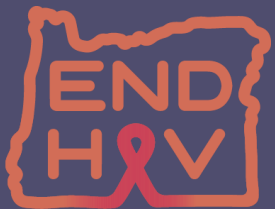





Improving HIV Care in Rural Communities with Better Pharmacy Partnerships

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Disclosures

- No commercial interests to disclose

Objectives

- Understand the creation of the Patient Centered Pharmacy Program (PCPP) at Bengal Pharmacy
- Describe the PCPP components and workflow set up at Bengal Pharmacy
- Discuss various tools needed to set up the PCPP
- Identify barriers and challenges faced by PCPP and ways of elimination
- List key elements to establish a robust patient centric program

Pharmacy-Clinic Background

Bengal Pharmacy- Health West ISU Partnership



- Bengal Pharmacy
 - ISU Tele-pharmacy
 - 1 + 4 sites
 - Rurality
 - Residents/Students/Technicians/
Pharmacy Faculty
 - Academic Setting
 - 340B Contracted Pharmacy
 - Clinic billing account

Service Area: Rural Idaho



<https://www.mapsofworld.com/usa/states/idaho/idaho-county-map.html>

Bengal Pharmacy- Health West ISU Partnership



- Pocatello Family Medicine/Health West ISU Clinic
 - Ryan White Clinic
 - Federally Qualified Health Center (FQHC)
 - 340B Covered Entity
 - One of Nine Outpatient Clinics
 - Medical Residents
 - ~ 150 PLWH
- HIV Interdisciplinary Team
 - ID Specialist
 - Physician Assistant
 - Pharmacist
 - HIV Nurse
 - Case managers

Patient Centered Pharmacy Program (PCPP): Creation

Patient Centered Pharmacy Program (PCPP): Creation

- Ryan White Capacity Development Grant
 - Survey
- Creation of Patient Centered Pharmacy Program (PCPP) at Bengal Pharmacy
- Collaboration between the clinic and pharmacy
 - Geographical proximity
 - Existing business and educational relationships
 - Shared commitment to education and rural patient care
- Pharmacist link between the pharmacy and the clinic

Patient Centered Pharmacy Program (PCPP): Goals

Patient Centered Pharmacy Program (PCPP): Goals

- Patient centric care
- Foster close communication
- Improve adherence
- Improve access to care
- Personalized approach
- Accessibility to care
- Remove barriers
 - Transportation
 - Anonymity/Privacy Concerns

Patient Centered Pharmacy Program (PCPP): Referrals & Enrollment

Patient Centered Pharmacy Program (PCPP): Enrollment

- Referrals and enrollment
 - Polypharmacy
 - Access to medications
 - Privacy Concerns/Stigma/Rurality
 - Substance Use Disorders/Mental Health Disorders
 - Adherence concerns
 - New to the area
 - Enrollment form
 - Opt-out option
 - Re-enrollment
 - ~54 PLWH enrolled in PCPP

Patient Centered Pharmacy Program (PCPP): Pharmacy Workflow

Pharmacy Workflow: New Patient

- Signed enrollment form
- Prescriptions
 - HIV Medications
 - Other Chronic Medications
- Patient profiles
- Contact patient
 - Introduction to the program
 - Quantity of HIV medication on hand (unless new prescription)
 - Determination of batch
- Spreadsheet
 - 3 Batches: 10th, 18th, 30th
 - Assigned technician for each batch
 - Enter patient name under the desired batch

Pharmacy Workflow: Established Batch Patient

Pre-Batch Day Workflow

Pharmacy staff start working on batch two-five days before batch date

Patient contacted and asked which medications are needed for that month, medication counseling offered, resolution of problem (e.g. copay, adherence, adverse effects)

Refills requested from provider's office if needed

HIV medications ordered three days before batch day

Refills and new medications processed based on patient's response/needs

Medications bubble packed if requested

Batch Day Workflow

All medications checked out of cash register

Packages containing requested medications and medication counseling offer letter are created for individual patient

Packages directly mailed to patient, delivered to the clinic, or ready for pick up from the pharmacy

Dispensing label sticker used to track packages that leave the pharmacy either via mail or delivery on either the clinic delivery or mailing tracking form

Mailed packages are sent via US postal service with tracking number which is added to mailing tracking form

Packages for clinic delivery are hand-delivered with clinic delivery tracking form

Additional things to consider....

- Separate workstation
 - Labeled shelves for each batch
- Medication Synchronization
 - Sync chronic medications with HIV medication(s) if possible
 - Adherence
 - Reduces associated mailing costs
 - Improves health outcomes
- Medication Counseling
 - Must counsel on new medications
 - Rx, OTC, Supplements, Herbals
 - More of an issue especially when they are getting their medications delivered



Patient Centered Pharmacy Program: Tools

Tools

Form name	Purpose	Fields
PCPP enrollment form	Used to obtain patient demographic data and history	<ul style="list-style-type: none">• Address, allergies, current HIV medications, third party payer, emergency contact information• Check-boxes for enrollment in additional free services (enhanced medication education, bubble-packing, and side effect management)• Preferred avenue for medication access (pharmacy pick-up, delivery to home/work, clinic pick-up)• Signatures for permission to transfer prescriptions from other pharmacies (if applicable)• Waiver of in-person receipt of delivered packages

Tools

Form name	Purpose	Fields
Patient Tracking Spreadsheet	Track and document ongoing monitoring of active patients and maintain running list of inactive patients	<ul style="list-style-type: none">• Batch Date• Patient Name• Date of Birth• Communication• Medication(s)• Delivery Method (USPS/Clinic/Pharmacy)• Patient Address• USPS Tracking#• Counseling (Accept/Decline/Unreachable)

Tools

Form name	Purpose	Fields	Additional notes
Clinic delivery tracking form	Organize and track prescriptions delivered to the clinic for patient pickup	Delivery dates, initials of person responsible for delivery, signature from patients upon receipt	Delivered with the batched medications and returned to pharmacy, monthly for verification of medication pickup
Mailing tracking form	Organize and track lists of shipped medications	Corresponding tracking numbers and shipment dates, initials of person responsible for shipping, and cost of delivery	Mailing tracking form

Tools

Form name	Purpose	Fields	Additional notes
Medication counseling offer letter	Informs patients of the availability of medication counseling services	Written in patient-friendly language Provides the pharmacy phone number	Included in every mailed medication package
Individual patient paper file	Correlated patient-specific paperwork and documentation	Signed enrollment form, third party payer information, any other patient-specific hard-copy data	Patients that become inactive in the service: Forms are removed from active patient file folder and transferred to the inactive patient folder.

Patient Centered Pharmacy Program (PCPP): Challenges and Barriers

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- Staffing/Training
- Burn out
- Attention to detail
- Inability to contact patients
- Lack of communication
- Insurance Issues
 - Change in insurance plans
 - High copays
 - Prior Authorizations
 - Uninsured
- Mailing hiccups
 - Insurance audits
 - Tracking
 - Lost packages
 - Homelessness
 - Address
- Inventory costs
 - 340B replenishments
- Pharmacy law restrictions
 - Technician role

Patient Centered Pharmacy Program (PCPP): Ways to eliminate barriers

Patient Centered Pharmacy Program (PCPP): Ways to eliminate barriers

- Appropriate training and onboarding
 - Delegation and accountability
 - Familiarity
 - Try to remember faces and names
- Proactively working with case managers and clinic
 - Prior Authorizations
 - Co-Pay cards
 - ADAP
 - Three-way communication
- System and workflow for mailing
 - Tracking packages
 - Returned packages/Lost packages
- Support and help each other as needed

Patient Centered Pharmacy Program (PCPP): Vaccines

Patient Centered Pharmacy Program (PCPP): Vaccines

- Delivery to the clinic
 - Removing barriers
 - Increase immunization rates
 - IRIS Reporting
- Pharmacy administration
 - Technicians/Pharmacy students
 - Reporting to the HIV nurse
 - Fax/Phone Call
- Vaccines
 - Hepatitis A
 - Hepatitis B
 - Pneumococcal vaccines
 - Possibly Shingles vaccine
 - COVID-19 vaccine



Keys to Success!

Keys To Success!

- Non-judgemental and a friendly attitude
 - Build trust
- Team Work
- Appropriate training
- Enthusiasm/Motivation
- Empathy
- Understanding your patients
- Being proactive
- Open communication
- Huddles
- Partnerships and collaboration
- Professionalism
- Attention to detail

Publication

Community Pharmacy Enhanced Dispensing Model to Improve Medication Access for Rural Patients Living with HIV

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Abstract

Objective: To demonstrate the utility of a community pharmacy-centric workflow for improving access to medications for high-risk, rural persons living with HIV (PLWH) in partnership with a Federally Qualified Health Center (FQHC).

Setting: University-sponsored independent community pharmacy and rural FQHC providing care to PLWH.

Practice Description: Patient-centered Pharmacy Program is a service designed to improve access to HIV medications for PLWH in rural Idaho. The service is delivered in partnership with a 340B-covered entity (FQHC).

Practice innovation: The workflow for the service in the community pharmacy is described in detail, including time assessments and descriptions of tools and forms developed for rollout.

Evaluation: Quality improvement initiatives over three years are described.

Results: This service ensures medication access for rural PLWH and is sustainable for the community pharmacy. Expansion of services is feasible for the future.

Conclusion: This partnership may be one that could be implemented at other rural, independent community pharmacies seeking to have outreach to rural patients with chronic medication needs.

Keywords: Medication Adherence and Persistence; Underserved Communities; HIV/AIDS; Community Pharmacy

Introduction

Persons living with HIV (PLWH) with poor adherence to antiretroviral therapy (ART) are at increased risk for mortality, virologic failure, hospitalizations, opportunistic infections, and drug resistance.¹ Due to the pill burden, side effects, and drug interactions associated with ART and coexisting comorbidities, medication adherence is challenging for many patients. Despite evidence that higher adherence rates are associated with optimal viral suppression, the reported rates of adherence in PLWH in the United States (US) tend to be between 70 and 85%.¹⁻³ Ensuring high adherence in PLWH presents an important concern not only to individual patients, but to the public at large.

While advanced support services for PLWH exists in urban areas, many such social support services are absent in rural areas of the US. In addition to the inherent challenges of managing complex regimens, PLWH in the rural US typically have decreased access to healthcare and may face added barriers to receiving care or medications in a timely manner.⁴⁻⁶

In a study of adherence in patients with solid organ transplant living in the rural US, the adherence rate to complex regimens was 58%, leaving 42% of patients non-adherent; this concept would likely translate to PLWH as well.⁷ One component of promoting patient adherence to ART is establishing mechanisms that increase patient access to medications. Community pharmacies have demonstrated success in delivering programs that promote patient adherence to general chronic medications such as appointment-based models and medication synchronization.⁸⁻¹⁰ One study showed patients enrolled in such a program had three to six times the likelihood of adherence than patients not enrolled.⁹

One component to promoting patient adherence that is specific to ART is ensuring medication access from an inventory management and financial affordability standpoint. As ART medications can be incredibly expensive, many pharmacies opt not to stock them as they can carry a heavy inventory cost. As patients living in the rural US tend to have lower incomes than their urban counterparts, it is critical to have options for payment in place for patients who cannot afford their medications.¹¹ Partnerships between clinics and community pharmacies that help overcome some of these barriers and support PLWH in the rural US may be possible.

Objective

The objective of this project is to demonstrate the utility of a community pharmacy-centric workflow for improving access to medications for high-risk, rural PLWH in partnership with a Federally Qualified Health Center (FQHC). The authors present

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Community Pharmacy Enhanced Dispensing Model to Improve Medication Access for Rural Patients Living with HIV

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Activity: What can you do to help your patients?

Activity: What can you do to help your patients?

Current Set Up?

- What do you currently have set up at your pharmacy?
 - Describe your site
 - HIV Medications
 - Vaccines
- What works?
- What are some limitations?

Possibilities in the future?

- What will you continue to do?
- Anything you can add?
- Anything that needs to be modified?
- Training
 - AAHIVP/Other credentialing
 - Continuing Education – Pharmacist and Technician
- Other ideas to share with our pharmacy community to enhance care of PLWH?

References

- Anushka Burde, Shanna O'Connor, David Hachey. Community Pharmacy Enhanced Dispensing Model to Improve Medication Access for Rural Patients Living with HIV. *INNOVATIONS in Pharmacy*. 2019;10(4). doi:10.24926/iip.v10i4.2264

Questions?

