Outcomes in patients referred to a pharmacist-managed hepatitis C clinic

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Background

• 2.4 million Americans living with Hepatitis C virus infection
• Direct-acting antiviral (DAA) agents are preferred treatment but there are many barriers to DAA treatment
• Cost
• Health plan/payer restrictions
• Lack of patient access
• Patients lost to follow up

Specialty pharmacists and pharmacy technicians are uniquely trained to assist in mitigation of DAA treatment barriers

• St. Elizabeth Healthcare’s Specialty Pharmacy and Medication Management Clinic (MMC) work together for patients referred for hepatitis C treatment

• Studies suggest typical SVR rate in practice is approximately 86-95% and completion rate is approximately 92-94%

Objective

Determine if the combination of a pharmacist-managed clinic with a specialty pharmacy improves the treatment cure rate of patients with hepatitis C compared to other studies

Study Design

• Retrospective observational study
• Time frame: October 1, 2018 – September 30, 2021

Methods

Primary Outcome:

• Identify the percentage of patients referred to the pharmacist-run hepatitis C clinic with sustained virologic response (SVR)

Secondary Outcomes:

• Evaluate the percentage of patients who completed hepatitis C treatment
• Determine the percentage of patients who obtained SVR labs

Inclusion Criteria:

• 218 years, diagnosed with hepatitis C infection, and referred to the hepatitis C clinic by a gastroenterologist or infectious disease practitioner who has signed a collaborative care agreement

Exclusion Criteria:

• < 18 years old
• No referral to hepatitis C clinic

Data Analysis:

• Data was summarized using descriptive statistics

Interventions:

• Patients were followed by St. Elizabeth Medication Management Clinic and Specialty Pharmacy as seen in Figure 1

Results

840 patients referred to MMC

742 initiated treatment

708 completed treatment

419 completed SVR testing

289 SVR testing not obtained

3 remain undetectable

416 with SVR

96 dismissed prior to treatment

2 never made contact with clinic

34 lost to follow up

Conclusions

• A pharmacist-run hepatitis C clinic working in combination with a specialty pharmacy helped to improve SVR rates and completion rates compared to that seen in literature.

• Over forty percent of our patients did not obtain labs to assess SVR.

• Future Impact: Addition of 12 week post treatment visit with pharmacist-run clinic vs. provider office.

References


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Contact & Disclosures

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Figure 1: Hepatitis C Referral Process

Figure 2: Flow diagram of patients referred for HCV treatment