

Study Advisory Group:



Pharmaceutical care is concerned with “the attitudes, behaviours, commitments, concerns, ethics, functions, knowledge, responsibilities and skills of the pharmacist [...] with the goal of achieving definite therapeutic outcomes toward patient health and quality of life.” Hepler 1990



HIV in NZ:

- At the end of June 2017 there were 2470 adults (2077 men, 393 women) and 21 children receiving anti-retroviral therapy.
- There are ~200 new HIV diagnoses each year.
- Since 2007, there have been no children born in New Zealand with perinatal-acquired HIV.
- In 2017 there were 12 people notified with AIDS.

Question: How do people living with HIV, access their medicines, and what is their experience with pharmaceutical care in New Zealand?

Study background:

- People living with HIV are well supported in NZ by support organisations; however they continue to face stigma from the wider community.
- A 2013 study reported that almost half of all people living with HIV having experienced stigma and discrimination in a healthcare setting.
 - A poll in 2014 found that 42% of New Zealanders surveyed said they would feel uncomfortable sharing a home with someone living with HIV, despite knowing key facts about HIV transmission.

Anecdotally, some patients report using a different pharmacy for accessing their HIV medicines from where they collect other medications for themselves and their family.

This segments the provision of comprehensive pharmaceutical care, which might otherwise identify potential drug interactions and toxic effects, and support long-term concordance towards achieving an undetectable viral load.

“I don’t expect the pharmacist to be nice, just respectful, professional..”

Findings:

- Delivery of pharmacy services is fractured for people living with HIV:
- whilst 70% of +adults use one pharmacy only for HIV medicines
 - few have navigated to a different pharmacy (despite moving domicile)
 - few are comfortable using a single pharmacy for all needs
 - for the other 6 non-HIV medicines/year an ave. of 3 different pharmacies are used [range 1 to 20]
 - there is a desire for a transactional relationship with the pharmacy, rather than friendly / ‘your local’
 - few negative experiences reported; however, stigma is internalised, and assumptions made
 - for women - added dynamics of children and family life (pity)
 - for men - added assumption of being gay (blame)
 - a relationship with the antiretroviral medicines is absent.

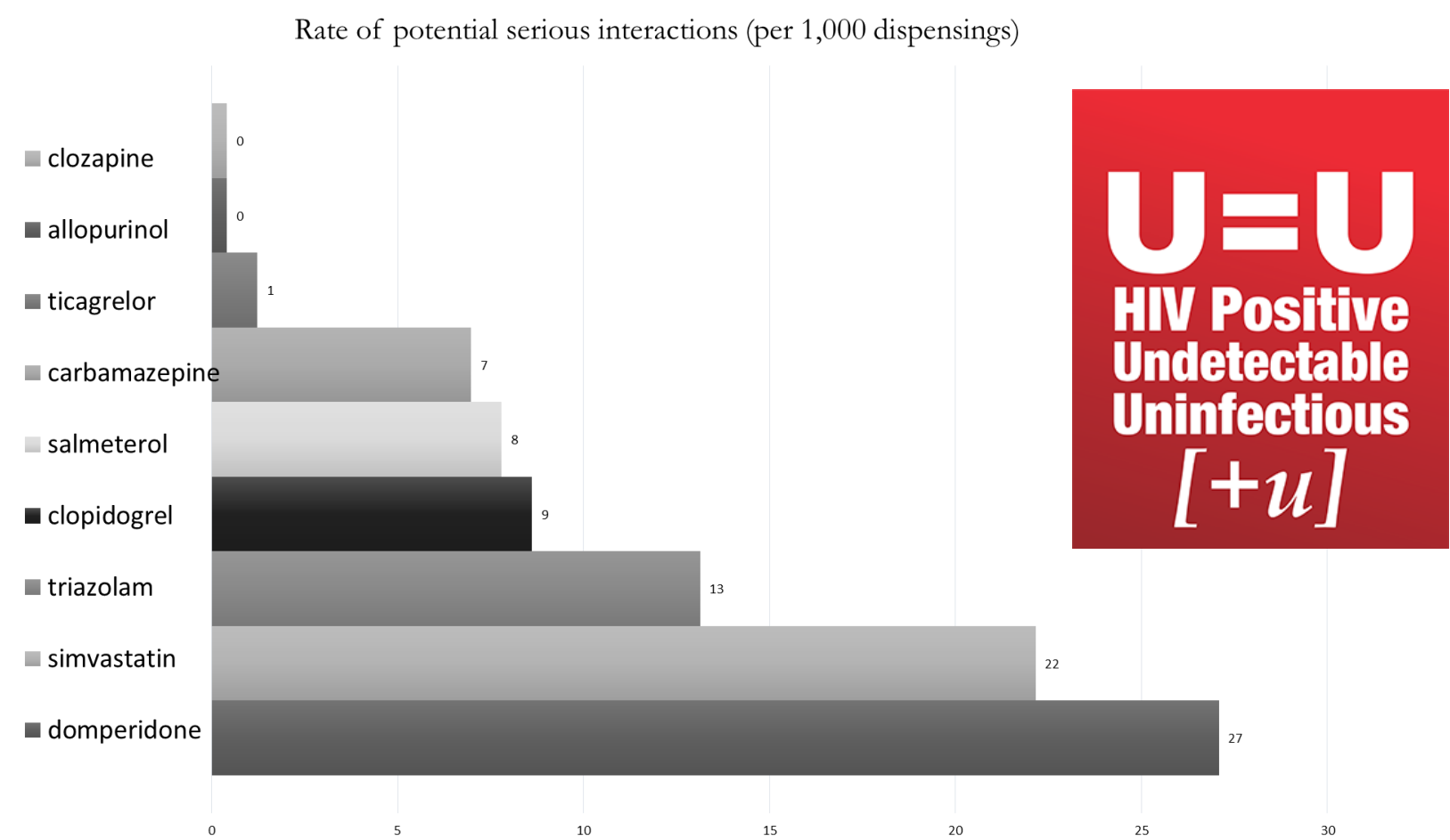
[perhaps pharmacists are nicer] “because you don’t have to touch us”



[changing pharmacies] “..it is emotionally risky.. it’s set up to be complicated from the outset, a problem with the system..”

Implications:

- Pharmacy databases are not explicitly linked:
 - potential interactions cannot be checked.
 - count of number of prescriptions per year for fee exemption is underestimated.
- Opportunity for support, relationships and health communication is lost.



More Questions: What might an interprofessional approach to health care provision, at the community level, look like considering people living with HIV choose to segment their pharmaceutical care? Is the aged care sector, and the wider community, well informed on HIV and the concept of undetectable=uninfectious (U=U)?

Bottom line: If segments of the health sector are unsafe, relationships cannot be nurtured and the opportunity for collaborative practice is diminished.

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3. Cormack D, Stanley J, Harris R. Multiple forms of discrimination and relationships with health and wellbeing: findings from national cross-sectional surveys in Aotearoa/New Zealand. Int. J. Equity in Health. 2018;17, 26.

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