

Title: Integration of pharmacist-led hepatitis C management into primary care within the Nuka System of Care

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Abstract Text:

Purpose

The introduction of Direct Acting Antiviral (DAA) therapy has produced several therapy options for Hepatitis C (HCV) management; as such, accompanying factors including drug interactions, adverse effect profiles, and pharmacological cost now exist. Further, considering potential resource conservation, assimilating management of less complicated cases into the domain of primary care practice is appealing. The Nuka System of Care at Southcentral Foundation (SCF) encompasses an interdisciplinary approach to primary care, allowing unique opportunities for pharmacists. This project details the evolving role of clinical pharmacists as members of a primary care team approach to provision of HCV DAA therapy for treatment-naïve patients.

Methods

This quality improvement project involves outlining the transition of HCV DAA therapy management from a specialty hepatitis clinic to an ambulatory primary care center (PCC). Descriptive data will detail: the development of a workflow outlining the PCC process from time of HCV diagnosis to treatment completion; management and monitoring guidelines for clinical pharmacists; electronic health record (EHR) documentation; development of educational tools for integrated care teams (pharmacists, practitioners, nursing, case managers, etc.); third-party billing procedures; and cost implications. Feedback from integrated care team members will address concerns and level of comfort with assumption of HCV treatment in their respective ambulatory clinic. Results are expected to ensure assimilation of HCV DAA therapy into the primary care setting, improving access to care and customer-owner (patient) outcomes in the Alaska Native/American Indian population served by SCF.

Results

Research in progress; interim results to be presented including proposed workflow emphasizing the role of the integrated care team pharmacist, proposed EHR order set, and planned educational initiatives relating to HCV treatment by primary care.

Conclusion

Complexity of pre-treatment screening requirements, coordination of third-party reimbursement approaches, and cost of DAA treatment were identified as potential barriers moving forward. A multitude of supportive services will be necessary to ensure a seamless transition to DAA treatment initiation and ensure continued success of the program.