

Tracy Perry, PharmD

Manal Elnabity, PharmD

Nada Fadul, MD

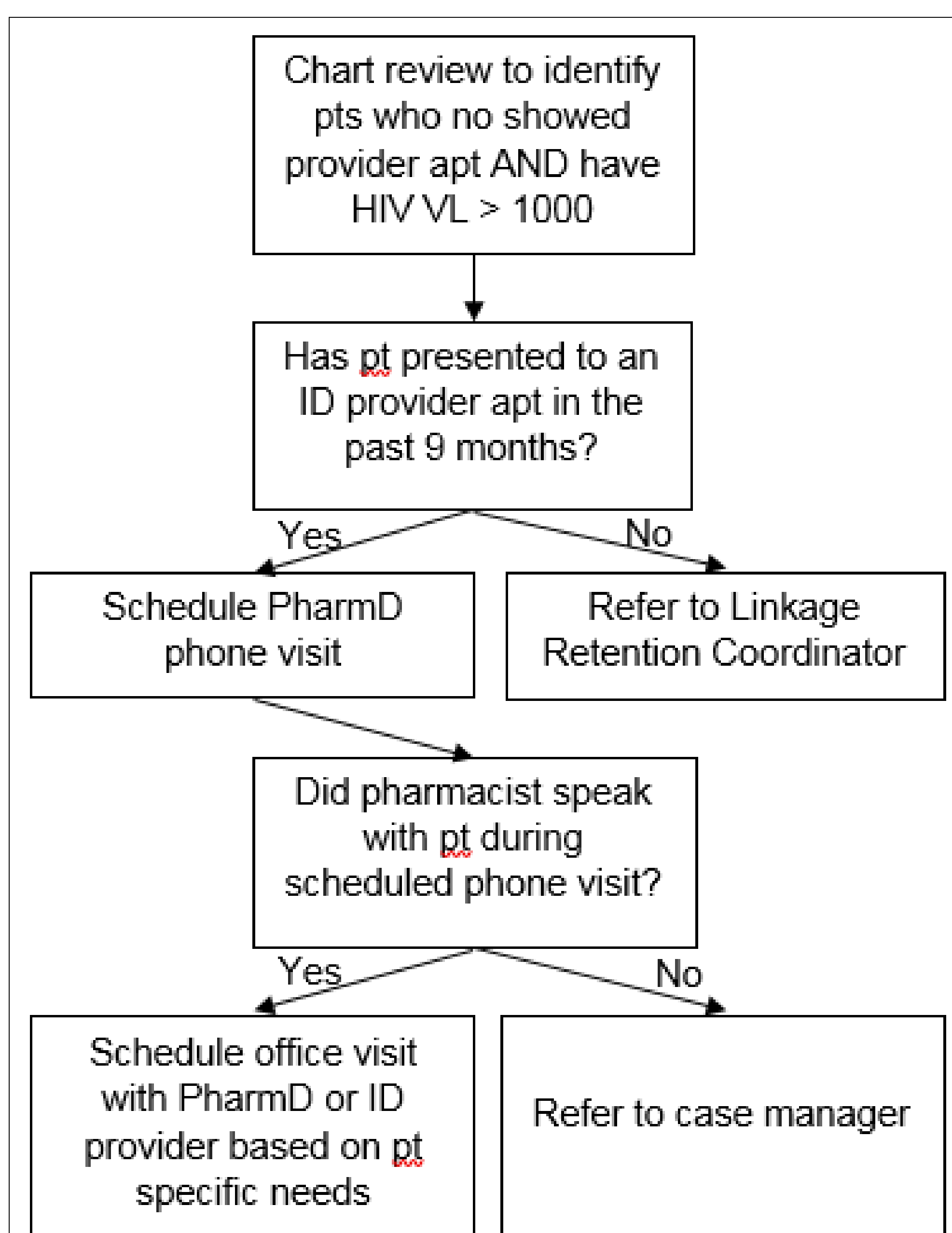
## BACKGROUND

- The ultimate goal of HIV treatment is to achieve viral load suppression (VLS)
- ECU ID clinic VLS rate is currently 85% with a 30% no show rate to provider appointments
- Previous research has shown patients who frequently no show are less likely to achieve VLS

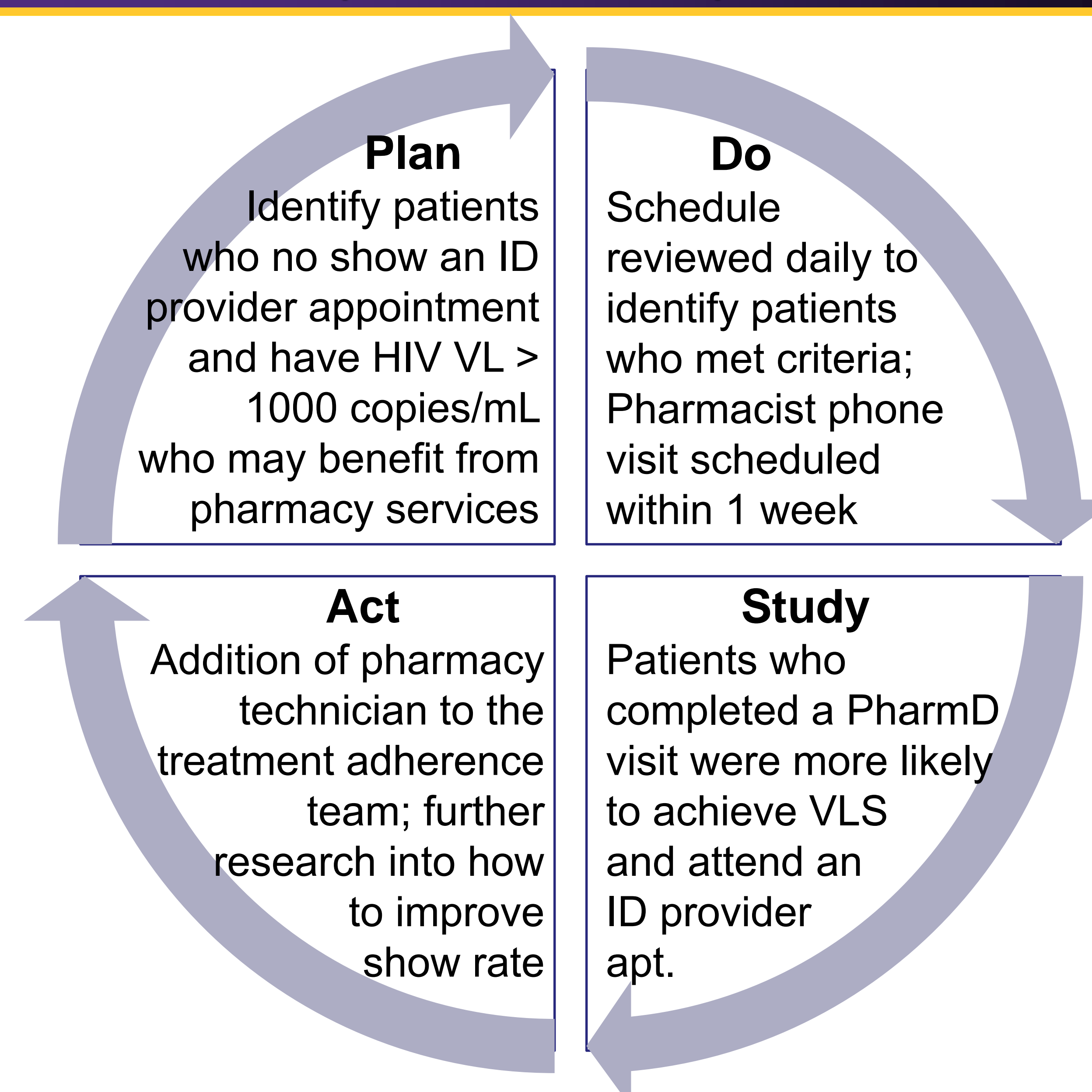
## PROJECT AIM

- To improve office visit show rate and VLS in HIV positive patients with unsuppressed viral load and a recent no show to an ID provider appointment.

## PROJECT DESIGN/STRATEGY



## CHANGES MADE (PDSA CYCLES)



## LESSONS LEARNED

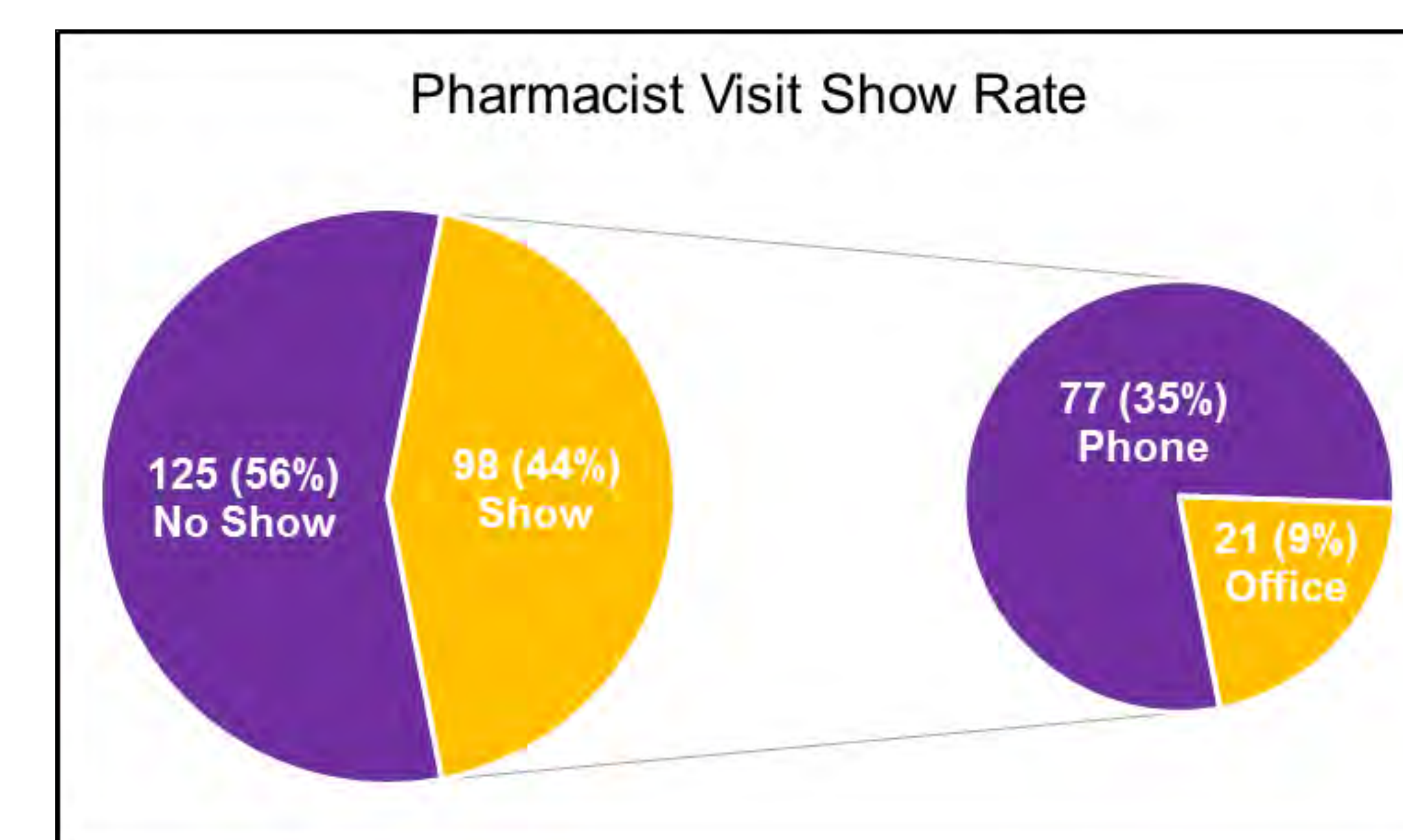
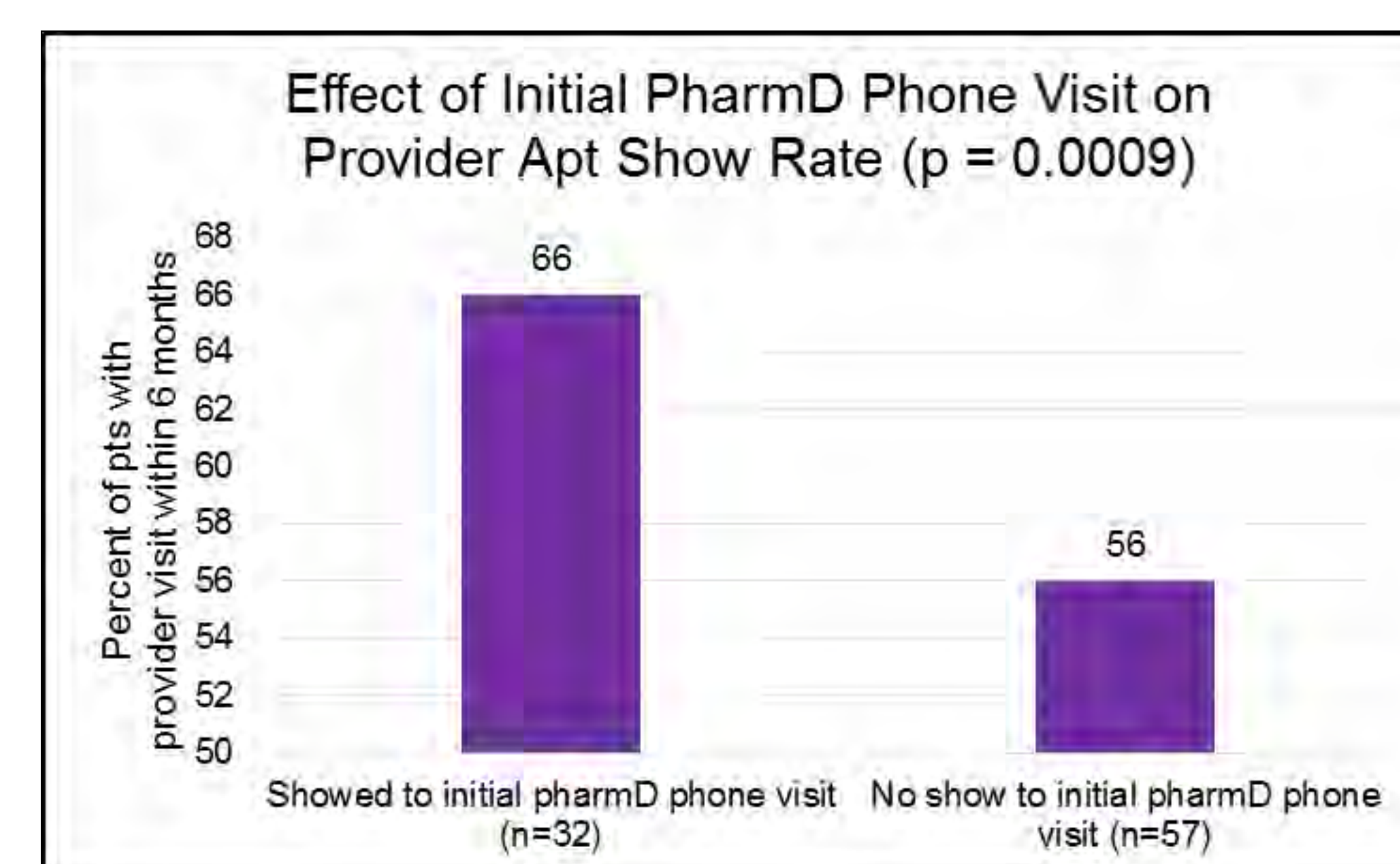
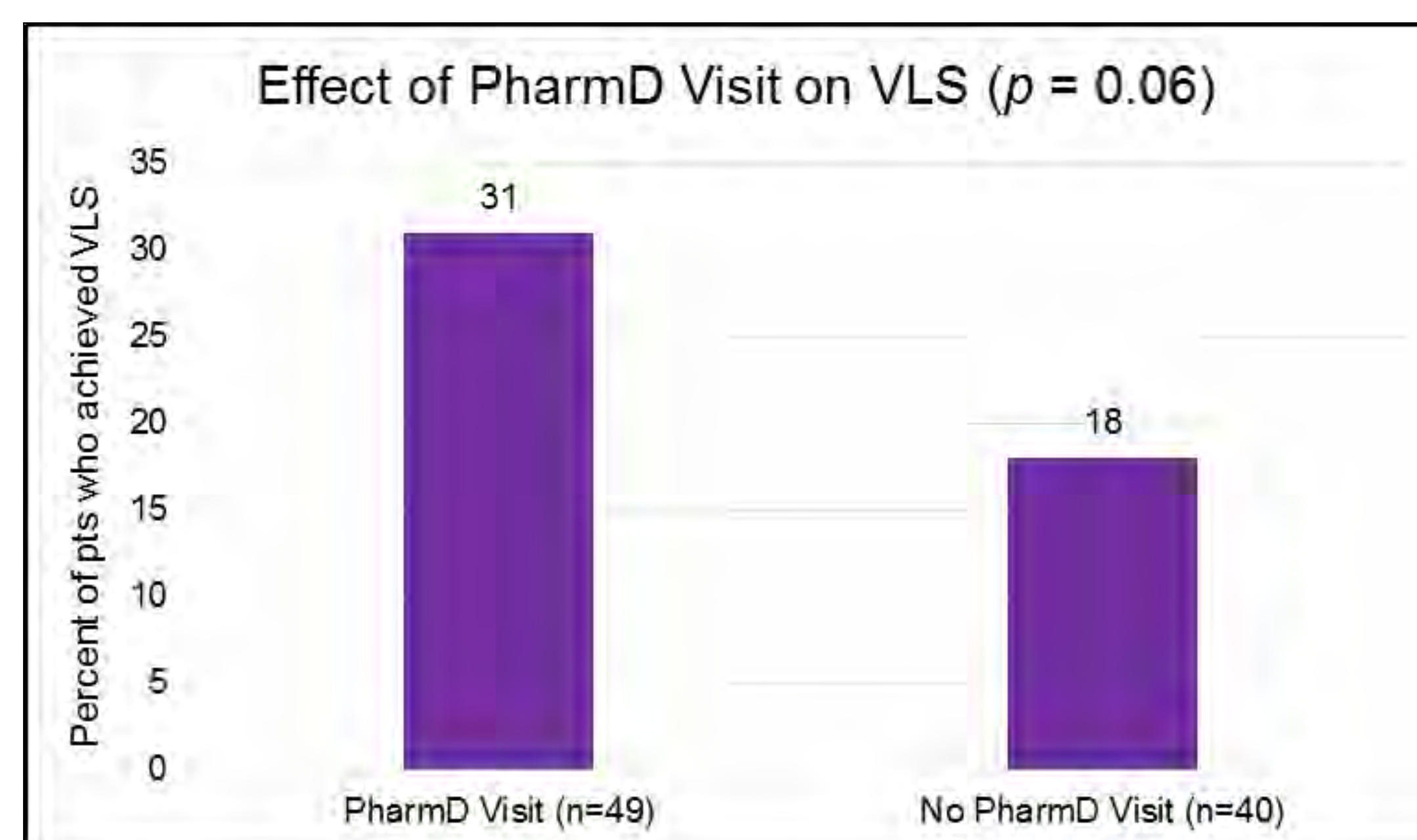
- HIV VLS in high risk pts is more likely to be achieved in patients who complete a pharmD visit
- PharmD phone visits improved show rate to provider appts
- Only 36% of patients completed the initial pharmacist phone visit and the overall show rate to pharmacist visits was 44%

## NEXT STEPS

- Addition of a pharmacy technician to the treatment adherence team to proactively identify high risk patients to be referred to clinical pharmacists and assist with difficult to reach patients
- Further research into reasons appointments are missed and potential ways to improve show rate to both provider and pharmD visits

## RESULTS/OUTCOMES

- 89 patients met criteria for enrollment
- Patients were mostly African American (89%) males (64%) with average age of 40



- No difference in VLS rate of patients who attended a pharmD phone visit compared to a pharmD office visit (p = 0.06)

- 20 (22%) patients achieved VLS at 3 months and 8 (16%) at 6 months

## ACKNOWLEDGEMENTS

- Infectious Disease Clinic Medical Case Managers