

Pharmacist Attitudes toward Dispensing Post-Exposure Prophylaxis, New York City, 2014

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Abstract #86

Background

- Over 117,000 people living in NYC have been diagnosed with HIV/AIDS, and nearly 3,000 were newly diagnosed in 2013¹
- HIV post-exposure prophylaxis (PEP) is the use of anti-retroviral medication to prevent acquisition of HIV infection among HIV-negative persons who have a specific high-risk exposure to HIV
- PEP must be administered within 72 hours
- In some clinical settings (e.g., ER or STD clinic), PEP “starter-packs” (first 1-3 days of meds) are dispensed as the first step before referral to primary care
- Pharmacists are currently unable to dispense starter-packs in New York State, but would be able to with the expansion of Collaborative Drug Therapy Management (CDTM) laws
- Expanding CDTM to community settings may allow pharmacists to dispense PEP more quickly than physician-ordered prescription

Objective

We explored New York City (NYC) pharmacists' willingness to dispense PEP starter-packs via CDTM.

Methods

Study design

- Cross-sectional survey administered by the NYC Department of Health and Mental Hygiene (DOHMH), June - August 2014

Study population

- Survey respondents were NYC supervising pharmacists practicing in community pharmacies in neighborhoods with the highest tertile of HIV diagnosis rates in 2012⁴

Data collection

- Respondents recruited via phone; offered web- or fax-based survey
- Participants received up to 3 reminder calls to complete survey
- Offered a \$15 coffee shop gift card for completing the survey

Survey instrument

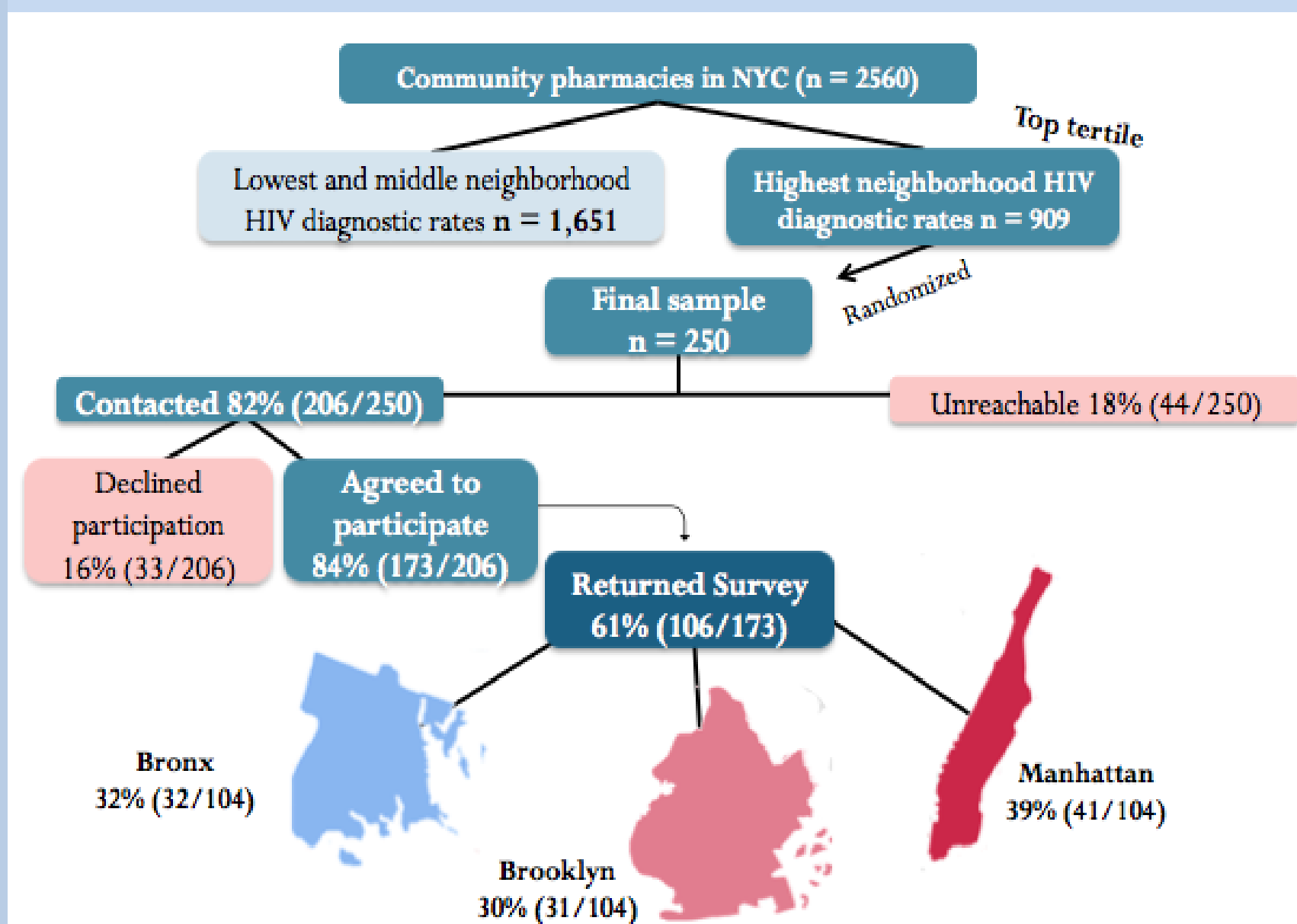
- 39 questions, including:
 - Pharmacist/Pharmacy demographics
 - PEP and CDTM knowledge
 - Willingness to dispense PEP starter-packs via CDTM
 - Perceived benefits and challenges of this practice

Data analysis

- Chi² and Fisher exact test for crude analyses
- Multivariable logistic regression to model willingness
- Statistical significance defined as P<0.05

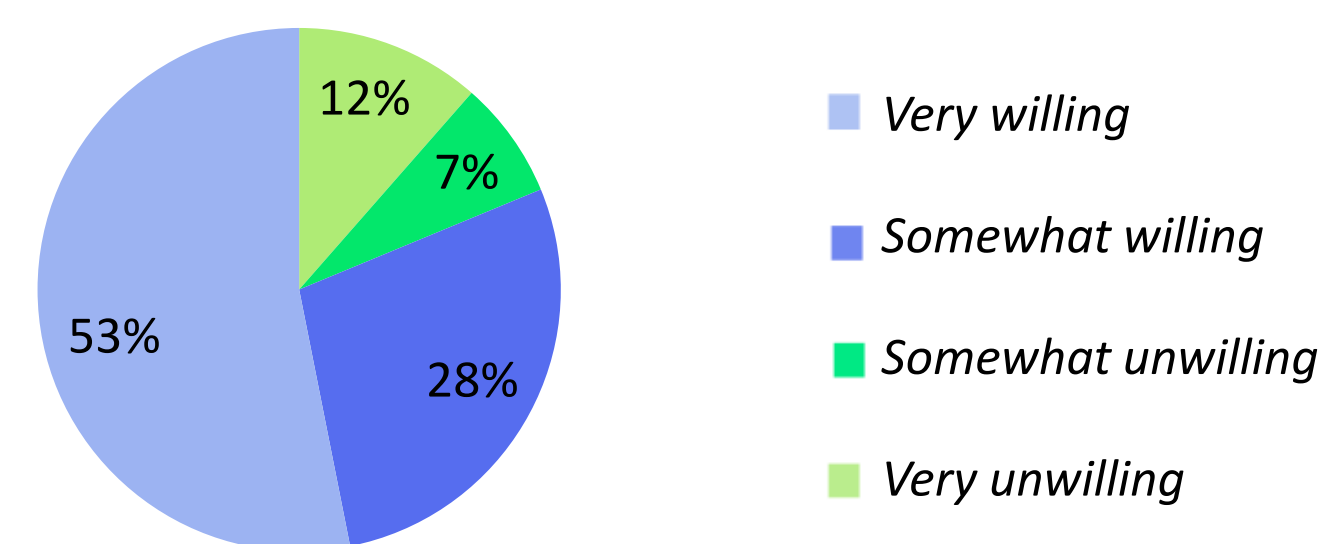
Results

Figure 1. Study sample and pharmacy location



Key Result: Overall response rate was 42% (n/N = 106/250)

Figure 2. Pharmacist willingness to dispense PEP via CDTM (N = 106)



Key result: 81% of pharmacists reported being willing to dispense PEP via CDTM (somewhat or very willing, collapsed for further analyses)

Table 1. Pharmacist knowledge and willingness to dispense PEP via CDTM (N = 106)

Characteristic	n/N	%	n/N	% Willing
Prior PEP knowledge				
Yes	76/102	75	57/70	81
No	26/102	25	20/24	83
Prior CDTM knowledge				
Yes	26/101	26	23/26	89
No	75/101	74	54/69	78

Key result: Willingness was not significantly different (P>0.05) across characteristics surrounding pharmacists' prior knowledge

Table 2. Pharmacist and pharmacy characteristics and willingness to dispense PEP via CDTM, NYC, 2014 (N = 106)

Characteristic	n/N	%	n/N	% Willing
Total	106/106	100	78/96	81
Pharmacist Characteristics				
Sex				
Male	79/100	79	62/76	82
Female	21/100	21	15/19	79
Pharmacy school graduation year (GY)				
GY < 1985	35/106	33	21/29	72
1985 ≤ GY ≤ 1999	38/106	36	31/36	86
GY ≥ 2000	33/106	31	26/31	84
Hours per week dispensing prescriptions				
< 36	11/99	11	7/11	64
36+	88/99	89	69/83	82
Pharmacy Characteristics				
Pharmacy type				
Chain	17/105	16	12/14	86
Independently Owned	88/105	84	64/77	83
Borough				
Bronx	32/104	32	23/30	77
Brooklyn	31/104	30	23/28	82
Manhattan	41/104	39	31/36	84
Separate private space				
Yes	93/104	89	69/84	82
No	11/104	11	8/11	73
Number of prescriptions filled on a typical day ^A				
Less than 100	18/98	18	13/16	81
100 - 199	49/98	50	31/43	72
200 - 399	24/98	25	20/22	91
400+	7/98	7	7/7	100

^APercents were rounded to the nearest whole number and thus may not add up to 100%

Key result: Willingness was not significantly different (P>0.05) across pharmacist and pharmacy characteristics examined

Table 3. Benefits and challenges of dispensing PEP via CDTM (N = 106)

	Select any N = 106	Select one N = 88
Benefits		
Helps customers in an emergency situation	73%	53%
Addresses a need in our community	53%	36%
Skills of pharmacists increased	42%	7%
None	6%	3%
Challenges		
Pharmacists' discomfort dispensing without physician Rx	26%	31%
Lack of separate private space in the pharmacy	25%	23%
Pharmacists are too busy	19%	23%
Pharmacists' discomfort with screening questions	13%	13%
Other*	6%	3%
None	0%	7%

*Other reported challenges: concerns surrounding payment/reimbursement, patient comfort level, and authenticity of the screening questions

Limitations

- Self-reporting/social desirability bias: respondents may be inclined to report having knowledge, after informative survey questions or because the survey was administered by NYC DOHMH
- Generalizability of our findings to pharmacists outside NYC or in other NYC neighborhoods may be limited

Discussion

- Pharmacists practicing in high burden NYC neighborhoods were willing to dispense PEP starter-packs through an expanded version of CDTM
- Willingness was high across all-subgroups examined; highest among those who fill 200-399 or 400+ prescriptions per day (91% and 100%, respectively) and lowest among those who spend less than 36 hours per week dispensing prescriptions (64%).
- To put PEP via CDTM into practice in NYC, the following barriers would need to be addressed:
 - CDTM would have to be made a permanent law and expanded to retail pharmacy settings
 - Effective education of pharmacists about current PEP and CDTM practices
 - Operational issues in the pharmacy (e.g., private space and time constraints)

References

- NYCDOHMH. HIV Surveillance Annual Report, 2013. <http://www.nyc.gov/html/doh/downloads/pdf/dires/surveillance-report-dec-2013.pdf>. Accessed Jun 27 2014.
- NYCDOHMH. New York City HIV/AIDS Surveillance Statistics 2012-2014.

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