PHARMACIST COLLABORATION: CLINIC-BASED AND COMMUNITY-BASED PHARMACISTS IN HIV CARE IN CANADA

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None of the authors have any conflicts of interest to disclose.

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Background

- Pharmacists specializing in HIV are well documented to improve patient care
- HIV pharmacists have traditionally worked with a clinical focus in hospital or outpatient clinics as members of multidisciplinary teams
- Community pharmacists often have frequent contact with patients and can improve patient care, although there are barriers to providing specialized HIV care in community pharmacies
- Each setting offers specific strengths and weaknesses that have the potential to complement one another
  - Collaboration between pharmacists in HIV clinic and community pharmacy settings could potentially be synergistic for patient care

Objectives

- To describe the roles of clinic- and community-based pharmacists in HIV care in Canada
- To understand how pharmacists within these settings can effectively collaborate to improve pharmaceutical care

Methods

- Mixed methods approach:
  - *Quantitative:* Cross-sectional survey distributed electronically to the Canadian HIV and Viral Hepatitis Pharmacists Network (CHAP) in September 2020
  - *Qualitative:* Semi-structured phone interviews of interested survey respondents
- Data analysis:
  - Survey data were analyzed using descriptive statistics
  - Interview transcript data were analyzed independently by two researchers using an inductive approach

Results

- A total of 32 clinic- and community-based pharmacists responded to the survey (~29% response rate); 3 clinic-based pharmacists were interviewed
- Twenty-one pharmacists (65.6%) reported both community and clinic-based pharmacists were involved in the HIV care of their patients

Results

Table 1: Survey respondent characteristics (n=32)

Province	
British Columbia	6 (19%)
Alberta	11 (35%)
Saskatchewan	8 (25%)
Ontario	3 (9%)
Quebec	3 (9%)
Not specified	1 (3%)
Practice Setting	
HIV clinic or primary care clinic with HIV focus	24 (75%)
Community pharmacy	4 (13%)
Inpatient setting with HIV focus	1 (3%)
Other/ Not Specified	3 (9%)
Location of ART Dispensing*	
Dispensing at same site as HIV clinic RPh	12 (38%)
Dispensing at different site from HIV clinic RPh	11 (34%)
Not applicable•	2 (6%)
Not specified	8 (25%)

**Categories not mutually exclusive, •No HIV clinic pharmacist involved in the care of people living with HIV; ART = antiretroviral therapy, RPh = registered pharmacist*

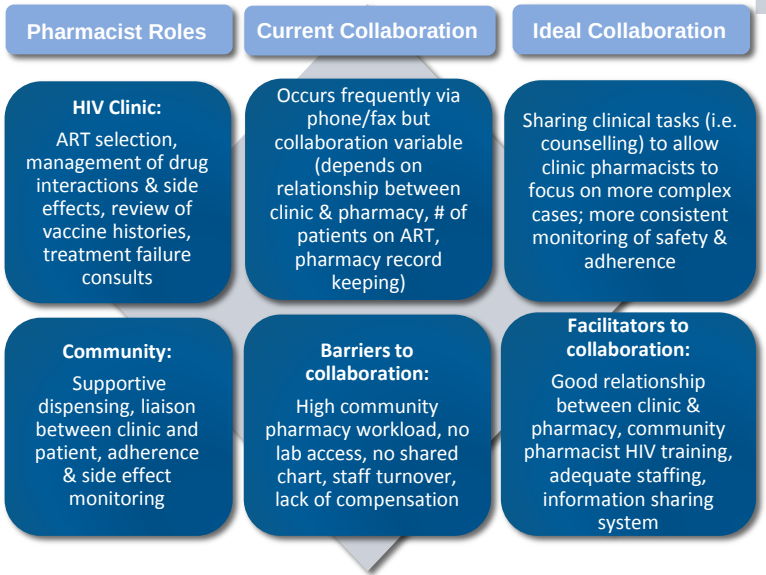

Figure 1: Key themes identified in interview transcript analysis (n=3).

Table 2: Responsibilities of HIV clinic and community pharmacists in current and ideal collaborative scenarios *

Role in HIV Patient Care	Current Scenario (n=21 respondents)		Ideal Collaborative Scenario (n=19 respondents)	
	HIV Clinic RPh Responsibility	Community RPh Responsibility	HIV Clinic RPh Responsibility	Community RPh Responsibility
Counsel on ART	20 (95%)	**9 (43%)**	15 (79%)	**14 (74%)**
Check for ART drug interactions	21 (100%)	**16 (76%)**	19 (100%)	**19 (100%)**
Manage ART drug interactions	21 (100%)	**10 (48%)**	19 (100%)	**13 (68%)**
Dispense ART	6 (29%)	15 (71%)	5 (26%)	17 (90%)
Supportive dispensing (blister packs, daily dispense, delivery)	7 (33%)	21 (100%)	6 (32%)	19 (100%)
Monitor efficacy	20 (95%)	**5 (24%)**	18 (95%)	**13 (68%)**
Monitor adverse effects (subjective)	19 (90%)	**11 (52%)**	18 (95%)	**16 (84%)**
Monitor adverse effects (laboratory)	20 (92%)	**5 (24%)**	18 (95%)	**11 (58%)**
Monitor adherence	18 (86%)	**14 (67%)**	14 (74%)	**19 (100%)**
Support adherence	17 (81%)	**16 (76%)**	14 (74%)	**19 (100%)**

As indicated by survey respondents who reported current involvement of both community and clinic pharmacists in HIV patient care (n=21). Responsibilities not mutually exclusive by pharmacist type; table displays number of responses per role and pharmacist type.* ***Bold font* *indicates differences of >20% in response from current to ideal collaborative scenario. RPh = registered pharmacist.*

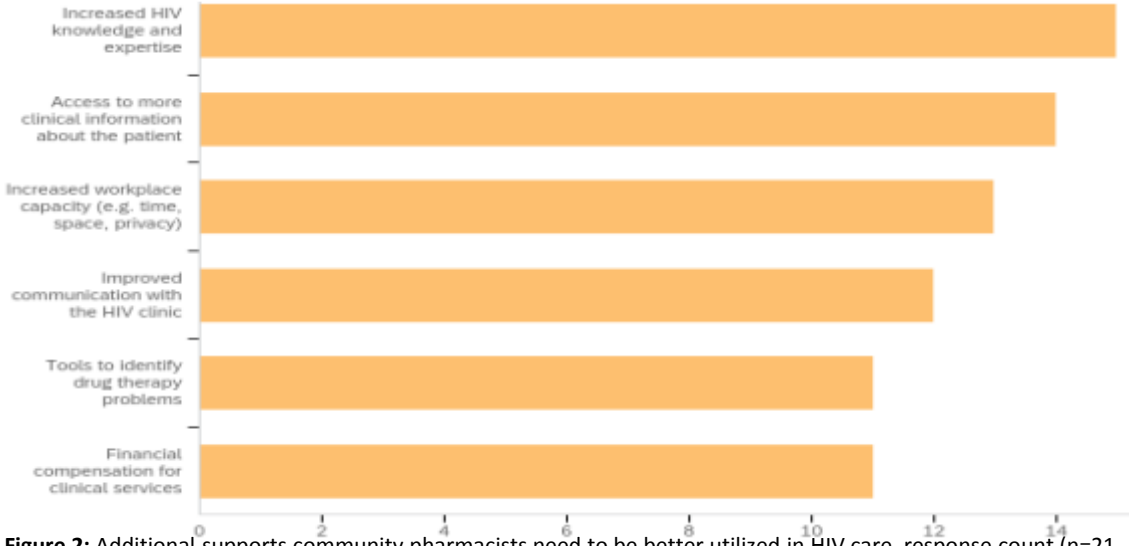

Figure 2: Additional supports community pharmacists need to be better utilized in HIV care, response count (n=21 survey respondents; multiple responses permitted).

Limitations

- Small sample size
- Survey item non-response bias
- Only surveyed members of CHAP:
  - Majority of respondents were clinic-based pharmacists
  - Surveyed community pharmacists likely to have HIV interest or experience
  - More input from community pharmacists, particularly those working in general practice settings, is needed
- Interviews triangulated survey data but did not reach saturation

Conclusions

- Most HIV clinic-based pharmacists surveyed regularly collaborate with community pharmacists to deliver care, but barriers limit the degree to which collaboration occurs
- Pharmacist collaboration in HIV care could be enhanced by:
  - HIV training for community pharmacists
  - Communication system that enables information sharing across healthcare settings