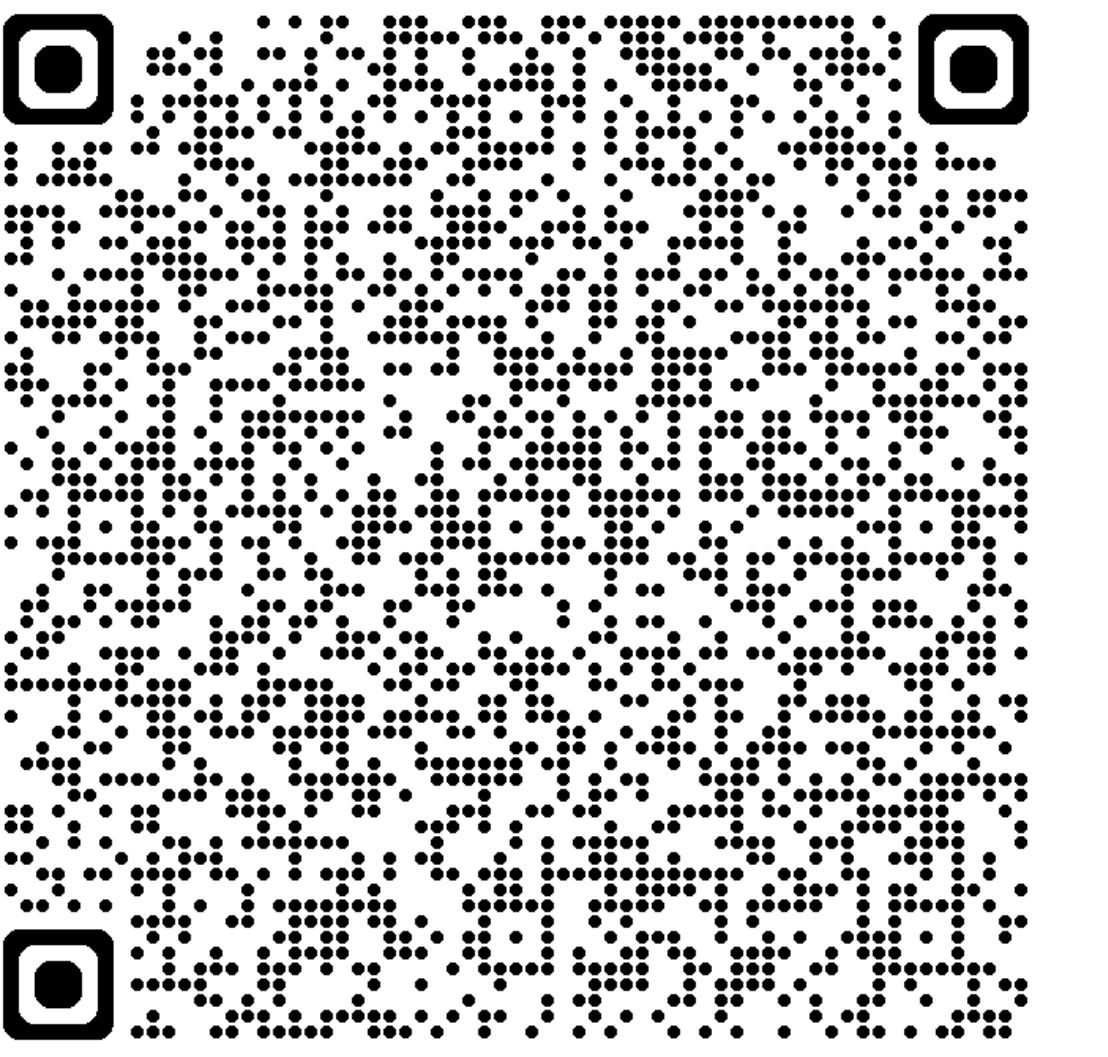


# Evaluating Impact of a Pharmacist-Led HIV PrEP Clinic for Veterans in Outpatient Substance Use Treatment

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## BACKGROUND

Veterans are disproportionately impacted by syndemics of human immunodeficiency virus (HIV), hepatitis C virus (HCV), and substance use disorders (SUDs), and disparities exist among Black and Hispanic/Latinx Veterans.

Nearly a third of Veterans with opioid or alcohol use disorder have not been screened for HIV.

Veterans Affairs pharmacists with expertise in SUDs and harm reduction are uniquely poised for integration of HIV screening and preventive care in clinical practice.

## OBJECTIVES

### Primary

- Implement a pharmacist-led HIV pre-exposure prophylaxis (PrEP) clinic for Veterans engaged in SUD treatment with a Veterans Affairs Intensive Outpatient Program (IOP)

### Secondary

- Evaluate the number of Veterans who:
  - Completed  $\geq 1$  sexual health visit
  - Completed  $\geq 1$  sexually transmitted infection (STI) screening
  - Were diagnosed with  $\geq 1$  STI
  - Started HIV PrEP

## METHODS

July 2024

- Pharmacist completed HIV/sexual health training

August to October 2024

- Identified practice partners/mentors
- Developed note templates, referral process, data collection form
- Compiled educational materials
- Installed electronic medical record tools
- Proposed scope of practice expansion
- Developed clinical workflow diagrams

October 2024 to February 2025

- Meetings to discuss scope of practice expansion
- Developed new Harm Reduction Pharmacist Care Coordination Agreement (CCA)
- Patient visits completed
- Data prospectively collected

March 2025

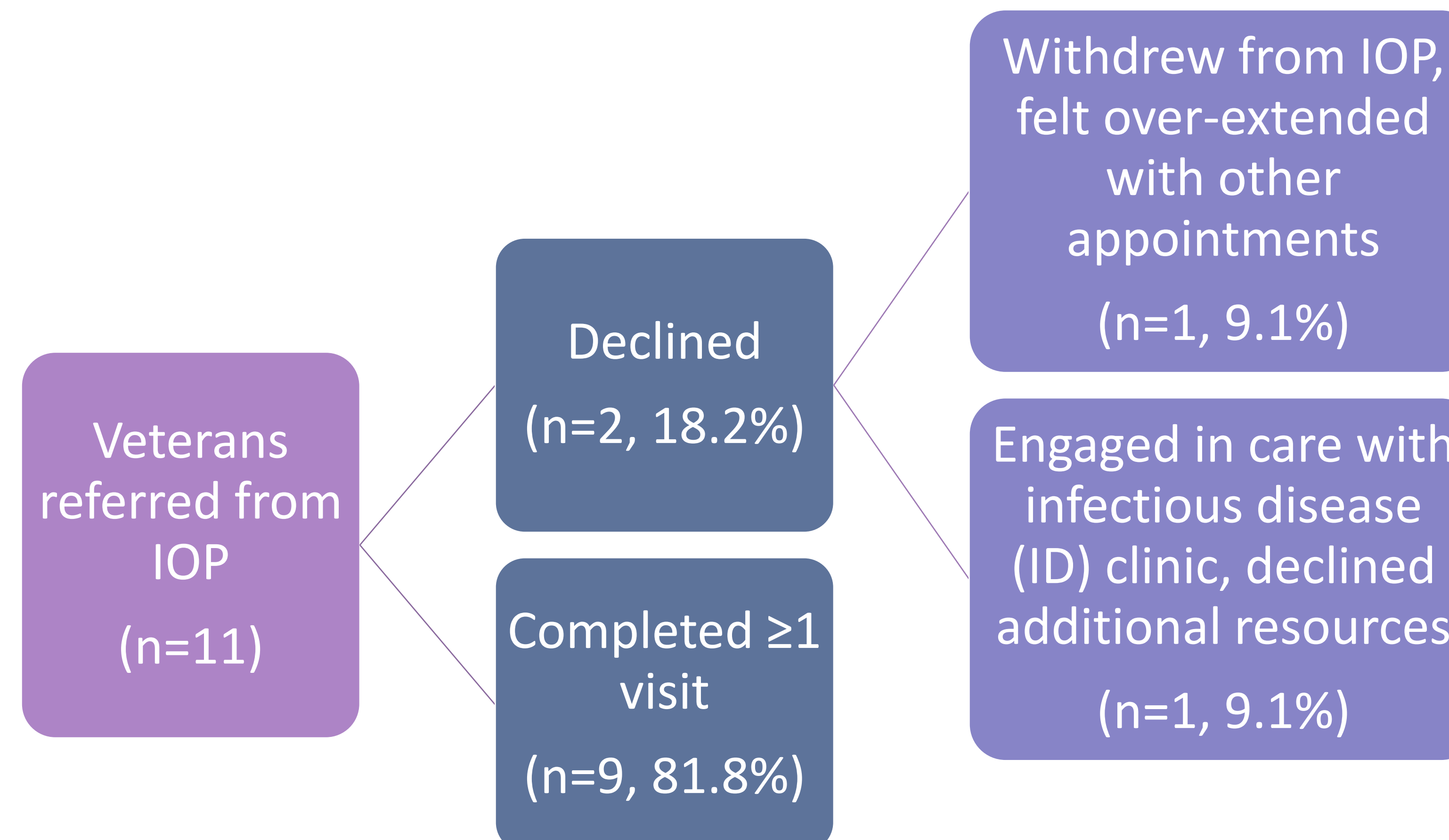
- Proposed new Harm Reduction Pharmacist CCA
- Descriptive statistics evaluated results

## VETERAN CHARACTERISTICS

Demographics		Veterans (n=11)
Age, mean $\pm$ SD		52.6 $\pm$ 15.3
Gender identity, n (%)	Male	10 (90.9)
	Female	1 (9.1)
Race/ethnicity, n (%)	White	5 (45.5)
	Multiple race/ethnicity	4 (36.4)
	Hispanic/Latino	2 (18.2)
Sexual orientation, n (%)	Straight/heterosexual	7 (63.6)
	Bisexual	3 (27.3)
	Lesbian/gay	1 (9.1)
Percent service connected for disability, mean $\pm$ SD		57.7 $\pm$ 42.8
Prescriptions for HIV/STI care, n (%)	DoxyPEP	2 (18.2)
	HIV antiretroviral treatment	1 (9.1)

- None were prescribed condoms or HIV PrEP.

## RESULTS: VISITS



- Among those with  $\geq 1$  visit, the average number per Veteran was  $1.7 \pm 1.7$ .

## RESULTS: CLINICAL OUTCOMES

### Completed $\geq 1$ STI screening (n=6, 54.5%)

- HIV, chlamydia/gonorrhea, syphilis, hepatitis C virus (n=6, 54.5%)
- Hepatitis B virus (n=3, 27.3%)
- Herpes simplex virus (HSV) type-1 and -2 (n=1, 9.1%)

### Diagnosed with $\geq 1$ STI (n=1, 9.1%)

- Chlamydia (n=1, 9.1)
- HSV-1 (n=1, 9.1%)

### Medications prescribed

- Doxycycline for chlamydia (n=1, 9.1%)
- Oral HIV PrEP (n=1, 9.1%)
- ID clinic referral for injectable HIV PrEP (n=1, 9.1%)

### Harm reduction resources provided

- Vending machine access (n=7, 63.6%)
- Condoms and lubricant (n=5, 45.5%)
- Vaginal contraceptive gel (n=4, 36.4%)

## CONCLUSIONS & NEXT STEPS

- Low-barrier, pharmacist-led STI care embedded in an IOP led to new STI diagnoses, treatment, and HIV PrEP linkage.
- Team support was essential for navigating unexpected clinical challenges with PrEP initiation.
- Experienced many barriers/challenges to implementing a pharmacist CCA that covers both SUD and STI care, and additional meetings/approvals are in process for independent practitioner prescribing privileges.

## DISCLOSURES

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government. The authors have no conflicts of interest to disclose.