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Objectives

- Review clinic operations
- Discuss program requirements
- Review clinic data
Clinic Operations
One-Step PrEP

- Created in March 2015
- Physician Medical Director
- Protocol and collaborative drug therapy agreement developed as outlined by the 2014 PrEP Guidelines
- Allows the pharmacist to provide:
  - All initial screening, counseling, prescribing and dispensing
  - All billing and assistance
  - All routine follow up care
  - All STI testing & treatment
PROGRAM REQUIREMENTS
State Legislation
Licensing Requirements
Barriers to Overcome

- Pharmacists scope of practice to prescribe and order labs
- Billing for services
- Obtaining labs
State Legislation

• Collaborative Drug Therapy Agreement:
  - State RCW 18.64.011 (23): “Practice of pharmacy includes. . . the initiating or modifying of drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs.”

• Billing for Services:
  - Patient responsibility
  - Alternatively, WA State Senate Bill 5557 – Landmark provider status legislation that requires health insurance carriers to recognize pharmacists as providers and allow for billing.
Licensing Requirements

• Medical Test Site Certificate of Waiver License (CLIA-waiver)
  – Dedicated patient space
  – Dedicated lab processing space

• Phlebotomy license:
  – State specific training and licensing requirements
  – Not included in pharmacist scope of practice
CLINIC DATA
Results

- March 2015 – March 2016
- Patients seeking service: 373
  - Evaluated in clinic: 251
  - Initiated PrEP: 245
  - Existing Primary Care Provider: 57
### Clinic Discoveries During First Year of Operation

<table>
<thead>
<tr>
<th>STI’s diagnosed – no.</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia – no. (%)</td>
<td>12 (46)</td>
</tr>
<tr>
<td>Gonorrhea – no. (%)</td>
<td>9 (35)</td>
</tr>
<tr>
<td>Syphilis – no. (%)</td>
<td>4 (15)</td>
</tr>
<tr>
<td>Hepatitis B positive screen</td>
<td>1 (4)</td>
</tr>
<tr>
<td>HIV – no. (%)</td>
<td></td>
</tr>
<tr>
<td>Positive at initial screening</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Positive at routine follow up</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Patients connected to a primary care provider – no. (%)</td>
<td>101 (40)</td>
</tr>
</tbody>
</table>

### Clinic Discoveries During First Year of Operation

<table>
<thead>
<tr>
<th>Clinic Retention</th>
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</thead>
<tbody>
<tr>
<td>Retention rate</td>
</tr>
<tr>
<td>Discontinued service - no. (%)</td>
</tr>
<tr>
<td>Insurance restriction or transfer of care</td>
</tr>
<tr>
<td>Lost to follow up</td>
</tr>
<tr>
<td>Decreased risk perception</td>
</tr>
<tr>
<td>Relocation</td>
</tr>
<tr>
<td>Patients paying $0 per month for medication – no. (%)</td>
</tr>
<tr>
<td>Time to operation costs are self sustainable - months</td>
</tr>
</tbody>
</table>
Conclusion

• One-Step PrEP® is feasible through a CDTA with a physician medical director.
• Patient demand and retention rates prove adequate patient acceptability to support this PrEP delivery model.
• The One-Step PrEP® clinic proves to be financially sustainable. Return on investment demonstrated at 9 months of clinic operation.