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RESEARCH NOTES

Assessment of the benefits of and barriers to HIV pharmacist credentialing

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ABSTRACT

Objectives: To ascertain the reasons for, benefits of, and barriers to pursuing the American Academy of HIV Medicine (AAHIVM) HIV Pharmacist (AAHIVP) credential.

Methods: A cross-sectional study using an electronic self-administered survey was used. Two separate invitations to participate in online surveys were sent to pharmacists who practice in HIV-related settings: 1 to pharmacists with the AAHIVP credential and 1 to members of key pharmacy organizations and employers without the credential. The surveys assessed demographics, concurrent credentials and certifications, and factors influencing the pursuit of and benefits gained from having the AAHIVP credential (credentialed population) or barriers to pursuing the AAHIVP credential (credentialed and noncredentialed populations).

Results: There were 192 participants (survey response rate 38.8%) in the credentialed population and 212 participants in the noncredentialed population. Perceived recognition as an HIV expert from pharmacist (n = 174; 90.6%) and physician (n = 162; 84.4%) peers was the main reason for credentialing; only 20.4% (n = 23/113) of participants' employers reimbursed for the credential. Common reasons for nonpursuit included lack of employer incentive (n = 46; 26.6%) and lack of fee reimbursement (n = 38; 21.9%) in those aware of the credential. However, a majority of these noncredentialed participants reported they would be interested in pursuing credentialing (n = 152; 80.4%).

Conclusion: AAHIVP credentialing is sought and maintained on the basis of perceived intangible benefits, such as peer recognition, over tangible benefits, such as increased salary and reimbursement by third-party payers. Despite interest, a lack of employer reimbursement is perceived to be a barrier to AAHIVP credentialing among those who have not yet been credentialed.

Pharmacist credentialing demonstrates additional clinical knowledge and expertise that exceeds the basic requirement of a doctor of pharmacy (PharmD) degree or bachelor of pharmacy degree (no longer available from colleges of pharmacy in the United States) and state licensure. Many credentials are available, including those offered by the Board of Pharmacy Specialties (BPS), Certified Diabetes Educator, and Certified Asthma Educator.[1] Federal agencies, colleges of pharmacy, and boards of pharmacy recognize these pharmacists as well-educated health professionals who are highly committed to the pharmacy profession and their patients.[2] Credentials such as these also give pharmacists a competitive edge, recognize their expertise in a specific area, and are attractive to employers.[1] Employers may offer incentives for credentialed pharmacists, including increases in pay or bonuses.[3]

More than 28,000 pharmacists have become board certified from 1 of the 8 certification programs currently offered by BPS, including ambulatory care pharmacy (BCACP), critical care pharmacy (BCCCP), pediatric pharmacy (BCPPS), nuclear pharmacy (BCNP), nutrition support pharmacy (BCNSP), oncology pharmacy (BCOP), pharmacotherapy (BCPS), and psychiatric pharmacy (BCPP).[4] In a 1992 survey, pharmacists with the BCPS credential reported increased salary, promotions, and consulting opportunities with drug companies and contract-research firms, better qualifications for academic promotion and tenure, and improved job security and employment opportunities as

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anticipated benefits of their certification.[5] Other benefits of becoming board certified include increased self-worth, enhanced competence, and increased marketability.[6] More recently, reported motivators have included an increase in salary and a job requirement.[7] Clearly, several perceived benefits are anticipated for the investment in the BPS certifications.

Many pharmacists pursue board certification; however, many pharmacists who specialize in human immunodeficiency virus (HIV) care find that their specialty is not adequately covered by existing BPS credentialing examinations. In 2011, the American Academy of HIV Medicine (AAHIVM) developed a credentialing process for HIV pharmacists (AAHIVP) who meet specific criteria, including being a licensed U.S. pharmacist with completion of 30 credit-hours of HIV-related continuing education, having direct ongoing involvement in the care of at least 20 patients living with HIV within the past 24 months, and passing a written examination. Although many pharmacists are encouraged to pursue such credentials, the uptake of this credential has been somewhat slow. This could be due to actualized benefits of the AAHIVP designation being largely unknown compared with non-HIV–related board certifications.

Objective

The objective of this study was to ascertain the reasons for, benefits of, and barriers to pursuing the AAHIVP credential.

Methods

Two separate surveys were electronically distributed to pharmacists who practice in HIV-related settings. The surveys were first piloted by AAHIVP-credentialed (n = 6) and noncredentialed pharmacists (n = 4). Feedback was used to revise questions and survey structure as appropriate. Data collection commenced on December 1, 2015, and continued until January 31, 2016. Two reminder e-mails were sent during the data collection period. This study was considered to be exempt by the Institutional Review Boards at Western University of Health Sciences, Xavier University of Louisiana, and Midwestern University. The AAHIVM was an active partner involved throughout the study. Readers are encouraged to visit www.aahivm.org for more information about the organization.

Credentialed population

An invitation to participate in a 14-question Qualtrics-based survey (Appendix 1) was e-mailed to pharmacist members of the AAHIVM who currently hold the AAHIVP credential (n = 495). Pharmacists who were not AAHIVP-credentialed were excluded from this portion of the study. The survey assessed demographics, concurrent credentials and certifications, factors influencing the pursuit of and benefits gained from having the AAHIVP credential, and barriers to pursuing the AAHIVP credential.

Noncredentialed population

An invitation to participate in a 15-question Qualtrics-based survey (Appendix 2) was e-mailed to members of key pharmacy organizations and employers with which HIV pharmacist specialists are commonly involved. These organizations included the American College of Clinical Pharmacy's HIV Practice and Research Network, the Society of Infectious Diseases Pharmacists, noncredentialed pharmacist members of AAHIVM, AIDS Healthcare Foundation Pharmacy Managers, and Walgreens HIV pharmacist specialists. Participants with overlapping memberships were asked to complete the survey only once to prevent duplicate responses. Because the surveys were anonymous, screening for duplicates was not possible. The survey assessed demographics, concurrent credentials and certifications, and barriers to pursuing the AAHIVP credential. A subanalysis of those noncredentialed participants who would be eligible to sit for the AAHIVP exam was also undertaken. These participants' eligibility was based on their self-reported responses compared with AAHIVP requirements (https://aahivm.org/hiv-pharmacist/) and not verified by AAHIVM.

Data analysis

Descriptive statistics were compiled with the use of Intercooled Stata, version 13 (StataCorp, College Station, TX).

Results

Credentialed population

A total of 192 participants completed the online questionnaire among the credentialed population (response rate 38.8%). A plurality of participants were 35 to 44 years of age (n = 76; 39.6%), and a majority were female (n = 123; 74.1%), practicing in community or ambulatory care settings (n = 139; 72.4%), and held a PharmD degree (n = 161; 83.9%; Table 1). Approximately one-third completed at least 1 year of pharmacy residency training (n = 69; 35.9%), and 57 (29.7%) were board certified through BPS.

Overall, participants reported that health care providers, including pharmacists, physicians, nurse practitioners, and physician assistants, were aware of the significance of the AAHIVP credential. Despite high reported employer awareness of the significance of the credential, only 20.4% (n = 23/113) of participants' employers reimbursed for the credential, and only 5.7% (n = 11) of credentialed participants reported additional compensation. Instead, the majority of participants sought AAHIVP for recognition as an HIV expert from pharmacist (n = 174; 90.6%) and physician (n = 162; 84.4%) peers and to serve as an example to peers and trainees (n = 140; 72.9%). Almost all participants planned to renew their AAHIVP (n = 178; 92.7%), and 78.7% (n = 151) planned to encourage a colleague to pursue the AAHIVP designation.

Noncredentialed population

There were 212 survey participants. A response rate for the barrier-themed survey is unable to be reported because the professional organizations and employers sent the questionnaire link on behalf of the authors to maintain the confidentiality of their member and employee e-mail addresses. Most participants were 25 to 34 years of age (n = 88; 41.9%), female (n = 114; 54%), and practicing in community or hospital settings (n = 170; 80.2%; Table 2). Twenty-seven percent (n = 58) were board certified through BPS, and 20.8% (n = 44)