Leveraging pharmacies to expand HIV and HCV screening initiatives

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Objectives

• List rationale to support pharmacy-based disease management/screening programs.
• Describe outcomes associated with a pharmacy-public health collaborative HIV/HCV screen program.
The Evolving Practice of Community Pharmacy

Historically Pharmacists have:

• Compounded medications
• Dispensed medications
• Counseled patients
• Supervised technicians

Today’s Community Pharmacist:

• Dispenses medications
• Counsels patients
• Administers immunizations
• Provides disease management services
• Supervises technicians
• Compounds medications
• Conducts POCT
Pharmacist Education

• All pharmacists graduate with a Doctor of Pharmacy degree.
  – 3 years of graduate coursework plus 1 year of clinical rotations.
  – Trained to conduct physical assessment and collect and interpret laboratory data.

• Many complete post-graduate residency training programs.
The Case for Collaborative Disease State Management

• There are between 59,000-67,000 community pharmacies in the United States.
  - 92% of Americans live within 1.6 miles of a pharmacy

• Estimated to be 13 billion pharmacy visits annually.
  - 470 million annual physician office visits.
  - 530-570 visits per pharmacy each day.

The Case for Collaborative Disease State Management

- Pharmacists have been helping to manage patients with various medical conditions for decades.
  - POC tests now provide more objective data.
  - Data sharing barriers are eroding.
Pharmacy-Based Disease Management/Screening Programs

Screening Programs
• Cholesterol
• Blood glucose
• Blood Lead
• HIV
• HCV

Management Programs
• Acute pharyngitis
• Influenza
• Sexually transmitted infections (Pilot)
Pharmacy-Based Management Programs

- 30%-40% of patients do not identify a primary care provider
- Cost-effective
- Convenient
- Patient satisfaction is greater than 90%
- Fit into existing pharmacy workflow
Pharmacy-Based HIV/HCV Screening

• Early identification and linkage to and retention in care improves the course of HIV/HCV.
  – Current screening efforts have been inadequate.
    • Millions are still unaware of their status.
    • 50% of reactive patients do receive treatment and are lost to follow-up.

• Pharmacists and employees reflect the patient population.
  – Cultural, social, religious connections
Experience with HIV/HCV Screening

• Partnered with >70 pharmacies in Michigan, West Virginia, and Georgia to provide screening.
• Partnered with state and local health departments to establish reporting and linkage to care procedures.
• Participating pharmacists received 20 hours of training related to testing and counseling.
• Screening results: HIV 1.5% reactive; HCV 17% reactive
  – All were successfully linked to follow-up care
Summary

• Pharmacists are well-positioned to partner with public health agencies to expand HIV and HCV screening efforts.