

The Canadian HIV/AIDS Pharmacists Network (CHAP)

Association canadienne des pharmaciens en VIH/SIDA (ACPV)

CHAP Annual General Meeting (2020) Minutes Wednesday, April 29, 2020

01:00 PM to 16:00 PM EST

Zoom Virtual Meeting Due to COVID-19 pandemic

Welcome:

Mike Stuber welcomed all attendees to the CHAP AGM. Due to the removal of educational content from this year's abbreviated AGM agenda, we did not have sponsors. Thank you to OHTN for providing the Zoom platform and to Debbie Kelly for providing a new Zoom link 30 min into our meeting when we encountered technical difficulties. This also allowed us to extend our round table past our anticipated meeting length of 1.5 hours.

Housekeeping Items for Zoom:

- 1) When signing into zoom the phone audio with headphones may provide the best audio
- 2) Please mute your line when not speaking
- 3) To facilitate having one person at a time speaking there is a "raise hand" and "lower hand" function
- 4) We will be using the chat box as a roll call to start the meeting and for agenda items that require working group member voting – when you sign in please type "(your name) present" into the chat box (if your name does not show)

BUSINESS MEETING

Present:

Executive (5/5): Mike Stuber (chair, Regina), Jennifer Hawkes (secretary, Prince George), Alice Tseng (co- treasurer, Toronto), Deborah Yoong (co-treasurer, Toronto), Karen Tulloch (past chair, Vancouver)

Working Group (15/16): Jodi Symes (NB), Tasha Ramsey (NS), Pierre Giguere (ON), Shanna Chan (Winnipeg), Michelle Foisy (Edmonton), Dominic Martel (Montreal), Christine Hughes (Edmonton), Nancy Sheehan (Montreal), Jeff Kapler (Calgary), Debbie Kelly (St. John's), Linda Robinson (Windsor), Carley Pozniak (Saskatoon), Tracy Janzen Cheney (Winnipeg), Linda Akagi (Vancouver), Alison Wong (Montreal)

General Members (5): Carmen Allen (Saskatoon), Jinelle Mah Ming (AB), Pam Nickel (AB), Coleen Benson (AB), Sherri Livingstone (ON)

The quorum of working group members (including executive) was met (20/21).

Total attendees is 25. BC (3), AB (6), SK (3), MB (2), ON (5), QC (3), NS (1), NB (1), NL (1).

Introduction

Mike Stuber (CHAP chair) started the business meeting with round table introductions and any requests for additions to the agenda.

Approval of 2020 Agenda

All in favour of agenda. Additions to agenda received prior to meeting via pre-meeting survey as follows:

COVID-19

1. Drug supply during pandemic (D Yoong)
2. Virtual patient care (C Hughes)
3. Clinic Changes (J Kapler)
4. LPV or other investigational treatments and DDIs (N Sheehan)

ARVs

5. DOR in place of ETR in TRIO (T Janzen Cheney)
6. Long acting injectables in practice (M Foisy/P Giguere)
7. M184V and Biktarvy

CHAP Projects

8. AGM 2021 (D Martel)
9. APPROACH 2.0 (D Kelly)
10. HIV Pharm Guidelines (M Stuber)
11. Observership Program (A Tseng)

Other

12. TDM update (N Sheehan)
13. Residency changes (N Sheehan)

Approval of AGM 2019 minutes

Christine Hughes moved to approve the AGM 2019 minutes. Debbie Kelly seconded this. 17 participants were in favour. 0 opposed 0 (3) abstained (had to do a second vote due to technical issues)

Executive Report

Acknowledgements, year in review

Mike Stuber thanks Karen Tulloch, Alice Tseng, Deborah Yoong and Jennifer Hawkes for their participation on CHAP Executive.

The CHAP executive members had seven teleconference calls this year. This year the executive finalized revisions to the Terms of Reference CHAP document including the merger of the Grant Allocation Policy with the Terms of Reference.

Membership

General members:

CHAP general membership now includes a total of 180 members. There are 150 Canadian members and 30 International members. This year 12 new general members joined CHAP.

Working group members/changes:

The CHAP working group now includes a total of 21 members in an effort to expand membership to the Maritimes. There is one new working group member: Jodi Symes (New Brunswick).

Contact information is to be updated on the contact list via email/google docs. This contact list is posted on the CHAP website. <https://hivclinic.ca/chap/network.php>

Treasurers' report (Alice Tseng/ Deborah Yoong)

Deborah Yoong (co-treasurer) presented the treasurers' report.

For the 2019 annual general meeting (Saskatoon, 22 attendees, 16 working group and 6 general members) we received \$31,200 in grants from industry and the total expenses were \$32,144.26.

For the 2020 annual general meeting we received one grant of \$7,684 from industry to be deferred to 2021. An additional \$17,500 was received but returned after change to a virtual AGM. It was discussed that, in the future, the speaker honoraria will be a set amount per presentation regardless of the number of speakers.

New Business

To streamline the AGM, the CHAP TOR document under review was sent out to all Working Group members prior to the AGM. We received some feedback which was discussed further.

4.5.1 – COI reporting not clear (Nancy Sheehan)

- After group discussion move to modify the TOR to clarify COI under working group 4.2 – Any potential COI shall be self-declared prior to voting, contributing to a group project or discussion if there is a relevant potential COI. The group can decide if this COI will leave the member exempt from voting or contributing on a specified item (such as a working group project).

- working group eligibility and cap on AGM grants (Debbie Kelly)

- After a group discussion, no changes were made and working group eligibility remains unchanged. WG members don't always get a grant, use budget to ensure that regional representation – more about balancing. Must be a WG member to apply for the grant, executive reviews working group re-affirmations yearly.

4.2.4.1 – define regular discussion (Nancy Sheehan)

Historically the participation in regular online/email discussions was added after there was a

point where there were limited responses to the questions. Propose to take out the word “regular” implying that WG members make themselves available for discussions was agreed upon.

5.6.3 – exceptions to meeting requirement for WG status is unclear

Participating in a CHAP initiative alone was considered too restrictive as often there were only 1-2 CHAP initiatives/year and we only needed 1-2 people involved/region.

The CHAP 2020 Terms of Reference (includes AGM Grant Policy)

Changes include (in addition to modification to 4.2 listed above to add COI and remove the word “regular” from discussions):

4.2: Changes made to working group re-affirmation requirements

4.2.4 Re-affirm their working group status by meeting at least 4 of the following 7 responsibilities to align with updated version of working group re-affirmation survey

4.5: Changes to wording around conflicts of interest

4.5 Pharmacists currently employed by a pharmaceutical company are not eligible for Network membership, in order to avoid any perception of conflict of interest.

4.5.1 Members who become employed by a pharmaceutical company or who acquire conflicts of interest are required to make CHAP Executive aware of the change.

5.2: Changes to AGM Grant Policy. Grant policy has been integrated into Terms of Reference. Former stand alone grant policy has been deleted.

Major changes to allocation of grants

5.2.1 Grants may be available to working group members in order to assist with expenses related to preparation of educational presentations and attendance at the CHAP AGM

5.2.2 Grants will be allocated to working group members by CHAP executive based on annual budget and number of grant requests.

5.2.2.1 Priority will be made to ensure appropriate provincial representation, provinces not represented at previous AGMs and current executive

5.2.4 AGM grants will be determined by CHAP executive based on available funds. Grants will be divided equally amongst all eligible working group members travelling to the AGM from out of province. Members residing in the host province may receive smaller grants reflecting the reduced travel costs. Working group members from the host city are not eligible for a grant.

5.2.5 Non working group members are only considered eligible for a grant if they are attending on behalf of a working group member from the same institution or geographic region and approved by CHAP executive.

5.2.6. All grant recipients must make an active contribution to the AGM agenda. Presentations, facilitation of the meeting, executive duties, leading a group

project are examples of eligible contributions.

5.4: Removal of specific dollar amount required for float in favour of 'one annual general meeting'.

Mike Stuber to update documents and email to working group members to vote, then post on CHAP site.

Working Group Affirmation

Mike Stuber sent out WG affirmation via survey monkey to all WGM to complete.

Members of the working group would like to have more time during the AGMs to discuss ideas for collaboration/new CHAP projects and initiatives. There may be opportunity to do this online with a zoom platform and communicate virtually more regularly than an AGM.

Election of CHAP Secretary 2020 -2021

Linda Robinson was elected as secretary for 2020 to 2021.

In favour: 20 Opposed: 0 Abstain: 0

Roundtable

COVID-19

1. Drug supply during pandemic (D Yoong)

There have not been drug shortages from the drug companies but some trouble shooting has been done with distributors/wholesalers around capping supplies or shipments, allowable order quantities and masking of ordering availability. Some places are filling larger quantities (up to 4 months) some are filling smaller quantities (30 days). HIV medications are not on the 100 day list in some places. PrEP interruptions has led to a protocol for PrEP interruptions and "PEP in Pocket" at one site.

2. Virtual patient care (C Hughes)

Team meetings have been cancelled or are happening virtually (telephone, zoom, reacts)
Patient team consultations have been more fragmented and primarily virtual.
Essential visits, essential labs, medication deliveries.

- calls are being transferred for multiple team members to talk to patient
- team phone calls conducted with patients
- patients being brought in multiple times (to see each team member) with an initial phone call visit

- most physician visits are being done virtual (usually telephone)
- phone visits with physicians do not leave a lot of room for discussion with pharmacists, social workers and nurses
- a large portion of some clinic's patients don't have reliable phone access which has been quite challenging
- pharmacies delivering medications except for erratic patients, language barriers and new starts still come into the clinic
- some rounds and formal clinics have been cancelled and just trouble shooting by phone/zoom
- non-urgent blood draws are discouraged
- just in touch with patients as needed (phone or email as per pt preference) and have cancelled regular visits
- nurses are triaging and rebooking as phone appointment versus defer appointment to a later date
- mailing out lab reqs so patients can take to closest community lab
- restrictions on who comes into the hospital for in-person appointments
- Pharmacists pre-screening patients and writing chart notes for doctor to see when the doctor calls
- Doctors and nurse assess patient and if there are further issues, transfer to a pharmacist
- Pharmacist will call pt for any med switches and do counselling on phone and then follow-up by phone in 1-2 weeks.
- Pharms are also doing lots of the pt assessment for new pts. Pt comes in person if they are new pts, language barrier, more critical to see
- Patient rounds via webex
- Many are working from home
- Have to figure out how to fax prescriptions from home

3. Clinic Changes (J Kapler)

Some changes and challenges that have happened due to the COVID pandemic included

- 7/8 people on one team quarantined for 2 weeks due to a staff member testing positive
- A clinic was closed x 2 weeks due to a staff member testing positive
- Multiple staff being quarantined due to contact with a patient who tested positive
- Remote access to clinic documentation, connect care and dispensing has been set up
- Remote access to enable work from home to talk to patients and fill prescriptions from home
- Some EMR can message and fax through the system so can operate from offsite/home if needed
- Social distancing at work and wearing masks if closer to 6 feet from each other
- Wearing masks when seeing patients
- Patients wearing masks

4. LPV or other investigational treatments and DDIs (N Sheehan)

Nancy involved in a COVID study with lopinavir/ritonavir arm. The Quebec site has been hard hit by COVID. Pharmacists are involved in checking DDIs for the study. They have done 60 consults over 20 days, with ages often 80-100 years old. There have been some dangerous situations due to drug interactions and ongoing side effects of Kaletra (DI not showing in Kaletra

monograph but listed in other drug monographs and inexperienced prescribers). There are also interactions that are monitored on inpatients but then when medications are re-initiated on discharge there is a risk of interactions (and dose re-adjustments). There have been dose adjustments needed during Kaletra treatment and on average 2-8 drug interactions per patient that require management. There have been toxic lopinavir levels in the ICU (MIC 25-35) which is 4-6X from usual.

Some places have experienced a shortage of oral lopinavir/ritonavir solution. Some sites are crushing tablets and flushing with water and some are crushing and mixing with milk. Alice has added many critical care drugs to drug interaction APP through HIVclinic. Liverpool has also made a section for COVID DDI.

5. DOR in place of ETR in TRIO (T Janzen Cheney)

Some provinces have access to doravirine coverage and some do not. Many alternative dual and dual tablet therapies have been trialed in clinical practice including DTG + bDRV, Biktarvy + DOR, DOR + DTG, Destrigo + DRV/c, DOR + DRV/c, DOR+Biktarvy. Some patients have switched to DOR based regimen due to weight gain with INSTI. It was noted to check mutations with Stanford first as the 230L mutation has more of a negative effect on DOR than ETR. This would be a great opportunity for a CHAP project - retrospective multicentre analysis of these regimens.

6. Long acting injectables in practice (M Foisy/P Giguere)

There were multiple points discussed around the upcoming roll-out of long-acting monthly injectable ARVs. It was agreed that it would be of benefit to approach ViiV to have an advisory board with the CHAP pharmacists and then propose that a CHAP initiative be funded to develop tools we feel are needed for this roll-out. Current gaps identified included successfully completing the lead in oral dosing in those that refuse oral medications, continuation of therapy (recalling patients), potential administration of injections by pharmacists, patient education/adherence, administration of funding for these programs (institutions vs private clinics accepting support from pharma), maintaining patient connection to current local community pharmacies (concerns about specialty pharmacy monopoly), ensuring ongoing product supply, and avoiding mixed messages to patients (clinic vs pharmacy).

7. M184V and Biktarvy

Moved to email discussion – Michelle Foisy to email poster

CHAP Projects

8. AGM 2021 (D Martel)

CAHR will be in Halifax, NS for 2021 and London, ON in 2022

9. APPROACH 2.0 (D Kelly)

Debbie Kelly and Christine Hughes discussed the progress on their APPROACH study involving community pharmacists testing for HIV, HCV and syphilis. It has been expanded to include Nova Scotia, Newfoundland, and Alberta (5 sites per province with a PI for each province and public health infrastructure and pharmacy regulatory bodies included). Tasha Ramsey has been added as an investigator (PI for Nova Scotia). Nancy Sheehan is interested in adding a Quebec site. It was agreed that this study fits as a CHAP initiative.

10. HIV Pharm Guidelines (M Stuber)

Mike will send out email to WG members with summary of changes needed and ask for people interested in contributing to update the CHAP **HIV guidelines update and resources for new practitioners** guidelines last published in 2012 (<http://www.cjhp-online.ca/index.php/cjhp/article/view/1120/1447>).

11. Observership Program (A Tseng)

Three observerships have been completed since the last AGM. One person applied for a spot for spring 2020 but this has been delayed due to COVID-19 until summer 2020 (Toronto site). There is funding for one more round of observerships.

12. TDM update (N Sheehan)

TDM for Biktarvy, doravirine and cabotegravir are not yet available (in progress)

13. Residency changes (N Sheehan)

It is expected that in June 2020 the residency program in Toronto/Montreal will become the first Canadian program to have a PGY2 accreditation. To keep the approval a resident needs to be recruited every 2 years with recertification every 3 years.

Google as platform for CHAP communication

Alice Tseng presents that the current yahoo list serve is not meeting the needs. The executive has trialed google as a platform for CHAP communications. The SLACK platform that was introduced at the 2018 AGM is more difficult to use and is intermittent due to challenges of some members accessing the platform at their practice site. Many attendees state that they prefer email and would like to continue to have that option. It is acknowledged that changes are needed to provide a way to host and share documents and the google platform looks like it can provide this.

It was agreed for all working group members to automatically move to google platform.

General: chap-hiv@googlegroups.com

Working Group: chap-working-group@googlegroups.com

Executive: chap-executive@googlegroups.com

