

# An exploratory study: healthcare professionals' perceptions of pharmaceutical care in HIV and Hepatitis C management

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## Background

Pharmaceutical care (PC) is a philosophy of patient-centred care focussed on achieving best outcomes that improve a patient's quality of life<sup>1</sup>. Pharmacists who practice PC resolve drug-related problems (DRPs) among other processes<sup>2</sup>. Successful PC also relies on the integration of pharmacists into interprofessional healthcare teams<sup>3</sup>. Increased communication has been seen where pharmacists are located within healthcare environments<sup>4</sup>.

People living with HIV (PLWHIV) require many PC processes to achieve best outcomes, because antiretrovirals (medicines that suppress the virus) are taken lifelong, have significant DRPs that if unresolved can result in toxicity or treatment failure<sup>5</sup>.

Hepatitis C (HCV) infected individuals also share a need for PC similar to PLWHIV. The new Direct-Acting Antivirals (DAAs) have extensive DRPs and demand for PC is increasing rapidly<sup>6</sup>. There is very little research looking at how interprofessional teams perceive PC and none comparing the need for PC in these two specialties.

This study was completed in partial fulfilment of Master of Research in Clinical Practice.

## Method

- Ethical and R&D approvals were obtained for this study
- Hermeneutic phenomenology case study design
- Purposive sampling (n=8) with semi-structured interviews
- Six clinical pharmacists (5 HIV, 1 HCV), one HIV nurse and one consultant HIV/HCV physician
- NHS teaching hospital with HIV and HCV outpatient clinics.
- Verbatim transcripts analysed using Interpretative Phenomenological Analysis<sup>7</sup>
- Descriptive, linguistic and conceptual themes extracted

**AIM:** To explore healthcare professionals perceptions of current and desired PC in HIV and HCV management

### OBJECTIVES:

- To explore how healthcare professionals perceive the currently provided pharmaceutical care in HIV and HCV infection management
- To investigate the demands and feelings of the above healthcare professionals in relation to future changes for improving the provided pharmaceutical care

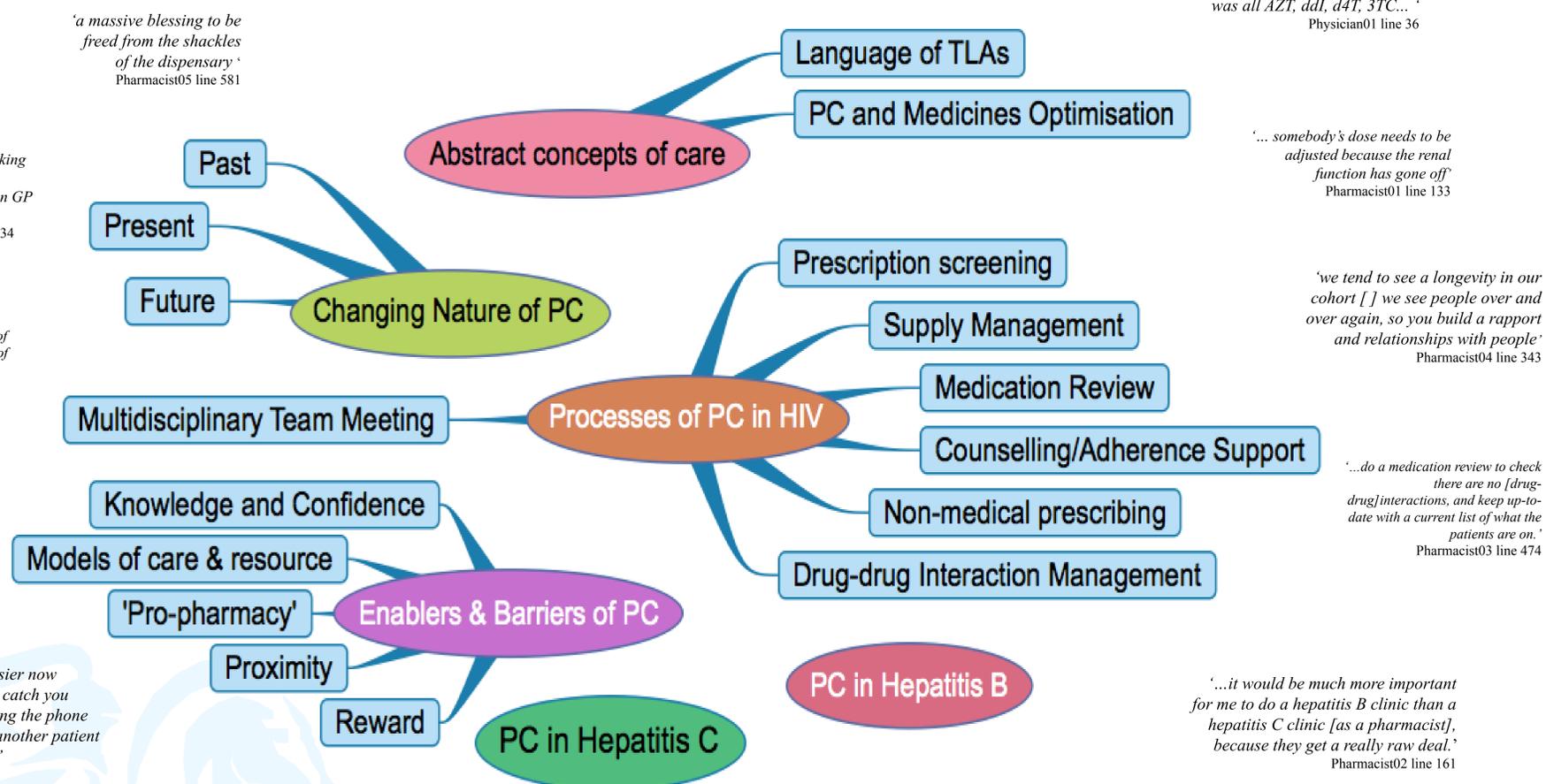


Figure 1: Themes and subthemes mapped

## Research findings

Six main themes and 17 subthemes emerged from the analysis (see Figure 1).

Non-pharmacist participants perceive PC as an abstract concept of medicines providing care. HIV medicines are marked by the use of three-letter acronyms (TLAs) that pharmacists help to translate. Pharmacists have difficulty discriminating between the new concept, Medicines Optimisation (MO), and PC possibly because MO has not been operationalised with processes.

Change in PC was prevalent with a sense of loss and ambivalence in relation to a recent outsourcing of the HIV outpatient dispensing service and closure of the satellite dispensary. Conceptually, the satellite dispensary was viewed as a prison, as it needed resourced, yet giving up control of dispensing was likened to torture. 'Prescreening' is a new process in PC in HIV arising from the outsourcing of outpatient dispensing.

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## Limitations

Perceptions of PC in hepatitis was limited by the predominance of HIV specialist participants. A multicentre study would enable more generalisable phenomena and improve validity.

## Contribution to practice

Quality and extent of communication improved with the establishment of a pharmacist presence in clinic.

Prescreening is a new PC process that has been developed to manage workflow but has benefits in patient communication and in speeding up the screening process of prescriptions. This could benefit from publication as an advance in pharmacy practice.

PC opportunities exist in the Hepatitis specialties, in non-medical prescribing and running follow-up clinics for Hepatitis B patients.

Future work needs to explore patients' perceptions of PC in relation to outsourcing, and future models of care in community-based settings for HIV, HCV and Hepatitis B.

## References

- Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm* 1990;47(3): 533-543.
- Rossing C, Hansen EH, Traulsen JM, Krass I. Actual and perceived provision of pharmaceutical care in Danish community pharmacies: The pharmacists' opinions. *Pharm World Sci* 2005;27(3):175-181.
- Södergård BMH, Baretta K, Tully MP, KettisLindblad AM. A qualitative study of health-care personnel's experience of a satellite pharmacy at a HIV clinic. *Pharm World Sci* 2005; 27(2):108-115.
- Jenkins AI, Hughes ML, Mantzourani E, Smith MW. Too far away to work with each other: Does location impact on pharmacists' perceptions of interprofessional interactions? *Int J Interprofessional Care* 2016;1-4. DOI: 10.1080/13561820.2016.1191451
- Marzolini C *et al* Ageing with HIV: medication use and risk for potential drug-drug interactions. *J Antimicrob Chemother* 2011;66(9):2107-2111
- Mayer CL, Lauffenburger JC, Farley JF, Brouwer K, Fried MW, Hawke RL. Medication use in patients with chronic hepatitis C (HCV) from a U.S. commercial claims database: Inadequacy of prescribing information for assessment of potential drug interactions. *Hepatology* 2012;56:260A-261A
- Smith JA. *Interpretative phenomenological analysis : theory, method and research*. London; SAGE: 2009