

Clinical Consultation: Case Discussions and Lessons Learned From 35,000 Calls to the Warmline

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Objectives

- Review of Warmline services
- Case discussions – illustrating warmline services
- Coordination with Warmline services

Review of Warmline Services

- Purpose of this service
- Methods used to establish & operate service
- Results – who calls & why
- Continuous quality improvement

Purpose of Warmline

- HIV care changes and shifts rapidly
- Standards of HIV care are adopted before publication
- New medications approved before clear understanding of indications
- By providing clinicians with timely information, patients can stay in their own communities with their own support networks

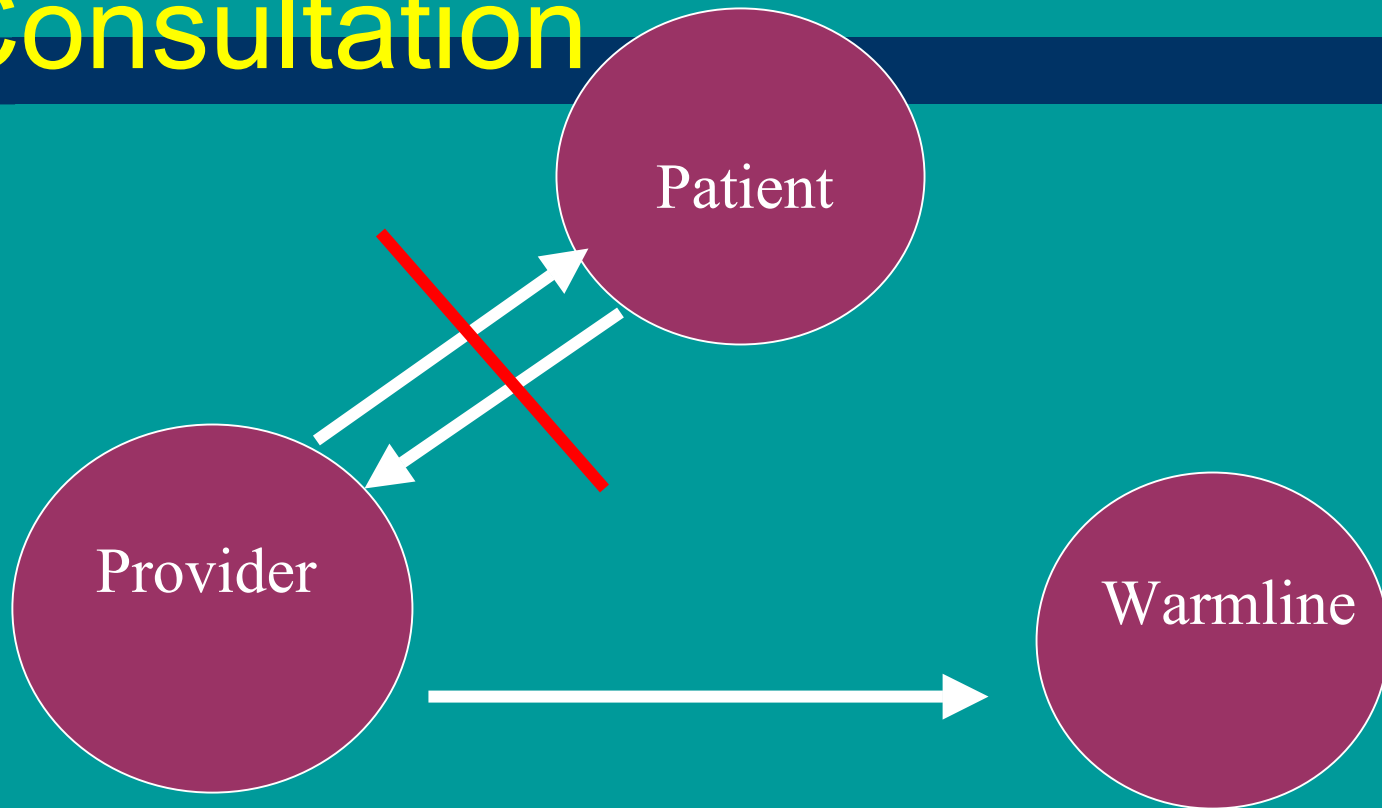
How Do Clinicians Stay HIV Current?

- Conferences (national and international)
- Seminars/trainings (local)
- Internet
- Guidelines/journals
- Asking colleagues

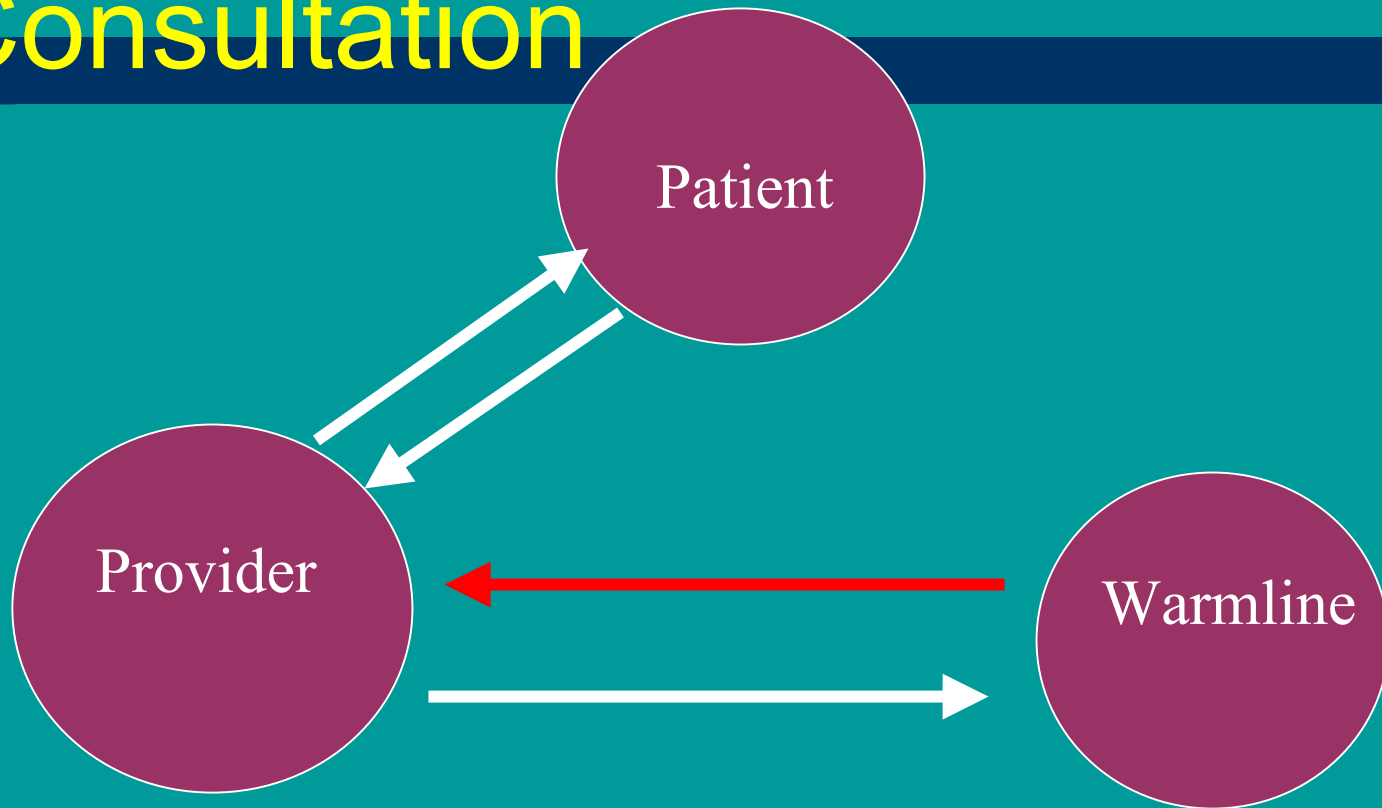
Advantage of Warmline for Education:

- Meets the immediate needs of clinicians
- Allow patient-specific application of concepts
- Conversation can develop issues beyond the inquiry and address the “question behind the question”
- Supports local expertise, consultation, training

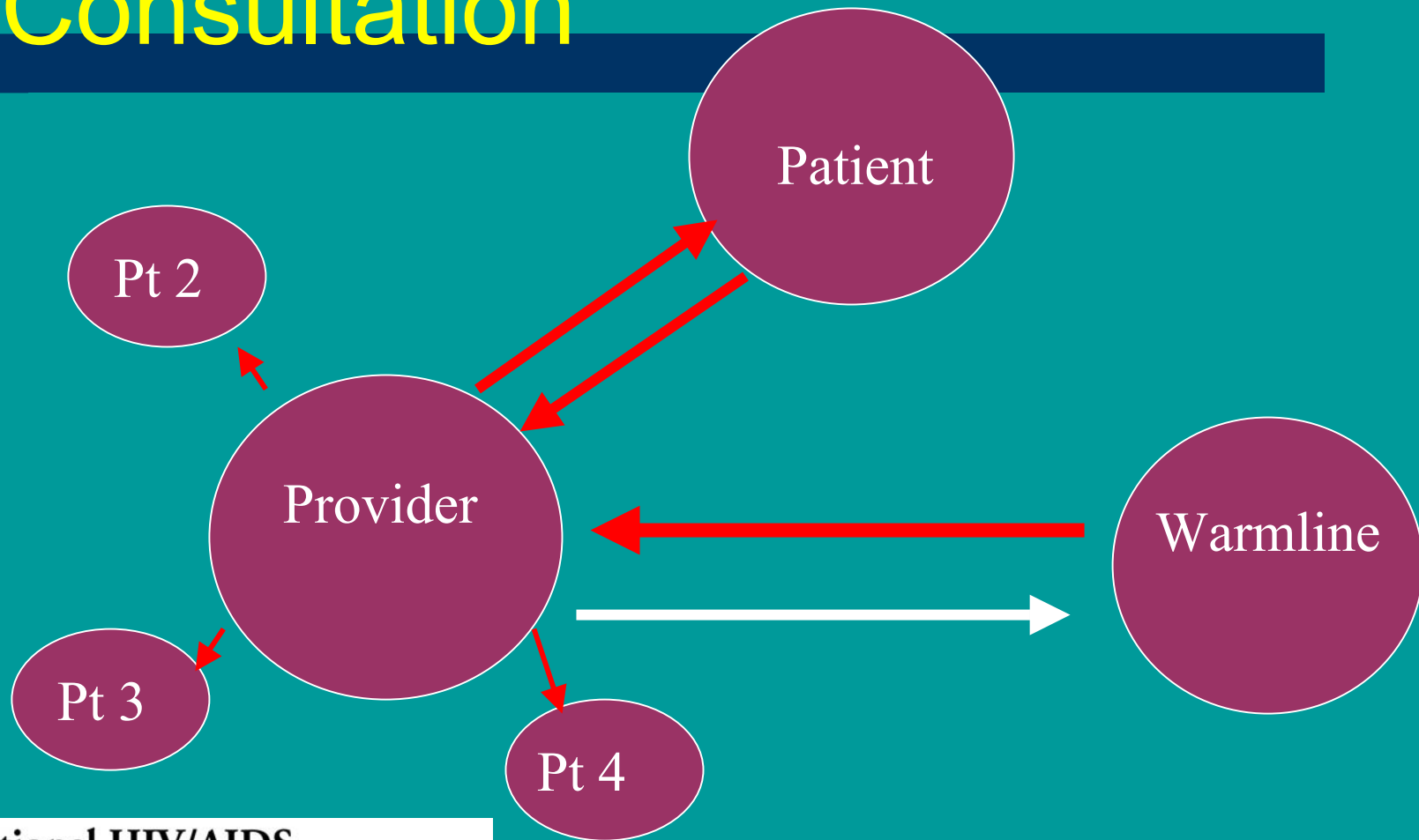
Warmline Model of Consultation



Warmline Model of Consultation



Warmline Model of Consultation



Methods of Warmline

- Based at San Francisco General Hospital
- Toll-Free Phone lines staffed 6am – 5pm
- Answered by multidisciplinary clinicians
 - Physicians – Infectious Disease and Primary Care
 - Clinical Pharmacists
 - Nurse Practitioners
- Voice Mail takes messages beyond office hours/busy lines & pages if messages

Clinical Staff

- UCSF faculty
- Active clinicians
 - Community health centers
 - Private practice
 - Community hospitals
- Encourage part-time warmline clinicians
- Clinicians bring clinical experience to share with other clinicians

Responding to an Inquiry/Question

Goal: Discuss care options with pros/cons of various approaches

- Clinician documents question & caller demographics
- Clinician gathers other pertinent information & context for question
- Respond with own expertise
- Discussion with other staff
- Additional research/consultation
- Fax/mail articles

Documentation

- Caller demographics
- Question information – including pt info
- Response given & resources used
- Database for nature of inquiry/discussion
 - To keep track of educational needs
 - Retrieve questions
 - Research

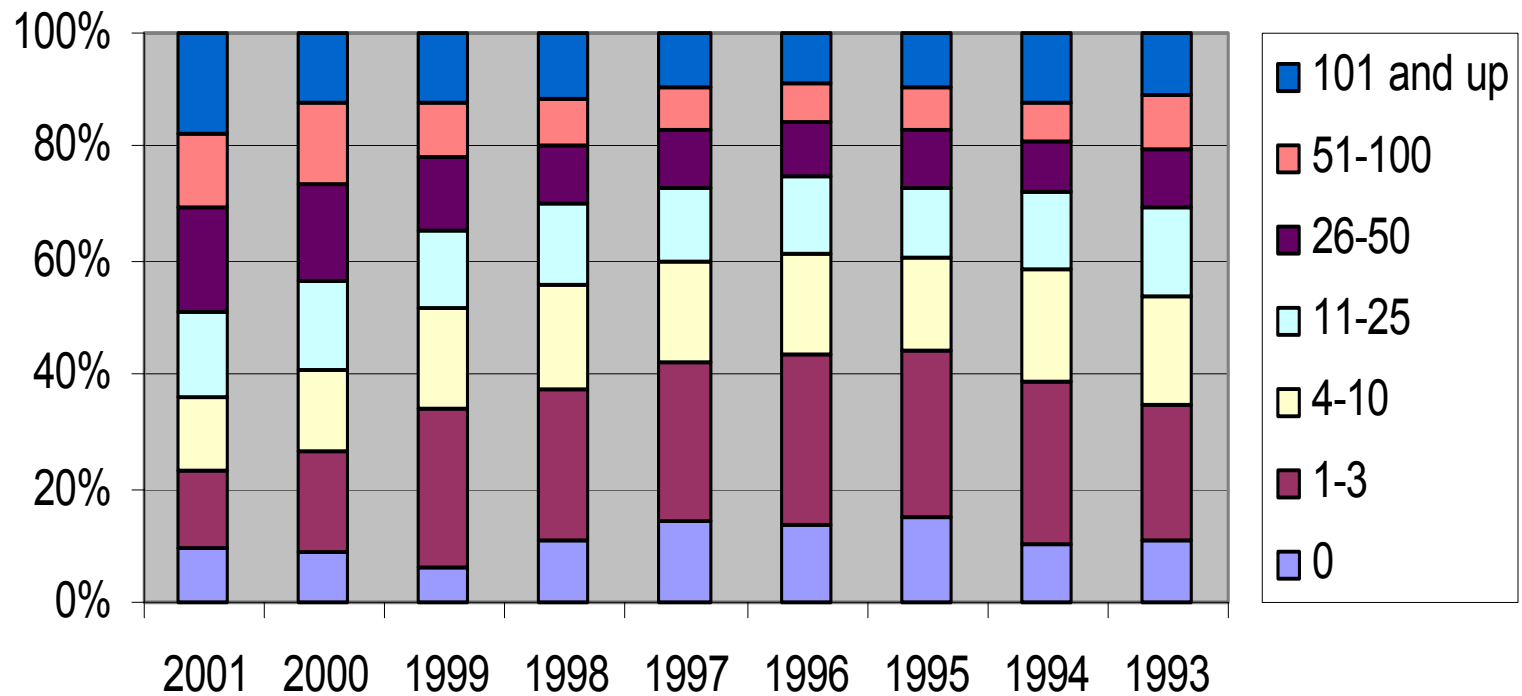
Results

- To date, more than 35,000 warmline questions
- Caller profession:
 - 53% MD
 - 14% RN
 - 12% NP/PA
 - 6% pharmacist
- MD specialty:
 - Over half of the physicians are primary care providers vs subspecialty providers

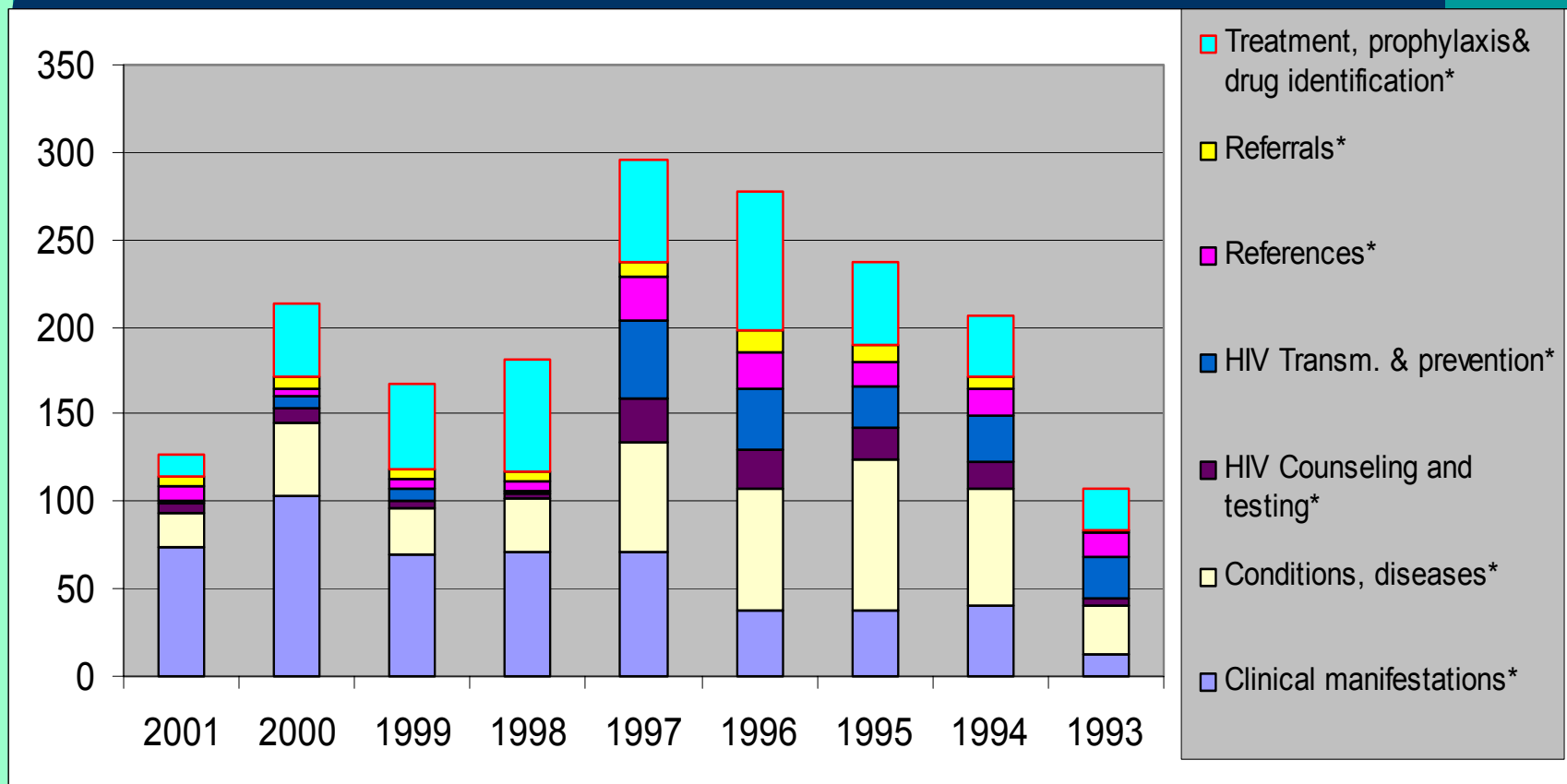
Results Cont

- Caller setting:
 - 33 % community clinic
 - 20% private practice
 - 11% hospital
 - 4% corrections
 - 4% home health

Caller HIV Patient Load



Topics of Calls



Results: Quality of Service

- Call response time:
 - 62% immediately
 - 16% within 1 hr
 - 16% same day

Results: Quality of Service

Evaluation scores: (5=high, 1=low)

- Ability to reach service 4.8
- Answer timely 4.8
- Guidance clinically useful 4.7
- Information presented clearly 4.8
- Follow-up info received 4.7
- Likely to call again 4.9

Continuous Quality Improvement

- Staff development:
 - Clinical experiences
 - Hands-on mentorship new staff
 - Team approach to response
 - Email communications
 - Participate in local/regional/national conferences

Continuous Quality Improvement

- Response review:
 - Real time call review
 - 10% of each clinician's calls reviewed
 - Sub-specialist review/CQI meetings

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Educational Consultation

- Doctor requests help finding an antiretroviral regimen for his patient. His CD4 count is 145. Reports a viral load of 75,000 in the past.
- He tells you the patient has been treated with AZT, 3TC, d4t, ddC, nevirapine, and indinavir in the past.

Organize

Flow Sheets to
Organize Caller

Flow Sheets

- Antiretroviral history
 - CD4 counts, viral loads
 - Regimens, with CD4 & viral load prior and during treatment
 - Reasons for discontinuation – including adverse effects, adherence
 - Genotype and/or phenotype results

Flow Sheets

- Face sheets also includes:
 - Immunization
 - Problem list – document OI
 - Baseline labs – HBV, HCV, RPR, G6PD, toxo titre

Adverse Effect Inquiry

- An experienced HIV provider
- Patient D/C AZT, 3TC, saquinavir due to intolerance

Question:

What ARV to restart?

Adverse Effect Inquiry

Other questions to ask?

- ARV history
- ARV tolerance
- ARV response
- Indications for ARV

Adverse Effect Consultation

- VL on previous regimens has been mostly in the low thousands, recently undetectable.
- ARV history is notable for AZT monotherapy, then AZT, DLV, then AZT,3TC, indinavir - developed kidney stone.
- GART not preformed.
- Current intolerance was nightmares that resolved when ARV discontinued.

Multidisciplinary Consultation

What other questions to ask?

Pharmacist:

- What other meds is she taking?
- When were those other meds discontinued?
- How important are the other medications?

Multidisciplinary Consultation

- Pt had recently started desipramine
- Desipramine had been discontinued first, with no response
- 2 days later, when ARV discontinued nightmares ceased
- Restarting AZT/3TC/SQV did not cause nightmares to recur

Consultation vs Education

- Rarely is there a single answer to any one question
- Particularly true for ARV questions
- Goal of Warmline consultation is to empower providers by educating with options, not necessarily answers

Antiretroviral Case #1

- Caller is NP in South Carolina
- Patient is 41 yo man who came into their care from jail
- Current ARV d4t/ABC/NFV
- 3/01 CD4 306, VL 25,800
6/01 CD4 240, VL 4,053
9/01 CD4 374, VL 9,136

Antiretroviral Case #1 cont

- Genotype: RT: 41L, 98S, 184V, 211K, 210W, 215F PI: 20T, 33I, 36I, 71T
- Adherence is good

Question: Is adding Videx (ddI) reasonable?

Antiretroviral Options

- Continue the current regimen and carefully monitor the patient
- Discontinue ARV therapy and monitor the patient
- Change the ARV regimen to more potent or less toxic regimen

Antiretroviral Case #1

CD4 in mid 300 range, VL 4000 - 25,000 on D4T/ABC/NFV with NAMs but few PI mutations.

- Establish goal of therapy.
 - 1) Continue regimen.
 - 2) D/C regimen.
 - 3) Change regimen:
Dual PI/NNRTI/tenofovir/ddI?

Antiretroviral Regimens

- Review information available in federal guidelines
- Discuss pros/cons several regimens
 - Dosing
 - Drug interactions
 - Common adverse effects
 - Patient education

Antiretroviral Case #2

- Caller is MD from Oregon
- Patient is 40 yo woman who doesn't want to change medications
- 1998 briefly on AZT, CD4 288
- 6/99 began D4T/3TC/NVP, VL 9,000
- Since then CD4 >500, but VL never UD
- Current CD4 693, VL 9000

Antiretroviral Case #2 cont

- Genotype: RT: M41L, D67N, K70R, K103N, Y181C, M184V, L210W, R211K, T215Y, K219E PI: 63, 71, 77

Question: Consider tenofovir/ddI & PI?

Antiretroviral Case #2

Stable CD4s in 650 range, VL 4,000 - 14,000 on D4T/3TC/NVP with many RT mutations, no PI mutations & pt doesn't want to change.

- Discontinue ARV
- Change ARV - TFV/ddI/PI?
- Continue current regimen & monitor carefully

Antiretroviral Case #3

- Caller is MD from a correctional facility
- Patient is 55 yo man with long ARV history
- Dx'd HIV infection 1990's
- Mid 1990's AZT
- 5/97 off ARV CD4 500, VL 220,000
- 1997 CBV/IDV, one yr ago RTV added

Antiretroviral Case #3

- VL undetectable & CD4 high till early '01
- 4/01 VL <400
- 6/01 VL 900
- 10/01 VL 1600
- 9/01 CD4 1450
- CD4 nadir 560 1995
- Pt developing new KS lesions & feels poorly

Antiretroviral Case #3

- Resistance testing unavailable
- Pt feels poorly, weight loss

Question:

What ARV regimen to change to?

Antiretroviral Case #3

Pt feeling poorly on CBV/IDV/RTV for years, CD4 >1000, VL <2000, no GART avail.

- Change ARV
- Continue current regimen
- Discontinue ARV and monitor carefully
- Work up patient for other causes of illness – infections

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Coordinating Services With Warmline

- Most common referral source for Warmline has been “word of mouth”
- Other identified referral sources include:
 - Conferences - bring brochures
 - Publications (i.e. newsletters, bulletins)
 - Posted at work
- Emphasize this service is for providers
 - Other resources available for clients
- Other ideas?

National Clinicians' Consultation Center

HIV Telephone Consultation Service (Warmline)

800-933-3413

National Clinicians' Post-Exposure Prophylaxis
Hotline (PEPline)

888-448-4911

Website: www.ucsf.edu/hivcntr

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