

Coming Out from Behind the Counter: Implementation of Pharmacist Sexual & Reproductive Health Services in California

Research Findings

California Board of Pharmacy
November 1, 2023

Setting the Stage

Research Team



CALIFORNIA
HIV/AIDS POLICY
RESEARCH CENTERS

Berkeley

Public
Health

UCLA

School of Law

Center on Reproductive Health,
Law, and Policy

birth control
pharmacist



CALIFORNIA
SOCIETY OF HEALTH-SYSTEM
PHARMACISTS

UCSF

Department of
Community Health
Systems
School of Nursing

CSHPfoundation
To optimize individual health and wellness

Policy Briefs and Infographic: chprc.org/publications

Speakers

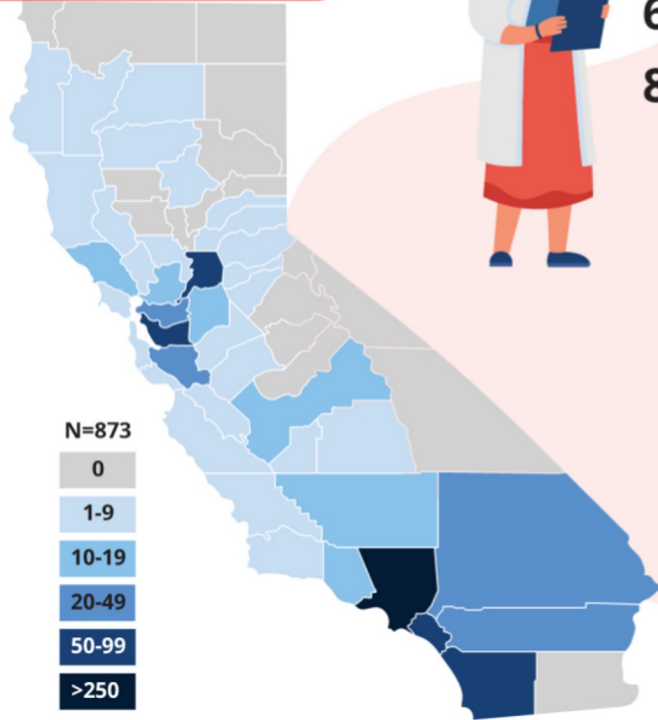
Loriann De Martini is the CEO of California Society of Health-System Pharmacists.

Betty Dong is a Professor of Clinical Pharmacy and Family/Community Medicine, UCSF Schools of Pharmacy and Medicine; Pharmacist Specialist in HIV care at ZSFGH, and Senior Clinician for the CDC/HRSA-funded National PrEP and PEP Telephone Consult Service.


Sally Rafie is Founder of Birth Control Pharmacist and a Pharmacist Specialist at UC San Diego Health.

Survey Participants (N=919)

LOCATIONS OF PHARMACIES WHERE RESPONDENTS WORKED



THE PHARMACISTS



39 YEARS (MEAN AGE)
64% CISGENDER WOMEN
84% CURRENTLY PRACTICING LICENSED PHARMACISTS

TYPES OF PHARMACIES



Community pharmacies	43%
Hospitals	28%
Clinics	16%

HIV PrEP & PEP

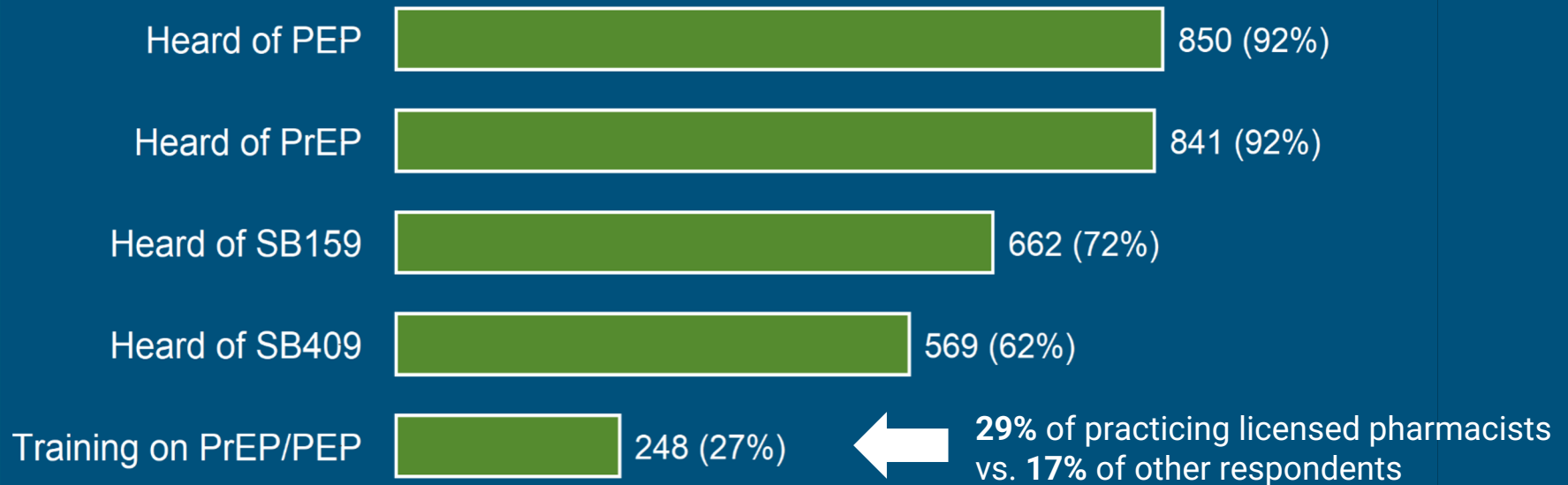
Available Pharmacist Authorities: HIV PrEP & PEP

Senate Bill 159 (2019) permits California pharmacists to **independently** prescribe HIV **PEP** and 60 days of HIV **PrEP** without a prescription from an outside provider.

1. Opportunity to expand access to PrEP/PEP outside traditional clinical settings
2. 90 min training program approved by BOP or equivalent curriculum based program from accredited School of Pharmacy and 70% passing score
3. Yet uptake in pharmacies across the state has been generally low
 - ◆ A 2021 study of 209 SF Bay Area pharmacies found 2.9% prescribed PrEP under SB159 (Bellman, 2022)
 - ◆ A 2018 qualitative study identified numerous implementation barriers (Koester, 2020)

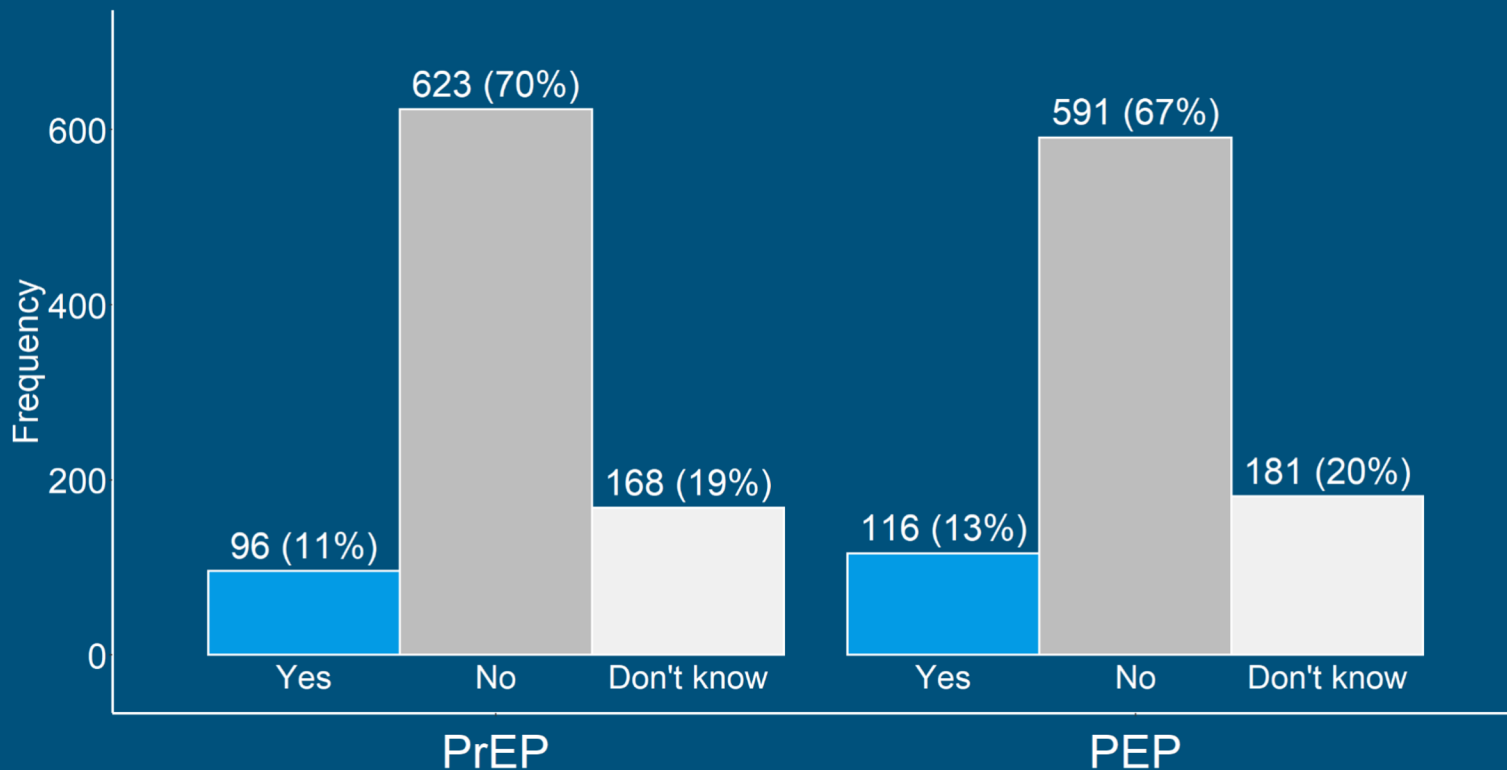
Survey Results – PrEP and PEP Provision

Most pharmacists have heard of PrEP, PEP, Senate Bill 159, and/or Senate Bill 409*, but few had training on PrEP/PEP provision in a pharmacy setting



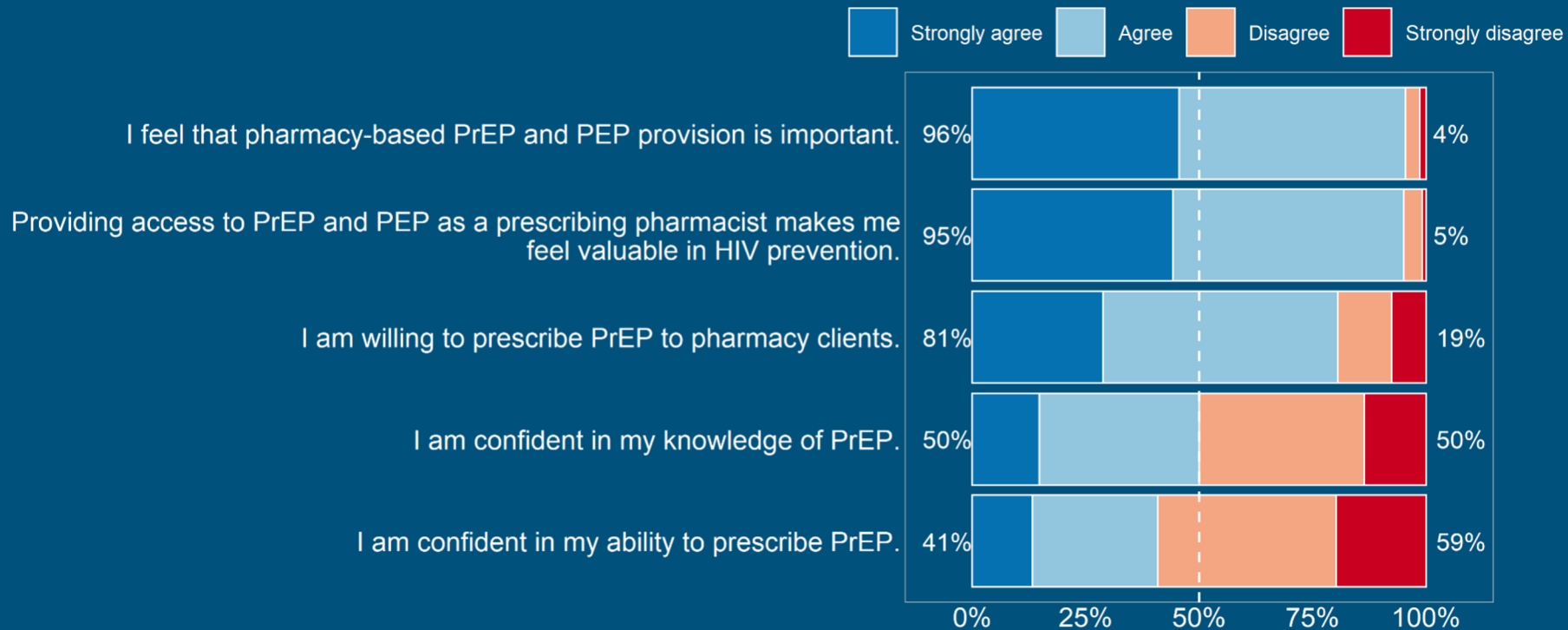
**to allow pharmacists to conduct CLIA-waived tests (e.g., HIV tests, COVID-19 tests, and STI tests)*

When Asked: *Do pharmacists at your pharmacy currently initiate HIV PrEP or PEP as authorized by SB159?*

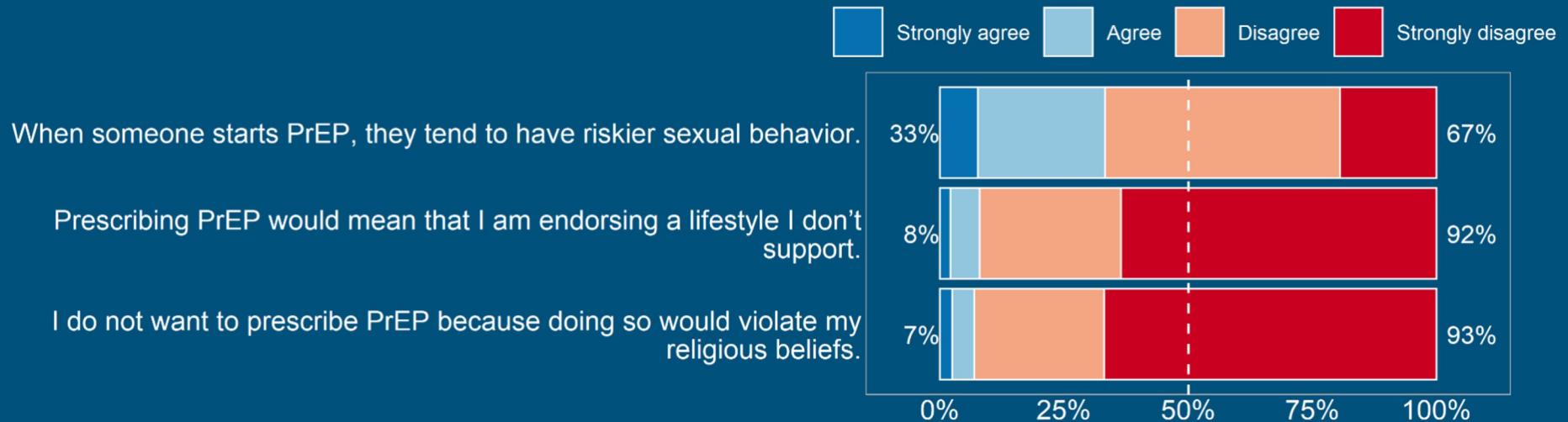


Survey Results – PrEP and PEP attitudes

Pharmacists considered PrEP/PEP provision important, but had mixed confidence in their knowledge and ability

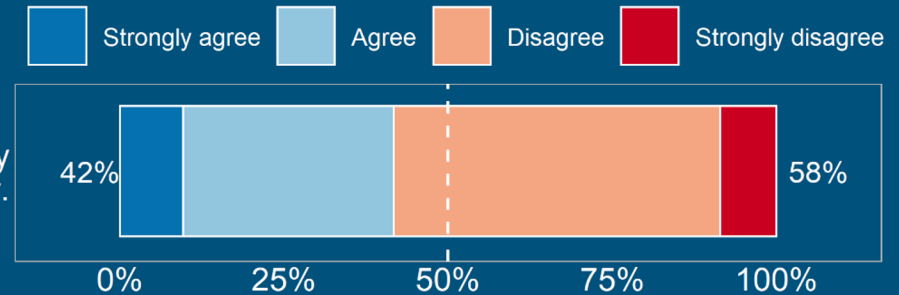


Few pharmacists expressed moral or religious objections to prescribing PrEP

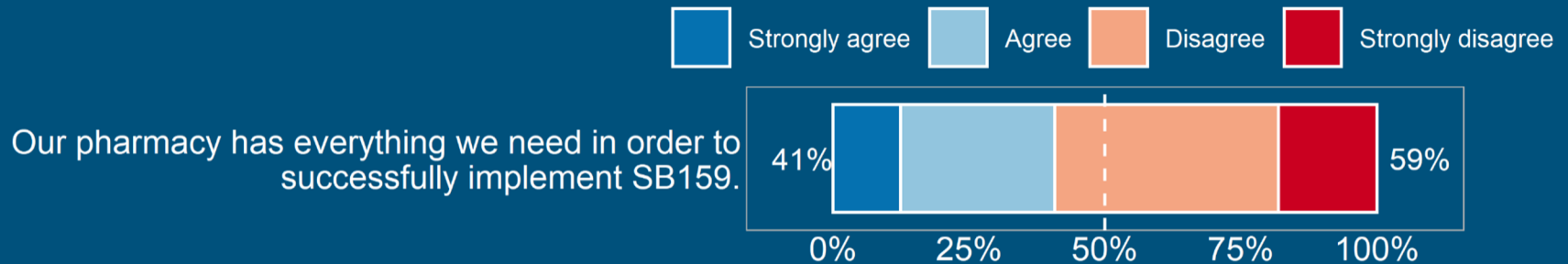


Pharmacists had mixed opinions about the 60-day initiation period

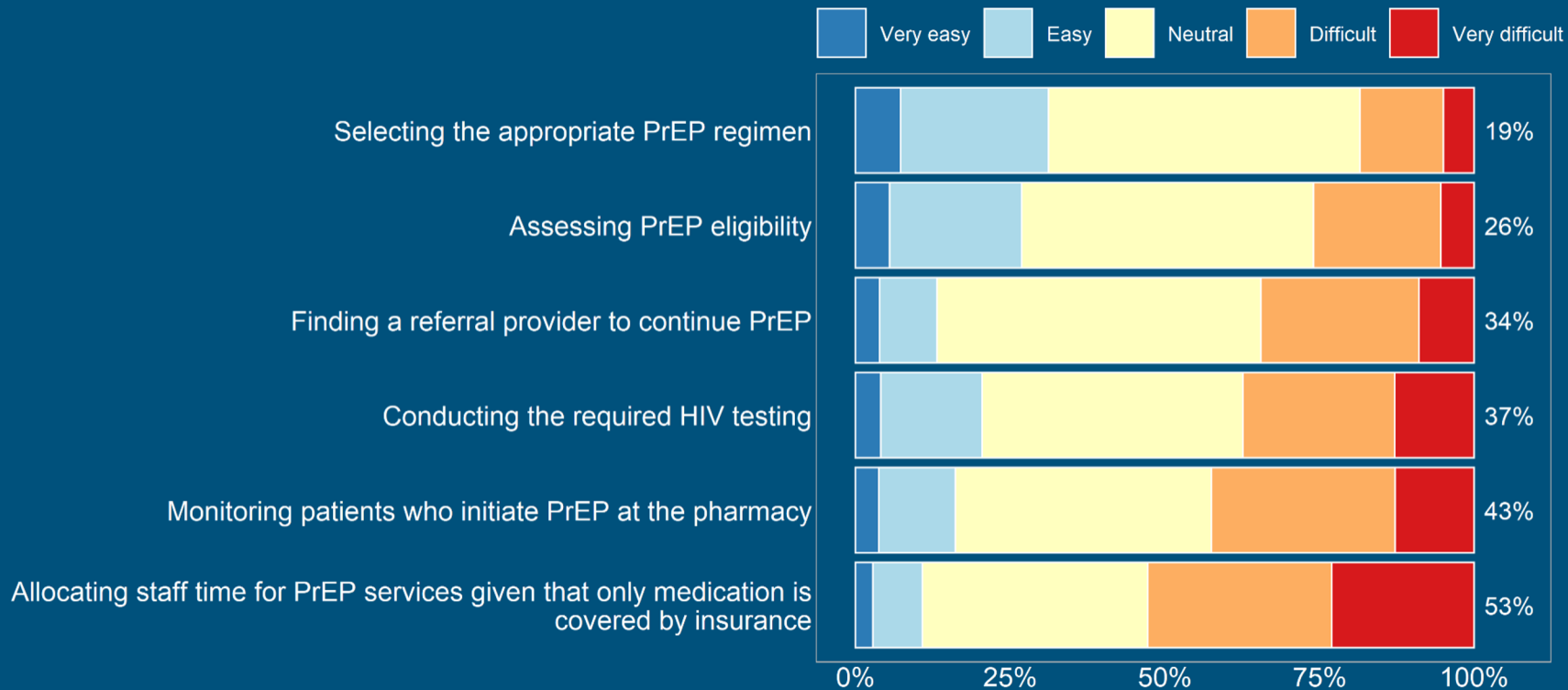
The provision of no more than 60 days of PrEP from the pharmacy is not enough to ensure referral to a primary care provider.



Most pharmacists did not feel their pharmacies were prepared to implement SB159

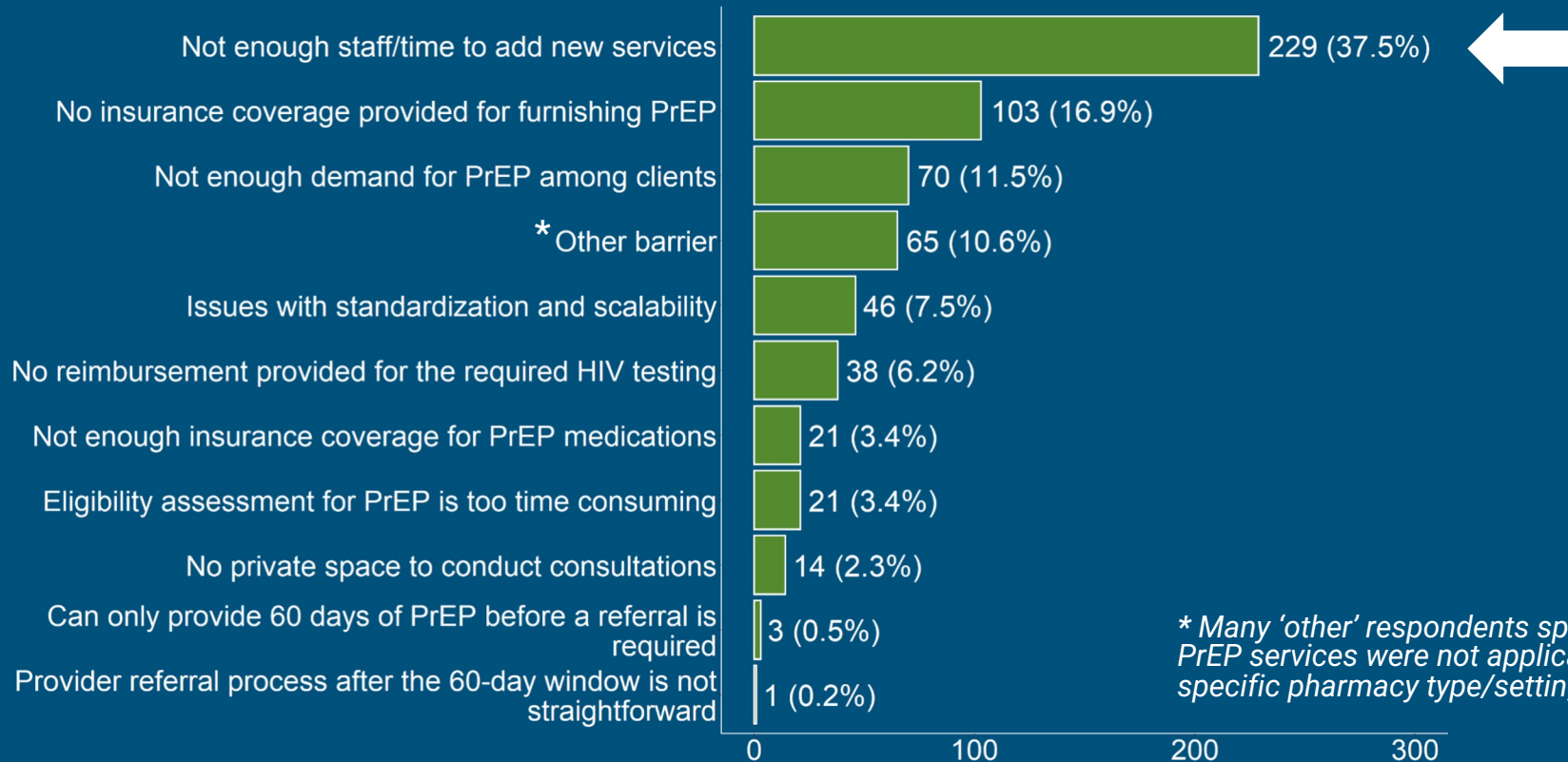


Potential challenges in the PrEP provision process: Half of pharmacists classified allocating staff time for PrEP services as difficult



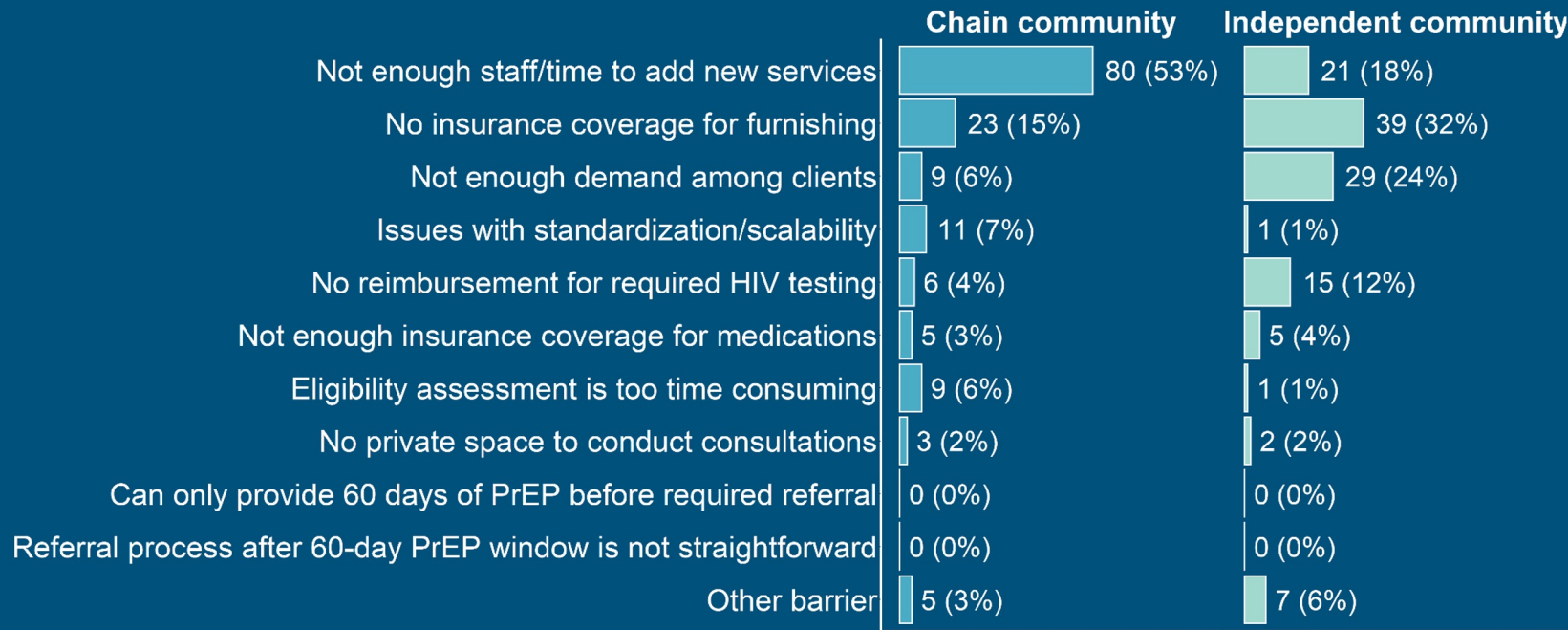
Survey Results – Barriers to PrEP and PEP Provision

Inadequate staff/time was most frequently chosen as the “main barrier” to implementing PrEP services



** Many 'other' respondents specified that PrEP services were not applicable to their specific pharmacy type/setting*

Barriers to PrEP implementation varied between chain and independent community pharmacies



Insufficient staff/time was more often selected as the main barrier by respondents at chains (53%) than those at independent pharmacies (18%)

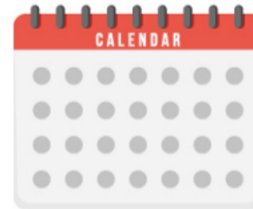
PrEP and PEP Conclusions

- **California pharmacists believe provision of PrEP/PEP to be important and a valuable pharmacist contribution to HIV prevention**
 - 95-95% of respondents identify as important and valuable contribution;
 - 81% willing to provide them
- **Despite California's concerted efforts to expand access to PrEP/PEP through pharmacies, implementation continues to lag.**
 - Only 11% of pharmacies initiated PrEP
 - Only 13% reported providing PEP
- **Implementation might be hindered by policy and organizational level barriers.**
 - Only 29% of currently practicing licensed pharmacists have reported receiving training on PrEP/PEP, as required to prescribe medications under SB 159.
 - Major barriers: Inadequate staff time, lack of payment for clinical services

Recommendations



Ensure payment for pharmacist-delivered services



Evaluate & reconsider the 60-day limit imposed by law



Advertise training programs for pharmacists seeking to implement SB 159



Develop resources pharmacists can utilize to refer patients to follow-up care as needed



Raise public awareness about pharmacists' clinical services

Steps for Implementation

- Support SB 339 passage: 90 days of PrEP and provide payment for pharmacist clinical services
- Pass required training program assessment to implement PrEP/PEP under SB159.
- Some available training programs:
 - BOP - https://www.pharmacy.ca.gov/licensees/webinars/hiv_prep_pep.shtml
 - CSHP - https://www.cshp.org/page/PEP-PREP_Training
 - CPhA - <https://cpha.com/ce-events/on-demand-courses/providing-prep-and-pep-in-a-pharmacy/>
- National Clinicians PrEP and PEP telephone consultation (nccc.ucsf.edu)

PrEP 855-448-773

PEP 888-448-4911

Contraception

Available Pharmacist Authorities: Contraception

Self-Administered Hormonal Contraception

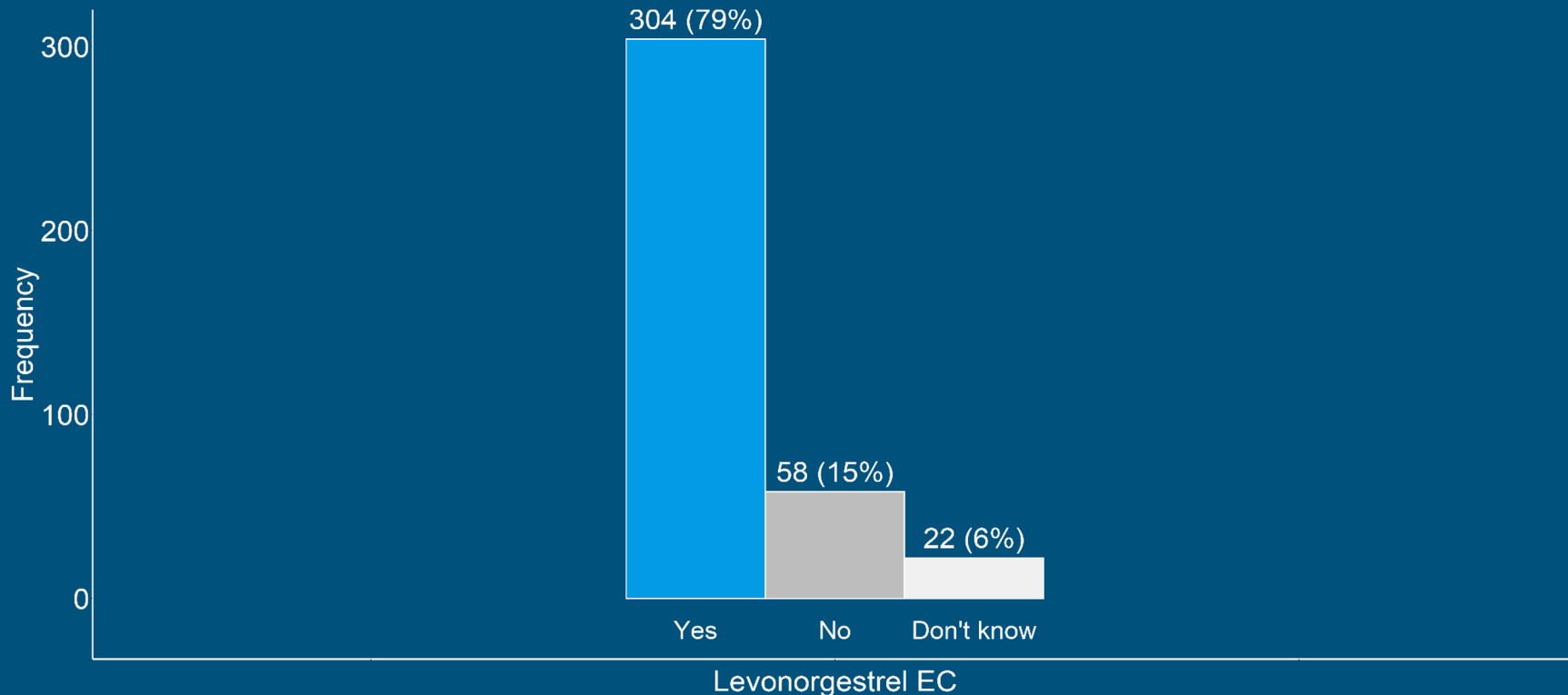
- Protocol
- Regulation
- CDC MEC
- Patient Self-Screening Tool (English + 6 languages)
- Comprehensive Birth Control Guide

Emergency Contraception

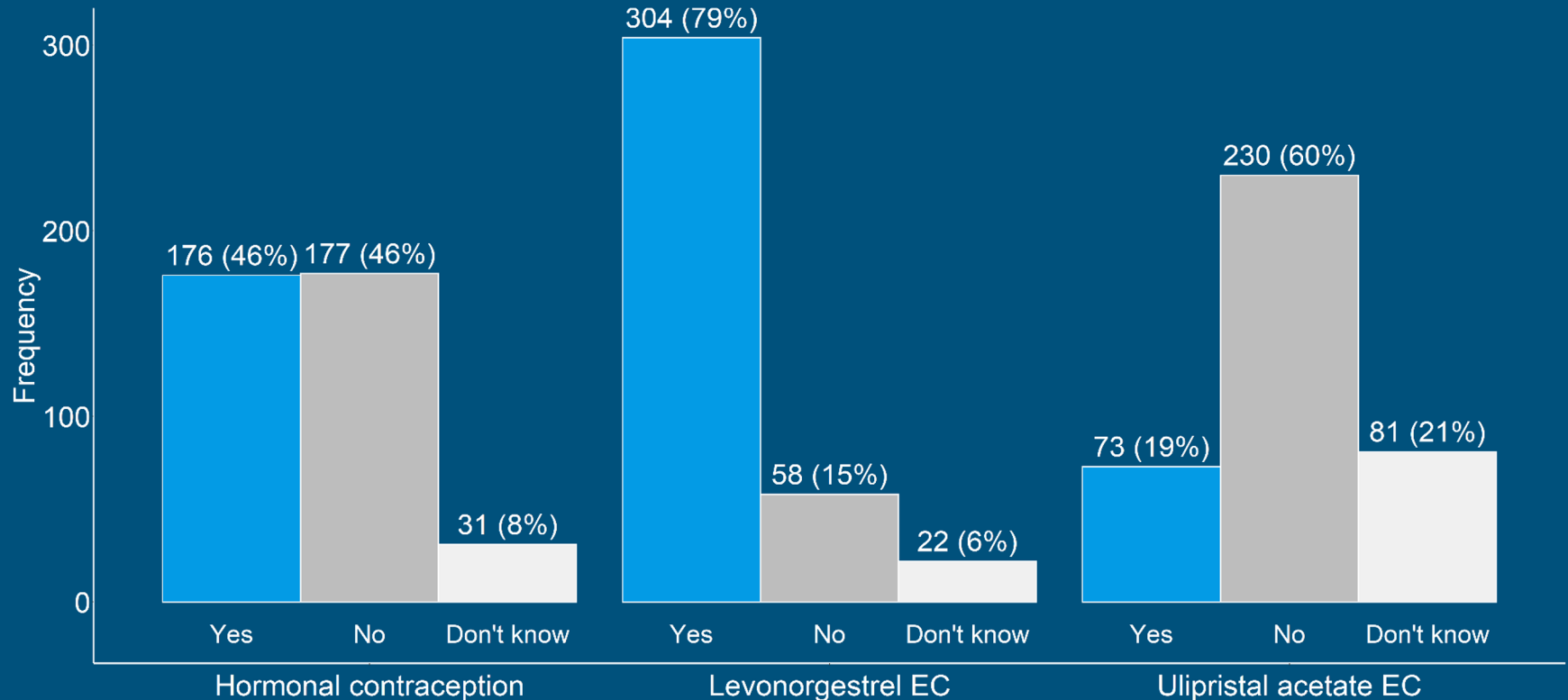
- Protocol
- Guide for Pharmacies
- Fact Sheets (English + 6 languages)

Available at: <https://www.pharmacy.ca.gov/licensees/contraception.shtml>

Most practiced in community pharmacies offering levonorgestrel emergency contraception without an outside provider's prescription (Pharmacist-prescribed or OTC)



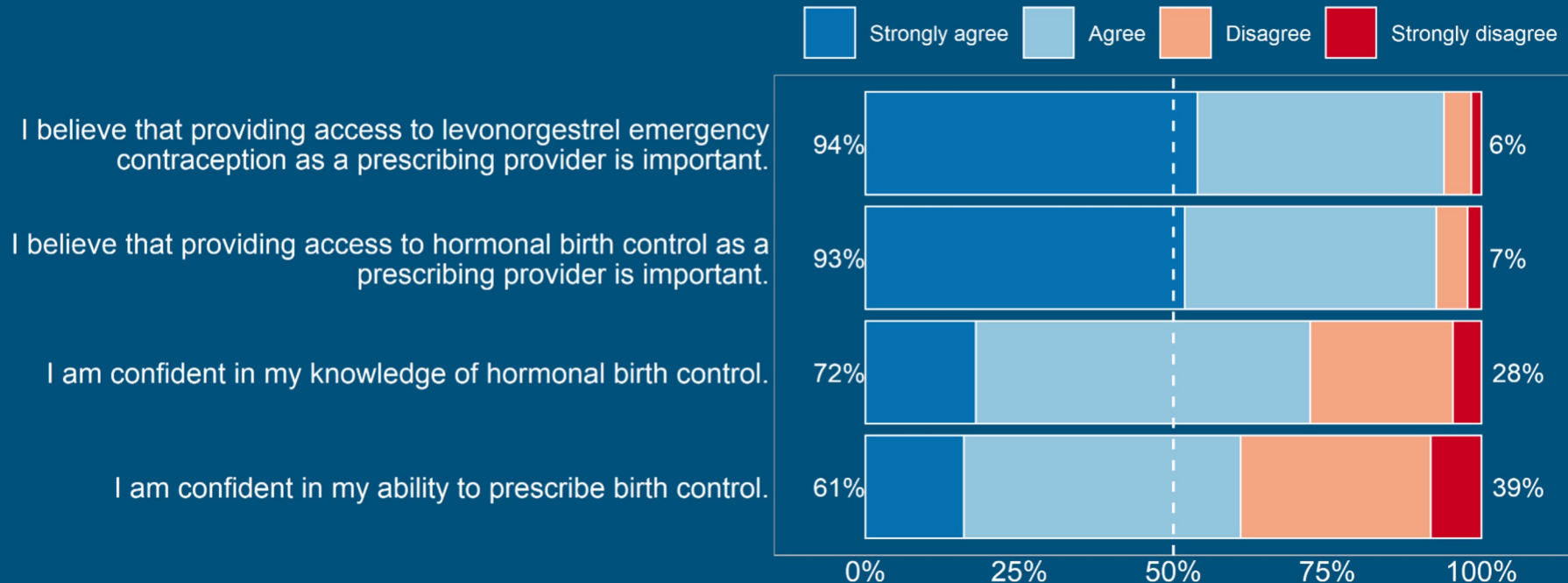
Other methods were less likely to be offered in community pharmacies without an outside provider's prescription



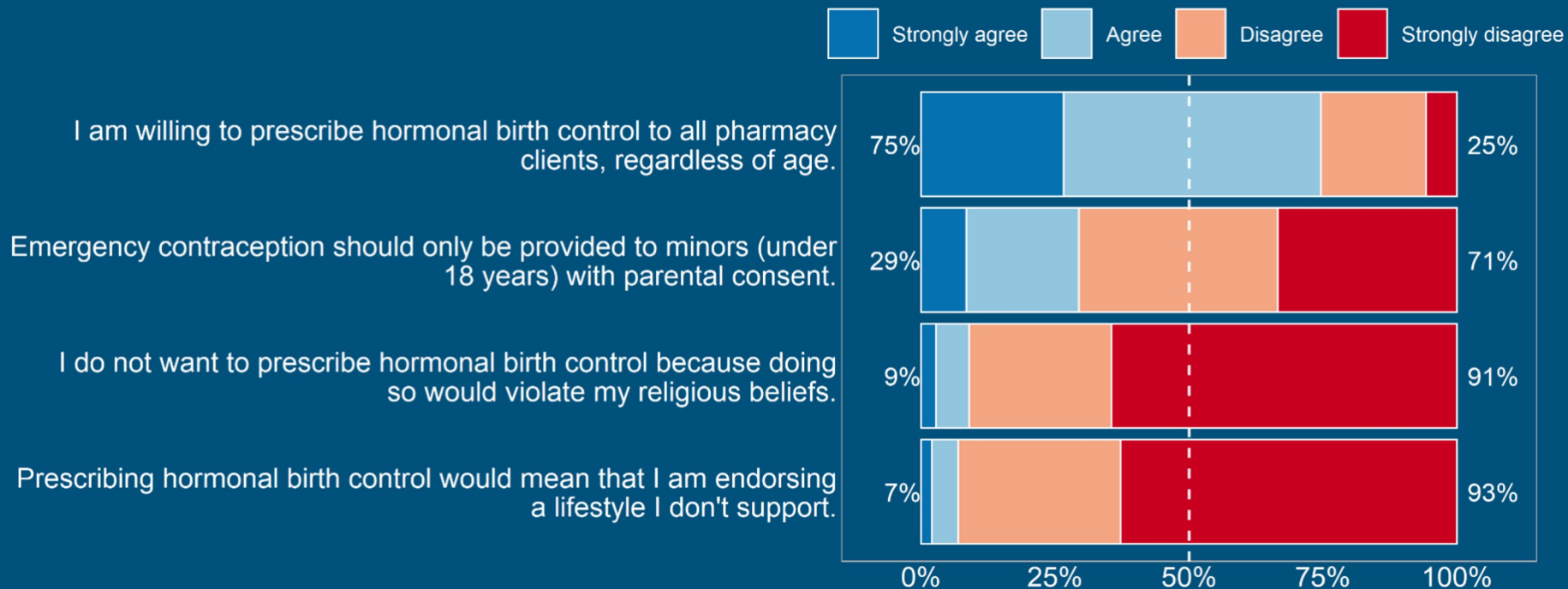
Among those at pharmacies that do not prescribe hormonal contraception, commonly cited barriers were...

- Inadequate staff/time to add new services (**42%**)
- Lack of knowledge and/or training (**32%**)
- No coverage for the service (**24%**)
- Liability concerns (**20%**)
- Low demand (**16%**)

Pharmacists believed that providing access to hormonal birth control, including EC, was important



Most would prescribe to minors, and few had moral or religious objections to providing contraception



Steps for Implementation

Step 1 – Complete Online Training

- **2-hour continuing education program on hormonal contraception** fulfills this requirement and provides step-by-step instruction on providing this service under the California protocol as well as relevant state laws, policies, and resources, available at <https://birthcontrolpharmacist.com/ca/>
- **1-hour continuing education program on emergency contraception**, available at <https://birthcontrolpharmacist.com/emergency/>

Step 2 – Print the Protocol and Standard Forms

- All protocol materials and standard forms are provided in the training program. You can download or print a copy of these to use in your pharmacy.

Step 3 – Provide and Promote Your Services!

- **Discuss with patients** all available methods of contraception.
- **Add your pharmacy to the public directory** on www.birthcontrolpharmacies.com.
- **Visibly promote your birth control services** within the pharmacy space and storefront windows.
 - Utilize social networking and online advertising.
 - Order materials to help promote your services, including window decals, store signage, digital graphics, buttons, and more.

Medication Abortion

Available Pharmacist Authorities: Medication Abortion

Current state: Pharmacies can dispense

- As of January 2023, mifepristone can now be dispensed in certified community pharmacies
- Certified pharmacies are authorized to dispense the medication after receiving a prescription from a certified prescriber under the mifepristone REMS program

Future goal: Pharmacists can provide (screen, prescribe, and dispense)

A majority would be willing to fill a medication abortion prescription for an out-of-state client

“Would you be willing to fill a medication abortion prescription from a client who came to your pharmacy from outside of California?”

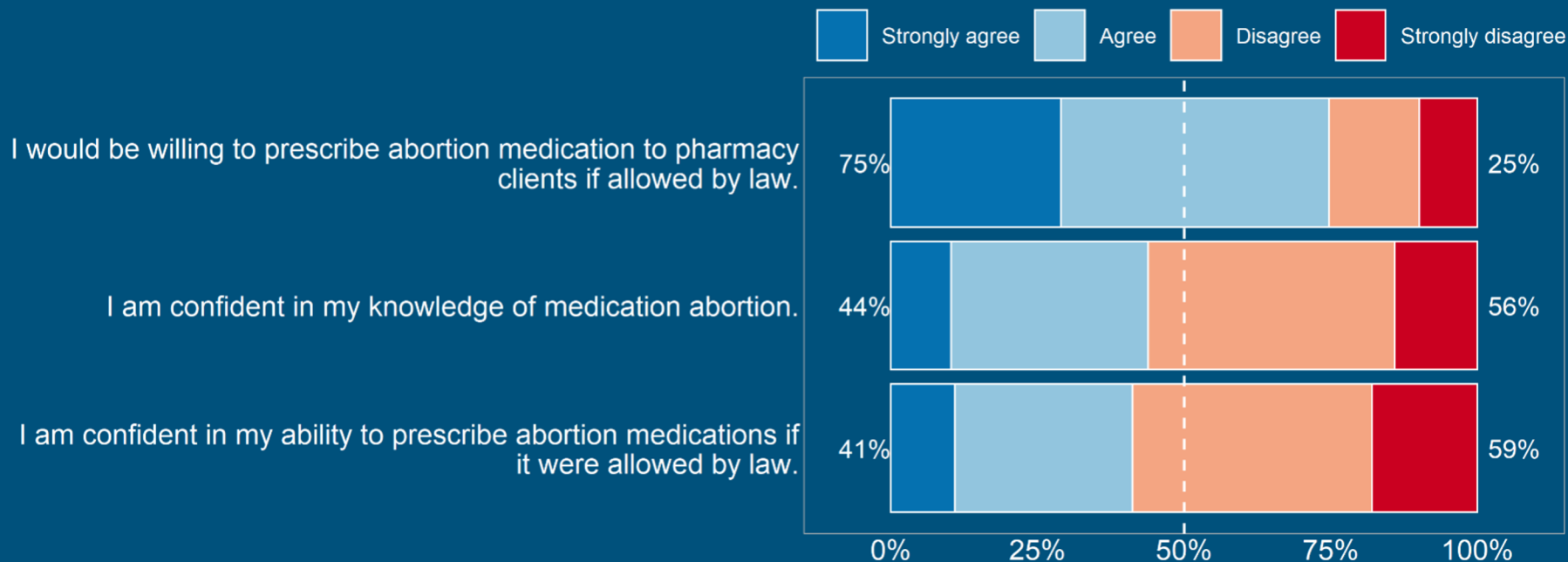
Yes	547 (61%)
No	154 (17%)
Don't know	191 (21%)

Many support a future policy allowing pharmacist-prescribed medication abortion

*“Do you think that pharmacists in CA should be allowed to **provide** medication abortion without an outside provider's prescription?”*

Yes	465 (52%)
No	243 (27%)
Don't know	184 (21%)

If allowed, 75% would be willing to prescribe abortion medication, but most did not have confidence in their knowledge/ability



Steps for Implementation



<https://birthcontrolpharmacist.com/resources/medicationabortion/>

<https://medicationabortioncareresources.com/>

The screenshot shows the homepage of 'birth control pharmacist'. The navigation bar includes links for HOME, ABOUT, COURSES AND EVENTS, PRECART, RESOURCES, ORDER MATERIALS, and GIFTS. The main content area features a 'MEDICATION ABORTION' section with a sub-header 'To help you deliver medication abortion care, we have created and updated the following resources.' Below this is a 'CARE RESOURCES AND MIFEPRISTONE REMS INFORMATION' section with a bulleted list of resources. At the bottom, there is a 'CONTINUING PHARMACY EDUCATION PROGRAM' section featuring a video thumbnail titled 'Pharmacists' Roles in Medication Abortion' with the URL <https://zcmca.caifornia.com/meducce/>.

The screenshot shows the homepage of 'Medication Abortion Care Resources'. The header includes the 'MA CR' logo and navigation links for 'About', 'Pharmacist Resources', and 'FDA REMS Update'. The main visual is a close-up of hands holding a pill. The text reads 'Medication Abortion Care Resources' and 'What the Pharmacy Community Should Know'. A dark banner at the bottom contains the headline 'FDA RELEASES UPDATED REMS REQUIREMENTS FOR MIFEPRISTONE' and a sub-headline: 'On January 31st, 2023, the FDA released updated Risk Evaluation and Mitigation Strategies (REMS) for Mifepristone, opening a pathway for pharmacies in all settings, including brick-and-mortar retail pharmacies, to become certified to dispense Mifepristone.' A 'Click Here To Learn More' button is present. The footer contains four navigation buttons: 'What is Medication Abortion?', 'What the Pharmacy Community Should Know', 'What is a Certified Pharmacist?', and 'New FDA Certification Requirements For Pharmacies'.

Recommendations



Ensure payment for pharmacist-delivered services



Expand authority for pharmacists to furnish nonhormonal methods (e.g., gel, diaphragm, internal/external condoms)



Advertise training programs for pharmacists



New authority for pharmacists to furnish medication abortion care



Raise public awareness about pharmacists' clinical services

Questions

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