Implementing HIV pharmacy services within a regional retail community pharmacy organization: Defining criteria to effectively and efficiently implement.

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BACKGROUND

• As of 2015 there were 973,846 people living with HIV in the United States and 77,896 people living with HIV in Texas, and an estimated 39,393 newly infected cases were in the United States and approximately 4,476 new cases were in Texas.1
• Positive health outcomes, including increased antiretroviral therapy (ART) adherence, decreased pill burden, and decreased dosing frequency, occur when pharmacists are involved in HIV patient care.2
• In the previous years, HIV has consistently been a topic of discussion as a specialty practice.3
• To decrease mortality and morbidity in the aging HIV population, patients must adhere to all their pharmacotherapy regimens which may be complicated with the possible drug-drug interactions of ART.4
• Few articles have been published on how to implement an HIV pharmacy service in a community; however these project descriptions are part of a government or academic medical center. No literature has been found on how to implement an HIV center within a regional retail community pharmacy system.5-6-7

STUDY OBJECTIVES

1. Describe the process of integrating specialty pharmacy services into the workflow of a community pharmacy
2. Describe the criteria for selection of pharmacies that will participate in a specialty HIV clinical program within a Texas community pharmacy grocery

PRACTICE INNOVATION

To provide a higher standard of care for patients living with HIV in Texas by delivering pharmacist services through regional specialty community pharmacies.

METHODS

Step 1: Specialty Model

• Examine and compare the specialty and the non-specialty pharmacy work flow model
• Compare and contrast the available community pharmacy Continuing Education (CE) programs and identify a program to be used to train H-E-B pharmacists
• Assess offsite prescription fulfillment capacity and productivity per pharmacy
• Determine additional full time equivalents (FTE) of technicians and pharmacists required to sustain an HIV Wellness Center
• Review the Information and Network System requirements of Specialty’s Pharmacy Management System and Patient Management System to determine feasibility of integration in a community pharmacy

Step 2: Regional Evaluation

• Analyze distribution of HIV prescriptions filled in each store per region and compare to the prevalence of HIV in counties served by H-E-B Pharmacy
• Assess prescriber patterns for HIV medications within the regions
• Determine pharmacists willingness to deliver HIV clinical patient care with a questionnaire

Step 3: Pharmacy Eligibility

• Using data from Step 1 and 2, determine inclusion and exclusion considerations specific to H-E-B Pharmacy

Eligibility Considerations

Pharmacy Inclusion Considerations:

• Pharmacies located in counties congruent with moderate to high HIV prevalence and high HIV prescription rates within designated H-E-B regions
• Pharmacist willingness to deliver enhanced HIV patient care
• Preferably located in an area with high HIV prescriber activity to establish prescriber relationships and be available for immediate/urgent patient assistance and services

Pharmacy Exclusion Considerations:

• High volume pharmacy, as defined by the company, a pharmacy filling an average weekly prescription number ≥ 3500
• Stores located in counties with low HIV prevalence and have low HIV prescription rates
• Limitations of physical space and networking infrastructure to allow expansion of resources and services

REFERENCES


DISCLOSURE

Authors of this presentation have nothing to disclose concerning possible financial or personal conflicts of interest.