

INTRODUCTION

- Successful suppression of HIV RNA viral load is critical to the overall health and longevity of patients living with HIV
- Adherence to antiretroviral therapy (ART) is necessary to achieve viral suppression
- Clinical pharmacists are uniquely positioned to impact medication use, adherence and clinical outcomes in this population
- The purpose of this project is to determine the impact of pharmacist interventions on the clinical HIV outcome of viral load

BACKGROUND

2020 HIV Treatment Target to End AIDS Epidemic¹

- Goal viral suppression rate: 90%
- Current US viral suppression rate: ~50%

Previous Literature: Systematic Review²

- Studies have shown pharmacist involvement in HIV medication counseling improves adherence rates and reduces viral load
- Limitations include incomplete description of the pharmacist role, the use of adherence as primary outcome, and lack of standardization for reporting of viral suppression

Regional Center for Infectious Diseases (RCID)

- Cone Health outpatient clinic located in Greensboro, NC
- Integrated care team includes 5 physicians, 2 nurse practitioners, nurses, case managers, financial counselors, behavioral health counselors and community outreach nurses
- Employs two clinical pharmacy practitioners (CPP) that work have established a collaborative practice with the providers
- 2018 RCID viral suppression rate: 89%

Wesley Long Outpatient Pharmacy (WLOP)

- Specialty pharmacy within Cone Health that works closely with clinical pharmacists to dispense HIV medications and provide financial assistance to RCID patients

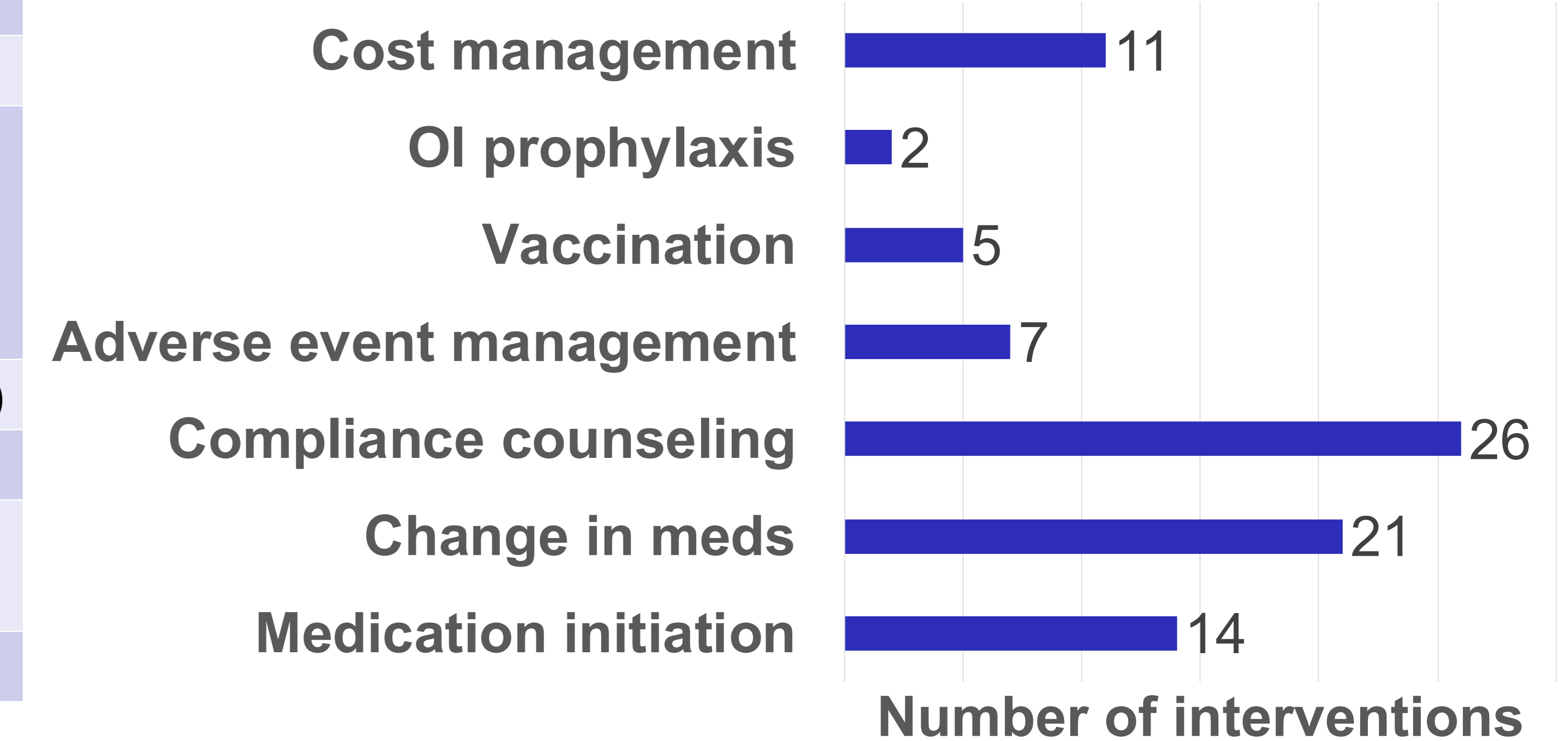
METHODS

- This analysis retrospectively reviewed a cohort of uncontrolled HIV patients in RCID who had at least one documented visit with a clinical pharmacy practitioner (CPP)
- Patients were included in the analysis if they had at least one HIV RNA viral load greater than 20 copies/mL (“detectable”) prior to the CPP visit and at least one viral load collected after the visit. Patients coinfecting with hepatitis C were excluded.
- Patients met the primary outcome measure if they achieved an undetectable viral load (HIV RNA < 20 copies/mL) within the study period (January 1, 2017 – March 1, 2019).
- Secondary outcomes included types of pharmacist interventions and specialty pharmacy capture rate

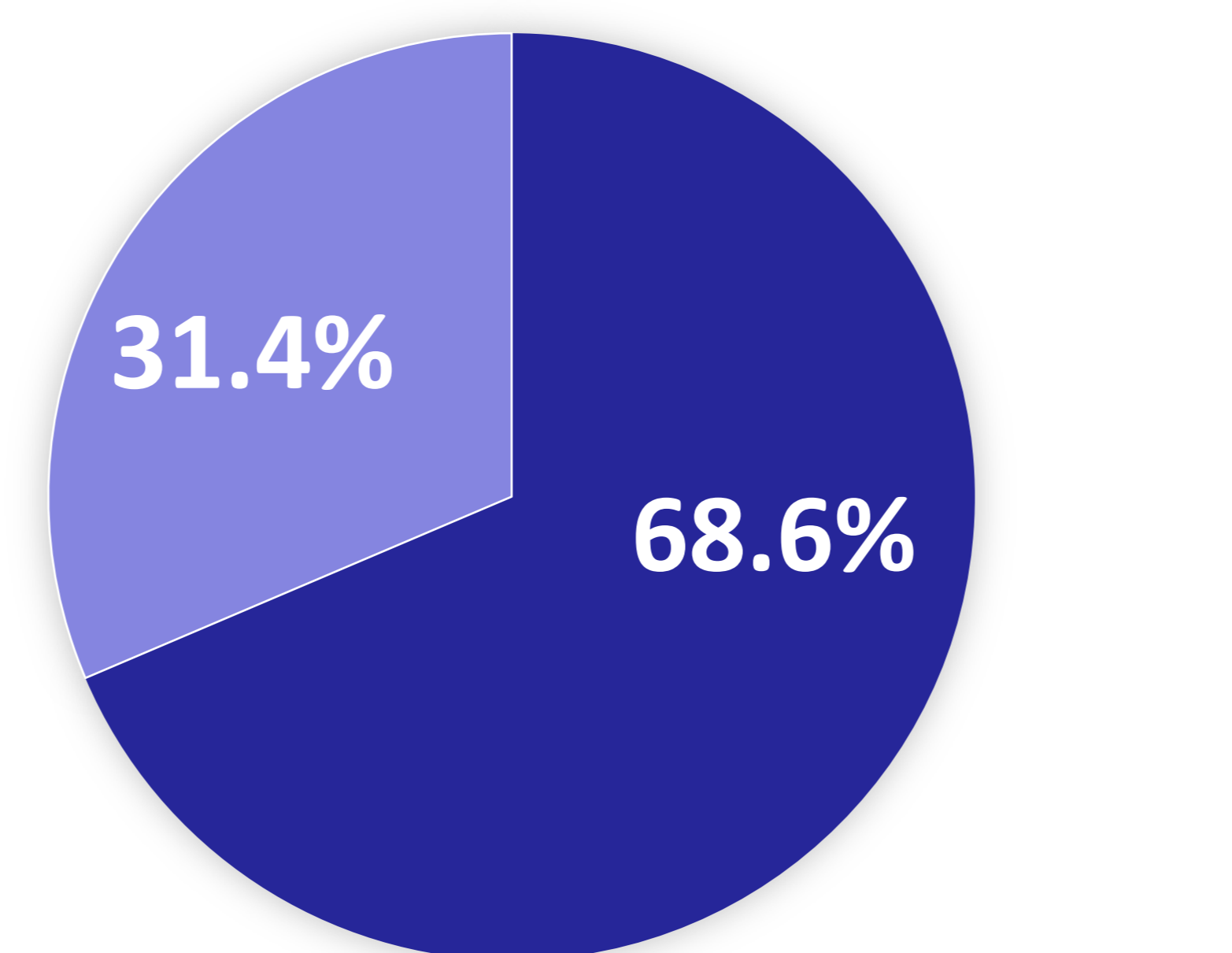
RESULTS

Baseline Characteristics	N = 51
Median age (range)	34 (19 – 63)
Male sex	39 (76.5%)
Race	
African American	41 (80.4%)
White	6 (11.7%)
Hispanic/Latin American	3 (5.9%)
Median viral load (range)	22,900 (28 – 3,060,000)
Median CD4	320 (10 – 1280)
Median years since HIV diagnosis (range)	5 (0.5 - 31)
No. patients with HIV ≥ 3 years	35 (68.6%)
Uninsured	15 (29.4%)

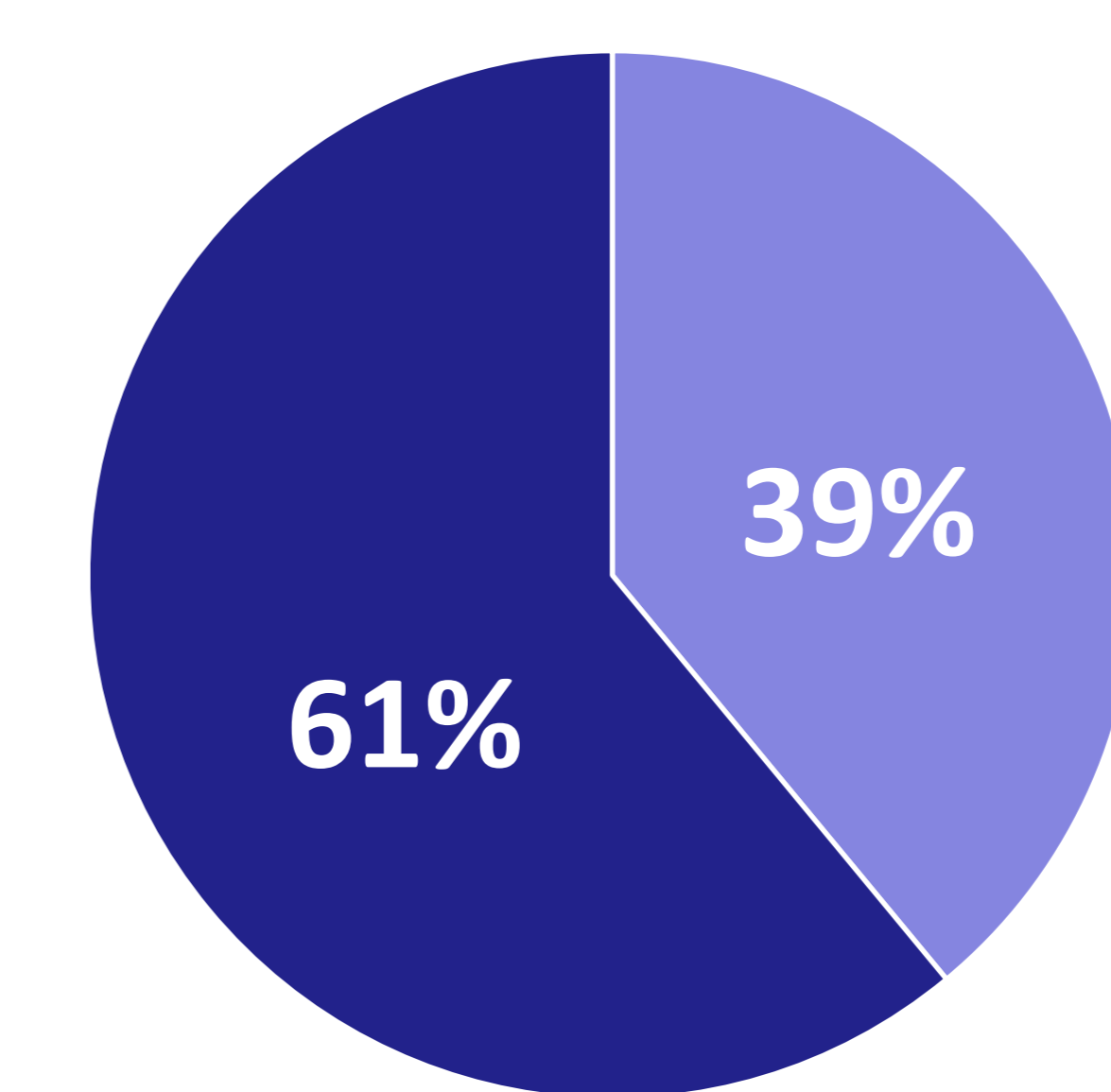
Types of Pharmacist Interventions



Primary outcome: HIV viral suppression



Specialty Pharmacy Capture Rate*



Adherence rate: 97.2%

Median time to undetectable viral load: 157 days

*Uninsured patients with Ryan White funding were required to fill HIV medications at a local community pharmacy

REFERENCES

Disclosures: Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

All authors are employees of Cone Health

1. UNAIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2017 January 1. Geneva, Switzerland. http://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf. Accessed 2019 April 19.
2. Saberi P, Dong BJ, Johnson M, et al. The impact of HIV clinical pharmacists on HIV treatment outcomes: a systematic review. Patient Prefer Adherence. 2012;6:297-322.