

Pharmacy-based testing for HIV and other STBBIs

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On behalf of the APPROACH study team



Land acknowledgement

- *I would like to acknowledge the Algonquin nation whose traditional and unceded territory we are gathered upon today*

Outline

- Why Community Pharmacies?
- Alignment with Pan-Canadian STBBI Framework
- APPROACH study
- Vision for Pharmacy-based Model

New Approaches to Testing are Needed

- Rates of many STBBIs, including syphilis, continue to increase
- Significant proportion of people living with HIV and chronic hepatitis C unaware of their diagnosis
- Challenges with lab-based testing reaching vulnerable populations as well as people living in more remote areas
- Opportunity to integrate innovative testing approaches into existing health and community resource infrastructure

Why Community Pharmacies?

✓ Accessibility

✓ Community-based

✓ Location (rural)

✓ Extended scope of pharmacist practice

✓ Expanded public health services



Alignment with Pan-Canadian STBBI Framework

Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030: A Pan-Canadian STBBI Framework for Action



Increase access to testing

Integrated approach
Health equity
Multisectoral approach
Evidence-based policy
and programs

APPROACH Study

- Objective:
 - To develop, implement, and assess a pharmacist-delivered HIV POCT program in community pharmacies in two provinces (Newfoundland and Alberta)
- Development of POCT program:
 - Informed by broad range of stakeholders
 - Established confirmatory testing and linkage to care plans using existing infrastructure
 - Referral for additional STBBI testing

Linkage To Care Plan* – Alberta

Pharmacist provides client with requisition for confirmatory HIV test



Notifies Medical Director (STI), Public Health nurse, and Provincial Lab virologist on call



Public Health nurse notifies Partner Notification Nurses (PNN) of reactive result



PNN notifies client of confirmatory HIV test results and arranges referral to Northern Alberta Program

*Reactive or Indeterminate Results

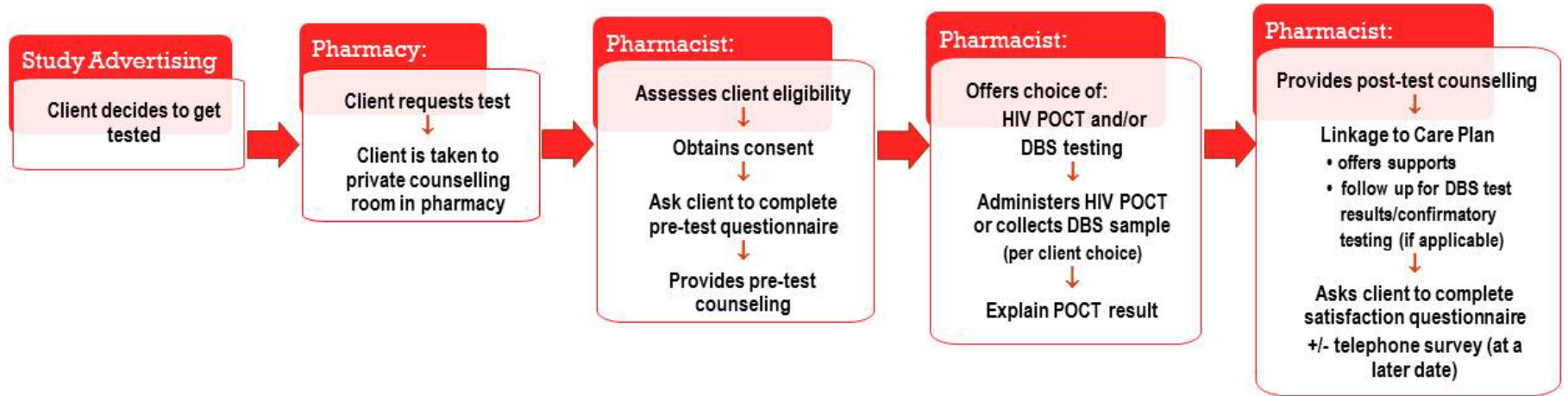
Key Findings

- 123 tests performed (1 reactive test)
- Model was feasible and highly acceptable (99% of clients tested agreed HIV testing should be routinely offered at pharmacies)
- Effective at reaching at-risk clients (except people who inject drugs)
- Opportunities to add testing for other STBBIs (e.g., hepatitis C, syphilis)
- Opportunities to improve accessibility and reach (walk-in, incorporate into existing services)

APPROACH 2.0

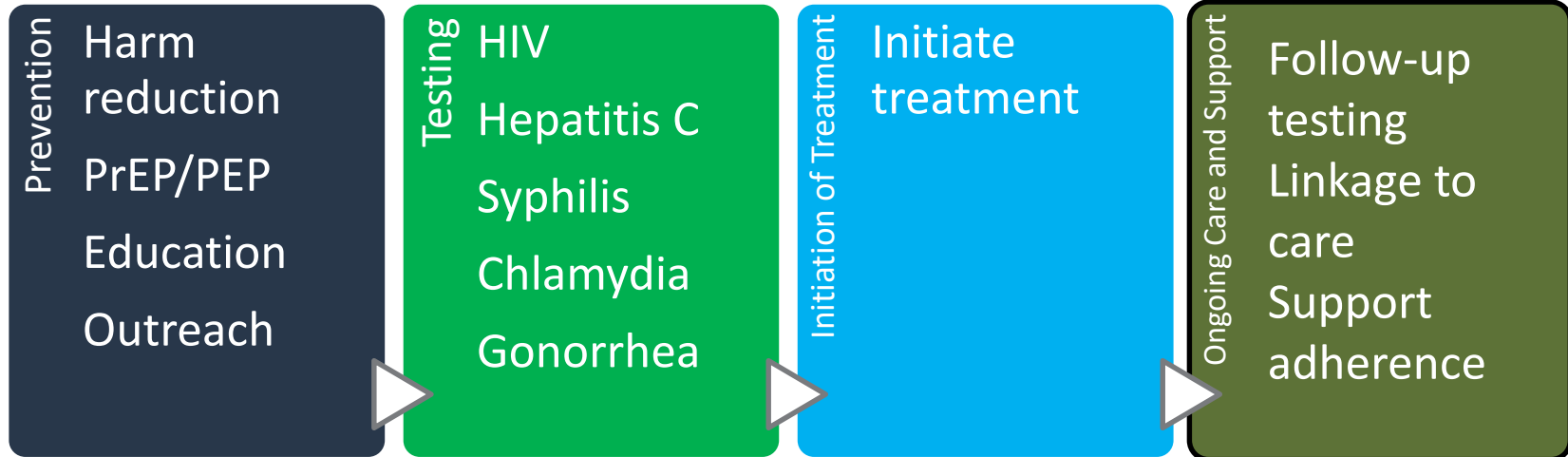
- Will a pharmacy-based STBBI testing program increase the number of people tested, find new diagnoses and generate good value for money?
 - Continue POCT and adapt the pharmacy model to incorporate new testing innovations for HCV and syphilis (e.g. dried blood spot)
 - Goal is to improve health outcomes and health system efficiency through integration of these programs within existing infrastructure
 - Expand number of pharmacies, as well as expand to other provinces

APPROACH 2.0: Testing Process





Pharmacy-based testing, prevention and treatment of STBBIs



Conclusions

- Pharmacists are accessible health professionals well-positioned to improve access to testing, particularly for the most vulnerable
- Pharmacy-based model may help address testing disparities across provinces
- Availability of POCT technology and dried blood spot testing provide opportunities to increase choice and efficiency

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