

# Antiretroviral prescription delivery for persons living with HIV/AIDS in Alabama:

**Do Mailed Medications with  
Enhanced Pharmacy  
Services affect biologic  
outcomes?**

Will Rutland, Ashutosh Tamhane,  
Michael Mugavero, Ranjith Kasanagottu,  
James Raper, Vickie Andros, Anne Zinski,



# Adherence

*“Treatment adherence” is a fancy phrase that means taking your HIV drugs **when and how** you are supposed to. – **AIDS.gov***



# Adherence

As we will discuss herein, we know that “**taking your drugs** when and how you are supposed to” is **critically important**, but it is **not** always easy.

- Accordingly, we looked at mailed medications program, Curant Health, to see if Curant’s “enhanced pharmacy services” might positively affect adherence and, ultimately, biologic outcomes.
- Focusing on 652 patients at UAB’s 1917 Clinic, we looked for a potential increase in the percentage of patients achieving viral load suppression, pre- and post-enrollment in Curant’s program.



## Adherence Barriers<sup>3</sup>

- **Depression and other mental illnesses<sup>4,5,7</sup>**
- Neurocognitive impairment
- **Low health literacy<sup>6</sup>**
- **Low levels of social support<sup>6</sup>**
- Stressful life events
- High levels of alcohol consumption
- Active substance use
- Homelessness
- **Poverty<sup>6</sup>**
- Nondisclosure
- Denial
- Stigma
- **Inconsistent access to medications**



# Optimization

Knowing that:

- (1) Adherence leads to better biologic outcomes, but
- (2) Our consumers face significant barriers to Adherence, we wondered . . .

**what might work to optimize outcomes?**



So we asked the question:

Do Mailed Medications  
with Enhanced Pharmacy  
Services affect biologic  
outcomes?



## What are Enhanced Pharmacy Services:

“Curant’s innovative medication management model focuses on improved medication adherence which translates to improved health outcomes.”

Patient services	Pharmacy services	Clinical services
<ul style="list-style-type: none"><li>• Dedicated care teams</li><li>• Co-pay assistance</li><li>• Patient education</li><li>• Refill reminder calls</li></ul>	<ul style="list-style-type: none"><li>• Medication review</li><li>• Medication synchronization</li><li>• Custom adherence packaging</li><li>• Free home delivery</li><li>• Prior authorization assistance</li></ul>	<ul style="list-style-type: none"><li>• Pharmacist support</li><li>• Medication Therapy Management (MTM)</li><li>• Healthcare provider communication</li><li>• Innovative software and analytics platform for data collection and reporting</li></ul>

## Methodology:

### **Approach**

Ambispective pre-post (paired design) study at UAB 1917 Clinic

### **Population**

All patients who enrolled in Curant who had been prescribed ART for at least 6 continuous months

### **Observation period**

January 2013-January 2015 plus 1yr “pre” data

### **Variables of Interest: Viral Load (VL)**

#### **Baseline “Pre” VL**

lab VL closest to Curant enrollment (up to 1year),

#### **Post VL**

at least six weeks after Curant (up to 1year).

Note: VL suppression is defined as <200 copies/mL, used as dichotomous “suppressed: yes/no” variable

**Hypothesis: for this population, the VL suppression will improve significantly after Curant enrollment**





## The Population:

**Table 1. Characteristics of patients prescribed ART and enrolled in Curant, Jan 2013-Jan 2015 (n=652)**

Characteristic	N, (%)
Average Age, years +/-SD	46.9 +/- 10.7
Gender	
Male	498 (76.9)
Female	150 (23.2)
Race	
White	260 (40.1)
Black	378 (58.3)
Other/Unreported	10 (1.5)
HIV risk factors	
MSM	340 (55.2)
Heterosexual	243 (39.5)
IV Drug Use	33 (5.4)
Health insurance	
Private	366 (56.7)
Uninsured	49 (7.6)
Public	230 (35.7)
Baseline plasma HIV RNA (copies/ml)	
<200	452 (73.3)
≥200	165 (26.7)

Missing data as follows: Gender 4, Race 4, Risk Factor 36, Insurance 7, VL 35



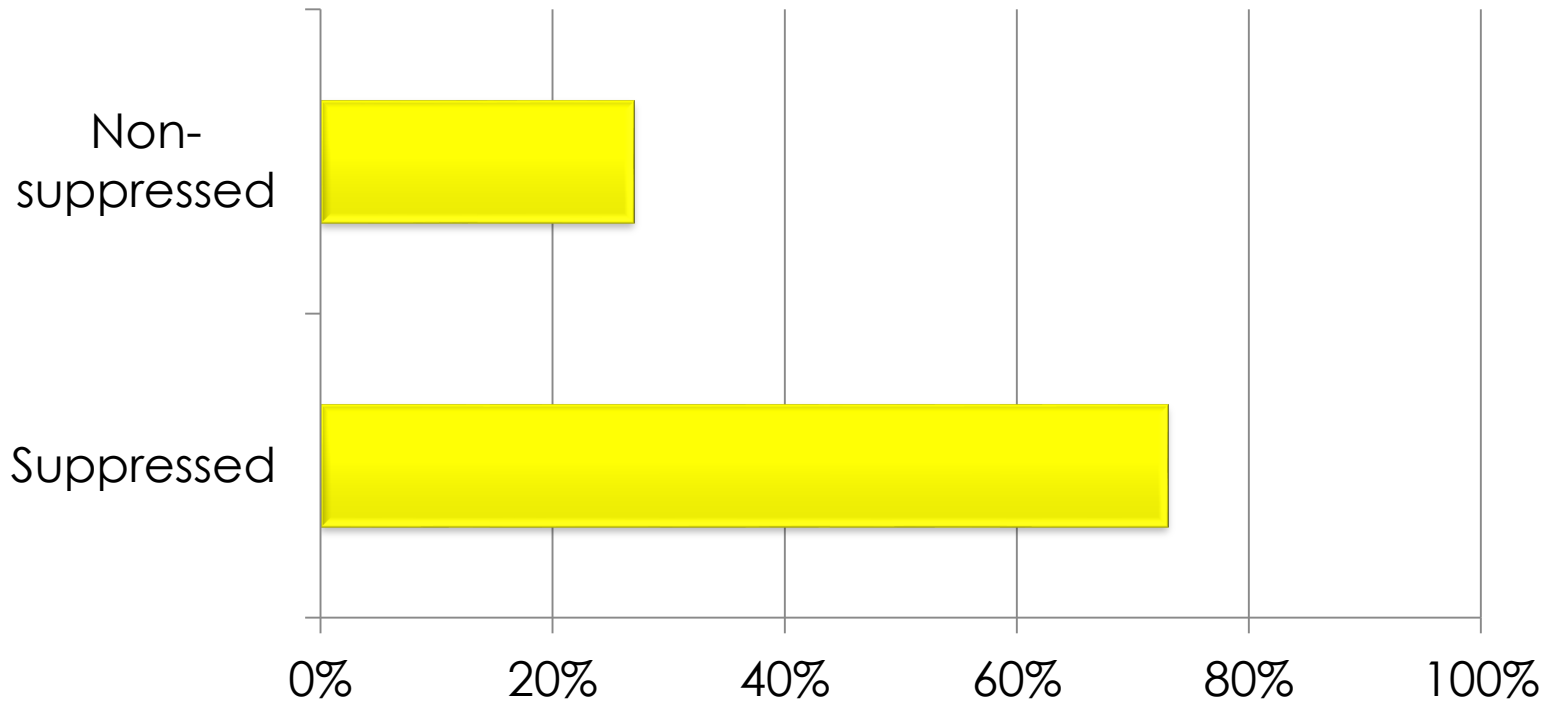
So . . .

Do Mailed Medications  
with Enhanced Pharmacy  
Services affect biologic  
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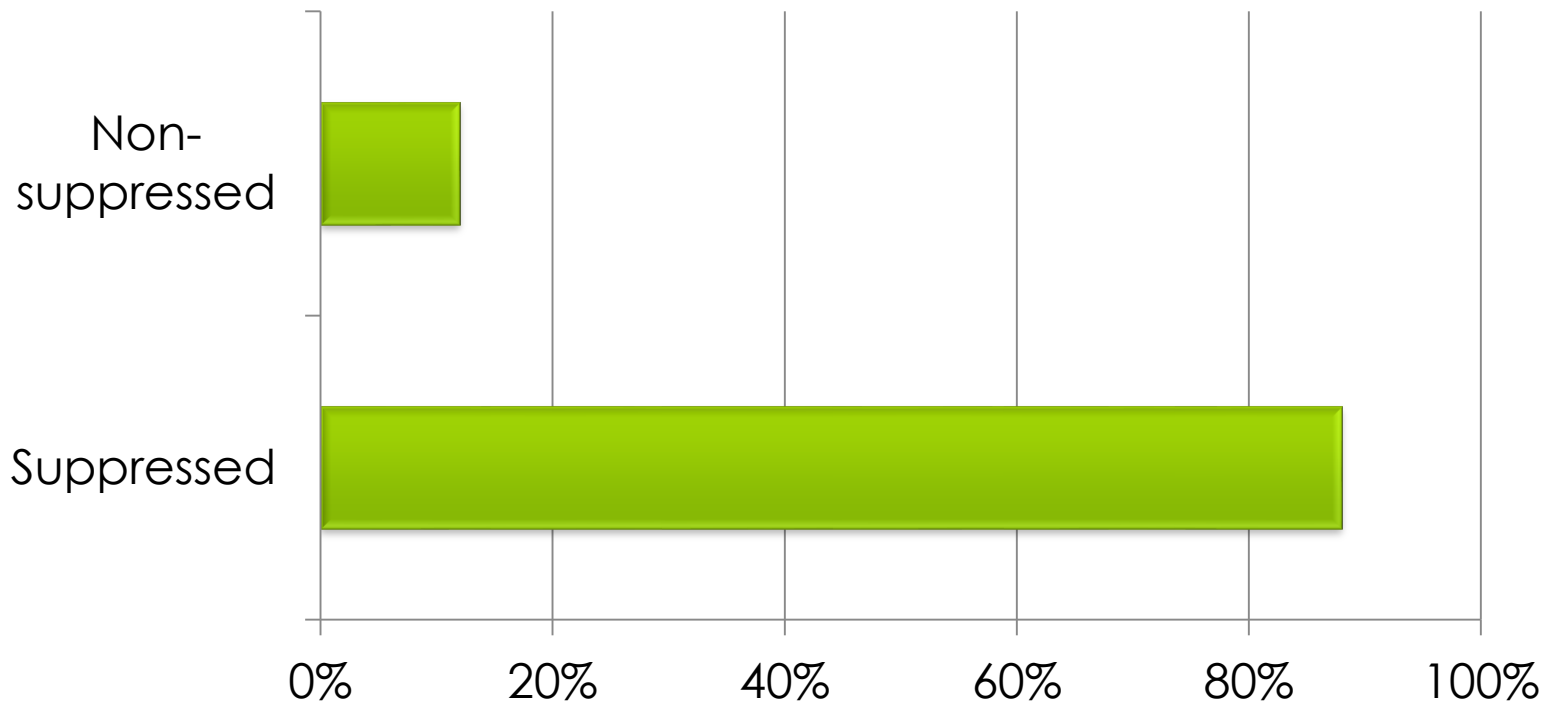
## Pre- and Post-Curant Results

### Pre-Curant Viral Load Suppression



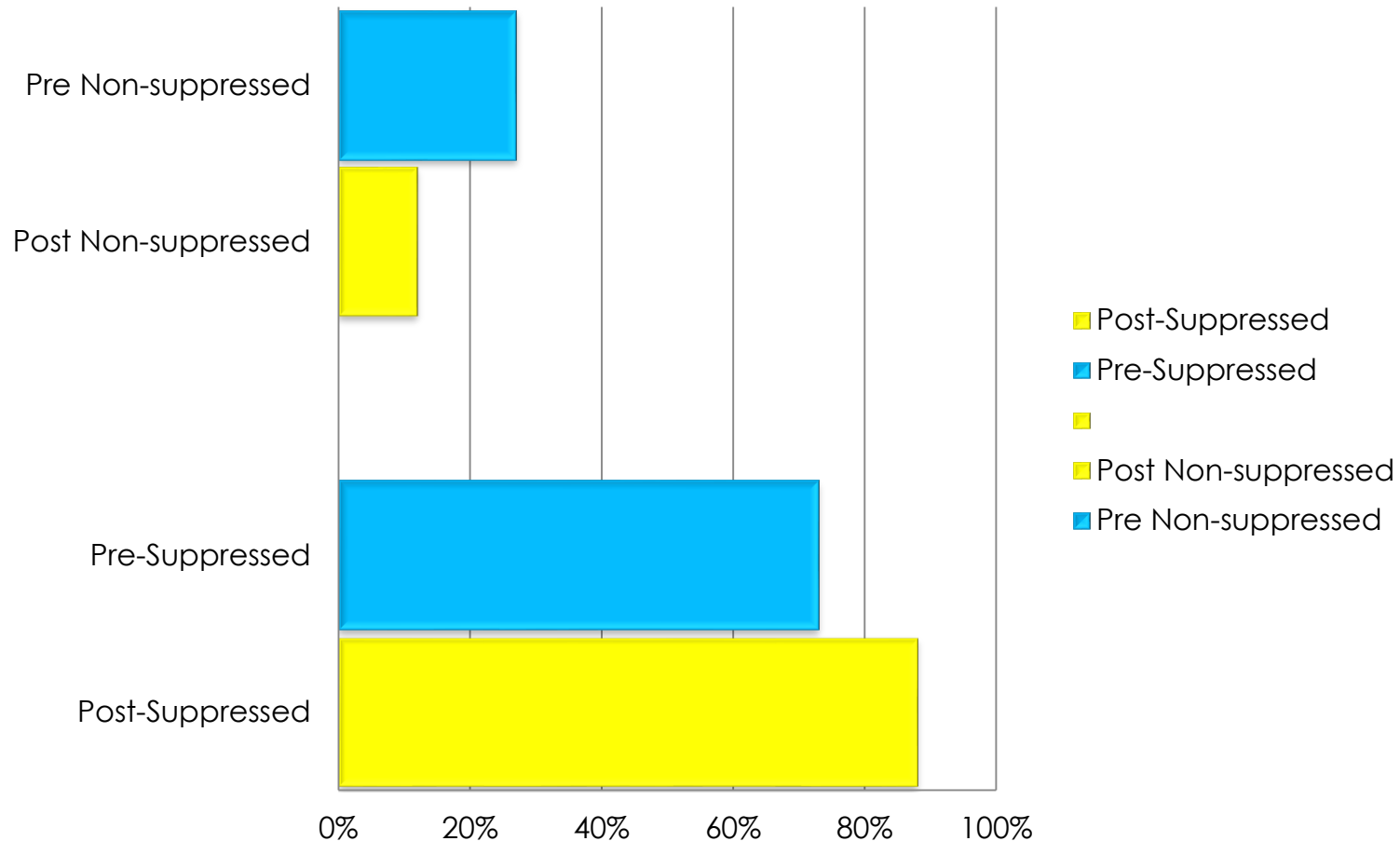
## Pre- and Post-Curant Results

### Post-Curant Viral Load Suppression



# Results

## Viral Load Suppression



**Suppressed VL increased significantly, from 73% to 88% overall ( $p < 0.001$ ).**

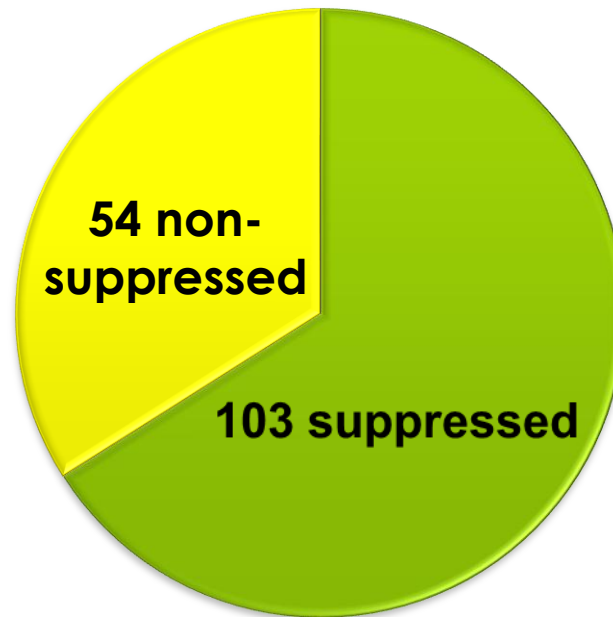
## Pre- and Post-Curant Results

### **Pre-Curant Individual Viral Load Suppression**



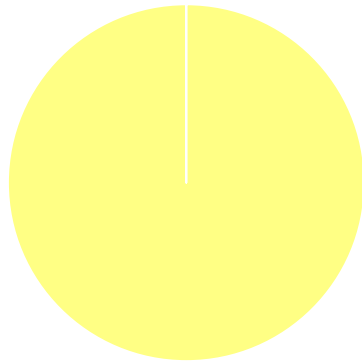
## Pre- and Post-Curant Results

### Post-Curant Individual Viral Load Suppression



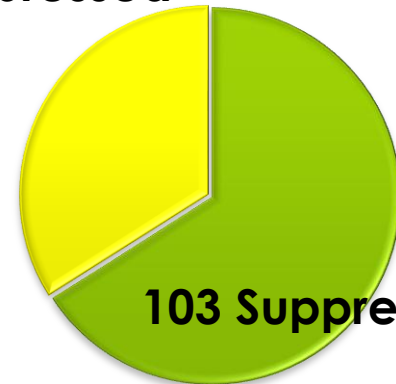
## Pre- and Post-Curant Results

**157 Non-suppressed**



**Pre-Curant Individual Viral Load Suppression**

**54 Non-suppressed**



**Post-Curant Individual Viral Load Suppression**

**Of the 157 patients who were not suppressed ( $VL \geq 200$ ) at enrollment, 103 (66%) were virally suppressed at follow up**





## What does this mean?

Despite a high rate of baseline viral suppression, these findings indicate significantly improved virologic control following enrollment in a Mailed Medications program with Enhanced Pharmacy Services.

Widespread implementation of such programs may meaningfully impact both individual and community viral loads with implications for individual health outcomes and HIV prevention.

We look forward to repeated measures forming the foundation of a longitudinal evaluation of Mailed Medications programs with Enhanced Pharmacy Services



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# Citations

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# Missing Data

Frequency Percent Row % Col %	VLLT200_6wk	VLLT200 1. <200	VLLT200 2. >=200	VLLT200 Unknown	VLLT200 Total
1. <200	418 64.11 76.56 92.48	103 15.80 18.86 62.42	25 3.83 4.58 71.43	546 83.74	
2. >=200	15 2.30 20.83 3.32	54 8.28 75.00 32.73	3 0.46 4.17 8.57	72 11.04	
Unknown	19 2.91 55.88 4.20	8 1.23 23.53 4.85	7 1.07 20.59 20.00	34 5.21	
Total	452 69.33	165 25.31	35 5.37	652 100.00	

OR=3.0 (95% CI: 2.0 - 4.5); p <0.001...point estimate also calculated using 2X2 tabl as  $103/34=6.9$  (19 patients who had BL VL as <200 were assumed to have post-4wk VI as >=200...worst case scenario)

