

Clinical Pharmacist Care Models for HCV Management

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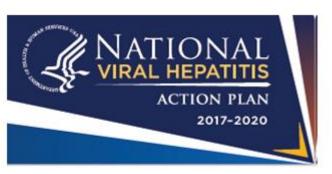


Objectives

- 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 <u>pharmacists as key stakeholders</u> 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

Referrals for care needs

Monitor drug therapy

Initiate
Modify
Discontinue
medication

Collaborative drug therapy management

Advanced
Practice Provider
Role

Prescribing
NonControlled
Medications

Core Elements

Objective patient assessments

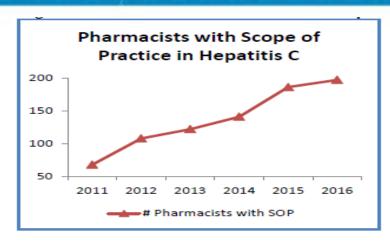
Order Labs and Diagnostic Tests

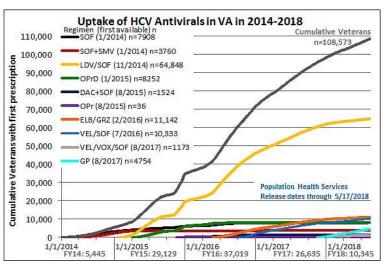
Order and administer Vaccines

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)

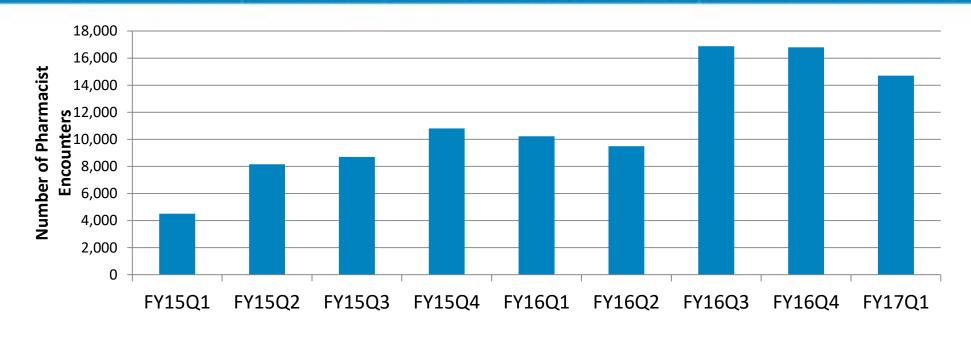
PharmD Provision of HCV Care and Benefits of PharmD Engagement

HCV Testing Increased awareness Active identification and outreach to patients who of HCV in community require testing **Identification of HCV patients as treatment** -Improved linkage to candidates care Report/lists of HCV viremic patients to -Increase treatment discuss/evaluate for treatment rates E-consults to specialists -Flexibility for patients Reassessment of "untreatable" patients -Greater access to specialists **Co-management / Treatment** -Cost Avoidance: reduced drug costs from optimization of regimens; reduced drug-drug Increase capacity interactions; facilitation of timely medication refills; closely monitored adherence Data analysis and feedback Improve population health

track and monitor care metrics, outcomes, and cost

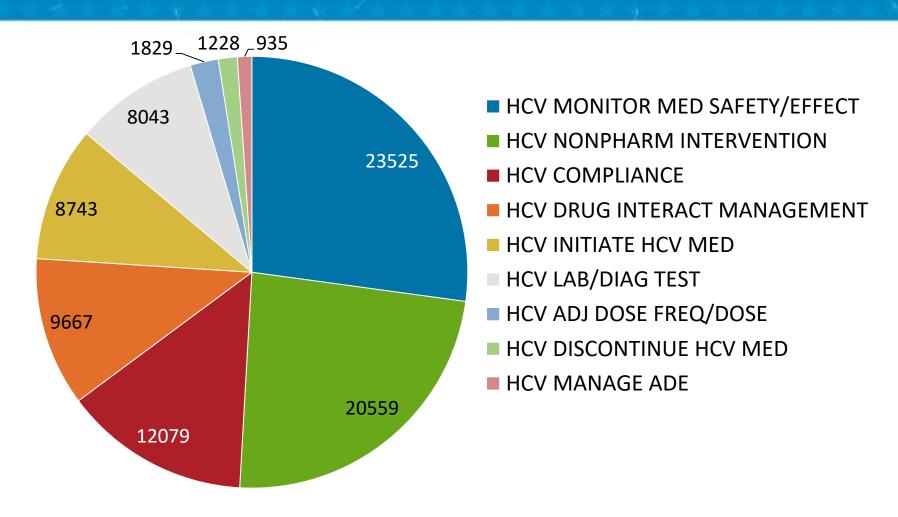
VETERANS HEALTH ADMINISTRATION

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
VETERANS HEALTH	TERANS HEALTH 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

Same site

-Face to face

-Shared medical appointment

-Integrated in clinic/wellness center

-Electronic consult

Train the Trainer

Clinical Pharmacist

Coordinate with Key Stakeholders

Remotely

-Videotelehealth

-ECHO

-CPS travel to clinics

Patient's Home

-Telephone

-Secure messaging

VETERANS HEALTH ADMINISTRATION

Identifying untreated hepatitis C patients

pharmacist reviews list of patients with untreated HCV and a future clinic appointment

pharmacist phones/speaks to patient at visit about HCV treatment

Patient wants treatment

-Pharmacist orders labs and completes Hepatitis C Evaluation Consult

Patient does not want treatment or patient is newly diagnosed with HCV

 pharmacist informs Physician
 Completes note template explaining reason and future date for review

Streamlined Treatment -PharmD HCV Management

Interpret HCV screening tests; HCV risk counseling

Ensure appropriate screening for HIV and HBV

to face, videotelehealth

Pre-treatment Assessment

Assess suitability for DAA, severity of liver disease, co-morbid/extrahepatic conditions, prior HCV treatment, potential drug interactions; review patient-specific needs; selection/evaluation of treatment regimen

Face to face, videotelehealth, or Telephone

Follow-up

Face to face, videotelehealth

Treatment Initiation

Follow-up

visit week 4

visit week 8 (and q 4weeks as needed)

INR

Post-treatment assessment and follow-up

Interpret tests used for to assess liver disease

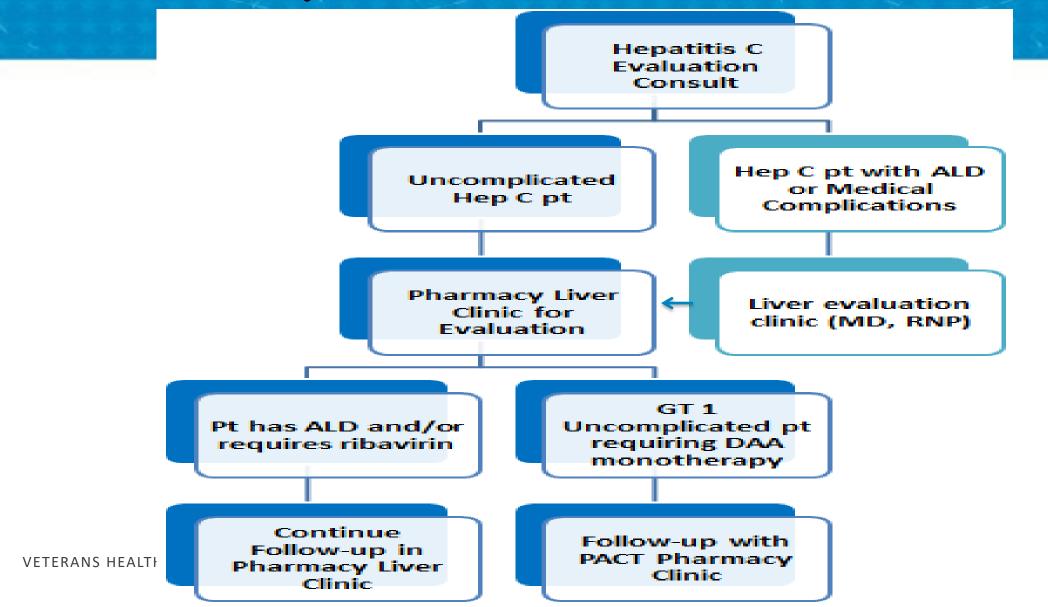
Score, Platelet count, Liver biopsy, Abdominal

imaging (ultrasound, CT, MRI), ALT/AST ratio,

(transient elastography, FIB-4 Score / APRI

Establish treatment goals and duration based on published HCV guidelines; patient education Review and interpret labs (hepatic function, viral load); assess effectiveness; assess and address side effects and adherence; order labs and meds; schedule next visit Discuss SVR results; recommendations for follow-up care; Hepatocellular cancer screening

Pathway to HCV treatment



CPS HCV Practice Examples

	Detail	
Shared Medical	 Focus on less complicated patients in a group setting 	
Appointments	Group visit of 4-8 patients who will be starting treatment	
	 Patients seen 2-4 times on treatment, based on duration of therapy, clinical need 	
CPS Managed	 Generate reports to identify patients needing treatment 	
e-consults	Chart review to determine candidacy	
	 Provide recommendations for HCV therapy initiation through electronic consult 	
	 Provision of clinical pharmacy support to providers, nurses, etc. in all settings 	
HCV Telehealth	 Video or telephone follow-up appointments by PharmD 	
	Use ECHO model to train PharmDs to provide HCV care at their site	
Rural Care	Reach patients located in rural areas that would make travel to medical center clinics	
	a barrier to accessing care	
	 CPS visits community clinics to initiate treatment and follow-up with CVT or TH 	
HCV Process	 Flow map providing criteria of HCV patients that can be treated by PharmD 	
Мар	Develop site specific inclusion and exclusion criteria	
Regional HCV	 CPS with HCV expertise in the region provides mentoring for other PharmDs and 	
CPS Specialist	education for other providers (NP, MD)	
	 Spoke and hub model of training / resource for HCV related questions 	

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

