

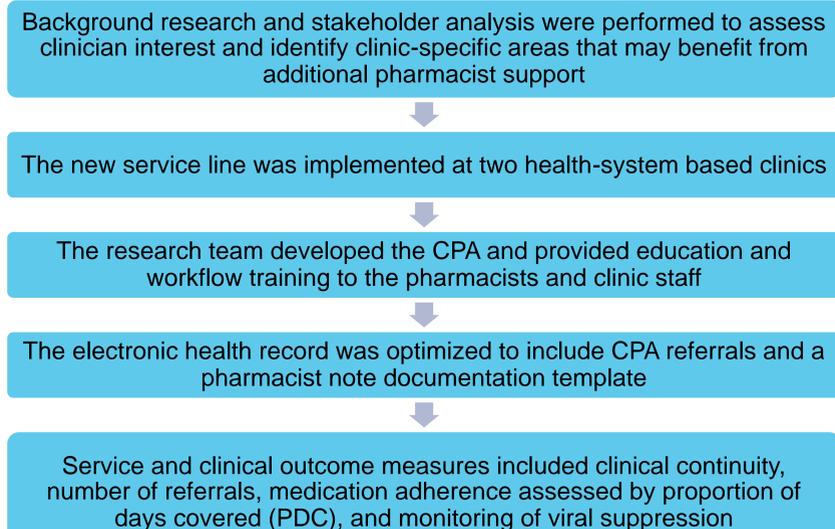
## Background

- Human immunodeficiency virus (HIV) medications are expensive, require consistent laboratory monitoring, and require strict adherence for treatment success
- These challenges can increase provider workload in ambulatory clinics
- Pharmacists established in HIV clinics can help alleviate the provider workload, improve patient clinical outcomes, and increase prescription capture rates (clinical continuity) within health system specialty pharmacies
- The goal of the project was to implement an integrated pharmacy service line between ambulatory clinics and outpatient pharmacy services

## Objectives

- Establish a collaborative practice agreement (CPA)
- Integrate a credentialed pharmacist within the specialty clinics
- Create a standard process for educating and reassessing patients living with HIV

## Methods



## Results

### HIV Collaborative Practice Agreement

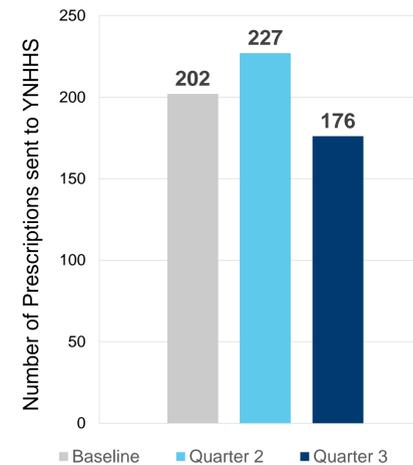
Drug Class / Labs	
HIV/AIDS <sup>1</sup>	Attachment inhibitors, CYP3A inhibitors, Entry inhibitors, INSTIs, PIs, NNRTIs, NRTIs Cabotegravir/rilpivirine (oral and IM) Labs: HIV serology, CD4 cell count, HIV viral load, HIV genotype, resistance testing, HLA-B*5701 testing, tropism testing, Hep B serology, Hep C screening, CMP, CBC w/ diff, lipid panel, UA, pregnancy test, ECG, G6PD deficiency, STIs (gonorrhea, chlamydia, syphilis) *Frequency of labs based on U.S. DHHS guidelines
	NRTIs Labs: HIV antigen/antibody, viral load, CMP, Hep B and Hep C status, STIs (gonorrhea, chlamydia, syphilis), pregnancy test *Frequency of labs based on U.S. DHHS guidelines
	Opportunistic Infection Prophylaxis <sup>2</sup>
Opportunistic Infection Prophylaxis <sup>2</sup>	Peumocystis Pneumonia Antimalarial agents Antiprotozoal agents Folic acid analogs Sulfonamide antibiotics Sulfone antibiotics
	Toxoplasma gondii Encephalitis Antimalarial agents Antiprotozoal agents Folic acid analogs Sulfonamide antibiotics Sulfone antibiotics Labs: BMP/CMP, CBC with diff, CD4 Cell Count *Frequency of labs based on U.S. DHHS guidelines
Immunizations <sup>3</sup>	Pneumococcal conjugate 13-valent (Pneumnar)
	Pneumococcal polysaccharide 23-valent (Pneumovax)
	Hepatitis A
	Hepatitis B
	Recombinant zoster (Shingrix) Zoster, live attenuated (Zostavax) Measles, mumps, and rubella, live, attenuated (MMR II) Varicella, live, attenuated (ex. Varivax) Influenza, inactivated Human Papillomavirus (Gardasil) Labs: Hepatitis B serologies, hepatitis A serologies, MMR titer Practice Guidelines: CDC Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States

1. Allows for the modification and refilling of all medications in this category with the exception of Cabotegravir/rilpivirine (oral and IM) which allows for initiation, modification, refilling and discontinuation of therapy  
2. Allows for initiation, modification, refilling and discontinuation of therapy  
3. Allows for initiation of therapy only

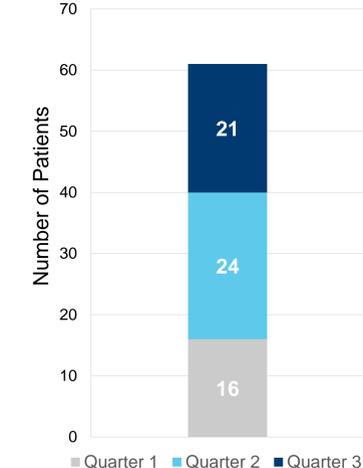
### Pharmacy Services

Medication counseling	Disease state education and follow up
Administration teaching	Comprehensive medication management
Coordination of prescriptions with health system pharmacy	Lab monitoring

### Clinical Continuity



### Patient Referrals



### Outcomes In Development

Medication adherence	Lab test adherence
Immunization rates	Patient / clinician satisfaction
Clinical interventions	

## Discussion

- HIV specialty CPA was drafted, approved by pharmacy leadership committees and adopted by the clinicians within the infectious disease clinics
- The primary outcome of clinical continuity met threshold success and ultimately did see an increase in clinical continuity in Quarter 2. Clinical continuity will be continuously tracked through all fiscal quarters moving forward
- The primary outcome of signed referrals to the integrated HIV ambulatory pharmacy services reached our target threshold. Clinicians within both clinics welcomed the integration of medication management under primary and specialty CPA's and were satisfied with the clinical pharmacist interventions

## Conclusions

- A novel integrated service model was successfully implemented in two HIV specialty clinics
- Integrating pharmacists into HIV specialty clinics with a CPA led to an increase in clinical continuity and increased patient referrals to the program

## Future Directions

- Analysis of the impact of the integrated HIV clinical pharmacist on adherence and viral suppression is in progress
- Continued optimization of the ambulatory and specialty workflow to continue to support integration of the pharmacist into the infectious disease centers
- Incorporation of pharmacy technicians into the workflow process
- Development of business plans to continue to grow the ambulatory care service line

Disclosure: The 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: Tyler Bedard, PharmD, nothing to disclose; Erika Vuernick, PharmD, nothing to disclose; Kimhouy Tong, PharmD, BCPS, nothing to disclose; Jenna Lee, PharmD, BCPS, BCACP, nothing to disclose; Samad Tirmizi, PharmD, nothing to disclose; Martha Stutsky, PharmD, BCPS, nothing to disclose; Arnold Hitoaliaj, PharmD, nothing to disclose; Kimberly Boothe, PharmD, MHA, nothing to disclose; Vinay Sawant RPh, MPH, MBA, nothing to disclose; Marie Renauer PharmD, MBA, BCACP nothing to disclose