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HIV CARE & TREATMENT

The Impact of Clinical Pharmacist-Led Initiatives in HIV Care

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Disclosure



- Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.
 - DeMaurian Mitchner - Nothing to disclose
 - Lauren Richey - Nothing to disclose

Learning Objectives



- Describe the different roles of pharmacists for people living with HIV (PLWH) and review the published evidence supporting pharmacist-based interventions for people living with HIV.
- Discuss the outcomes of two different successful pharmacy based interventions in an academic medical center to improve care amongst PLWH.

Optimal Treatment Model



- HIV treatment has drastically change over the last 10 years
 - Convenient therapy but no less complicated
- Management of HIV requires a multidisciplinary approach to ensure treatment of the patients is comprehensive
- Pharmacists medication expertise make them a vital member of the treatment team
 - Ensuring safety and efficacy of medication therapies

Pharmacist Training and Qualifications



- HIV specialized pharmacists usually have advanced training including:
 - Post doctorate residences
 - Infectious disease fellowship programs
 - HIV-specific fellowship programs
- Others acquire their knowledge through experience and certifications programs:
 - American Academy of HIV Medicine's HIV Pharmacist (AAHIVP) certification
 - Board of Pharmacy Specialties in infectious diseases (BCIDP), ambulatory care (BCACP), or pharmacotherapy (BCPS)

My Professional Journey



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The Pharmacist's Role



Institutional Inpatient Setting

- Daily patient rounds
- Antiretroviral stewardship
- Education and training
- Concomitant disease management (i.e. opportunistic infections)
- Transitions of care

Ambulatory Care Setting

- Regimen optimization
- Drug interaction management
- Insurance navigation
- Patient counseling
- Medication dispensing

Pharmacists Improve Patient Outcomes



Study	Objective	Intervention	Results
Rathbun, et al. Cline Ther, 2005	Examine the impact of a pharmacy operated adherence clinic on adherence to HAART and viral suppression	Pharmacist visit at start of ART; phone follow-up for weekly to assess for adverse effects vs. standard of care of education only during primary visits	Viral load < 50 at week 16: 63% vs. 35% Median increase in CD4 from baseline: 142 vs. 97
Henderson, et al. AIDS Patient Care STDs, 2011	Before-after comparison to assess impact of adherence activates in pharmacist-managed clinic by measuring proportion with >95% adherence before and after referral to the program	5 pharmacist visits tailored to patient over 6 months (at referral, 2 weeks, 1 month, then every 2 months)	15% increase in the proportion of patients with undetectable viral load

University Medical Center New Orleans (UMCNO)



- HIV care providers at University Medical Center New Orleans noticed antiretroviral errors during transitions of care, particularly during inpatient admissions.
- A clinical pharmacist was hired to improve the quality of HIV care, both in the inpatient and outpatient setting.



- Level 1 trauma center
- Academic Medical Center
 - Inpatient and ambulatory care services
- Provides the majority of inpatient care to patients living with HIV in the city of New Orleans

UMCNO Pharmacy Initiatives



INPATIENT



Antiretroviral Stewardship

OUTPATIENT



Adherence Clinic



A Clinical Pharmacist Intervention is Successful at Decreasing ART Errors in the Inpatient Setting

Study Design



- Objective
 - To decrease number of ART errors amongst PLWH during inpatient admissions
- Project Design
 - An electronic medical record (EMR) alert was created for a pharmacist to review any patient with HIV who was admitted to the hospital
- Pharmacist Review Process
 - The clinical pharmacist reviewed the ART orders of patients profiles alerted through EMR and provided recommendations to the inpatient teams

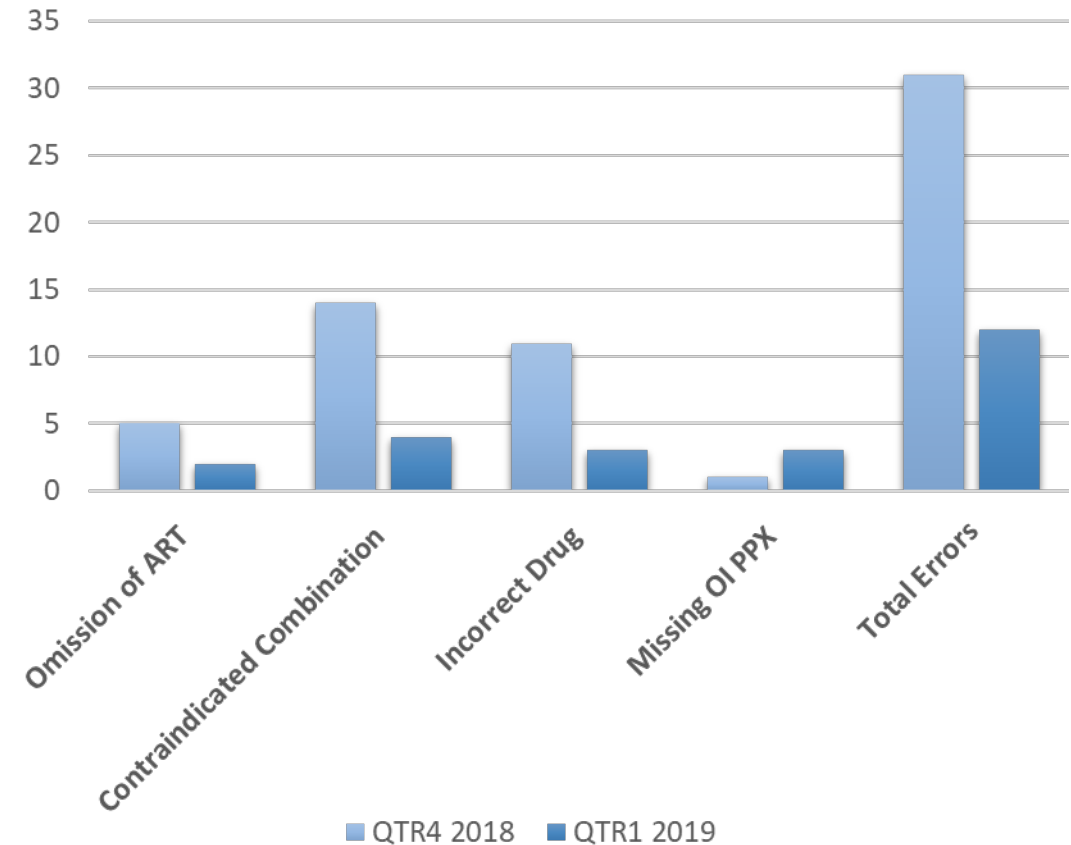
Study Design



- Data Collected:
 - Gender
 - Type of error
 - Frequency of errors
 - Consult to ID service
- Data was collected for 3 months prior to intervention, October 2018 to December 2018, and 3 month after January 2019 to March 2019

Results

- A total of 148 PLWH were admitted during the review period
 - 40% of patients admitted during the first 3 month period had an ART-related error, (Total N = 79)
 - 20% of patients admitted during the second 3 month period had an ART-related error, (Total N=69)
 - 25% had a consult to an HIV Specialist

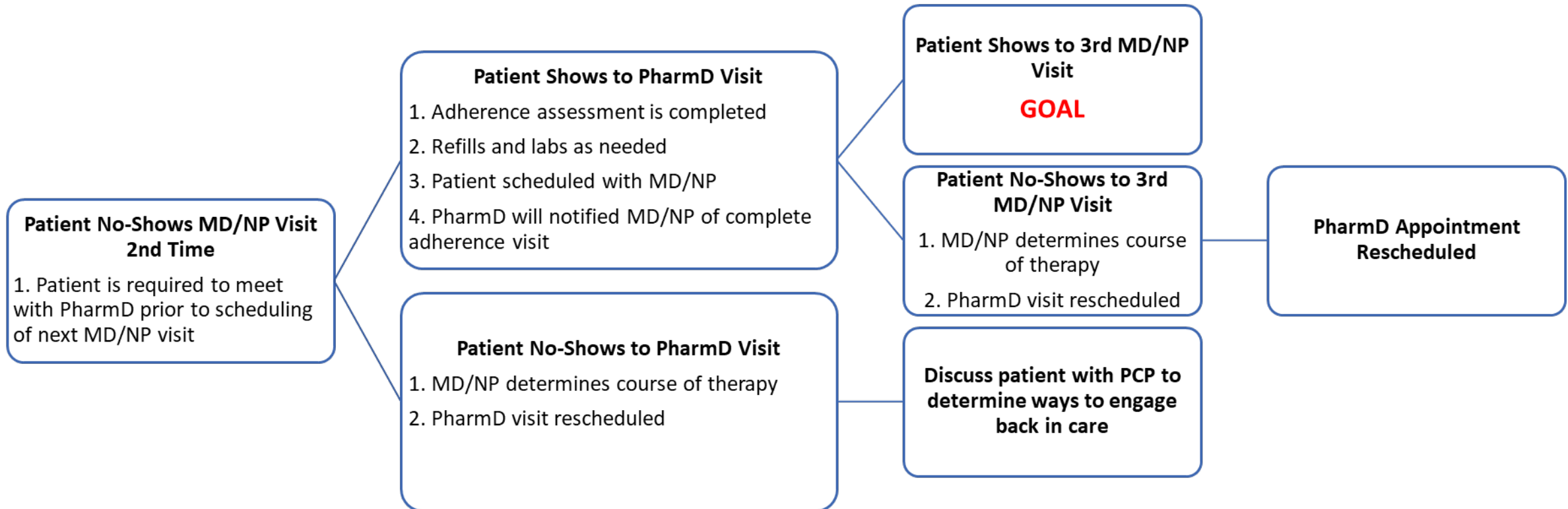




A Pharmacist-led Adherence Clinic Improves Clinic Attendance Rate

- Objective
 - To create access to appointments in a timely manner as well as decrease no show visits, resulting in more available appointments for all patients
- Project Design
 - Upon failing to attend two medical visits in a row, that patient is scheduled to meet with the clinic pharmacist
- Pharmacist Intervention
 - During visit the pharmacist would address barriers to care, medication adherence gaps, and the patient's general motivation to stay in care
 - Labs and medication refills were done if necessary

Adherence Clinic Algorithm



- Since the beginning of this initiative in October 2019, 76 pharmacist appointments have been scheduled with an attendance rate of 63%
 - Follow up data of patient's MD/NP visit attendance pending
 - Beginning March 2020 clinic transition to primarily telehealth appointments due to COVID-19 pandemic
- Reported barriers to care were:
 - Transportation
 - Mental well-being
 - Lack of support
 - Fear of stigma
- Viral Suppression rate amongst group was 33%

Conclusion



- Pharmacists are a great way to expand the HIV care services and ensure continuity of care amongst PLWH.
 - Antiretroviral stewardship
 - Education
 - Research
 - Transitions of Care
 - Regimen Optimization
- Pharmacists caring for PLWH in the hospital or in ambulatory care settings have an integral role in patient care and can have a significant, positive impact on patient outcome.

Implementing Pharmacy Services



- Although the addition of pharmacy services has a cost, there is data to support cost savings related specifically to a pharmacist's work with HIV patients
 - In a study from 2015, for each dollar spent on pharmaceutical care, there was a benefit of \$2.51 .
- Pharmacists in some states have provider status and can bill Medicare for reimbursement of services
- Ryan White funding can be used to pay for pharmacy services



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