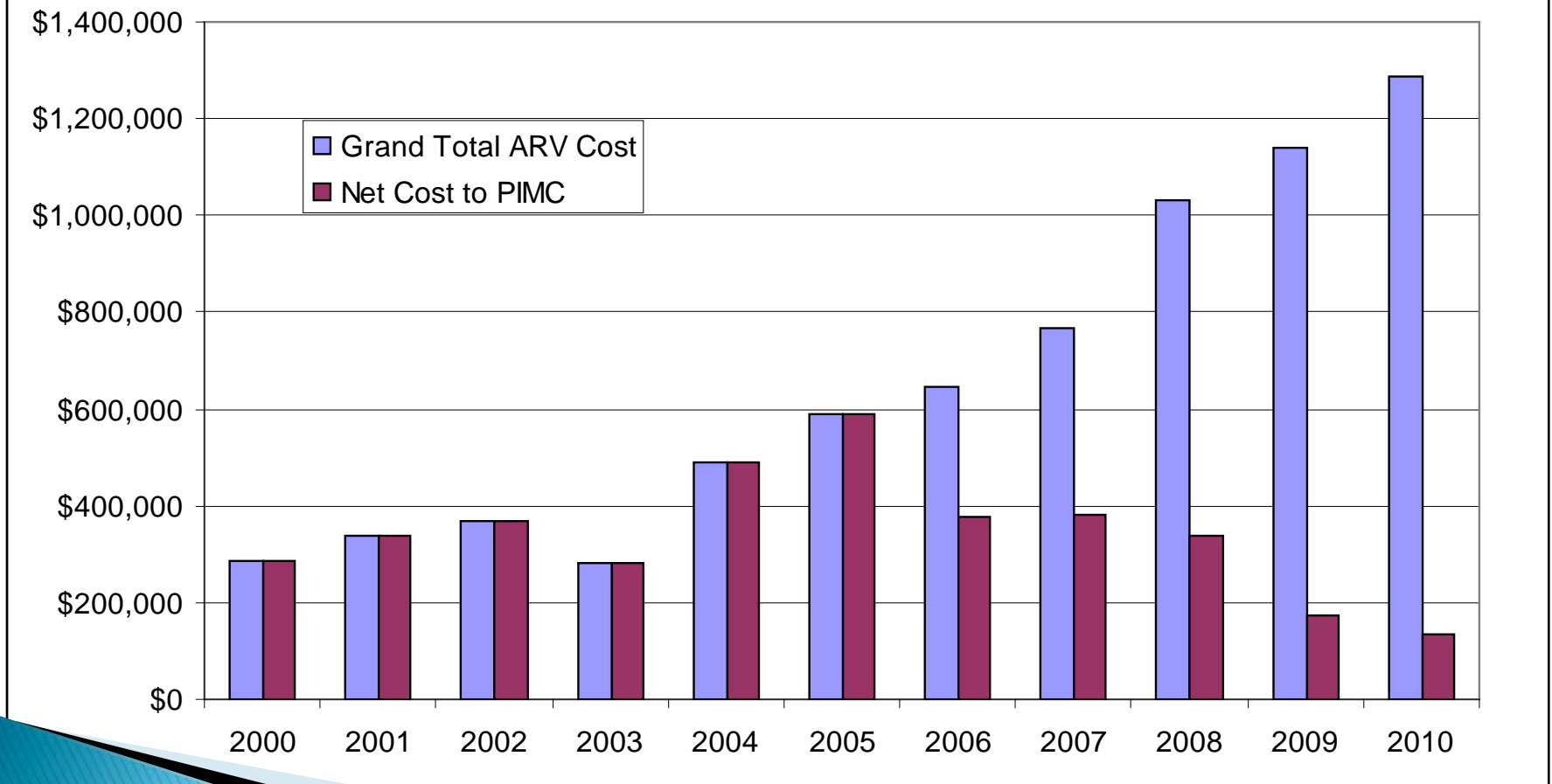
- ▶ 2004– HIV registry 235
- ▶ 2012– HIV registry 442
 - Active patients: 200
- ▶ Treatment with antiretrovirals
 - FY2005 83 patients, 802 pt–mo
 - FY2010 149 patients, 1446 pt–mo

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

Financial Impact

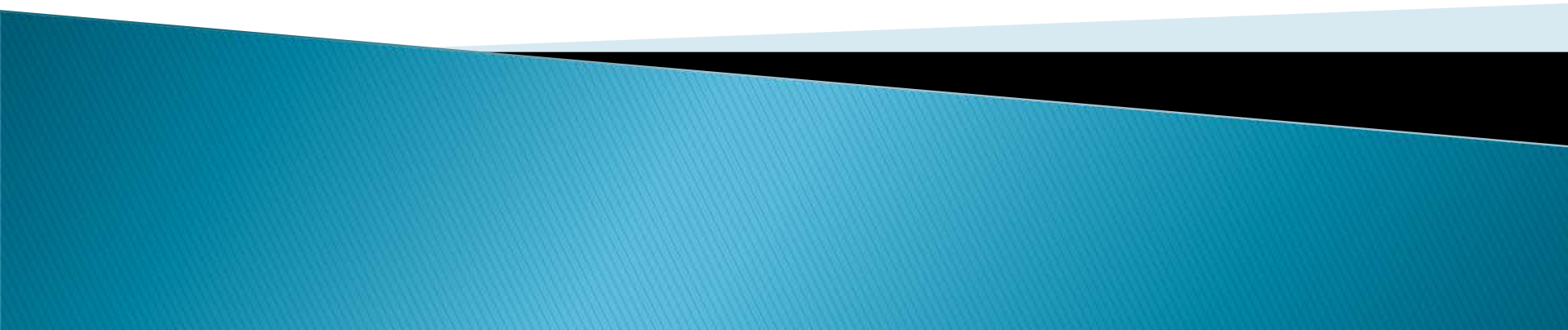
Figure 1: Total Antiretroviral (ARV) Cost Compared to Net Cost to PIMC



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
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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?

PEP kit availability and design

- ▶ 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

IHS Rosebud Indian Hospital Lt Scott Wiegand, PharmD, BCPS

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)
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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
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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
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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
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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)
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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
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QUESTIONS???

Contact Info

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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**