

# Clinical Pharmacist Care Models for HCV Management

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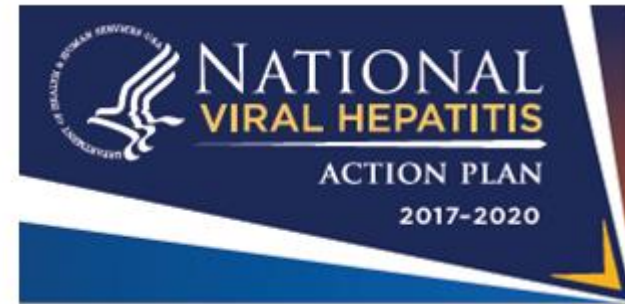
**VA**  
**HEALTH**  
**CARE** | Defining  
**EXCELLENCE**  
in the 21st Century

# Objectives

- Recognize the importance of the role of PharmD's in HCV management engaging new treaters and
- Discuss how the HCV PharmD provider framework can be replicated in other settings

# The Role of Pharmacists in Viral Hepatitis

- The Action Plan for the Prevention, Care & Treatment of Viral Hepatitis prepared by US Department of Health and Human Services, identified pharmacists as key stakeholders in the continuum of care of those living with viral hepatitis.
- CDC: “Pharmacists can reduce fragmentation of care, lower healthcare costs, and improve patient health outcomes.”



<https://www.cdc.gov/hepatitis/hhs-actionplan.htm>

# The Role of a Clinical Pharmacist: Key Team Member

## CPS=PHARMACIST PROVIDER

- Independent Prescriptive Authority
- Highly trained **Advanced Practice Provider**
- Practice-Area (Global) Scope of Practice to manage multiple disease states
- Panel and Population Management

## IMPROVING ACCESS

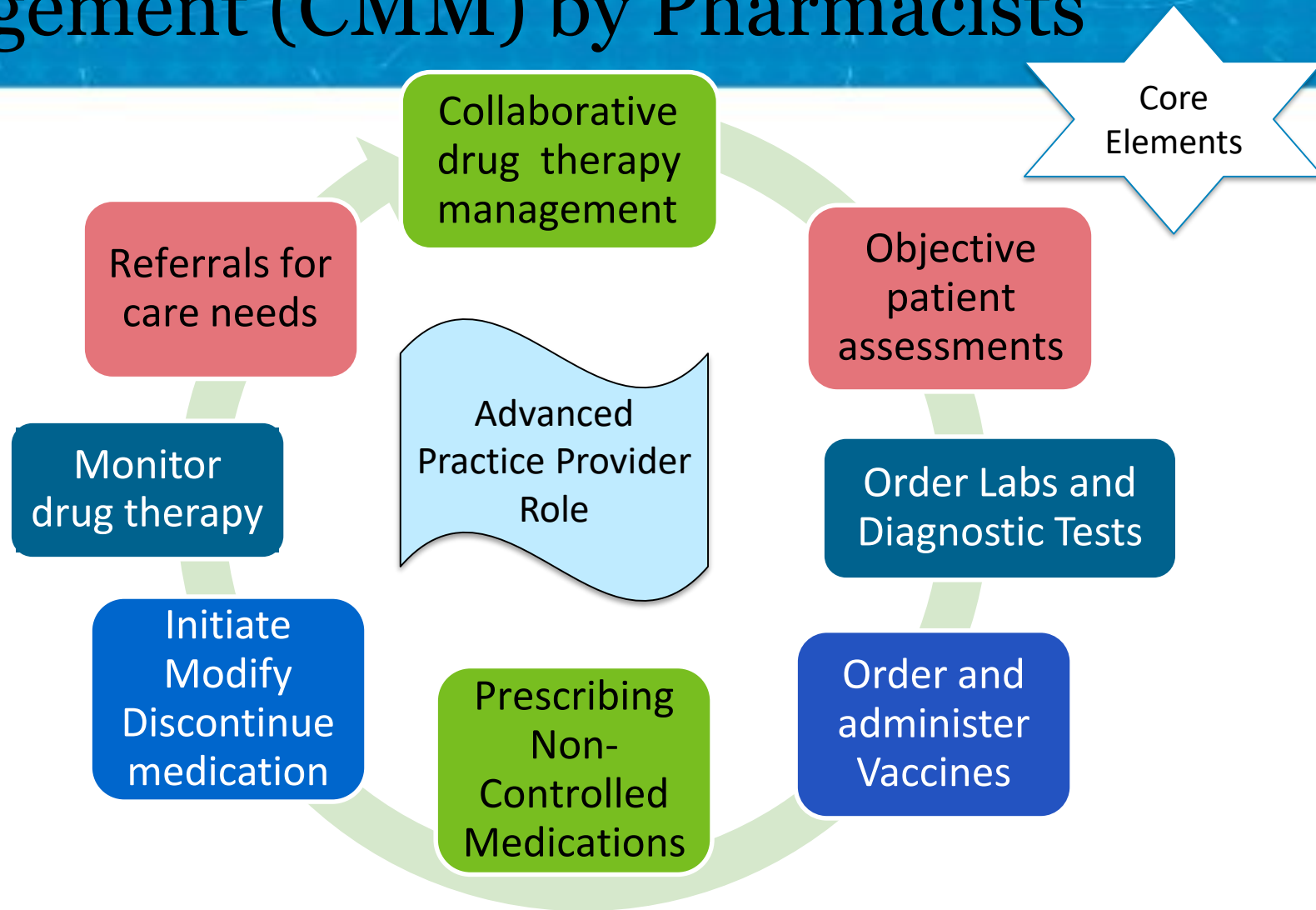
- Comprehensive Medication Management (CMM) services to allow the provider to focus on other Patients with care related issues
- Bridging the gap to specialty care
- Same Day Medication management services

# Scope of the Pharmacy Profession

- **Scope of practice (SOP):** authorization to perform as an advanced practice provider (APP), autonomously or collaboratively, managing all facets of a patient's disease or condition
  - Ideal for medication-focused disease states where specific medication and monitoring guidelines exist (HCV)
  - Provide services between physicians visits
- **Collaborative Drug Therapy Management (CDTM):** Agreement between one or more physicians and a clinical pharmacist wherein the clinical pharmacist assumes professional responsibility to perform comprehensive medication management (CMM)
  - Accountability for direct patient care
- > 48 states have authorized some form of pharmacist prescribing
- Barriers:
  - policy and legislation
  - compensation for services
  - access to health information technology systems



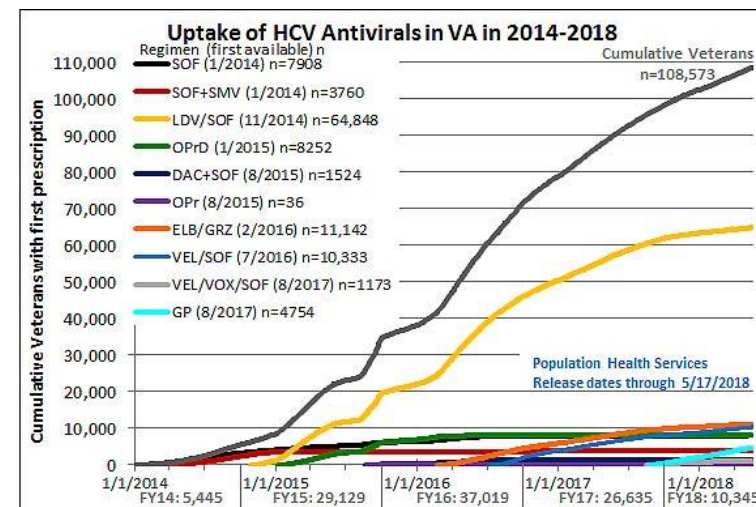
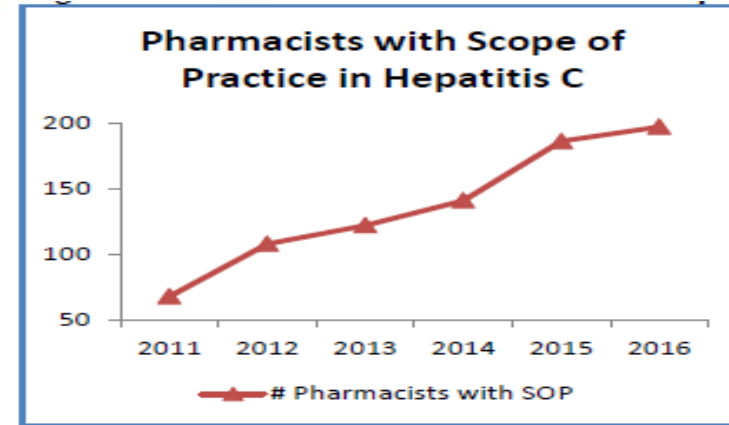
# Comprehensive Medication Management (CMM) by Pharmacists



# Expansion of Clinical Pharmacy Specialists (CPS) in HCV Care

- Mobilized existing pharmacy infrastructure to address a need
- Over 700 Clinical Pharmacists have been trained to assist Primary and Specialty providers in HCV management
- Over 200 Clinical Pharmacists actively manage HCV patients across VA
- VA has treated over 108,000 patients since January 2014

**In VA, 32% of HCV medication prescribing is done by pharmacists**



# PharmD Competencies For HCV Care

## Screening

Identify and screen patient born between 1945-1965

Identify patients at high risk for HCV (CDC criteria) and screen (repeat yearly for those at continued high risk)

Interpret hepatitis C antibody, genotype and HCV RNA testing results

Educate patient on risks, transmission, alcohol use, liver health, and treatment availability

Refer HCV-infected patients for treatment/liver evaluation

## Pre-Treatment

Obtain / interpret HCV clinical / laboratory data: HCV genotype , prior treatment history , HCV RNA, liver fibrosis stage, liver panel, CBC, metabolic panel/renal function, HIV status, HBV status

Comorbidities, allergies, concomitant medications

Current substance use – refer for treatment, if necessary

Immunizations (HBV, HAV)  
Assess patient readiness to begin treatment: (social/behavioral/ personal considerations)

Selection and/or evaluation of HCV regimen based on patient characteristics (drug interactions, resistance testing, prior treatment)

Communication with providers for evidence-based treatment decisions

## Treatment

Provide proper treatment regimen and dosing

Treat patient for appropriate duration based on disease and patient-specific characteristics

On-treatment laboratory monitoring for effectiveness and adverse effects

Management of patients with suboptimal “on treatment” response

Recognize and provide treatment for common side effects

Set patient expectations / self-management

Review treatment plan and follow-up schedule (face to face, telephone, video, including required labs)

Counseling /education (disease, drug regimen, adverse event management, adherence strategies, transmission, liver health)

Assessment of sustained virologic response (SVR)



# PharmD Provision of HCV Care and Benefits of PharmD Engagement

- **HCV Testing** → Increased awareness of HCV in community

  - Active identification and outreach to patients who require testing
- **Identification of HCV patients as treatment candidates** → -Improved linkage to care  
-Increase treatment rates

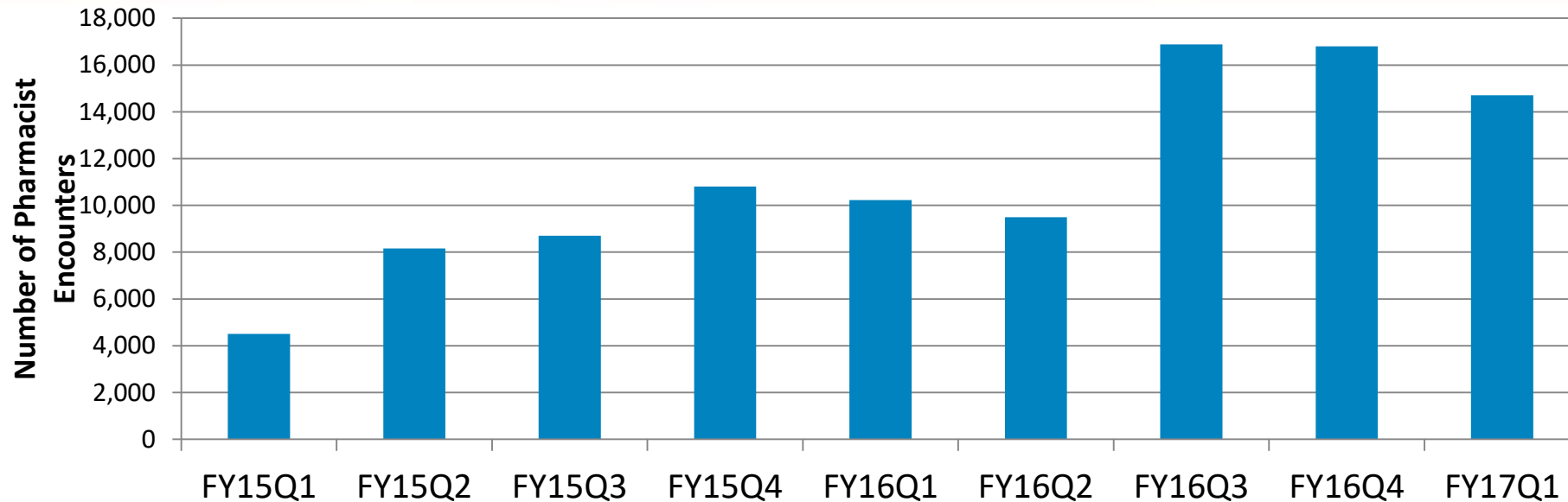
  - Report/lists of HCV viremic patients to discuss/evaluate for treatment
  - E-consults to specialists
  - Reassessment of “untreatable” patients
- **Co-management / Treatment** → -Flexibility for patients  
-Greater access to specialists  
-Cost Avoidance: reduced drug costs from optimization of regimens; reduced drug-drug interactions; facilitation of timely medication refills; closely monitored adherence

  - Increase capacity
- **Data analysis and feedback** → Improve population health

  - track and monitor care metrics, outcomes, and cost

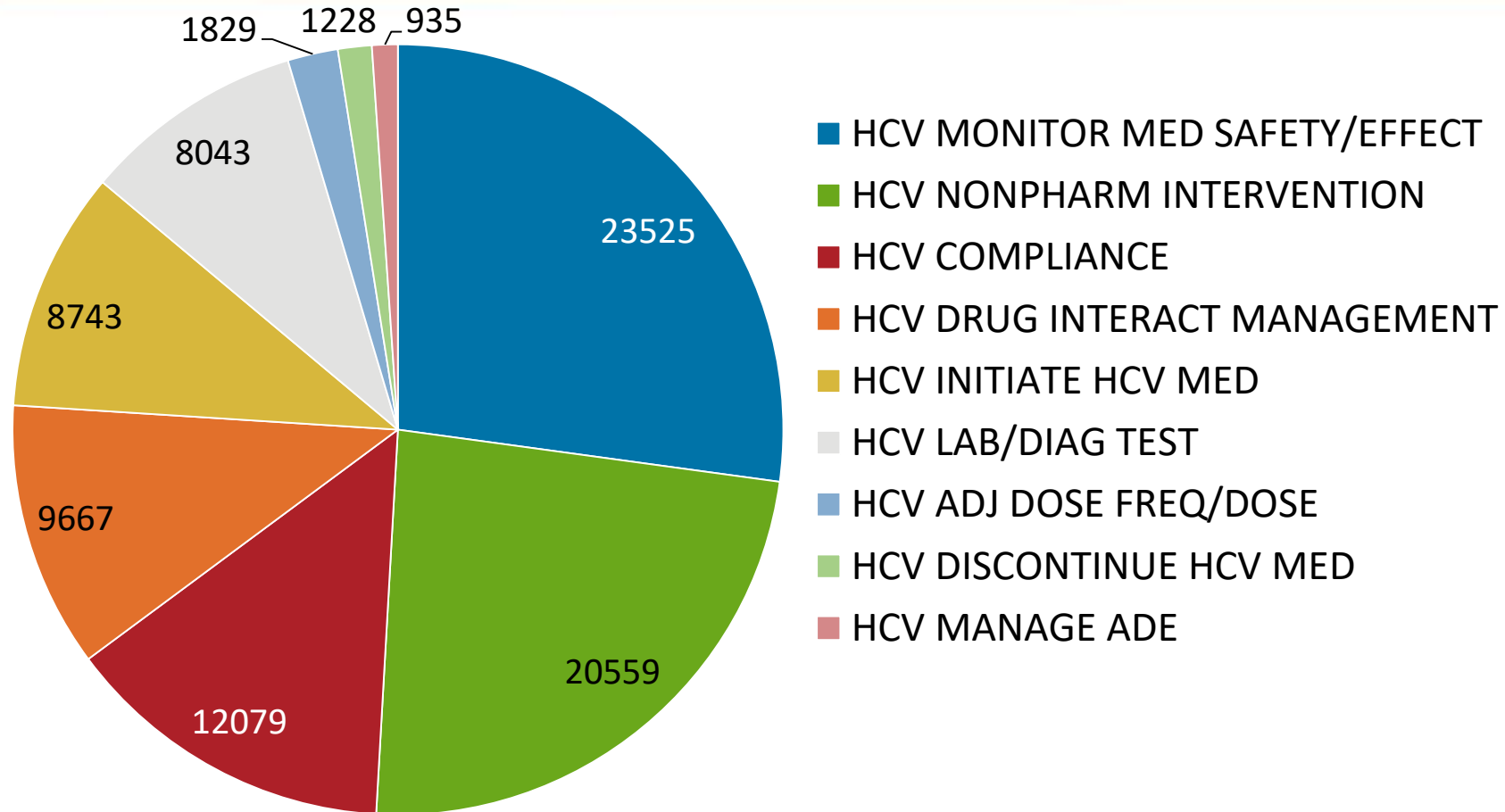
# PharmDs Improve Access and Reduce Costs

## Hepatitis C-Related Encounters (Direct Patient Care)



Provider Type	HCV CPS Encounters	Cost/Encounter	Total Cost
GI/Hepatology	24,888	\$78.13	\$1,944,499
Clinical Pharmacy Specialist	24,888	\$40.50	\$1,007,964
Net Savings with CPS as Provider			\$936,535
Percent Cost Difference with CPS Utilized for All Encounters			48%

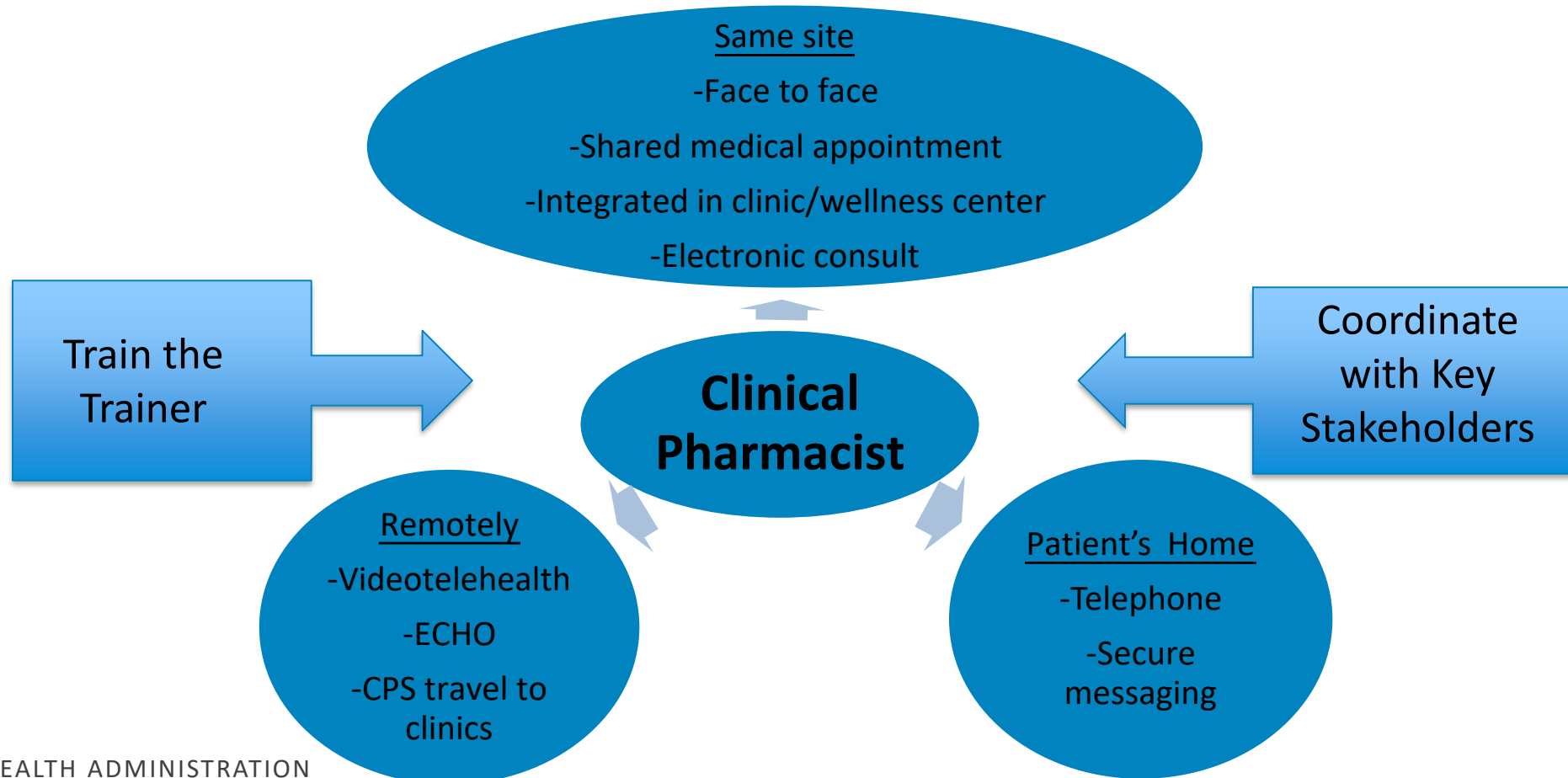
# Pharmacist Interventions for HCV Care



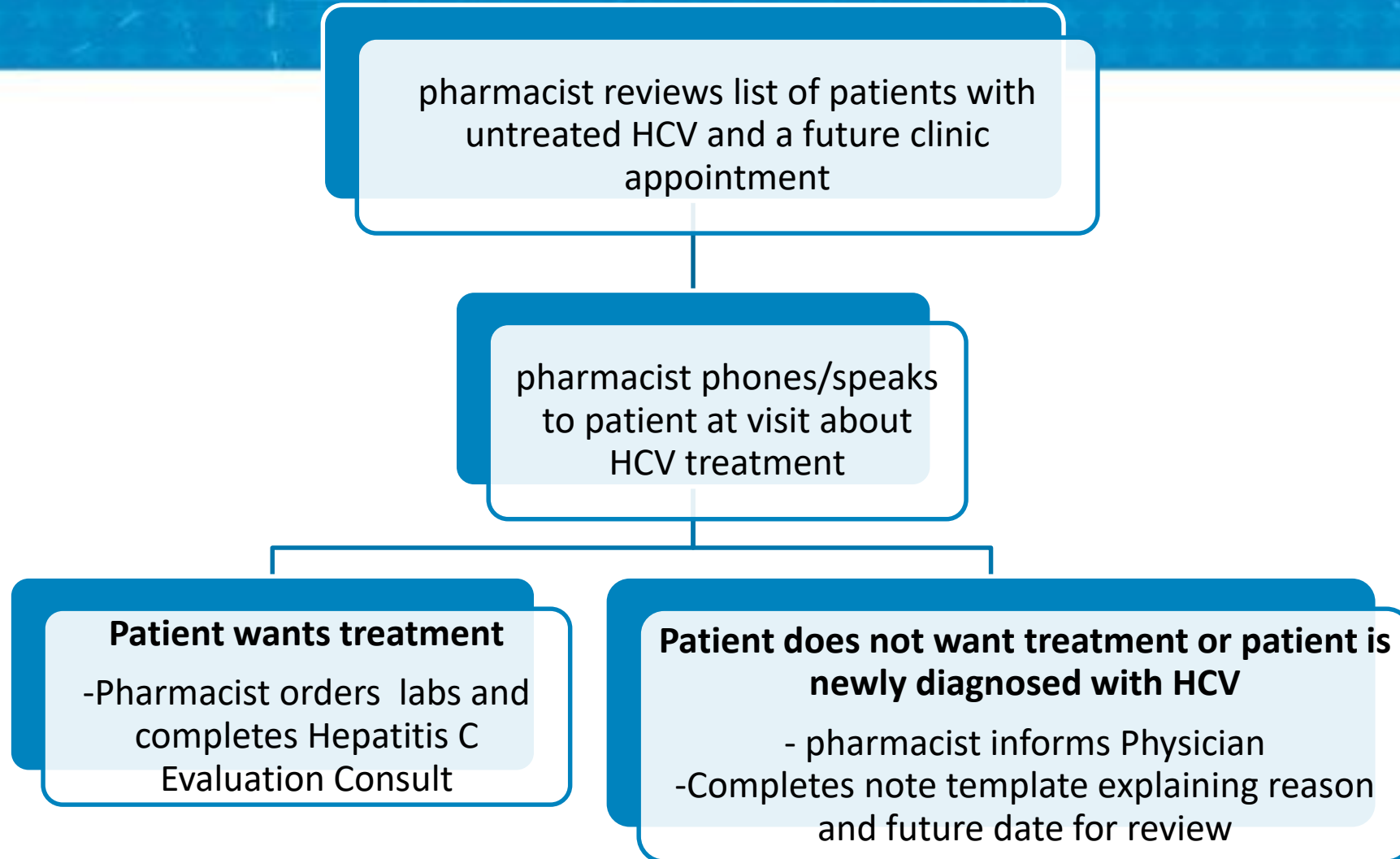
# Pharmacist Delivery of Care

## Think “Outside the Box”... Non-Traditional Models

### Expanding Access to HCV Treatment

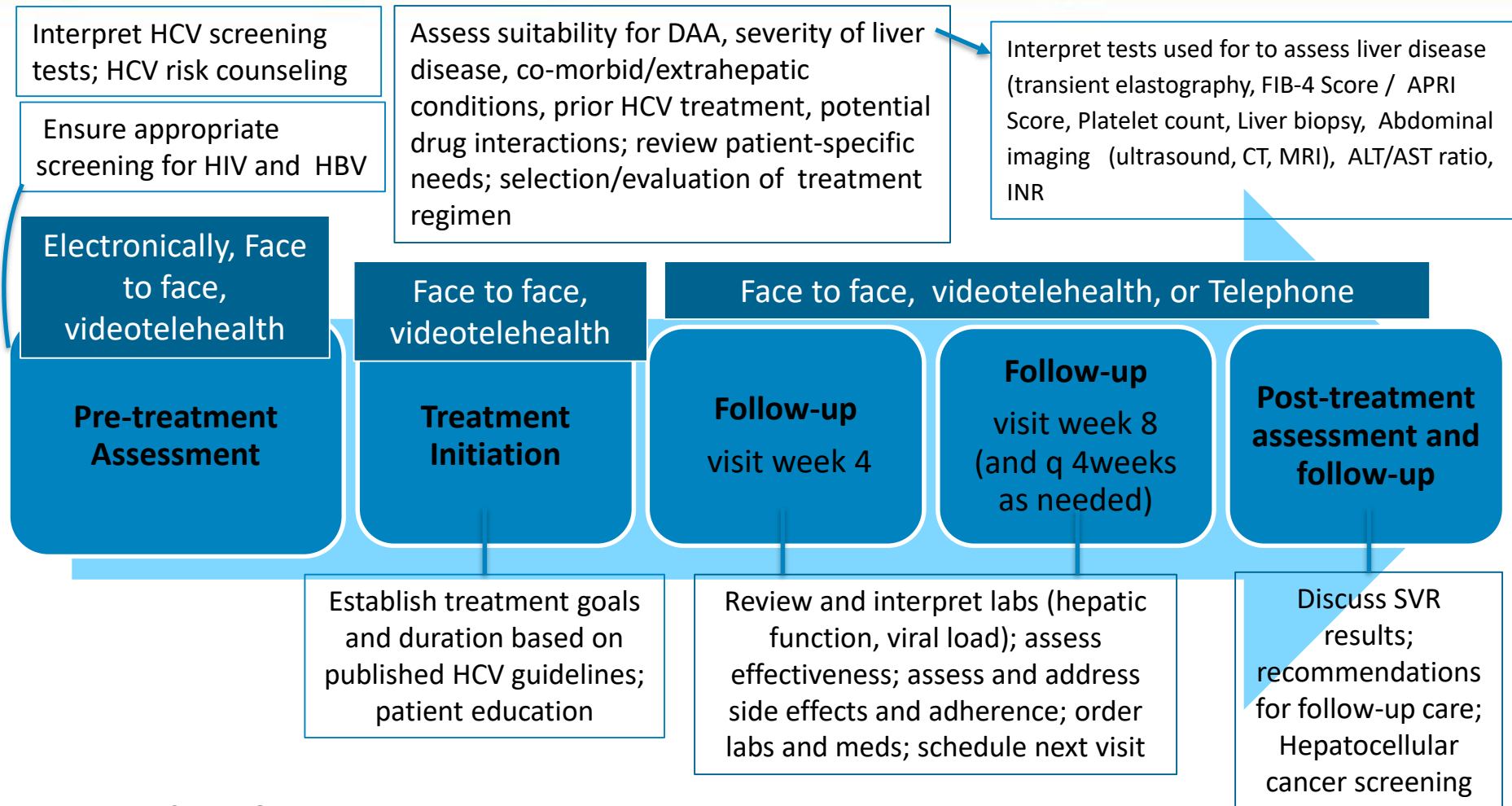


# Identifying untreated hepatitis C patients

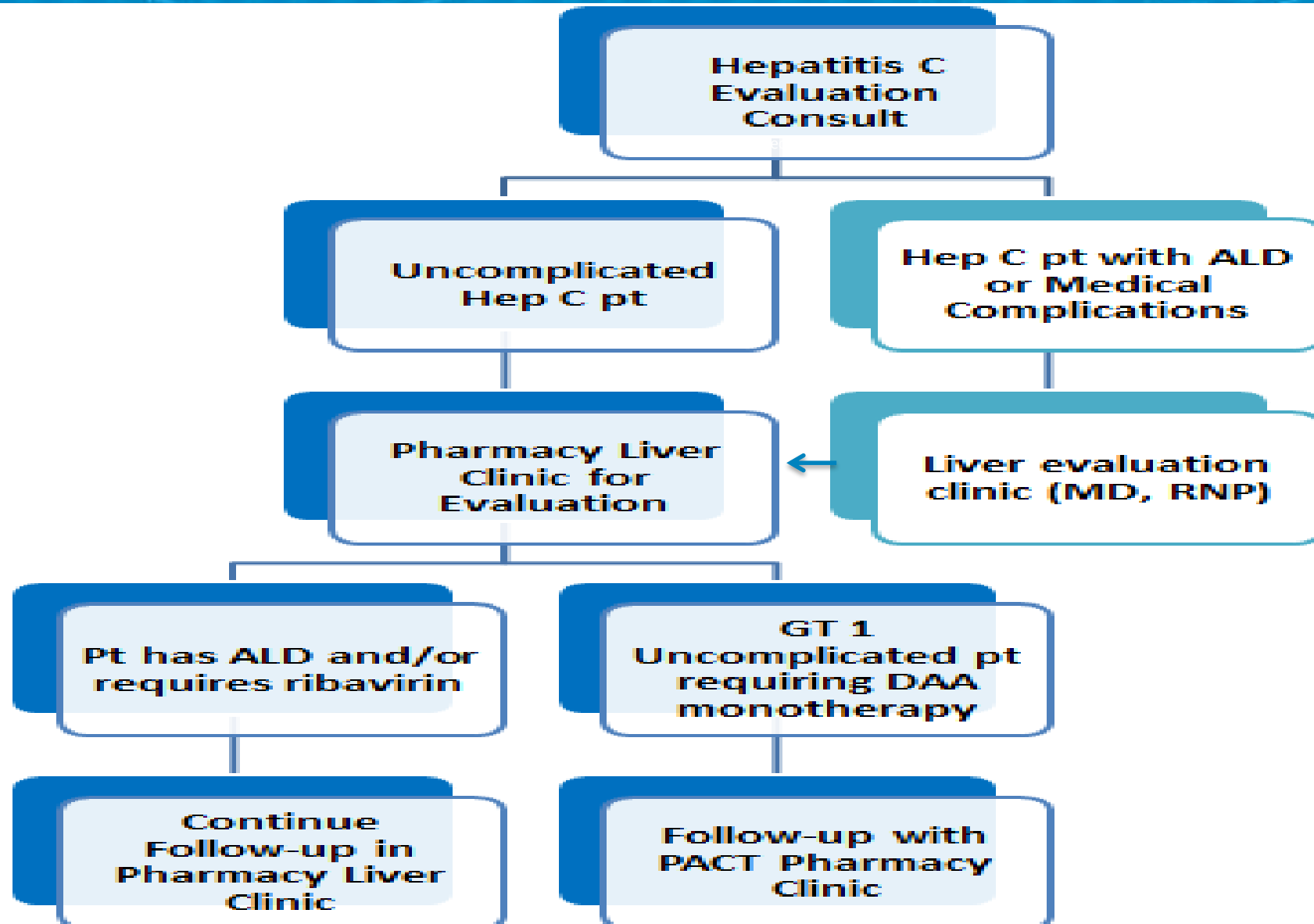




# Streamlined Treatment – PharmD HCV Management



# Pathway to HCV treatment



# CPS HCV Practice Examples

	Detail
<b>Shared Medical Appointments</b>	<ul style="list-style-type: none"> <li>• Focus on less complicated patients in a group setting</li> <li>• Group visit of 4-8 patients who will be starting treatment</li> <li>• Patients seen 2-4 times on treatment, based on duration of therapy, clinical need</li> </ul>
<b>CPS Managed e-consults</b>	<ul style="list-style-type: none"> <li>• Generate reports to identify patients needing treatment</li> <li>• Chart review to determine candidacy</li> <li>• Provide recommendations for HCV therapy initiation through electronic consult</li> <li>• Provision of clinical pharmacy support to providers, nurses, etc. in all settings</li> </ul>
<b>HCV Telehealth</b>	<ul style="list-style-type: none"> <li>• Video or telephone follow-up appointments by PharmD</li> <li>• Use ECHO model to train PharmDs to provide HCV care at their site</li> </ul>
<b>Rural Care</b>	<ul style="list-style-type: none"> <li>• Reach patients located in rural areas that would make travel to medical center clinics a barrier to accessing care</li> <li>• CPS visits community clinics to initiate treatment and follow-up with CVT or TH</li> </ul>
<b>HCV Process Map</b>	<ul style="list-style-type: none"> <li>• Flow map providing criteria of HCV patients that can be treated by PharmD</li> <li>• Develop site specific inclusion and exclusion criteria</li> </ul>
<b>Regional HCV CPS Specialist</b>	<ul style="list-style-type: none"> <li>• CPS with HCV expertise in the region provides mentoring for other PharmDs and education for other providers (NP, MD)</li> <li>• Spoke and hub model of training / resource for HCV related questions</li> </ul>

# Bridging the Gap: Expanding HCV Care Provided by Pharmacists

- Clinical Pharmacy Bootcamp
  - Six training modules
- Mentorship opportunities with a trained Hep C CPS
  - Train-the-trainer, mini-sabbaticals
- Dissemination of Regional “best practices”
- Regional CPS HCV Experts as a resource
- Hepatitis C Pharmacist listserv
- Webinars
- Bimonthly Hepatitis C Pharmacist calls
  - Clinical Topic/Case based discussion, FAQs addressed

