Collaborative Care: Optimizing Patient Care
Expanding Access to Pharmacy Care by
Empowering Pharmacy Technicians
in Supporting Roles

Timothy R. Koch, RPh, CHC
Senior Director, U.S. Ethics and Compliance
Health and Wellness Practice Compliance

PRESENTATION ASSEMBLED BY MEGAN K. MILLER
DOCTOR OF PHARMACY CANDIDATE MAY 2019
1. Analyze the opportunity and necessity for expanded roles of the pharmacy team to improve patient care and access to clinical services.

2. Identify key takeaways from advanced technician projects in community pharmacy.

3. Describe the opportunities and strategies for further advancement and progression of the community pharmacy care team.
Traditional Technician Roles

• Data entry
• Fill prescriptions
• Maintain inventory
• Check out prescriptions
Advancing Technician Roles in the Pharmacy

- Tech check tech
- Tele-pharmacy
- Point-of-Care Testing
- Immunizations
- Management Roles
- Adherence
- Medication Reconciliation
- Accept verbal new/refill prescriptions
- Transfer prescriptions
Why Advance Pharmacy Technician Duties?

Time burden for the technical responsibilities

Frees up pharmacists from the dispensing function

More hours allocated to patient care via clinical services
Barriers to Advancement

- Training and Certification
- System limitations
- Corporation, pharmacist, and technician engagement and acceptance
- State Regulations and variabilities
- Retention and poaching
- Expense
- Opposing Views
Tackling the Barriers

Opposing Views
- Address the fears of reduced/replaced pharmacist hours
- Minimize perceived threat to pharmacists’ role

Expense
- Still profitable due to added values and services despite increased wages\textsuperscript{1}

Retention/Poaching
- 2017 Survey:\textsuperscript{1}
  - 50% planned to stay with employer for next 5 years
  - 33% planned to stay with employer for next 10 years

Laws
- Largest barrier due to outdated laws and regulations and difficulty of implementing change
- Boards of Pharmacy need to create rules and allow pharmacists to create policies regarding delegation of tasks by the pharmacist to the technician
- Everyone needs to support the plan
Various Points of Entry for Pharmacy Technicians

- Registration
- Licensure
- Certification

- Retail Based
- Hospital Based

- Programmatically accredited
- Non accredited

- PTCE
- ExCPT
- State Exam

Board Regulation

Employer Training

Formal Education

Board approved exam
DEFINING A NATIONAL STANDARD

Revise the accreditation standard for entry-level pharmacy technicians\(^2\)
Stakeholder Consensus Conference

http://www.ajhp.org/content/ajhp/early/2017/06/07/ajhp170283.full.pdf?ssos=checked=true
About the Conference

- Planned by PTCB, ASHP, ACPE with the help of a multi-stakeholder advisory group
- Sponsored by the Pharmacy Technician Certification Board
- Held February 14 – 16, 2017 in Irving, Texas
- 89 invited participants
- 350 individuals participated remotely in the plenary sessions
- Attendees included the public, pharmacists and technicians from various types of practice and education settings and public members
Recommendations from Stakeholder Consensus Conference

- Defining Pharmacy Technicians
- Pharmacy Technician Education
- Required Knowledge, Skills, and Abilities of Entry-Level Pharmacy Technicians
- Certification of Pharmacy Technicians
- State Laws and Regulations on Pharmacy Technicians
- Advanced Pharmacy Technician Practice
- Moving Forward on Pharmacy Technician Issues
SECTION I: COMPETENCY EXPECTATIONS

Entry-Level

• The program prepares students for practice as Entry-level pharmacy technicians in a variety of contemporary settings (e.g., community, hospital, home care, long-term care) and has students acquire knowledge, skills, behaviors, and abilities needed for such practice.

Advanced-Level

• The program prepares students for practice as Advanced-level pharmacy technicians, in a broad range of advanced roles in a variety of contemporary settings (e.g., community, hospital, home care, long-term care) and has students acquire additional knowledge, skills, behaviors, and abilities beyond those of the Entry-level pharmacy technician, needed for such advanced practice.
### ASHP Accreditation Standard for Pharmacy Technician Training Programs

<table>
<thead>
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<th>Level of Training</th>
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<th>Proposed January 2019&lt;sup&gt;2&lt;/sup&gt;</th>
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<td>Entry</td>
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<tr>
<td>≥ 15 weeks</td>
<td>≥ 8 weeks</td>
<td>≥ 15 weeks (includes entry-level hours)</td>
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<td>Total Hours</td>
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<td>400</td>
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<tr>
<td>- Didactic</td>
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<tr>
<td>- Simulation</td>
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<td>50</td>
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<tr>
<td>- Experiential</td>
<td>160</td>
<td>130</td>
</tr>
<tr>
<td>- Remaining hours allocated per program</td>
<td>200</td>
<td>100</td>
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</table>
Current Advancements in the Profession
Technician Immunizations

• Pharmacist still responsible for everything but the actual stick\(^1\)

• Time burden – think flu season

Idaho Board of Pharmacy

• “An immunizing pharmacist may delegate the technical task of administering an immunization to a technician under their supervision who: holds a current certification in basic life support for healthcare providers, has successfully completed an ACPE-accredited or comparable course on immunization technique, and is a certified pharmacy technician.”\(^1\)

• Training Pilot—Administered influenza, pneumonia, shingles, and Tdap vaccinations

TRAINING

Training
\- Developed by Washington State University (WSU)\(^1\)
\- Originally 4 hours \(\rightarrow\) now 4-6 hours
\- 2 hour home study + 2 hour live training\(^1\)
\- Minimum passing score of 70\% for a 10-question multiple choice exam and proper demonstration of technique\(^1\)

Pilot Program\(^1\)
\- December 2016 – May 2017
\- 25 Technicians
\- 953 immunizations and 0 adverse events reported over 6 months
• Iowa New Practice Model (NPM)\textsuperscript{1}
  • 7 Community Pharmacies
  • Pharmacists did not reduce or replace pharmacist hours with technician hours
  • Demonstrated that technicians were accurate in checking refill prescriptions – expanded to new and refill prescriptions
  • Expanded patient care services
  • One pilot site reported that pharmacists helped reduce cost of care by $300 per member per month in a payer pilot; improved adherence.
The Path to Expansion

- Agree on a Standard
  - Pharmacy Stakeholder Consensus Statement
  - Competency skills and knowledge

- Modify Accreditation Standard
  - Divided entry vs. advanced technician levels
  - Defined criteria for certification

- Implement Supportive Legislation
  - Remove itemized tasks
  - Grant delegation authority
Ultimate Goal: Authority/Discretion to Delegate to Technicians

**MEDICATION DISPENSING SUPPORT**
- Accept a verbal prescription
- Clarify technical elements of prescription
- Transfer a prescription
- Search PDMP
- Perform final verification of medications that have previously undergone DUR by a pharmacist

**TECHNICAL SUPPORT FOR PHARMACIST CLINICAL SERVICES**
- Administer immunizations
- Administer CLIA-waived tests
- Perform basic physical assessment (ex: pulse, temperature, blood pressure)
- Conduct medication reconciliation or preparatory work for MTM
In Conclusion

Free pharmacists time

Focus on patient outcomes

Reduce overall cost of healthcare
Special thanks to Alex Adams, Sheri Roumell, and William Zellmer on their input and updates in the field.
References


Picture Credits:

https://www.google.com/search?q=mountain&sa=X&ei=7p02W6mwD6rejwTyu7C4DQ&q=mountain&oq=mountain&gs_l=img.3..0i67k1l2j0j0i67k1j0l2j0i67k1j0j0i67k1j0.26142.27279.0.27478.8.7.0.0.0.0.553.553.5-1.1.0....0..1443.7/1.553..0.4dKs5t1QWQ&safe=active&usg=on&imgmurl=https://www.bhf.org.uk/heart-matters-magazine/medical/tests/blood-sugar
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Objectives

• List the goals of the Iowa New Practice Model Task Force.
• Explain ideal characteristics that should be in place at a pharmacy prior to the implementation of technician product verification (TPV).
• Describe strategies used at Iowa New Practice Model sites to optimize delivery of pharmacy services.
History of Iowa’s New Practice Model

Community Pharmacy Practice

- Landscape of community pharmacy practice in Iowa in 2007-08
- Membership-driven
- Barriers to patient care and ideas for solutions
Where to start?

Partners

- Community Pharmacies:
  - Medicap (1)  
  - Thrifty White (2)  
  - Main at Locust (1)  
  - Mercy Family Pharmacy (1)  
  - Hy-Vee (1)  
  - Target (1)  
  - Nucara (4)  
  - Walgreens (2)  
  - Wester Drug (1)  
  - Towncrest (1)  
  - Medica (1)  
  - Hartig Drug (1)  
  - Medica (1)

- The Collaborative Education Institute (CEI)
- Drake University College of Pharmacy and Health Sciences
- Health-systems with Tech-Check-Tech experience
- Iowa Board of Pharmacy
- Iowa Pharmacy Association
- Third party payers
- The University of Iowa College of Pharmacy
- Funding partners: Community Pharmacy Foundation, National Association of Chain Drug Stores, McKesson, Telligen
New Practice Model Task Force

- Established vision and goals
  - Enhanced patient safety
  - Improved patient health outcomes
  - Recognized by patients, providers, and payers of healthcare as a valuable service model
- Reproducible
- Professionally rewarding
- Financially sustainable
Tech-Check-Tech (TCT)

- **Definition:** A program in which one or more certified pharmacy technicians are qualified to safely check the work of other certified pharmacy technicians; provide final verification for drugs
  - Pharmacist maintains professional and clinical duties to review data entry and drug utilization review

- **Limitations:**
  - Institutional settings
  - Applies to situations only when a technician provides initial filling process
  - No standard definition
**Definition:** Delegate product verification dispensing task to a certified pharmacy technician; used to expand or increase the clinical role of the pharmacist.

**Benefits:**
- Precisely describes function and process
- Does not limit who (or what) performs filling function
- Understandable to non-pharmacy stakeholders
Previous Research

• 11 Studies (1978-present) in which technicians verify the accuracy of other technicians in the hospital setting

• Systematic Review: Safety and accuracy are maintained in the dispensing process
  • Technicians: 99.6%±0.55%
  • Traditional: 99.3%±0.68%

• The model further frees pharmacists time for advanced clinical services
  • Range: 1 hour/day to 10 hours/month

Lessons from Iowa-based Hospital TCT Programs

- 2007 – Legislation passed in Iowa to allow TCT programs in institutional settings
  - Programs require BOP approval
- 2011 – First hospital TCT program is established at Spencer Hospital
- Five (and growing) active & approved programs in Iowa
Authority of Board of Pharmacy

- Iowa Code allows for pharmacy pilot or demonstration research projects
  - To waive statutory requirement of pharmacist final verification
  - BOP may approve projects for up to 18 months

- 2011 Iowa Acts, chapter 63, section 36, as amended by 2012 Iowa Acts, House File 2464, section 31
New Practice Model: TPV Workflow Design

Pharmacist utilized within workflow for:
- Interventions/DUR
- Counseling
- Clinical Services

*Image verification
*Barcode scanning
*Filling machines
New Practice Model: Research design

- Study Aims
  - Safety of prescription dispensing
  - Provision of community pharmacist-provided patient care service

- Measures done at baseline and during the study period
  - Error rates for eligible prescriptions
  - Estimated time pharmacists spent on various activities in the pharmacy
  - Documented type of patient care services pharmacists were providing
**New Practice Model: Timeline**

- **2014** – Phase 1 was approved, piloting TPV for refills in 7 community pharmacies
- **2015** – Phase 2 was approved, adding 10 additional sites
- **2016** – Phase 3 & 4 were approved
  - Phase 3 adding New Rx’s to TPV workflow in 12 pharmacies
  - Phase 4 continuing with refills in 1 pharmacy
- **2018** – Introduction (and passage) of legislation to amend current definition of tech-check-tech
New Practice Model: Preliminary Data

- Safe dispensing process
- Pharmacist time spent in patient care increased by 133%
- Total number of services ~doubled
  - Increased: MTM completion, immunizations, med sync enrollment
  - New services: Med sync programs, collaborative practice agreements, disease state specific education or targeted interventions
  - Improved clinical services workflow & documentation of services
- Poster Presentations Available
  - http://www.iarx.org/ipanpm
- Publication Available
  - https://doi.org/10.1016/j.japh.2018.02.005
Process Considerations When Evaluating TPV in Community Practice

- Readiness Assessment
  - What are your goals?
  - Why do you want to implement TPV?
- Leadership and Support
  - Required at all levels
- Service Considerations
  - Pharmacists are actively providing services
  - Service documentation
- Pharmacy team considerations
  - Job tasks/roles, supportive of change, liability, trust
  - Have enough eligible team members
- Practice considerations
  - Space/technology considerations
  - Workflow redesign
Addressing Concerns Upfront

- Patient safety
- Responsibilities
- Liability
- Quality assurance
- Site readiness
• Primary concern is patient safety
  • TPV must have similar or lower error rates compared to pharmacist-checked verification

• Appropriate use of pharmacist time
  • TPV programs must demonstrate that delegating product verification benefits patients through increased patient care

• TPV programs should improve and address non-dispensing patient safety concerns, such as non-adherence, through increased patient care
  • Role of BOP compliance officers
Prepare to Implement in Practice

- Buy in – signatures of support
- Plan for improvements needed
  - Technology or physical space improvements
  - Service expansion/integration
  - Service documentation
- Baseline data collection
  - Wrong drug, wrong strength, wrong cap, wrong quantity, other
  - Patient care services
Examples of Workflow Redesign Considerations

- Where will stations be located?
  - Who will be at each station? What will their tasks be?
    - Pharmacist needs to be accessible but not disruptive to distributing process
    - Workflow should facilitate technician leadership

- Where in the pharmacy will TPV be implemented?
  - Compounding, LTC or dose packing, traditional dispensing
New Practice Model: TPV Workflow Design

- Pharmacist utilized within workflow for:
  - Interventions/DUR
  - Counseling
  - Clinical Services

Pharmacist Consult (New or patient/RPh questions)

Data Entry/ DUR by RPh
Preparing the Team

• Set expectations for ALL staff
  • Everyone’s role will change

• Trainings
  • TPV; leadership; CQI

• Professional development

• Policy & procedures
  • Job descriptions
  • Workflow processes
  • Signatures
Communication through the Change

- How is workflow going?
- What needs to be tweaked/changed?
- Has enough been delegated from the checking technician?
- How are the pharmacists spending their free time?
- What additional support does staff need?
- If errors have occurred, discuss as part of your CQI process.
Suggestions for Success

• Quarterly team meetings
• Review quarterly data and compare to baseline
• Discuss progress and goals
• Set goals as a team
• Discuss what needs to be done as a team to achieve goals
Expanding Care Optimization in Your Practice

Technicians may check the work of other technicians

Community Pharmacy Setting
NABP Survey of Pharmacy Law 2018
Pharmacies had adequate level of clinical services
Provided guidance on pharmacy services
  • NPM Policy & Procedures
  • Live meetings
  • Use of patient care process
  • Help pharmacists recognize the value in the work they already do

Supported and challenged pharmacists to:
  • Change their mindset
  • Overcome barriers – real and perceived
  • Use NPM as a tool to expand pharmacy services
Prescribing Under a Statewide Protocol, Statewide Standing Order or Unrestricted (Category-Specific) Authority
# Current Applications of Statewide Protocols

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<td>Naloxone</td>
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<td>Fluoride</td>
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<td>Limited Formulary</td>
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Step 1: Understand Current Landscape & Opportunities in Your State

- Convene the conversation
- Identify key stakeholders
- Practice and regulatory/legal limitations
- Interested pharmacies
  - Availability of current services to perform in your state - reimbursable or not
  - Trouble shooting the barriers to perform services
  - Complement your pharmacy's strategic plan
Step 2: Explore New Avenues for Growth and Collaboration

- Platform for sharing best practices
  - Conference calls and live meetings
  - Communication (including listening) is important
  - Examples: start or expand medication synchronization programs; administering long-acting antipsychotic injections

- Leverage local relationships, while utilizing state associations and other networks

- Understand what other providers are dealing with
  - ACO & value-based contracts
  - Quality Payment Program (QPP)/MACRA
  - Documentation and data-sharing
Paradigm Shift

• Developing a real ‘workflow’ for services
  • Identification
  • Provision
  • Documentation

• Realistic expectations
  • Time snippets
  • Prioritizing is important

• Pharmacist’s primary goal changes from a dispensing only model to a care optimization model
  • Recognizing and acting when a patient needs help with medication-related problems
Step 3: Build for the Future

- Align with federal and state advocacy for the profession
  - Provider status designation
  - Payment for services
  - Optimization of Pharmacy Practice Act
  - Public health and other quality initiatives
- Breaking down the silos of care
  - Partnering across the profession
  - Collaborate with other healthcare professionals
- Importance of evidence-based practice and participation in research
  - Current pilots in Wisconsin & Tennessee
First Things First

- Identify your role in care optimization (state association, pharmacy, etc.)
- Convene the conversation
  - Board of Pharmacy
  - State pharmacy association
  - Colleges of Pharmacy
- Need for...
  - Transparent discussion
  - Legislative changes?
  - Regulatory changes?
  - Pilot or research demonstration projects?
Final Thoughts

• If it’s right for the patient, it’s right for the profession

• Understand the goal and intent of expanding care optimization for pharmacy practice

• Build consensus in your state through collaboration and innovation
Questions

Anthony Pudlo, PharmD, MBA, BCACP
Vice President, Professional Affairs
Iowa Pharmacy Association

Email: apudlo@iarx.org
Phone: 515-270-0713