Ryan White Part A
Quality Management

AIDS Pharmaceutical Assistance (Local)
Service Delivery Model

Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)

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Ryan White Part A Quality Management
AIDS Pharmaceutical Assistance (Local)
Service Delivery Model

The Service Delivery Model serves as a minimum set of standards that every provider should follow.

Definition:

AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.
### OUTCOMES, OUTCOME INDICATORS, INPUTS, STRATEGIES, DATA SOURCES

<table>
<thead>
<tr>
<th>Standard</th>
<th>Indicator</th>
<th>Inputs</th>
<th>Strategies</th>
<th>Data Source</th>
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<tbody>
<tr>
<td>1. Improve access to medication.</td>
<td>1.1. Attempts will be made to contact 100% of clients who do not pick up medications within 7 to 14 days of filling the prescription. (Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week).</td>
<td>Funding Staff Prescription Log</td>
<td>1.1.1. Prescriptions are prepared and made available to clients 1.1.2. Document date and time prescription filled 1.1.3. Document contact with client 1.1.4. Offer client medication counseling</td>
<td>1.1.1.1. Tracking Log 1.1.1.2. Return to Stock Log</td>
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<td>2. Clients provided an opportunity to improve medication adherence.</td>
<td>2.1. 100% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence) (Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence).</td>
<td>Funding Staff Prescription Log</td>
<td>2.1.1. Document the referral</td>
<td>2.1.1.1. Referral Log</td>
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### STANDARDS FOR SERVICE DELIVERY

<table>
<thead>
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<th>Standard</th>
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<tr>
<td>1. Client receives drug utilization review (DUR) which includes an evaluation for: side effect management, drug-drug interactions, potential drug allergies, contraindications, adherence strategies, food interactions, medication safety, etc.</td>
<td>1.1. 100% of clients will receive DUR.</td>
<td>1.1.1. Pharmacist Signature on back of Prescription -OR- within the Electronic Records</td>
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</table>
| 2. Formulary changes will be made following the Criteria for Formulary Modifications. MEDICATIONS will be provided according to formulary. | 2.1. 100% of formulary modification will be consistent with the criteria. | 2.1.1. Criteria for Formulary Modifications  
2.1.2. Pharmacy Network Minutes |
| 3. Clients are offered counseling on medication adherence. | 3.1. 100% of clients accepting medication counseling receive it as documented on Prescription Counseling Log. | 3.1.1. Prescription Counseling Log |
PROTOCOL

The AIDS Pharmaceutical Assistance (local) Protocol identifies the specific ways to implement AIDS Pharmaceutical Assistance (local) Program standards and processes inherent to this service category. The delivery of AIDS Pharmaceutical Assistance (local) service delivery shall be conducted with cultural competency by culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, etc.). Staff hired by provider agencies will possess skills and the ability to interact with clients in a culturally and linguistically competent manner; convey necessary information to clients; manage detailed, time-sensitive, and confidential information; and complete documentation as required by their position.

Eligibility

Standards for pharmaceutical services for persons living with HIV/AIDS (PLWHA) are defined by six major sources:

1. Florida Department of Professional Regulation, Board of Pharmacy
3. State of Florida ADAP (AIDS Drug Assistance Program)
4. Broward County Health Department’s Pharmacy and Therapeutics Committee
5. AIDS Education Training Curricula
6. Pharmacy QI Network
7. Local Pharmacy Advisory Committee

Eligibility Requirements for Ryan White Part A

The targeted populations for this program are indigent persons diagnosed with HIV/AIDS who meet the Ryan White Part A medical and financial eligibility criteria to obtain medications through the Broward County Health Department Network. Registration is available at all Broward County Health Department Pharmaceutical Network dispensing sites. The Pharmacist, or authorized designee, shall verify client’s eligibility is established by reviewing the certification in the designated HIV MIS System. Pharmacist (or designee) shall perform an eligibility and financial assessment at each visit in addition to reviewing client’s eligibility certification in the designated HIV MIS System. Pharmacist (or designee) will review client’s eligibility for all funding streams and services for which client may qualify. The purpose of the assessment is to ensure 1) client’s access to all services client may be eligible for and 2) the status of Ryan White as payer of last resort.

Due to the limited funds of the Ryan White Part A contract, not all Broward County Health Department patients will be eligible to receive benefits. Eligible patients will meet financial and medical criteria, per current contract language.

In order to utilize Ryan White funds most effectively, patients receiving these funds will be screened for Medicaid eligibility at every visit. Providers will direct client to the following resources: Medicaid [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/florida.html] and/or ADAP [http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html].

Intake

The staff doing the intake shall explain the information below to the client and shall secure the client initials or the provider specific strategy to document:

- Client grievance process
- Client confidentiality
- Client Rights and Responsibilities

Provider shall have the client grievance process posted in a visible location with copies of the client Grievance Report Form available to clients upon request. Client Rights and Responsibilities shall be posted on a visible location.

Medication Adherence

Provider shall offer client medication counseling. Consenting clients shall receive counseling to assist them with their needs. Provider shall document counseling and/or other assistance (Prescription Counseling Log).

Formulary

The Ryan White Drug Formulary is a working document for practitioners to rely on that lists the medications that are available for the treatment of Ryan White eligible patients.
Process for Additions of Medications to the Part A Formulary
The process for additions of Medications to the Part A Formulary will be in accordance with the Local Pharmacy Advisory Committee process (see Formulary Change Request form at http://www.brhpc.org/hivpc.html).

Notification of Formulary Changes:
A memorandum (via Fax, e-mail, regular mail) from the Grantee to Prescribers and other concerned individuals will be distributed in a timely manner after addition or deletion of product(s).

Drug Utilization Review (DUR) – (*Network members will draft wording for this protocol and send to CQA support for review *)

Prospective Drug Use Review
(1) A pharmacist shall review the patient record and each new and refill prescription presented for dispensing in order to promote therapeutic appropriateness by identifying:
   (a) Over-utilization or under-utilization;
   (b) Therapeutic duplication;
   (c) Drug-disease contraindications;
   (d) Drug-drug interactions;
   (e) Incorrect drug dosage or duration of drug treatment;
   (f) Drug-allergy interactions;
   (g) Clinical abuse/misuse.
(2) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the potential problems which shall, if necessary, include consultation with the prescriber.

Patient Counseling
(1) Upon receipt of a new or refill prescription, the pharmacist shall ensure that a verbal and printed offer to counsel is made to the patient or the patient’s agent when present. If the delivery of the drugs to the patient or the patient’s agent is not made at the pharmacy, the offer shall be in writing and shall provide for toll-free telephone access to the pharmacist. If the patient does not refuse such counseling, the pharmacist, or the pharmacy intern, acting under the direct and immediate personal supervision of a licensed pharmacist, shall review the patient’s record and personally discuss matters which will enhance or optimize drug therapy with each patient or agent of such patient. Such discussion shall be in person, whenever practicable, or by toll-free telephonic communication and shall include appropriate elements of patient counseling. Such elements may include, in the professional judgment of the pharmacist, the following:
   (a) The name and description of the drug;
   (b) The dosage form, dose, route of administration, and duration of drug therapy;
   (c) Intended use of the drug and expected action (if indicated by the prescribing health care practitioner);
   (d) Special directions and precautions for preparation, administration, and use by the patient;
   (e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
   (f) Techniques for self-monitoring drug therapy;
   (g) Proper storage;
   (h) Prescription refill information;
   (i) Action to be taken in the event of a missed dose; and
   (j) Pharmacist comments relevant to the individual’s drug therapy, including any other information peculiar to the specific patient or drug.
(2) Patient counseling as described herein shall not be required for inpatients of a hospital or institution where other licensed health care practitioners are authorized to administer the drug(s).
(3) A pharmacist shall not be required to counsel a patient or a patient’s agent when the patient or patient’s agent refuses such consultation.
Professional Requirements
The objectives for establishing standards of care for program staff is to ensure that clients have access to the highest quality of services through trained, experienced staff members. The Program Director or designee will possess experience in HIV/AIDS issues and the delivery of pharmaceutical services. Provider has a current Florida pharmacy license. Dispensing pharmacists have a current Florida pharmacist’s license. Pharmacy technician, student pharmacist, or pharmacist intern is supervised by licensed pharmacist.