

Transforming Overwhelming into Possible: Innovative Models by HIV Pharmacies

#6757

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Disclosures

Presenters has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Assess their pharmacy's readiness for HIV patient-centered culturally-competent care – as pharmacy staff, as clinicians, as RWHAP planners, and/or as clients
2. Describe at least 3 key components of successful patient-centered culturally-competent HIV pharmacy services that seem both feasible and desirable
3. Identify and describe at least 2-3 tools provided in the workshop that can help continue and improve their HIV pharmacy services



Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

Quick Assessment

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Introduction of Panel

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Culture

Culture involves the beliefs, social practices, and characteristics of racial, ethnic, religious, or social groups. Among these social groups are sexual minorities – the lesbian, gay, bisexual, and transgender (LGBT) population – and linguistic minorities, including both people with limited English proficiency (LEP) and the hearing impaired.

Cultural Competence

Cultural competence in health care involves “the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.” It requires understanding and appreciating multiple cultures and applying that knowledge in communicating with and serving individuals from different cultural backgrounds.

Definition adapted from Cross, 1989, and used in the *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report*. Washington, DC: Office of Minority Health, March 2001

Rationale for Pharmacist

- Oath of a Pharmacist
- Ethical Code
- Law
- Professional Standards
- Ryan White Service Standards

(See handout)

Ryan White Difference

- Hila's personal journey
- Presentations: Two models of care, which are:
 - High-quality
 - Patient-centered
 - Meeting the challenges of the changing healthcare landscape

Walgreens Specialty Pharmacy, Indianapolis, IN

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HIV Specialty Pharmacy

- 18 year old pharmacy fully focused on HIV care
- Fill prescriptions for 2,500 patients/month – ~400 prescriptions/day
- Unique staffing model allows for personal attention to each patient
- 5 pharmacists, 7 technicians, 1 business manager
- Staff with extensive knowledge of all resources available to assist with the cost of HIV medications
- Free shipping to the entire state of Indiana

Our Model

- Hiring from community
- Training on the job
- Extensive community involvement

Staff Hiring & Training

- Our philosophy: Excellent client assistance (“customer care”) is key – everything else can be taught
- We hire from within our community, reaching out to those in the service industry (e.g., baristas) who have shown great customer care and attention to detail – often, already known to our clients
- Staff speak Spanish and basic Sign Language

Community Involvement

- **Participating in annual events**
 - AIDS Walk
 - Pride Parade
 - Fundraisers for individual AIDS Service Organizations
- **Serving on committees (now and in the past)**
 - Part A Planning Council
 - Part B Planning Body (CHSPAC)
 - Medical Ad Hoc Committee for Part A
 - LPAP Committee for Part B

Accomplishments & Challenges

- **Biggest Accomplishments**

- Assisting the state in identifying gaps in coverage
 - Medicare D copays
 - Managed Medicaid copays
- Assisting patients with prescription expenses
 - Saved patients \$670,000 in 2015

- **Biggest Challenges**

- Teaching patients about their insurance, and encouraging them to take ownership of their care
 - Deductibles vs. copays
 - Ryan White vs. Comprehensive Coverage

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*Infectious Disease Program (IDP)
Grady Health System (GHS)
Atlanta, GA*

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Alton's Personal Journey

- Growing up
- First experience with HIV patient
- Working at IDP

Cultural Competence

- Importance:
 - Language and culture (behaviors, beliefs)
 - Relatability for patients and co-workers
 - Stronger as a team
- Investment: Development over 10 years

Who does GHS IDP serve?

Total number of patients enrolled in 2015: 5,797

- 72% male, 27% female, 0.5% transgender
- 82% Black/African American, 14% White, 4% Latino
- 50% \geq 45 years old, 37% 25 – 44, 13% \leq 24
- 58% uninsured, 22% Medicaid, 15% Medicare, 5% private insurance

GHS IDP Pharmacy Staff

22.5 Full-Time Equivalents (FTEs)

- 1 FTE - Pharmacist Supervisor
- 7 FTE - Staff Pharmacists
- 7.5 FTEs - Pharmacy Technicians
- 2 FTEs - Infectious Diseases Clinical Pharmacist Specialists
- 5 FTEs - Patient Assistance Analysts

Staff

- Heterosexual, homosexual, transgender
- Caucasian, Black, African American, Indian
- Speak French, Haitian Creole, Spanish, Amharic, English
- Men and women
- Christian, Agnostic, Hindu
- Multi-generational Americans, first-generation Americans, naturalized Americans

Accomplishments & Challenges

- **Biggest Accomplishments**

- Improved patient care
- Creation of specialty pharmacy pilot
- HIV educational series
- Staff diversity

- **Biggest Challenges**

- Retaining patients in care
- Maintaining staff diversity
- Staff fatigue

Background

- ❑ The Infectious Disease Program (IDP) of the Grady Health System is a Ryan White (RW) funded HIV Clinic serving over 5,800 AIDS patients
- ❑ Viral suppression (VS) is the principal goal of HIV care and is critical for both individual patient health and public health goals of HIV prevention
- ❑ Many patients at the IDP clinic receive their prescriptions through the Ryan White AIDS Drug Assistance Program (ADAP), which limits medication supplies to 30-days and augments transportation barriers
- ❑ A Specialty Mail Order Pharmacy (SMOP) Program seeks to both improve patient adherence through counseling and overcome transportation barriers of frequent medication pick-ups through mailing prescriptions

Three Major Pharmacy Models

	Traditional Retail	Mail Order	Specialty Mail Order
Medication Dispensing	Patient pick-up	<ul style="list-style-type: none"> Rx mailed to patient at time of order Patient calls to have refills sent 	<ul style="list-style-type: none"> Rx mailed to patient at time of order Automatic monthly mailing Patient signature required for delivery
Pharmacist Interaction	Answer patient questions at time of pick-up	None	<ul style="list-style-type: none"> Refill notifications to provider Monthly phone check up: adherence counseling Reminder for RW/ADAP insurance updating

- ❑ **Primary Aim:** Evaluate rates of viral suppression among patients enrolled in the specialty pharmacy program at IDP
- ❑ **Secondary Aim:** Report patient satisfaction of patients enrolled in the specialty pharmacy program at IDP

Methods

Study Design: Retrospective descriptive analysis of outcomes for the Specialty Mail Order Pharmacy (SMOP) recipients. McNemar's and Chi-square tests were employed.

Primary Outcome: HIV Viral Suppression (HIV RNA < 40 copies/mL)

Secondary Outcome: Patient's satisfaction of the pilot SMOP program

Study Population:

- Patients enrolled in the IDP Specialty Mail Order Pharmacy Program since June 2013 who had at least 1 year of follow-up data

Results

Overall Patient Characteristics

176 patients enrolled from June 2013 - June 2015

Characteristic	Number (%)
Median Age (IQR25,IQR75)	48(37,57)
Gender	
Male	108 (62%)
Race	
Black, Non-Hispanic	142 (81%)
White, Non-Hispanic	16 (9%)
Hispanic	14 (8%)
Other	3 (2%)
Distance from IDP clinic	
10 miles or less	51 (30%)
10-20 miles	50 (28%)
20-30 miles	47 (27%)
Greater than 30 miles	27 (15%)

44 patients enrolled in pilot program for at least 1 year

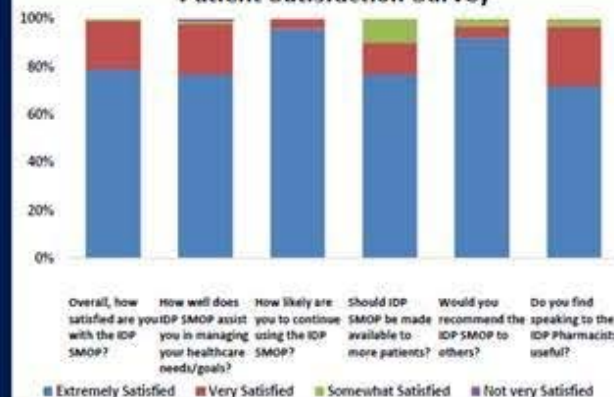
Characteristic	Number (%)
Median Age (IQR25,IQR75)	51 (44,59)
Gender	
Male	25(57%)
Race	
Black, Non-Hispanic	34(77%)
White, Non-Hispanic	3 (7 %)
Hispanic	7(16%)
Distance from IDP clinic	
10 miles or less	18 (41%)
10-20 miles	17 (39%)
Greater than 30 miles	9 (20%)
Insurance	
Uninsured	14(31%)
Medicaid	6(14%)
Medicare /Private Insurance	24 (55%)
Median number of monthly prescriptions (IQR25,IQR75)	7(6,12)

Results

Viral Suppression (VS) & CD4 T-cell Count

	One year Pre SMOP	One year Post SMOP	P-value
Patients with VS (last VL of each time period)	37(84%)	43(98%)	p=0.07
Persistent VS during period	31(70%)	37(84%)	p=0.45
Last CD4 during period (mean [SD], cells/mm ³)	444 (302)	487 (282)	p=0.22

Patient Satisfaction Survey



Conclusions

- ❑ After enrollment in the Specialty Mail order Pharmacy program, rates of viral suppression and CD4 count increased
 - ❑ Though not statistically significant, our numbers are small and further study with a larger sample size is warranted.
- ❑ Patients are largely satisfied with the Specialty Mail Order Pharmacy and would like to see it expanded.

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Sage Advice

- Clients should not need advocates in your pharmacy – You are their advocate
- Filling prescriptions is a personal experience for each patient. Make it as helpful and pleasant as possible
- Personal connection is key
 - Where possible, call each patient monthly to check in and discuss their prescriptions
 - Avoid automated systems
- Education is key
 - Client education never ends
 - Your professional education never ends either

Q & A

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Thank you!

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