



Pharmacy Technician Role, Education & Training

Sub-Domain: Practice-Focused

Pharmacy Technicians as Patient Navigators in Hepatitis C Linkage Services

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CASE OVERVIEW

As of 2016, an estimated 21,800 people were living with hepatitis C virus (HCV) in Arkansas per HepVU. Arkansas is one of two states in the U.S. with the most stringent restrictions for Medicaid Access for patients with hepatitis C. Through the FOCUS program, a public health initiative of Gilead Sciences, ARcare received support to develop innovative and replicable models for HCV screening and linkage to care. The FOCUS program also addresses the challenges associated with diagnosing individuals with HCV as well as overcoming personal and systemic barriers to accessing care. One effort for overcoming these barriers is employing patient navigators in linkage-to-care services, who serve as a point of contact for patients and clinic staff throughout the patient-centered care process. This project by ARcare was designed for the advancement and professionalization of pharmacy technicians assessing the use of a pharmacy technician to serve as a patient navigator in linkage-to-care services.



KEY ELEMENTS

A clinical pharmacy technician was employed in June 2022 to assist the clinic staff, including the clinical pharmacists, in caring for patients with HCV. Through a pharmacist-run, linkage-to-care consult, the pharmacy technician's responsibilities included but were not limited to the following: identifying patients at high risk for hepatitis C, completing medical background evaluations, scheduling follow-up appointments for patients, ensuring appropriate labs and procedures are completed, and assisting in external referrals for patients. The pharmacy technician was trained in navigating the electronic health record, used a pharmacist-created intake form, and established communication with patients and staff throughout all clinics. In addition, the pharmacy technician aided in re-linking patients to care who may have been lost to follow-up in the past. Patients, defined as successfully linked-to-care, are those with

both hepatitis C positive antibodies and an RNA viral load that returned for a follow-up appointment with their provider or were referred externally to gastroenterology or hepatology. Linkage-to-care progress was tracked and reported monthly.

IMPACT ON PATIENT OUTCOMES

The following data were found through a retrospective review on hepatitis C screenings and linkage-to-care rates before clinical pharmacy technician implementation. Out of 12,054 HCV antibody tests performed from January to May 2022, 5% of these tests were positive. Of the patients with positive HCV antibodies, 47% had detectable HCV RNA viral load, confirming an active hepatitis C infection. From this same population, 55% of patients were successfully linked to care.

As linkage-to-care progress was tracked and reported monthly, the same outcomes were measured post-clinical pharmacy technician intervention. Out of 7,097 HCV antibody tests performed from June 2022 to January 2023, 6% were positive. Of the patients with positive HCV antibodies, 60% had detectable HCV RNA viral load. From this patient population, 67% of patients were successfully linked to care, showing a 12% increase after clinical pharmacy technician intervention.

PHARMACY AND PHARMACIST ROLES

ARcare is a Federally Qualified Health Center that delivers quality healthcare throughout the tri-state service areas of Arkansas, Mississippi, and Kentucky. With over 50+ clinics, ARcare's mission, "Health for All," ensures that all who need healthcare can receive quality medical care. Primarily serving the underserved, rural patient populations, services include primary care, behavioral health, pharmacies, community outreach programs, and more. In addition to retail and specialty pharmacy services, ARcare has clinical pharmacy services, providing medication management services in many of ARcare clinic locations. Our clinical pharmacists work with our primary care providers to offer several services, including pharmacy consults, asthma clinic, HIV services, hepatitis C care, and more. Many of our clinical pharmacists are residency-trained, and several have additional credentials, including BCACP and AAHIVP.



LESSONS LEARNED

While providing care to patients with HCV, ARcare faces multiple barriers to care, including the underdiagnosis and screening of patients with HCV, the increased rate of lost to follow-up for this patient population, and increased restrictions for prescription coverage by insurance. Before the clinical pharmacy team intervened, no staff members were dedicated to the care of patients with HCV at ARcare. Primary care providers expressed low confidence in managing patient care for HCV. Through the implementation of a pharmacy technician as a patient navigator in the clinical pharmacy department, the goal was to see an increase in linkage-to-care rates for patients with active HCV.

Although more studies are needed to elucidate this role further, utilizing a pharmacy technician as a

patient navigator was effective in HCV linkage-to-care services. Seeing an increase in linkage-to-care rates was exactly our goal in the implementation of this role. While other institutions have utilized different professions for patient navigators, such as social workers, having a pharmacy technician working directly with the clinical pharmacist provided significant strengths. The strengths of having a clinical pharmacy technician dedicated to linkage-to-care demonstrated are clinical pharmacy technicians receive specific training in customer service techniques and communication skills necessary for positive interactions with patients, coworkers, and other healthcare professionals. In addition, having clinical pharmacy technicians working alongside clinical pharmacists decreases the administrative responsibility of the pharmacist, allowing more time for direct patient care. Lastly, the quality of care for patients is improved by having a point of contact that works in the interprofessional team inside the clinical pharmacy setting.

Several quality improvement areas we identified were the decline in overall HCV screenings and provider knowledge in care for patients with HCV. To further improve the care of these patients, steps implemented thus far include incentives for HCV screening implemented clinic-wide, additional training and education provided for the clinical pharmacy technician and clinical pharmacists, and an educational program for all clinic providers. Since the implementation of this role, there has been an increase in staff resources at the clinic and corporate-level support for the clinical pharmacy team. Patients have started to come to ARcare solely seeking treatment for hepatitis C. Providers have increased their in-house orders for HCV consults and relied on the clinical pharmacy team in the care of those with hepatitis C. Organization leaders have requested clinical pharmacists to attend executive meetings to increase awareness of linkage-to-care services. In addition, the FOCUS program regional manager has advocated for pharmacy technician implementation and provided opportunities for presentations and publications for the clinical pharmacy team.

BUDGET & RESOURCE ALLOCATION

Clinical pharmacists began leading the care of patients with hepatitis C in the fall of 2022. This initiative of hiring a full-time pharmacy technician as a patient navigator was budgeted by ARcare through the FOCUS program, and the pharmacy technician started training in June 2022. By July of the same year, the pharmacy technician was working as an independent patient navigator and has since continued to serve in that role.

FUTURE GOALS

To sustain these efforts, a goal has been set to further increase the linkage-to-care rate above 80% for those with hepatitis C. In addition, the clinical pharmacy team will expand patient navigation services to include comprehensive preventative services for those at risk for HIV. To further self-improve, increased training has been encouraged for the clinical pharmacy team through organizations such as KHAMP (Kentucky Hepatitis Academic Mentorship Program) and the Arkansas Department of Health. Also, the pharmacy technician employed is working towards obtaining certification by the Pharmacy Technician Certification Board.

So far, this service implementation has been presented at the FOCUS Regional Meeting, passed along to the executive department of Gilead FOCUS, and at the 2022 ASHP Midyear Clinical Meeting. Future presentation and publication opportunities are being pursued.