

## Pharmacist Initial Evaluation of Patients Newly Referred with HIV Infection: Decreasing Time to Care

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## Disclosure

- Christin Kilcrease
- Potential conflicts of interest: none
- Sponsorship: none
- Proprietary information or results of ongoing research may be subject to different interpretations
- Speaker's presentation is educational in nature and indicates agreement to abide by the non-commercialism guidelines provided.

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## Objectives

1. Identify the 5 national HIV care continuum steps described in this study.
2. Recognize pharmacists' potential role in a Ryan White funded clinic.

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## Overview

1. Background
2. Study objectives
3. Design
4. Results
5. Conclusion

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## Introduction

- The number of HIV infections each year is outgrowing the number of HIV providers
  - Increased time to establish care
    - Delay in antiretroviral therapy initiation
      - Continued decline in immune function
      - Increased risk for opportunistic infections
      - Further spread of HIV
- Purpose
  - Evaluate the efficacy of a pharmacist service that was implemented for newly referred patients living with HIV

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## Background



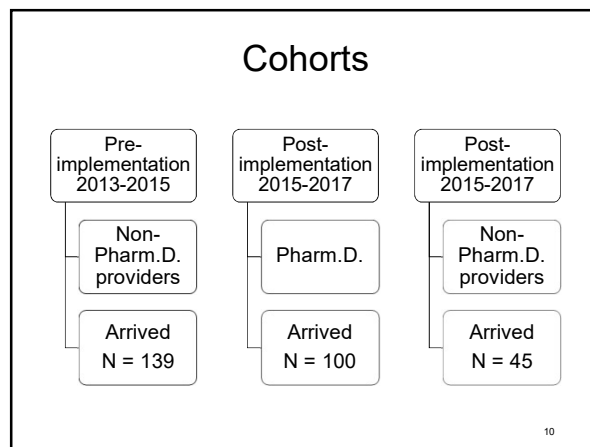
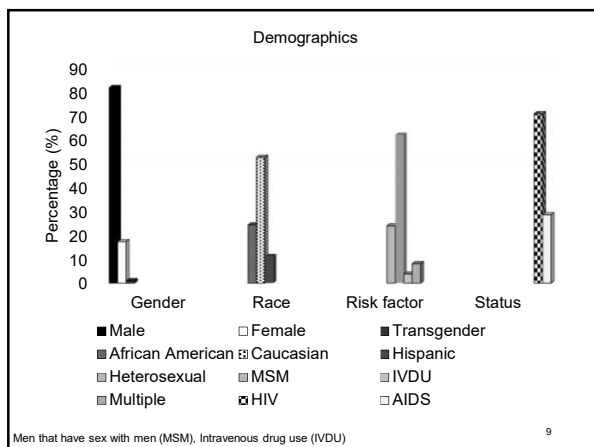
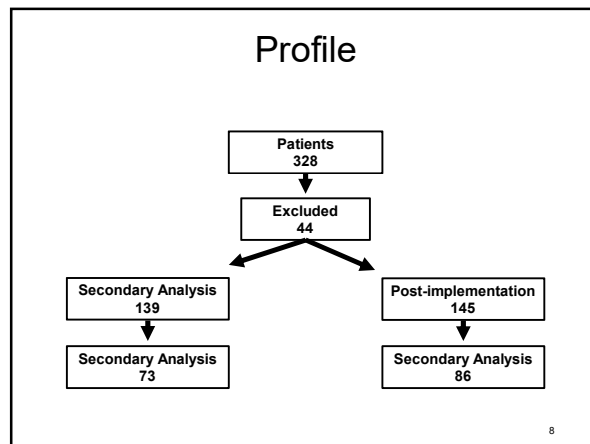
What is the HIV Care Continuum?. HIV.gov. <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>. 18 Apr 30.

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### Study design

- Inclusion criteria
  - Patients with HIV infection that have been newly referred to the Infectious Diseases Institute
- Methods
  - Retrospective chart review of patients referred between October 2013 to September 2017
  - Patients categorized into one of three cohorts based on clinic appearance date
    1. Pre implementation non-Pharm.D. providers
    2. Post implementation Pharm.D.
    3. Post implementation non-Pharm.D. providers
  - Only newly diagnosed (within 12 months of clinic presentation) patients were included in the secondary outcomes analysis

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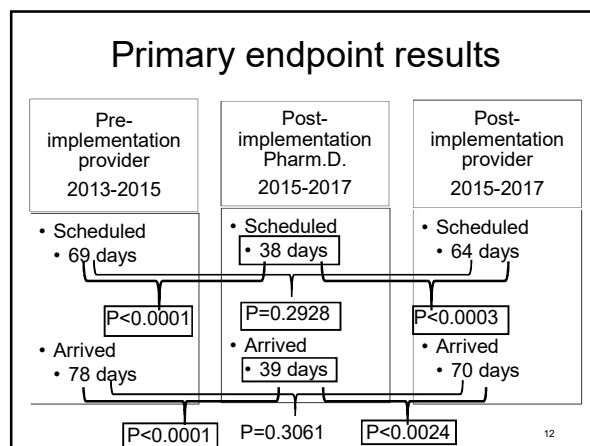


### Study objectives

- Primary:
  - Time to care from initial referral to first scheduled appointment
  - Time to care from initial referral to first visit attendance
- Secondary:
  - Time to ART initiation
  - Time to viral suppression
  - Time to OI prophylaxis (if applicable)
  - Retention in care

Antiretroviral therapy (ART)  
Opportunistic infection (OI)

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## Secondary endpoints results

	Pre-implementation Non-Pharm.D.	Post-implementation Pharm.D.	Post-implementation Non-Pharm.D.
<b>Secondary outcomes:</b>			
<b>Time to ART (days)</b>	122 (p = 0.8006)	95 (p = 0.0488)	101 (p = 0.5094)
<b>Time to viral suppression (days)</b>	316 (p = 0.2807)	208 (p = 0.0005)	253 (p = 0.3608)
<b>Time to OI prophylaxis* (days)</b>	48 (p = 0.6376)	31 (p = 0.2113)	74 (p = 0.0206)
<b>Retention in care (%)</b>	92	93	91

\* If applicable

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## Conclusion

- There are 5 stages in the national continuum of care for patients living with HIV.
- The pharmacist service that was implemented for newly referred patients was found to be efficacious
  - Pharmacists decreased:
    - Time to care by approximately 30 days
    - Time to ART initiation
    - Time to viral suppression
    - Time to OI prophylaxis
- Continued benefit of pharmacists seeing newly referred patients is expected

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## Assessment questions

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Which step from the national continuum was the primary endpoint of this study?

- A. Diagnosis of HIV
- B. Linkage to care
- C. Retention in care
- D. Viral suppression

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Which outcome is a potential benefit that pharmacists can provide with an early intervention service?

- A. Increasing time to care
- B. Decreasing time for initiation of antiretrovirals
- C. Increasing time for initiation of opportunistic prophylaxis
- D. All of the above

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According to this study, which outcome is a potential benefit that pharmacists can provide with an early intervention service?

- A. Increasing time to care
- B. Decrease time to initiation of antiretrovirals
- C. Increasing time for initiation of opportunistic prophylaxis
- D. All of the above

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