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Members of the Working Group:

ALBERTA
Michelle Foisy, Pharm.D.
Chantal Ho, BSc. Pharm

BRITISH COLUMBIA
Linda Akagi, B.Sc.Pharm.
Cara Hills-Nieminen, BSc Pharm.
Carlo Quaia, B.Sc.Pharm.

MANITOBA
Shanna Chan, B. Sc. Pharm

NEWFOUNDLAND
Debbie Kelly, Pharm.D

ONTARIO
Natalie Dayneka, Pharm.D.
Charles laPorte, Pharm.D., Ph.D.
Pierre Giguère, B. Pharm, M.Sc.

NOVA SCOTIA
Kathy Slayer, Pharm. D.

QUEBEC
Nancy Sheehan, B.Pharm., M.Sc.
Niamh Higgins, Pharm. D.
Alison Wong, B.Pharm, M.Sc.

SASKATCHEWAN
Shannon Stone, BSP
Linda Sulz, Pharm.D.

AIDS Quilt in the National Mall, July 2012

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NEWS FROM THE CHAIR
HELLO ALL!
I hope everyone enjoyed some well deserved R&R this summer. I know I did, hence why this newsletter is more of a spring/summer edition....sorry for the late delivery. As this year’s chairperson of CHAP, I have already had the privilege to be involved as a representative of our group on several occasions. I recently attended the International AIDS meeting in Washington and the “buzz” is to ramp up treatment as prevention and to further reduce transmission by scaling up MTCT and breast feeding initiatives worldwide and incorporate PrEP right here at home. The experts and philanthropists are challenging us to create an “AIDS-free generation.” There was also a great amount of continued energy directed towards Hepatitis C co-infection as well as the numerous co-morbidities we are all being reacquainted with as our survivors age. I couldn’t help but feel that although our ARV treatments may not be quite as complex and challenging as perhaps ten years ago, the future role of the HIV pharmacist is once again becoming increasingly complex, and perhaps even more important than ever before. Earlier treatment, poly-pharmacy, adherence, and drug interactions are front and center as we move forward, and are all areas that will require the input of a highly skilled and specialized pharmacist. I felt pride in knowing that as Canadian HIV Pharmacists, we are united and have a cohesive network in place that will enable us to meet this challenge head on and prepare ourselves and our pharmacy colleagues for the future of HIV Pharmacy. Thanks to the vision of Michelle Foisy and Alice Tseng, CHAP was created and celebrates it’s 15th birthday this year. Here’s hoping we can all make this a year to remember and be proud of as we renew our commitment, embrace change, and proudly represent the Canadian Pharmacists engaged in the exciting field of HIV/AIDS!
– Linda Robinson

AGM Planning: Tentative
The Wednesday before CAHR 2013 is April 10th in Vancouver. As
there will be no conflict with the PK meeting which will be held later in April, I assume that our meeting will tentatively be held on this date. We will be polling the group for agenda items in the winter and you can anticipate a draft agenda featured in the Fall/Winter edition of the newsletter.

Working Group Membership:
The CHAP executive reviewed applications for the working group and are pleased to announce that Cara Nieman-Hills has joined us again, this time from a new home in Vancouver. We would also like to welcome Chantal Ho from Edmonton and Alison Wong from Montreal. We look forward to new and exciting ideas from them. It was also decided that working group member duties and expectations will be added to the 2013 AGM agenda for discussion and revamping.

PROJECTS
Editor note: I revisited the fall newsletter and it is nice to report that many of the projects listed there have actually come to fruition. I have copied it below and will provide an update in blue.

(Michelle Foisy & Christine Hughes)
Working on: 1) a renal monitoring tool for patients on tenofovir
2) a bone disease in HIV tool/pocketcard

Congrats to Michelle and Christine on the creation of a very useful tool and slide kit for monitoring bone issues. This tool has also since been endorsed by CHAP and will be featured under “resources” on the CHAP website as a useful tool for practice. Thanks also to Michelle for joining us in Ontario as a guest speaker on this topic at our annual Education Day in May. We look forward to the official renal tool as well.
BMS:

CV risk toolkit (available) and 4 new modules in HIV and Aging toolkit (coming soon): 1) Healthy Lifestyle and Annual Health Exam - Robinson 2) HIV and the Liver - Cooper 3) HIV and Neurocognitive Function - Brouillette 4) HIV and the Bone – Bondy

_The Aging toolkit is available and an introduction to this was presented at the annual AGM over breakfast. It has been created to provide 4 comprehensive CE modules if needed. It should fit nicely into the CME programs planned at your sites for the next coming months. Arrangements can be made through your BMS representative._

Janssen:

Communications workshop The Buzz 1 (available) and The Buzz 2 (coming soon for those who have competed Buzz 1.

_Both the first and second Buzz programs are now ready for a CE activity. What makes these programs fun is that they are very different from the data driven format for CE that we are all used to. It makes for a fun hour or 2 of discovery of your communication style and also the styles of your patients and colleagues._

Medication Reconciliation Form (a work in progress)

_This HIV Meds Rec form has also been finished and the final tool will be available by the end of the summer. It too has been endorsed by CHAP and the final piece will actually display our logo. It will also be available under the “resources’ section of the CHAP website very soon. This will be a great tool to share and build bridges with our retail and community colleagues as we continue to invoke their partnership. It will also prove to be a useful tool for our own practices, especially for our students. There is hope that this tool may be evaluated in a national cross section of patients as a potential project for interested CHAP members. Linda Robinson will spearhead this._
Merck:

A software program that a patient can use in clinic to answer a brief set of questions to identify obstacles to adherence and possible teaching points to be covered by the healthcare provider in a motivational interviewing format (coming soon)

This program is also available now as the ‘Medally’ and exists as a CD to be used on a computer in your practice setting. Many of our members were consulted in the creation of this tool. It would be especially useful in the persons where an issue with adherence has been identified as a DRP on the meds rec. It is quick and efficient and gives some speaking points to initiate a motivational conversation with the patient.

Merck has also approached me offering assistance to our group. I expressed to them that we could really use a CE needs assessment tool to use amongst us as well as to use with our colleagues. They already had one in the works with 5 national physicians and I am happy to report they have asked me to review this as a pharmacist representative. I will share it with the group once it is complete. This was a tool that was placed on the “wish list” of the Montreal meeting, so it should be useful to all.

Merck has also expressed interest in continuing to support us in our Hep C learnings. Stay tuned for project ideas to come in this area as more and more data emerges and the indication for PI’s in the con-infected patients is approved.

ViiV

ViiV is in the process of creating a patient diary/organizer. They have asked if CHAP would like to promote this if we find it useful. Stay tuned.

There is also a project coming up in partnership with CATIE to create useful brochures, guidelines and algorithms in the management of MTCT and Family Planning. Alice and I are discussing this with Dr. Mona Loutfy and will keep you posted.
Canadian HIV/AIDS Pharmacists Network
Association Canadienne des Pharmaciens en VIH/SIDA

Recent CHAP Initiatives:

Endorsement of a National Position on refugee issues

- CAAT letter to Immigration Minister
  - special thanks to Benoit Lemire for referring this action group to us for our support. Also thanks to Shanna Chan and Alison Wong for all of your input on and research into this matter.

Publication of our CHAP paper on the Role of the HIV Pharmacist: our CHAP paper is now available on-line with CJHP:


Provincial ARV Coverage – updated by all but special thanks to Deborah Yoong for spearheading this. It is now available on the website

Endorsement of The Bone Tool and the HIV Specialized Medication Reconciliation. Available under tools and resources on the CHAP website.

Ongoing and Potential CHAP initiatives:

- Update of Website – ongoing

- Pharmacy Training Package – ongoing

- National Validation of HIV Meds Rec – potential project proposed by Linda R

- Cost of and Access to ARV’s across the country – potential study and/or paper for CHAP proposed by Deb Yoong

- Update of ARV Fact sheets: Ongoing- thanks to Bronwyn Tolmie for the recent additions of rilpivirine and Complera
Algorithm to manage ARV’s/Chemo drug interactions: ongoing with Alison Wong

Safe Handling of ARV’s: CHAP position potential project; Natalie Dayneka

15 year Anniversary of CHAP: potential poster/newsbrief – proposed by Michelle

For provincial projects ongoing, see updates below

Any ideas for CHAP projects, (or any that I have missed!) please bring them forward

REGIONAL PROGRAM UPDATES

(note from Linda R: thanks to all for sending the following items for this newsletter! 😊)

SMH in Toronto
staffing: Mark and myself (at SMH), Tony (part-time family practice site)
clinics: 9 HIV half-clinic days, 2 hepatitis (mono-/co-infected) half-clinic days

current research projects:
Canadian HIV/AIDS Pharmacists Network

Association Canadienne des Pharmaciens en VIH/SIDA

- PEP prospective audit project which aims to identify any gaps in the delivery of oPEP and nPEP delivery at SMH (Dr. Darrell Tan as PI)
- just completed enrolling patients into our ARV compassionate supply study
- retrospective review of who received compassionate supply of ARVs at SMH
- submitting a research proposal to ethics to examine Canadian pharmacists' perceptions and beliefs in HIV PrEP (will be contacting everyone in CHAP soon'ish!)

MANITOBA

I am happy to announce that we now have a free infant formula program for babies born to HIV+ mothers in Manitoba funded by the provincial government. The program is run through our HIV Program and is available to individuals who are living with HIV to support their families’ infant formula needs for the first year of life. The free infant formula program started April 1st, 2012 and so far we have 9 babies receiving formula through the program with a total of 13 mother/families enrolled. It’s been a great success and was only possible through the hard work and advocacy of many dedicated individuals and organizations. We owe a big thank you to the folks at Oak Tree clinic for sharing information about the infant formula program in BC which helped us in developing our own.

Shanna

Pharmacist - Manitoba HIV Program

NOVA SCOTIA

“We have full access to both rilpivirine and Complera in Nova Scotia allowing folks to have lots of choices when initiating ARVs □

I successfully had the province fund nPEP (I know old news for a lot of provinces but huge here) hopefully we will be able to prevent additional infections that occur. I developed an algorithm that will be used by all of our SANEs (sexual assault nurses)
We are having our annual ACHIVE (Atlantic Conference on HIV )meeting next month –I am presenting on use of Protease Inhibitors in HIV/HCV
and Update on Immunizations in HIV—This is attended by HIV physicians, nurses, dieticians, psychologists and of course pharmacists (just Deb and I).

I will be presenting at the CSHP Summer Educational Session next month on new Treatments for Hep C (including HCV/HIV).

Finally I just submitted a paper to Pharmacy Practice that will be published in September “New Antivirals: Toward the Eradication of Hepatitis C”—lots of discussion on the treatment of HCV/HIV as well.

We unfortunately have had lots of CV deaths as well as new malignancies—treatment of the HIV is the easy part—co-morbidities and malignancies not see easy.....” – Kathy Slayter

NEWFOUNDLAND

A few things happening in NL --- we are in the process of having a database developed for our clinic, which will be used both for clinical as well as research purposes (not bad after 12 years of trying to get this to happen!!). Hope to have it up and running by the end of the year. Also, working with NLPDP to review SA criteria for some of the ARV. Having the updated provincial coverage table has been helpful to make our case – hoping they will become less restricted in the criteria.

Deb Kelly

ALBERTA:

Edmonton Update: Michelle Foisy and Christine Hughes

New hire: Colleen Benson joined the Northern Alberta HIV pharmacist team in February 2012. Colleen works 0.4 FTE with the program and divides her time between the Royal Alexandra and University of Alberta Hospital clinic sites.

New CHAP working group member: Chantal Ho became a member of the CHAP working group in May 2012.
Projects being worked on:

**Bone tool:** “A Tool for Preventing and Managing Bone Disease in HIV-infected Adults” was presented and distributed at the CHAP meeting in April 2012. This work was sponsored by an unrestricted educational grant from ViiV Healthcare. An educational session on the tool was given at the Ontario HIV PSG Meeting in May 2012 and other sessions may be delivered in the Fall 2012. The plan is to give clinics the opportunity to trial the tool over the following several months and to evaluate the tool for overall usefulness and content in the Winter 2013. Based on these results an updated version of the tool will be published in the Spring 2013. More news to follow....

Other News: The U of A HIV clinic will be moving in August 2012 to new space in the Edmonton Clinic (currently located in the U of A hospital).

**Posters/Abstracts Presented**

Published: Can J Infect Dis Med Microbiol 2012;23 (suppl A):71A.

Published: Can J Infect Dis Med Microbiol 2012;23 (suppl A):72A.

Published: Can J Infect Dis Med Microbiol 2012;23 (suppl A):119A.


Published: Can J Infect Dis Med Microbiol 2012;23 (suppl A):72A.


Southern Alberta:

Our patient population on treatment has plateaued at about 82% on therapy, but according to the news, stats report that Calgary's population continues to grow (overall population increased 30,000 in the last year) mainly due to immigration. I haven't seen our clinic's stats on our growth yet, but we (like most clinics) aren't seeing any "slow" days! In order to relieve some of the pressure on physician appointment wait times, we have started having some "RN-Rx Clinics", for patients who are relatively stable and have family physicians to take care of non-HIV issues. So far we're just doing this one half-day (Friday am) per month, and the patients will see an HIV doc at alternating visits (so every four months they get their labwork and see either an RN-Rx duo or an HIV doc). I'm hoping this is something that will grow (as our population does)!

Jeff Kapler, Clinical Pharmacist
We have had a busy spring at BC’s Children’s and Women’s Health Centre with Accreditation 2012 finally completed last month. Our updated BC PMCT guidelines are still in the final stages and will be available soon barring any further interruptions. Dr Mary Kestler is a new adult Infectious Diseases physician that started at the Oak Tree Clinic in early May 2012, while Dr Laura Sauve (pediatric Infectious Diseases) is also a recent addition to Oak Tree.

Carlo

The BC group would like to highlight the recognition of Junine Toy’s award as a ‘Health Care Hero – Golden Apple Award winner’. Junine’s dedication and support to the HIV clinical pharmacy program was celebrated at the recent Excellence in Health Care Awards ceremony. The awards are presented by the Health Employers Association of BC and the ceremony celebrates the outstanding efforts of employees who provide innovation and excellence in health care service [http://www.heabc.bc.ca/Page3144.aspx#hch2](http://www.heabc.bc.ca/Page3144.aspx#hch2)

The BC CfE in HIV/AIDS has funding from the BC Ministry of Health for an 18 month pilot project to look at provision of post-exposure prophylaxis after high-risk, consensual sex or needle-sharing events. The project is being conducted at 5 sites in the Vancouver area and is expected to start in mid-July.

Linda A