

OUTCOMES OF A PHARMACIST-LED CARE DELIVERY MODEL FOR PATIENTS ON METHADONE MAINTENANCE THERAPY WITH CHRONIC HEPATITIS C

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Background:

Catholic Health is a comprehensive healthcare system in western New York and offers outpatient medication-assisted treatment for substance-use disorders to approximately 1,200 patients. A pharmacist-led chronic hepatitis C (HCV) clinic was established at two methadone maintenance therapy clinics to overcome barriers to accessing HCV care in a high-risk population.

Description of model of care/intervention:

The clinical pharmacist was responsible for HCV care under a Collaborative Drug Therapy Management protocol. Referrals were obtained through the substance-use disorder providers. This innovative treatment model integrated infectious diseases care into addiction services, and included patients who were actively using intravenous drugs.

Effectiveness:

One hundred thirty-eight patients were referred to the HCV clinic during the study period. A total of 30 patients achieved sustained viral response at 12 weeks (SVR12), with 46 patients awaiting initial or SVR12 labs. Forty-eight were discharged from the program prior to initiating therapy, were not ready to initiate treatment, self-discontinued therapy or completed therapy and were lost to follow-up prior to attainment of SVR12 labs. The pharmacist addressed a total of 20 adverse drug effects, 16 adherence concerns, 15 drug-drug interactions, and counseled a total of 67 patients.

Conclusion and next steps:

The establishment of this program demonstrates the utility of clinical pharmacists in optimizing HCV care in a substance-use disorder population. The clinical pharmacist served an integral role in screening, assessing readiness for treatment, medication selection, prior authorization, identification and management of drug-drug interactions and continued assessment of medication adherence. Barriers in this clinic included ability to obtain labs on-site and inability to follow patients who were discharged from the clinic prior to initiating therapy.

Disclosure of Interest Statement:

The authors of this abstract have no conflicts of interest to disclose. This study was unfunded. This research was approved by the Catholic Health System Internal Review Board.