

ARIZONA
TELEMEDICINE
PROGRAM



Improving Access to Quality Medical Care Webinar Series

Presented by

The Southwest Telehealth Resource Center,
Arizona Telemedicine Program, and the
Arizona Department of Health Services

Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.



Welcome

- SWTRC region
- Fellow HRSA Grantees
- All other participants



The **Arizona Department of Health Services, the Arizona Telemedicine Program, and the Southwest Telehealth Resource Center** welcome you to this free webinar series.

The practice & deliver of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care.**

Telemedicine can help you achieve these goals!

Webinar Tips & Notes

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- Time is reserved at the end for Q&A, please use the **Chat function** to ask questions
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- Recordings will be posted on the ATP website
 - <http://telemedicine.arizona.edu/webinars/previous>



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DIY TelePharmacy: How Actually to Do It

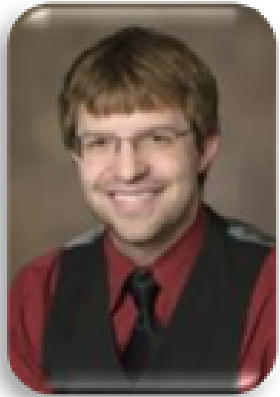


Stephen Klotz, MD

Professor, UArizona, College of Medicine

Medical Director, Arizona Telemedicine Program

DIY TelePharmacy: How Actually to Do It



**Larry York, PharmD,
BCIDP, BCPS, AAHIVP**
Clinical Pharmacist, Infectious
Diseases and HIV/AIDS
College of Medicine



Krystal Fimbres
Early Intervention Specialist,
Program Coordinator
College of Medicine

TelePharmacy is needed in a big way and urgently

- **Improves patient care!**

- Face to face interaction with pharmacist even if miles away
- Problems can be addressed proactively by setting up a regular visit schedule with the pharmacist; this is really helpful in some specialties where patients are expected to do daily tasks and then make a decision about medication (for example, heart failure patients or chemotherapy patients)
- Many medical problems for which we currently schedule people for brick and mortar clinics can be handled with this technology: for example, antibiotic administration

There are patient problems in your practice that are best handled by pharmacists

- For example, HIV and diabetes mellitus can be successfully addressed by pharmacists knowledgeable in these diseases; they can suggest and order the appropriate medication
- The physician will need to continue seeing the patient in a Telemedicine or brick and mortar setting but certainly a lot less frequently

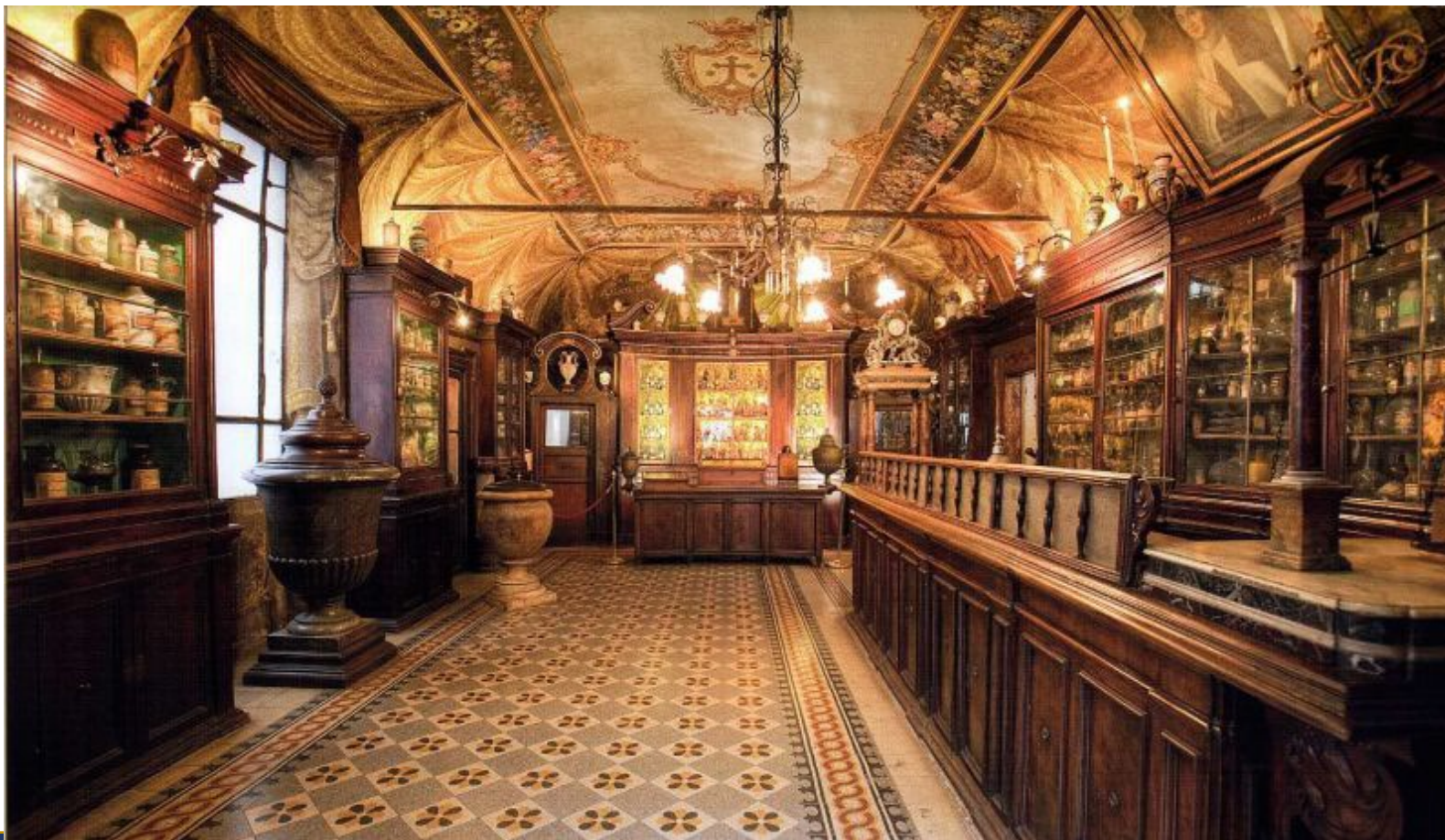
Physicians are improving care for patients when they start a TelePharmacy clinic

- Safest to have a pharmacist check any drug orders by physician and discuss if differences
- The physician still has an important role in establishing the diagnosis and conferring with pharmacist
- There are likely to be less doctors in the future

Tips for TelePharmacy clinic

- Physicians:
 - Convince a pharmacist you trust and is knowledgeable in the field of medicine you practice to join your clinic
 - The pharmacist knows much more about the medications than physicians
- Pharmacists can charge for their services

Let's hear what Larry and Krystal have to say...



Anyone can take part in telemedicine

- None of us have undergone training to become telemedicine gurus
- We all continue to work in other roles in addition to providing telecare
- Have continued to provide telecare during the pandemic with basic tools

Our idea of telepharmacy

- NOT strictly to provide direct medication dispensing/counseling
 - Although this is one novel use of the technology
- Employing clinical pharmacists to co-manage various conditions
 - Alleviating stress on provider to engage in other tasks/increase patient load
 - Opening doors to new services (PrEP)
- Improving transitions of care through telepharmacy bedside counseling/review

Larry's background

- Residency training in infectious diseases pharmacy
- Managing HIV in a collaborative care outpatient setting

Krystal's background

- Currently working as an early intervention specialist for people living with HIV
 - Connect people to care
 - Acquire records
- Previously worked through Pima County health department

Personal Experiences in DOC TelePharmacy

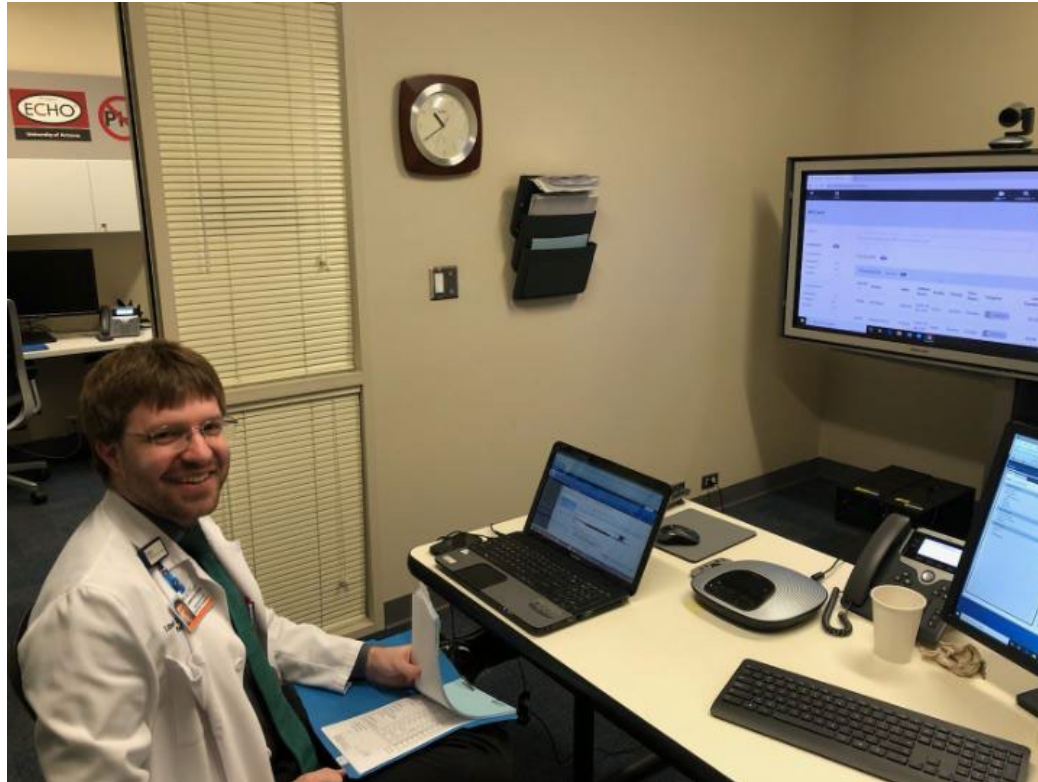
Basic needs

- Reliable internet and a back up plan as needed
- A camera of decent quality
- Technical assistance (as needed, depending on site)
- Access to EMR/patient charts in some viewable format

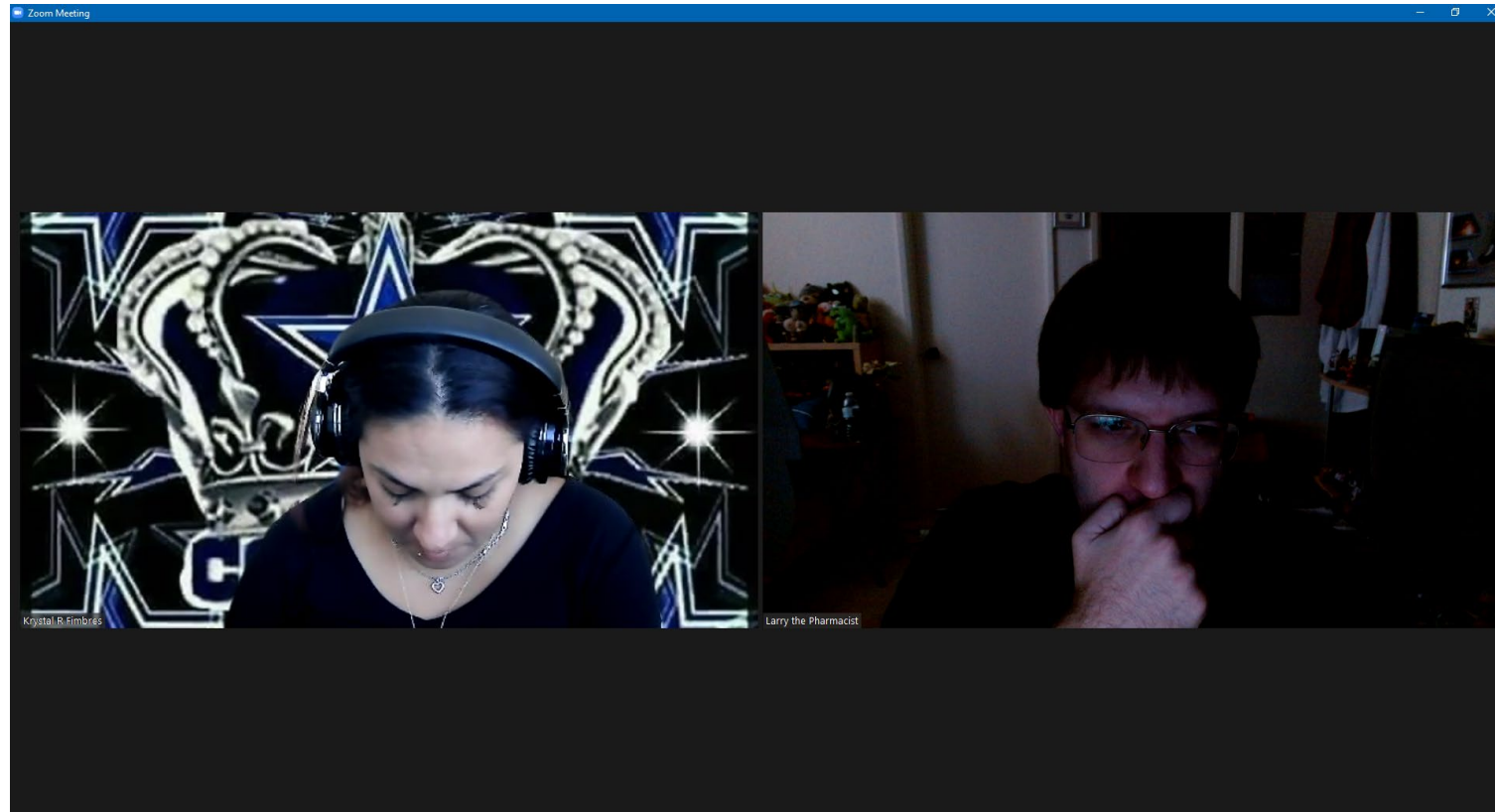
A day in our telemedicine clinic

- Patients from various correctional facilities brought on camera
- Seen simultaneously with ID provider Dr. Klotz, myself, and coordinator
- Medications reviewed, clarifying questions asked, counseling provided
- Recommendations often made directly to staff present

Pre-pandemic telemedicine



Post-pandemic telemedicine



My home setup

- Two different computers used
 - One for a HIPAA-compliant Zoom to keep in touch outside of visits (laptop)
 - Second for conducting patient visits and documentation
- 1080p personal use webcam (\$75-\$100)
- Microsoft Teams to communicate with other individuals as needed

What else is going on during this clinic?

- Reviewing nursing visits in a physical clinic and ordering vaccines/treatments
- Managing refill requests/coordinating insurance issues with case managers
- Assisting with inpatient issues related to people living with HIV
- Inclusion of students from all disciplines who can participate

TelePharmacy Coordination Role

Preparation for clinic

- Reach out to prison first week of the month to ask about patients needing to be scheduled.
- Request records, then send out to pharmacist and provider before clinic
- Schedule patients for appointment and make sure authorization is on encounter.
- Check connection hub to make sure patients have profiles and patients are assigned to provider
- Work with nursing staff as clinic is going on to find out who is next.

Post Clinic

- Review charts and send all reports to facility including provider and pharmacist notes.
- Follow up with facility to make sure reports have been received.
- Scan received labs into chart for documentation purposes.

PrEP TelePharmacy

Low hanging fruit for TelePharmacy

- PrEP = Pre-exposure prophylaxis
 - Multiple options for patients to protect themselves against HIV acquisition
- Lab monitoring and follow up visits clearly recommended in guidelines
 - Minimal relevant monitoring required
- Sexual risk reduction counseling/strategies a critical piece of visit
 - At home testing can be employed to further screen for STIs

Table 1a: Summary of Clinician Guidance for Daily Oral PrEP Use

	Sexually-Active Adults and Adolescents ¹	Persons Who Inject Drug ²
Identifying substantial risk of acquiring HIV infection	<p>Anal or vaginal sex in past 6 months AND any of the following:</p> <ul style="list-style-type: none"> • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months³ • History of inconsistent or no condom use with sexual partner(s) 	<p>HIV-positive injecting partner OR Sharing injection equipment</p>
Clinically eligible	<p><u>ALL OF THE FOLLOWING CONDITIONS ARE MET:</u></p> <ul style="list-style-type: none"> • Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP • No signs/symptoms of acute HIV infection • Estimated creatinine clearance ≥ 30 ml/min⁴ • No contraindicated medications 	
Dosage	<ul style="list-style-type: none"> • Daily, continuing, oral doses of F/TDF (Truvada®), ≤ 90-day supply OR • For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤ 90-day supply 	
Follow-up care	<p><u>Follow-up visits at least every 3 months to provide the following:</u></p> <ul style="list-style-type: none"> • HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support • Bacterial STI screening for MSM and transgender women who have sex with men³ – oral, rectal, urine, blood • Access to clean needles/syringes and drug treatment services for PWID <p><u>Follow-up visits every 6 months to provide the following:</u></p> <ul style="list-style-type: none"> • Assess renal function for patients aged ≥ 50 years or who have an eCrCl < 90 ml/min at PrEP initiation • Bacterial STI screening for all sexually-active patients³ – [vaginal, oral, rectal, urine- as indicated], blood <p><u>Follow-up visits every 12 months to provide the following:</u></p> <ul style="list-style-type: none"> • Assess renal function for all patients • Chlamydia screening for heterosexually active women and men – vaginal, urine • For patients on F/TAF, assess weight, triglyceride and cholesterol levels 	

¹ adolescents weighing at least 35 kg (77 lb)


² Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

³ Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs

⁴ estimated creatine clearance (eCrCl) by Cockcroft Gault formula ≥ 60 ml/min for F/TDF use, ≥ 30 ml/min for F/TAF use

Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published XXX 2021. Table 1a.

PrEP telemedicine is already happening

 Stay HIV Negative ▾ Paying for PrEP Where Can I get PrEP/PEP? ▾ About ▾ For Providers & Navigators ▾

The telemedicine companies highlighted below supplied information about their services.

Telemedicine providers

+ FOLX Health
+ MISTR and SISTR
+ <u>Nurx</u>
+ PlushCare
+ Push Health
+ QCare+
+ Virtual PrEP Program for Adolescents and Young Adults

Online pharmacies

+ Alto Pharmacy
+ Tin RX

Concerns about general PrEP telemedicine

- Variable quality of care that primary care providers may be unaware of
- Still “new” with standards that may be fluid depending on provider
- Newer treatments have deceptive issues better suited to pharmacist review
- New injectable PrEP medication will require more intensive management

Our plans for PrEP TelePharmacy

- Open clinic as an IRB-approved study
- Full standard operating procedure and clinic script drafted
- Evaluation of sexual practices/substance use
- Vaccine recommendations/prescribing and PrEP prescribing

General TelePharmacy Applications

Medication management services

- Already in existence for some time
- COVID-19 forced many institutions to adopt telemedicine models
- Uptake is being seen worldwide

Innovative models for providing clinical pharmacy services to remote locations using clinical video telehealth.

Perdew C, Erickson K, Litke J.

Am J Health Syst Pharm. 2017 Jul 15;74(14):1093-1098. doi: 10.2146/ajhp160625.

PMID: 28687554

Establishing clinical pharmacist telehealth services during the COVID-19 pandemic.

Segal EM, Alwan L, Pitney C, Taketa C, Indorf A, Held L, Lee KS, Son M, Chi M, Diamantides E, Gosser R.

Am J Health Syst Pharm. 2020 Aug 20;77(17):1403-1408. doi: 10.1093/ajhp/zxaa184.

PMID: 34279578 **Free PMC article.**

Collaborative drug therapy management and comprehensive medication management-2015.

American College of Clinical Pharmacy, McBane SE, Dopp AL, Abe A, Benavides S, Chester EA, Dixon DL, Dunn M, Johnson MD, Nigro SJ, Rothrock-Christian T, Schwartz AH, Thrasher K, Walker S.

Pharmacotherapy. 2015 Apr;35(4):e39-50. doi: 10.1002/phar.1563.

PMID: 25884536

Integration of outpatient infectious diseases clinic pharmacy services and specialty pharmacy services for patients with HIV infection.

Gilbert EM, Gerzenshtein L.

Am J Health Syst Pharm. 2016 Jun 1;73(11):757-63. doi: 10.2146/ajhp150701. Epub 2016 Apr 28.

PMID: 27126831 Review.

Making the economic value proposition for pharmacist comprehensive medication management (CMM) in primary care: A conceptual framework.

Tripicchio K, Urick B, Easter J, Ozawa S.

Res Social Adm Pharm. 2020 Oct;16(10):1416-1421. doi: 10.1016/j.sapharm.2020.01.001. Epub 2020 Jan 2.

PMID: 31918964 Review.

Hopes for inpatient telepharmacy

- A unique opportunity to support/enhance care
- Already in use at some smaller/rural hospitals
 - Enable staff to reach out to a centralized pharmacist for assistance
- Access to pharmacy specialist services on demand
- Potential for bedside medication review/counseling prior to discharge

Key Points

How to set up a telepharmacy program

- Best viewed through lens of establishing antimicrobial stewardship committees
 - Support from administration
 - Multidisciplinary approach
 - Uniquely tailored to the site and its needs
- Variable technological needs/support depending on goal
 - The basic technology is available and affordable to get started

Barriers to incorporation

- Hesitance to change current models
 - Sense that these technologies may not be universally available/accessible
- Unfamiliarity with potential skill sets of clinical pharmacists
- Support for the technologies to be used

In Conclusion

TelePharmacy

- A natural extension of the telemedicine model
 - Pharmacy-run clinics and medication management programs already exist
- Multiple avenues to free up providers
 - Co-managing chronic conditions
 - Opening up additional services such as telePrEP
- The technology IS available and easily accessible

QUESTIONS



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<https://www.surveymonkey.com/r/2022Webinar-SWTRC-ATP>

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