

Phill It: Optimizing the HIV Care Continuum by Enhancing the Role of the Pharmacist on the Care Team

Helena Kwakwa, MD, MPH

Director, HIV Clinical Services

Philadelphia Department of Public Health

Learning Objectives

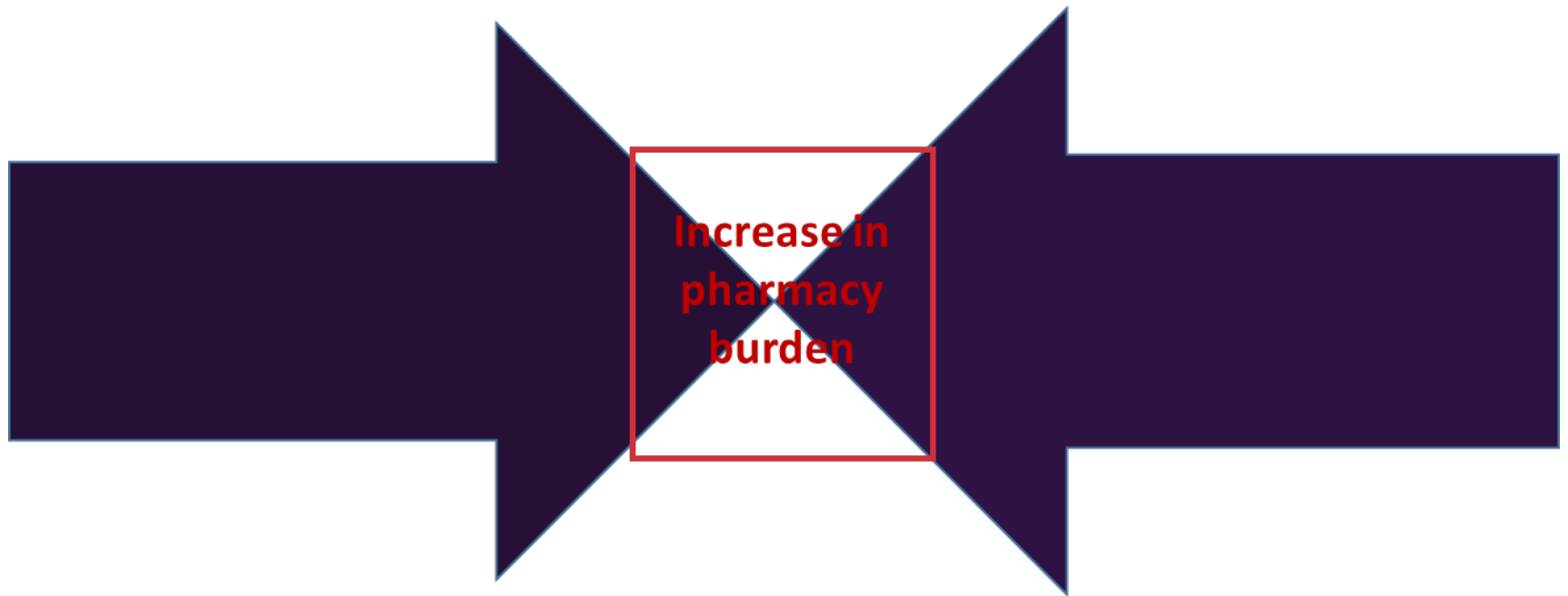
- Discuss the growing need for integrated pharmacy services as the management of HIV evolves
- Describe key components of the *Phill It* capacity development program
- Review main outcomes of the *Phill It* project
- Discuss illustrative cases

Overview

- Project background
- Project implementation
- Results
- Case discussion

The Growing Need for Pharmacy Services for the HIV-Positive in the US

Implications for Care



HIV Medical Care Today

Comprehensive primary care

Specialty care may be fragmented

Advances in ARV

Advances in Medicine

Increased prevalence of co-morbidities

Increased prevalence of chronic diseases

Intersection of HIV with other complex diseases which are increasingly treated

The Changing Health Insurance Landscape

A greater number with health insurance coverage

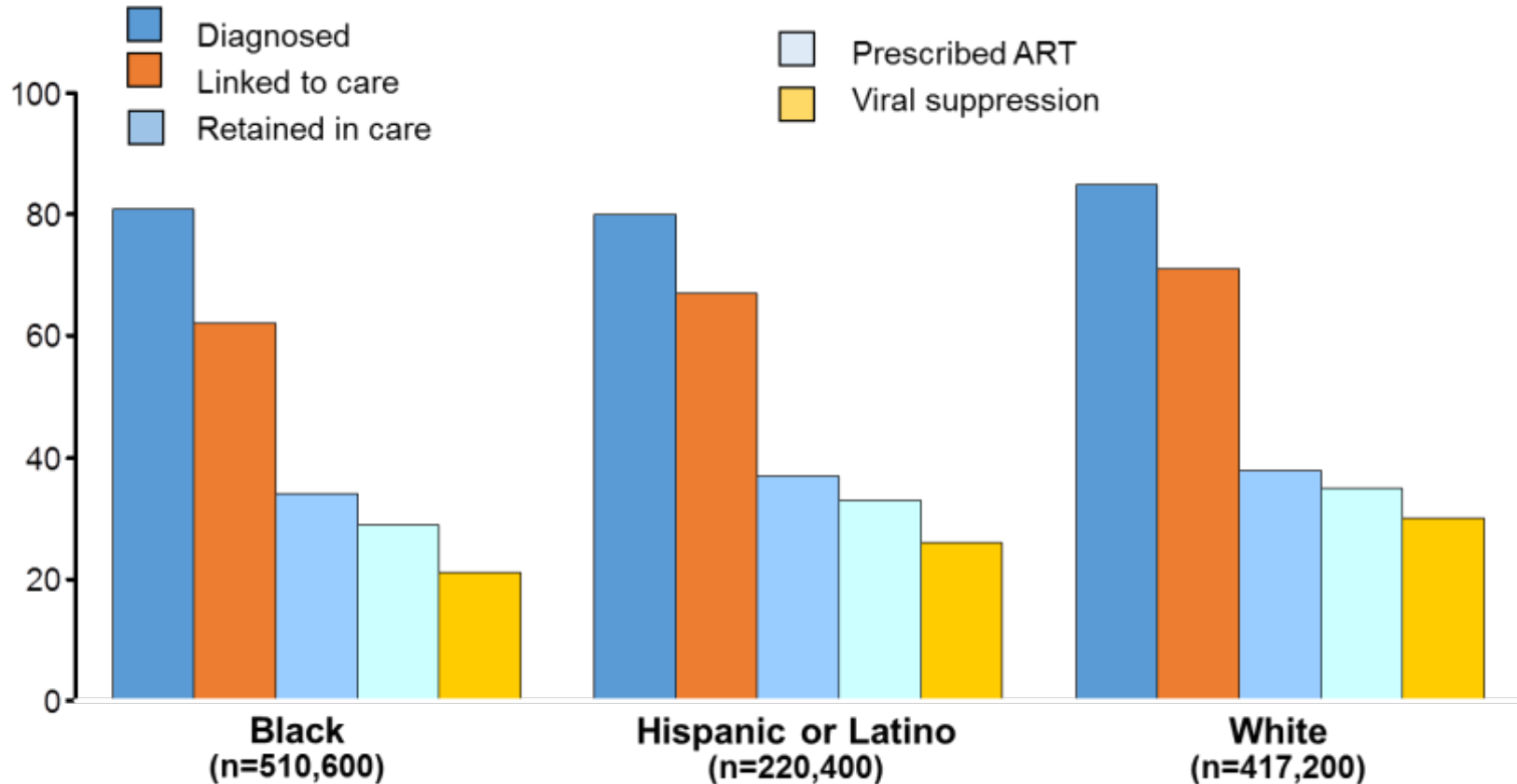
An increased need for prior authorization for medications

Growing ADAP application and documentation burden in some states

Capitation of pharmacy services

High out-of-pocket costs

HIV-Infected Persons Engaged in the Continuum of Care (2009)



Hall HI, et al. *JAMA Intern Med.* 2013;173:1337-1344.

Traditional Pharmacy Role and Limitations

Dispensing medications

Limited time for meaningful patient interaction

Limited space for confidential patient interaction

Lack of incentive for patient assessment and meaningful interaction

Market Forces Impacting Pharmacy Services

Dispensing volume

Incentives for switching pharmacies

Fragmentation of services

Cross-sectional

Longitudinal

Potential Outcomes in Absence of Enhanced Pharmacist Role

Missed doses

Incomplete dosing

Attrition from care due to frustration with pharmacy services

Drug-drug interactions

Lack of viral suppression

Resistance

The Case for the Pharmacist as in Integral Member of the HIV Care Team

- 
- Training
 - Expertise

- Increased access

- Contact frequency

The HIV Care Team

Physician/NP/PA

Nurse

Case Manager

Nutritionist

The HIV Care Team

Physician/NP/PA

Nurse

Case Manager

Nutritionist

Pharmacist

The Pharmacist is the final check before the patient puts a pill in her/his mouth . . .

Phill It: Building Pharmacy Excellence in Philadelphia

RWHAP Part C Capacity development activity

1 year project

To address gap in the HIV Care Continuum

The Setting

8 FQHC look-alike facilities in Philadelphia

Each facility with an HIV Clinic

Each facility with an on-site pharmacy

Patients utilize team-directed or self-selected pharmacy

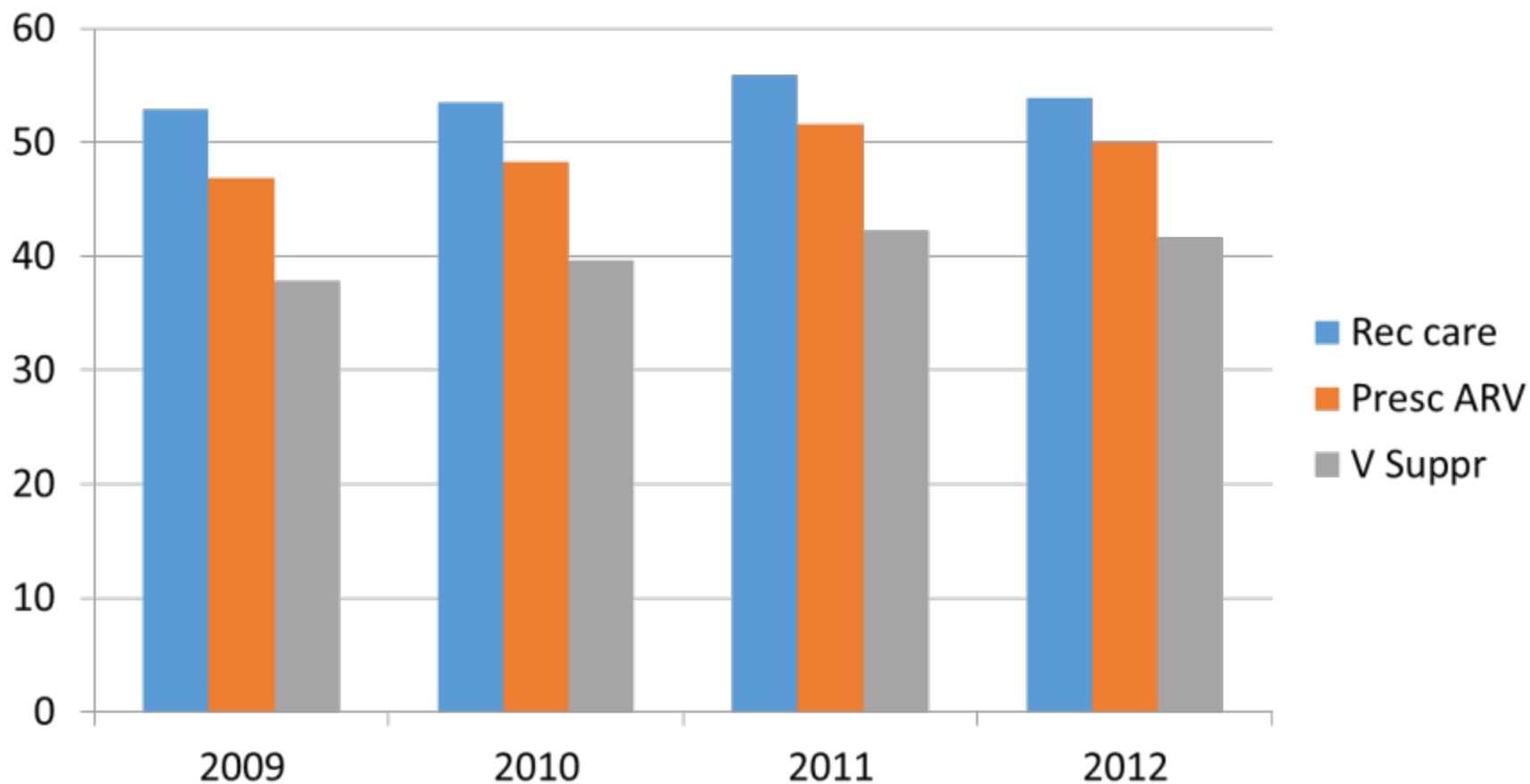
Difficulties with pharmacies

- Sometimes led to unfilled prescriptions

- Were often reported to the team at the subsequent visit

- Often were easily resolved by on-site or off-site pharmacist in collaboration with care team

The US HIV Care Continuum, 2009-2012



Purpose and Goals of *Phill It*

Purpose: The enhance pharmacy services received by Part C program participants through a 12-month project of pharmacist integration and capacity-building

Primary Goal: Increase the number of prescriptions filled and obtained by patients

Secondary Goal: Increase the number of patients with an undetectable viral load by 5 percentage points

Phill It in a Nutshell

Develop formal relationships with onsite pharmacists and select community pharmacists in order to:

- Facilitate pharmacy services

- Enhance pharmacy services



Components of *Phill It*



Pharmacist Role

Patient assessment for readiness

Adherence counseling, assessment and support

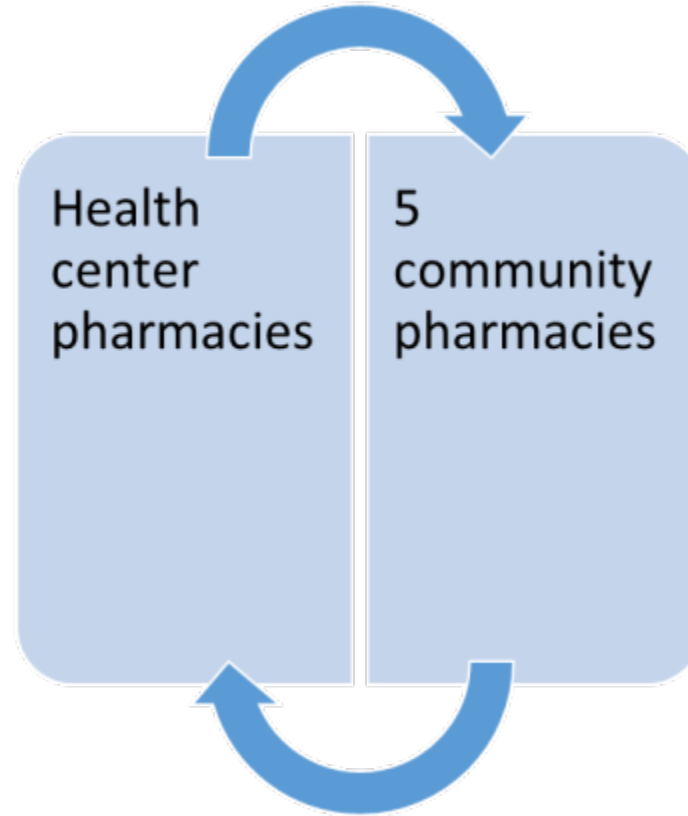
Patient assessment in the community

Medication management

Phill It Advisory Board

- Health center pharmacy leadership and select staff
- Community pharmacy select staff
- Local HIV Program integrated pharmacists
- Local performance site of the Pennsylvania/MidAtlantic AETC
- External Consultant
- Health center HIV program staff

Pharmacy Consortium



1 CP a specialty branch of a chain; 2 CP multi-branch independent pharmacies

Selection Criteria for Community Pharmacies

Specialty pharmacies

Familiarity with HIV management and ARV

Willingness to partner with HIV care providers

Excellent customer service

Pharmacy Services

Delivery

Blister packing

Adherence counseling and assessment

Medication counseling and management

Prior authorization support

Drug-drug interaction surveillance

ADAP application support

Insurance coverage determination

Enhanced monitoring for patients in transitions

Pharmacy Assessments: Common Themes

All familiar with health center HIV clinicians

All accept a broad array of insurance plans

All monitor ADAP expiration dates and notify patients 1 month prior

All have a system in place for assisting patients with ADAP

- Benefits Assistant

- Faxing form for patient

Large stock of ARVs

Quick turnaround for ARV fills

Utilize manufacturer co-pay cards

Assist with prior authorization (complete form and send it for signature)

All have taken patient privacy into consideration in setting up systems

Pharmacy Assessments: Differentiating Services

Availability of privacy delivery systems

Location of pharmacy

Languages spoken

Pharmacy hours and courier delivery availability

Flexibility of delivery destination

Automatic delivery vs reminder call vs patient initiation of fills

Disease educators (DM)

Ease of ordering blister packs

Ability to dispense other medications (HCV)

Structural Changes Implemented

Electronic documentation of patient ADA expiration dates

Team Social Worker

Documentation of pharmacy benefits provided by insurance carriers

Which medications are covered

For which medications are prior authorizations needed

Which carriers capitate pharmacy services

Co-pays

Enhancing communication between pharmacists and health center staff

Social Workers

Clinicians

Training

Motivational interviewing

Evolution of HIV and ARV management

Drug-drug interactions

The pharmacist's role on the HIV care team

Phill It in Action: Patient A

Patient A has not had a medical visit for 7 months

Pharmacy calls clinician for new prescription

30 day supply authorized with no refills

Pharmacy asked to notify patient to schedule appointment
before further refills are authorized

1 month later pharmacy calls for another prescription

patient has been in contact with pharmacy but has not
scheduled a medical appointment

Team Navigator arranges to follow pharmacy delivery person

Navigator meets with patient who is seen in clinic within 1
week

Phill It in Action: Patient B

Patient goes in to pharmacy to fill prescriptions

Patient is told his insurance does not cover his regimen
(standard regimen recommended by DHHS)

Patient informs team at his next visit 4 weeks later

His insurance carrier confirms they do cover his meds

He is sent to a partner pharmacy

Pharmacist calls team to notify them that patient's
pharmacy services are capitated to mail-order
pharmacy

Team is able to advise patient appropriately

Phill It in Action: Patient C

Partner pharmacist called Care Team

Delivery attempt failed twice

Patient C's mother not aware of patient's whereabouts

Patient found at home by Navigator, in deep depression, all utilities turned off

Patient next scheduled visit was not for another 2 months

Patient C was linked to inpatient and subsequently outpatient mental health services

Phill It: Beyond Anecdotes

Between January and August 2015:

Percentage of patients with ARV prescriptions not filled within 7 days of receiving prescriptions went from 4.3% to 1.5%

Percentage of patients missing more than 1 dose of ARV in the 1 week before their appointment fell from 35% to 22%

Percentage of patient with lapsed ADAP at any point during this time went from 17% to 9%

Impact of *Phill It* on Care Teams

Patients not using one of the select pharmacies are often monitored more closely by the team as evidenced by

- enrollment in case management

- enrollment in health system navigation services

Conclusions

Pharmacists undergo years of training, and often are underutilized in patient care

They are the single contact with the patient with the most sophisticated knowledge of pharmacotherapeutics

As HIV management evolves, patients are exposed to a greater number of medications for longer periods

Pharmacists are positioned to support them along with their care teams

Integrating pharmacists into the care team can improve patient outcomes

Facilitated communication with pharmacists helps to optimize the care continuum in anticipated and unexpected ways