

## For Pharmacist Working with HIV Patients, Medication Adherence Is Key to Success

By Sandra Basu

WASHINGTON, DC—One of the biggest challenges for Lt. Cdr Heather Huentelman, USPHS, Pharm D, is not providing treatment to HIV patients but making sure the patients actually adhere to the sometimes complex drug regimen.

“It is the patients that have other things going on as far as mental health and substance use that usually are the harder ones to get to adhere to their medications and come to their appointments,” said Huentelman, a clinical pharmacist for the HIV Center of Excellence at the Phoenix Indian Medical Center. “It is just heart-breaking when they die of an opportunistic infection that could have been prevented.”

Huentelman counsels HIV patients on life-saving antiretrovirals and makes sure dangerous drug interactions are avoided.

Prior to Huentelman’s joining the center’s interdisciplinary team, there was a pharmacist trained in HIV management in the outpatient pharmacy, but there was not a clinical pharmacist who was part of the center’s interdisciplinary team or who was assigned to the clinic.

“As part of the team I’m responsible for looking for drug interactions, making recommendations on medication changes, really focusing on adherence,” she said. “In our clinic, we are the primary care provider as well as the HIV provider, so we have a lot going on, so it helps to have a second set of eyes looking at it.”

Huentelman came to the Phoenix Indian Medical Center as a pharmacy resident in 2004. With a strong interest as well as experience in HIV gained during her clinical rotations, she was tapped for a HIV clinic pharmacy residency rotation, which was created after a drug interaction was missed. “I started a longitudinal rotation with the HIV clinic and I just integrated myself in and started doing my adherence work and drug interaction screening,” she said.

After her residency, Huentelman joined the center’s team as a clinical pharmacist, a new position created in which she was responsible for procuring alternative resources to reduce the center’s expenditures for antiretrovirals and finding funding for her position. “When I first started we were spending about a half million on antiretrovirals,” she said. “Last year we spent \$1.1

million, but less than \$200,000 of that came from the Phoenix Indian Medical Center budget.”

Working at one of the three major HIV centers within IHS, Huentelman and her colleagues are able to reach patients outside of the Phoenix area through the center’s telehealth capabilities. “We actually take referrals from other facilities and do consulting and it is all case-based,” she said. “It comes to us in a secure server and we review the case and make comments and suggestions and send the information back to the other sites.”

Originally from Paulding, OH, Huentelman began her path to a pharmacy career when she took a lab manager position at the University of Florida after graduating from Ohio University.

She decided she wanted to work with the American Indian population after doing a two-month clinical pharmacy rotation with IHS in Cherokee, NC, in 2003. In addition to her role as the clinical pharmacist for the center, Huentelman has also served as the acting director

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of the center since 2009. She is the first pharmacist to fill that position.

Huentelman said she keeps an open mind and tries to provide the best care possible for her patients.

“I hope I am supportive and open and I try not to be judgmental of any activity they are participating in because anyone who has had unprotected sex once in their lifetime could have HIV,” she said of her patients. “I know that it could be anyone so that is the way I treat my patients.”