Evaluating the clinical impact of human immunodeficiency virus (HIV) providers' use of specialty pharmacy services within a health system

Madeline (Maddie) Allen, PharmD; Rohina Bayat, PharmD, BCPS; Carol Luong, PharmD, BCPS

Background

- A medication use evaluation (MUE) using data from June 2024 to March 2026 compared viral load suppression and immunologic function among people with human immunodeficiency virus (HIV) filling antiretroviral (ART) medications through an internal health-system specialty pharmacy versus and external pharmacy.
- No statistically significant differences were observed among the two groups; however, this was expected, as HIV providers are proactive in laboratory surveillance and medication management.[1]
- HIV clinicians' understanding and utilization of the health systems specialty pharmacy services was unknown and further evaluation was required.

Objectives

This study focused on evaluating HIV clinicians' understanding, utilization, and satisfaction with the health systems' specialty pharmacy services. Additionally, this project sought to identify gaps in knowledge and provide education to increase clinician awareness of specialty pharmacy services.

Methods

- A prospective, quantitative study assessing full-time clinicians use and knowledge of specialty pharmacy services across six HIV care centers
- Pre-education survey assessed: current pharmacy use, satisfaction, barriers to use, benefits to use, and a free-text response for comments regarding specialty pharmacy services
- An educational handout was developed and distributed to HIV clinicians in response to identified gaps in knowledge
- Post-education survey assessed: self-reported completion of the pre-survey and components from the pre-education survey

Results

Pre- and post-education surveys were distributed to five full-time HIV clinicians within the health system. All respondents to both surveys - three of three (100%) of the pre-education and two of two (100%) of the post-education - reported currently using the health system's specialty pharmacy services for HIV care.

Table 1: Barriers to use of specialty pharmacy services

Identified Barriers (%)	Pre-education (n=3)	Post-education (n=2)
Hours of operation	1 (33%)	0
Insurance restrictions and limitations	2 (67%)	1 (50%)
Patient preference	1 (33%)	2 (100%)
Difficulty coordinating medication delivery	0	1 (50%)

Table 2: Benefits to use of specialty pharmacy services

Identified Benefits (%)	Pre-education (n=3)	Post-education (n=2)
Technician delivery coordination	2 (67%)	2 (100%)
Free medication delivery	0	2 (100%)
Benefits investigation & completion of prior authorizations	3 (100%)	2 (100%)
Enhanced medication access	2 (67%)	1 (50%)
Language translation services	0	1 (50%)
24/7 on call support	1 (33%)	1 (50%)

Figure 1: Benefits to specialty pharmacist outreach

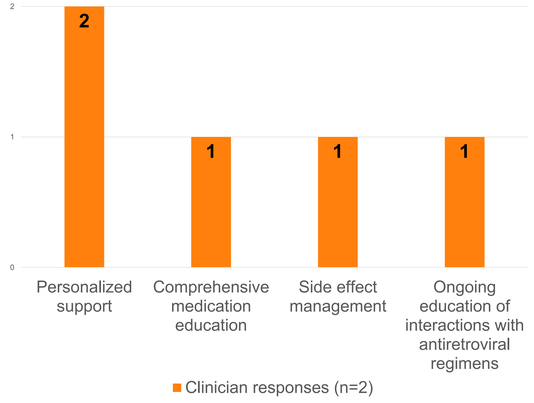
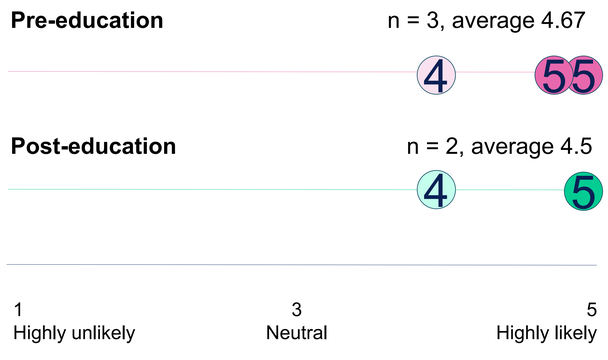


Figure 2: Clinician likelihood of recommending specialty pharmacy services



Discussion

- Clinician satisfaction with integrated health system specialty pharmacy services is consistently high and these services are effectively meeting the needs of people living with HIV – findings that align with existing literature.[2]
- Patient preference for external pharmacy services highlights the need to further explore what patients value in their HIV care, in order to tailor outreach and promotion of services to better meet their needs and preferences.
- Strengths: survey distributed to providers across multiple practice sites
- Limitations: small sample size, limited survey distribution to HIV clinicians, potential instrumentation bias via inconsistencies between pre- and post-education survey questions
- Future directions: ongoing assessment of HIV clinicians' knowledge, utilization of, and satisfaction with the health system's specialty pharmacy services is needed to ensure optimal patient care.

Conclusion

This prospective, quantitative study of clinician utilization and satisfaction with the health system's specialty pharmacy found that use of these services is driven by personalized patient support, free medication delivery, refill coordination, and benefits investigations.

Disclosures

The authors have nothing to disclose.

References

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