

Integrating Pharmacists Into the Care Team

Bree HCV Workgroup

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Current State:

In Washington state, pharmacists can engage in collaborative drug therapy agreements in collaboration with a physician or physician assistant in order to prescribe, modify, or discontinue medication therapy for a patient without the patient having to be seen by a physician. Additionally, Section 340B of the federal Public Health Service Act requires pharmaceutical manufacturers in Medicaid to sell drugs at discounted prices. This allows health systems to purchase HCV drugs at a reduced cost and use the difference in revenue to provide pharmacist-led clinics.

Barriers:

- Reimbursement models that compensate cognitive clinical skills as well as medication prescriptions.
- Expanding collaborative drug agreements to get more pharmacists involved with treating HCV.
- Awareness of collaborative agreement models and willingness to participate
- Pharmacists reaching underserved populations – especially via SUD/ODU treatment facilities and syringe service programs
- Fear of losing funding (if 340B is repealed) or of liability concerns with CDTAs prevents people from entering these agreements

Recommendations:

Health Systems Leadership

- Understand the background of HCV elimination in Washington state
- Develop CDTA and MOU agreements with pharmacists to treat HCV patients
- Connect HCV patients with navigation services (whether they are seen by pharmacists or by another provider)
- Educate physicians and pharmacists on the treatment process for HCV – especially those providers who treat related conditions including buprenorphine prescribers

Pharmacists

- Connect pharmacists to physician champions to facilitate collaborative drug therapy agreements (CDTAs).
- Consider developing pharmacist-led clinics using CDTAs
- Provide advocacy/awareness campaigns to demonstrate how pharmacists can make a difference in treating HCV, especially at community sites.

- Continue dispensing HCV medications to patients in need. HCV medications are reimbursed even if the patient does not finish their treatment course.

Retail Pharmacies

- Provide HCV Screening services at retail pharmacies, much like flu shots. Bill patient's insurance for provision of antibody screening.
- Refer patients with positive antibody tests to further RNA lab testing.
- Develop a plan for reporting positive cases to the DOH or to the patient's insurer/provider

Public Health

- Continue discounted drug therapy agreements between the HCA and HCV drug manufacturers pays
- Reimburse care coordinators to conduct non-clinical work for HCV patients including follow-up and connecting to other community services like OUD/SUD and syringe-service programs.
- Develop communication campaigns for HCV awareness to encourage patients to get screened. Consider screening campaign in partnership with retail pharmacies who may provide initial screening services
- Consider funding pharmacists to provide HCV services using funding from opioid or buprenorphine programs.

Other Teams to Consider:

- ED should test/screen patients – will for drug overdose, but don't often remember to screen for HIV/HCV and link to care (Currently a USPTF recommendation, taken serious by insurance companies, but only for primary care)