A Pharmacy Pilot or Demonstration Research Project for a

New Practice Model for Community Pharmacy

In Collaboration with the Iowa Pharmacy Association &

Drake University College of Pharmacy and Health Sciences

Site Specific Application for PHARMACY NAME

Primary Contact:

Contact at Pharmacy (e.g., PIC)

Title

Pharmacist License #

Pharmacy Name

Address

City, IA ZIP

Pharmacy License #

xxx-xxx-xxxx (phone)

xxx-xxx-xxxx (fax)

[email](mailto:apudlo@iarx.org) address

Submitted to the Iowa Board of Pharmacy

Date of submission

BACKGROUND

Suboptimal medication therapy is at a crisis level in our health care system. Involving the patient and utilizing more fully the community pharmacist’s knowledge and skills is important in addressing this growing problem. This is best articulated by the 2011 Report to the US Surgeon General, *Improving Patient and Health Outcomes Through Advanced Pharmacy Practice*.[[1]](#footnote-1) “The federal sector has already implemented and embraced such a health care delivery model through physician–pharmacist collaboration,” according to the report. “This collaboration, through extensive performance data, has demonstrated that patient care services delivered by pharmacists can improve patient outcomes, promote patient involvement, increase cost efficiency, and reduce demands affecting the health care system.”

Significant changes to pharmacy practice have been occurring while efforts have been underway to more accurately describe the capabilities and appropriate role of the pharmacist in a community pharmacy setting. The most significant of these in Iowa is the elevation of support personnel in pharmacies through mandatory technician certification and the advancement to all PharmD programs in the Colleges of Pharmacy. These two advancements have brought about the need and opportunity to seriously look at and redefine the practice of community pharmacy. Additionally, a tremendous effort has been put forth over the last 25 years defining Pharmaceutical Care and more recently Medication Therapy Management (MTM). Numerous studies have shown pharmacists can improve patients’ clinical and financial outcomes of medication therapy, but ongoing research to being published about the barriers to pharmacists’ ability to provide MTM services. According to the 2013 MTM Digest, the greatest challenge/barrier for pharmacists a ‘lack of insurance companies paying for MTM services,’ followed closely by ‘pharmacists have inadequate time’ and ‘payment for MTM services is too low.’[[2]](#footnote-2) A recent study performed in Iowa by Kjos and Andreski found that lack of availability of pharmacists’ time, insufficient staffing levels, and high levels of dispensing activities were the most frequently reported barriers to provision of MTM services.[[3]](#footnote-3)

It is important to define and demonstrate a new pharmacy practice model in terms of patient care improvement and safety because both are critically needed today in health care system. Medication misuse and misadventures are at a crisis level in our health care system. Involving the patient and utilizing the pharmacist’s knowledge and skills is an important strategy in addressing this growing problem. Health care reform is a priority in our society requiring health care professionals to work closely together.

The pharmacist is an important professional in optimizing the medication use process. Key components of MTM are:

* Prospective review on new medication orders.
* Appropriate choice of medication as the therapy modality.
* Minimizing drug therapy problems
* Assisting the patient in the use of the medication.
* Monitoring and adjusting of therapy.

For pharmacists to provide a more complete level of service to the medication use system, they must work with more information and an enhanced relationship with prescribers and other care providers. Pharmacists must become integrated into the health care system of the patient. The successful pharmacist will develop a partnership with both prescribers and patients. As patient outcomes will be used to drive provider or medical home reimbursement, prescribers or these entities may seek the assistance of pharmacists to optimize the care of the patients they serve. There will be patient incentives in many of these organizations to have diseases under control; therefore, they will also seek assistance from pharmacists. In order to achieve optimal outcomes, patients must be involved in their health status and engaged in the MTM process.

The use of the community pharmacist in performing these components of MTM is rarely seen. In place of community pharmacists practicing at the top of their education, the health care system has seen an underutilized health care professional. In addition, the increase of avoidable medication-related problems warrants reassessing the roles and responsibilities of community pharmacy personnel. In numerous health-systems across the country, pharmacy technicians are delegated more dispensing functions to allow for growth of clinical pharmacy services in institutionalized settings. This is no different in the state of Iowa. In 2011, the Iowa Board of Pharmacy approved the use of certified pharmacy technicians in institutionalized settings to conduct the final verification step in the dispensing process in controlled situations to increase the availability of pharmacists to conduct patient care services.[[4]](#footnote-4) This strategy to increase the role of pharmacy technicians in dispensing is commonly referred to as “tech-check-tech” programs. Advanced education and training requirements for pharmacy technicians and ongoing quality assurance is essential in such programs. These programs have seen growth of clinical pharmacy services in institutionalized settings, yet never in a community pharmacy setting. This begs the question, how well would a “tech-check-tech” program work in a community pharmacy setting and what services could community pharmacists conduct with this improved availability to practice patient care.

To address calls to improve the coordination of chronic care, new models of multi-disciplinary care teams are being evaluated in many areas. One approach, medical homes, focuses on improved patient access, better care planning and coordination, team-based care, continuity of care, self-care and patient engagement, and measuring quality improvement. Given the prevalence of medication therapy to manage chronic conditions, it is reasonable to have pharmacists engaged in the medical home team. Given the typical geographic dispersion of a medical home’s patient population, it makes sense to utilize community pharmacists to deliver services, such as MTM. In response to the established rules by the Iowa Board of Pharmacy for pharmacy pilot or demonstration research projects (657—8.40 (155A,84GA,ch63), the purpose of this application is to study the effects of a new community pharmacy practice model designed to allow community pharmacists to deliver patient care services to patients across the state of Iowa.

Under the direction of its Board of Trustees, the Iowa Pharmacy Association (IPA) officially created the New Practice Model Task Force (NPMTF) in early 2010. The NPMTF is a continuation of an unofficial working group that had been meeting throughout 2009. It had been charged with the creation and oversight of a pilot program to implement a new workflow and business model for community pharmacy. Since the initial work of the NPMTF, there have been other mechanisms that would help prove a successful impact of community pharmacist-provided medication management.

The MTM services provided by the community pharmacists in this study may:

1. Be coordinated with and complementary to pharmacy services currently be delivered by medical practices in Iowa,
2. Include comprehensive medication reviews, medication compliance counseling, immunization services, and clinical screenings, and
3. Establish site-specific collaborative agreements between physicians and community pharmacists.

The initial partners in this study included the Iowa Pharmacy Association, Drake University College of Pharmacy and Health Sciences, and NuCara Health Management, Inc.

Specific Aims of this study are to:

* 1. Implement and assess the impact of a Tech-Check-Tech program in community pharmacies in Iowa on patient safety measures
  2. Implement and assess the impact of a Tech-Check-Tech program in community pharmacies in Iowa in facilitating the provision of community pharmacist-provided services.

PILOT PROJECT LEADERSHIP TEAM MEMBERS

<<Project coordinator name>>, <<title>> will serve as Project Coordinator. This person will oversee the project, coordinate the study activities, chair the regular team meetings, and lead the writing of the study reports to the Board of Pharmacy.

<<Faculty member>>, <<faculty title>>, <<insert college of pharmacy partner>> serve as research consultant and principal investigator, will participate in regular team meetings, and will participate in the writing of the study report

<<Community pharmacy district supervisor/owner>>, <<title>>, will provide a pharmacy management perspective for coordinating the community pharmacy clinical services and Tech Check Tech programs within the community pharmacy sites. This person will participate in regular team meetings.

**PHARMACY SITE-SPECIFIC INFORMATION**

***Pharmacist-In-Charge:***

FirstName LastName

License #

College, Year of Graduation

Number of Years Licensed:

Years at Site:

Other certifications/training

***Staff Pharmacist*:**

FirstName LastName

License #

College, Year of Graduation

Number of Years Licensed:

Years at Site:

Other certifications/training

***Staff Pharmacist*:**

FirstName LastName

License #

College, Year of Graduation

Number of Years Licensed:

Years at Site:

Other certifications/training

***Certified Pharmacy Technician:***

FirstName LastName

License #

Highest Level of Education, Year of Graduation

Number of Years Registered as Tech:

Years at Site:

Other certifications/training

***Certified Pharmacy Technician:***

FirstName LastName

License #

Highest Level of Education, Year of Graduation

Number of Years Registered as Tech:

Years at Site:

Other certifications/training

***Certified Pharmacy Technician:***

FirstName LastName

License #

Highest Level of Education, Year of Graduation

Number of Years Registered as Tech:

Years at Site:

Other certifications/training

See Appendix A for signed letters of commitment from the individuals listed above

**PROJECT SUMMARY**

Participating pharmacies were identified to be New Practice Model (NPM) participant sites using criteria defined by the NPMTF. In the NPM pharmacies, the pharmacist(s) will work collaboratively with prescribers and other care providers in their community to optimize the medication use process. This process involves the appropriate choice of medication as the therapy modality, initial selection of appropriate therapy to minimize drug therapy problems, assisting the patient in the acquisition and use of the medication, appropriate monitoring and adjustment of the medication therapy, and withdrawal or changing of medication therapy as appropriate. This ongoing effort is coordinated amongst providers, with the pharmacist actively engaged in the process.

Community pharmacies will implement “tech-check-tech” programs to increase the availability of the community pharmacist. Pharmacists will continue to have ultimate authority over the dispensing process in this model. However, that does not mean the pharmacist will have hands-on direct supervision over every aspect of dispensing. The pharmacist’s time will be concentrated on those aspects of dispensing that require the expertise of the pharmacist to assure safe and accurate dispensing.

Following is a detailed description of what our practice look like:

* The pharmacist will be physically located on the premises of the pharmacy in an environment and location that is comfortable and efficient for direct patient interaction.
* The prescription department is fully staffed by certified technicians. The pharmacist-technician relationship will become more important as the pharmacist will rely on new technologies and the leadership of head technicians to maintain the highest safety to patients.
* Many of the prescriptions filled in the pharmacy are refill prescriptions. With no changes in therapy, the most significant criteria is to make sure the medicine is correct, the generic manufacturer is used when appropriate, it is billed accurately, and the correct patient receives the medication. This aspect of the process can be entirely technician driven.
* The “final check” technician works closely with the pharmacist. This relationship is important as the pharmacist will often rely on the technician to request appropriate interaction and/or intervention. The “final check” technician has received advanced training. This training will be developed by the NPMTF in collaboration with the Iowa Pharmacy Foundation.
* New prescriptions trigger a different process which brings the pharmacist into the dispensing function – on the MTM side of the process. The pharmacist verifies the accuracy of the order and the effect on therapy.
* Medication counseling and responding to patient questions may be completed in association with the distribution of the medication to the patient, but it may also occur outside of dispensing. Pharmacists would be available for consultation with patients, prescribers and other care providers as an integral member of the team.

The medication distribution process will be under the control of a pharmacist, but only in that a pharmacist will be responsible for developing, implementing, and providing Continuous Quality Improvement for a system where the majority of activity will be completed by nationally-certified pharmacy technicians. Use of appropriate technologies (e.g., image verification, barcode scanning, filling machines) will be utilized when available to assure the appropriate medication is made available to the patient. See Appendix B for current workflow map of pharmacy.

***Board of Pharmacy Rules Waived***

As part of the Iowa’s Board of Pharmacy regulations on pilot and research demonstration projects, our pharmacy site will seek the waiver of three current Iowa Board of Pharmacy regulations.

*657—3.21(1) Technical dispensing functions***.** By waiving rule 657—3.21(1), the Board of Pharmacy would allow for a certified pharmacy technician to conduct final verification of the patient’s prescription or medication order as is the current exception in an approved tech-check-tech program pursuant to 657—Chapter 40.

*657—3.23(155A) Tasks a pharmacy technician shall not perform***.** By waiving rule 657—3.23(155A) specifically point number one, the Board of Pharmacy would allow for a certified pharmacy technician to provide the final verification of a filled prescription or medication order.

*657—8.3 (3) Pharmacist-documented verification.*By waiving rule 657—8.3(3), the Board of Pharmacy would remove the responsibility of the pharmacist to provide and document the final verification of the patient’s prescription medication in order to pilot a tech-check-tech program in community practice settings.

***Identification of Patients Needing MTM Services***

Patients currently utilizing the community pharmacy will be provided the additional clinical pharmacy services that community pharmacies are available to provide. Patients who would be eligible for commercial and/or governmental MTM services will be identified through pharmacy records. If the patient is not a subscriber to insurance coverage providing payment for pharmacist provided MTM services, these services will be provided when possible. The community pharmacists will also work closely with their physicians in their community to identify key patients in the medical practice that would benefit from medication management services. The physician and pharmacist will be provided the tools to establish a collaborative practice agreement to address these key health care needs in the community.

***Services Provided by Pharmacy***

Currently our pharmacy offers of variety of MTM services to patients who have been identified through their screening processes to receive them. These services include:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation[[5]](#footnote-5)
2. Immunization services
3. Clinical screenings and disease state monitoring

It is our goal to build upon these services while being part of this pilot project. We aim to:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation[[6]](#footnote-6)
2. Immunization services
3. Clinical screenings and disease state monitoring

**METHODS**

***Measures***

Aim 1: Implement and assess the impact of a Tech-Check-Tech program in community pharmacies in Iowa on patient safety measures.

For the assessment of this Aim, information will be gathered to ensure dispensing accuracy. Each pharmacy will act as its own control, with baseline measurement of dispensing errors being determined for 50 refills per day for 15 weekdays before initiation of the Tech-Check-Tech procedures. For the first week after the new procedures have been initiated, the pharmacist will continue to check refill prescriptions to ensure accuracy and to gather information on the efficacy of the procedures. If the error rate is equal to or lesser than the baseline measurement, 50 refills per month for the reminder of the project will be double checked for errors and those measurement recorded. If the error rate is greater than baseline measurement, additional training will be given and procedures reviewed, after which a second week long assessment will be performed. The research consultant will review these results on an ongoing basis and quarterly reports made to the Board of Pharmacy as necessary during the 18 month study period.

Aim 2: Implement and assess the impact of a Tech-Check-Tech program in community pharmacies in Iowa and in facilitating the provision of community pharmacist-provided medication therapy management.

For the assessment of this Aim, information will be gathered regarding the amount of pharmacist time that is made available for other duties as a result of the Tech-Check-Tech and on the provision of MTM services by the pharmacist(s) at the subject pharmacies. Each pharmacy will again act as its own control, with baseline measurements defining the task composition of the pharmacist(s) workday and measuring the amount of pharmacist provided MTM services at the participating pharmacy during the same 15 weekday period as defined in Aim 1. The primary data sources will be self-reported pharmacist daily activity logs and MTM claims data. Once the Tech-Check-Tech procedures have been initiated and are performing adequately as defined above, the pharmacist(s) at the participating pharmacies will begin to focus on increasing the amount of MTM services provided.

**Analysis**

Error rates during the 18 month study period will be compared to those found at baseline by means of Chi-squared testing. Comparisons of pharmacist task composition will be compared to those found at baseline by means of Chi-squared testing. The MTM claims data gathered during the study period will be compared to those found at baseline in terms of the overall number of MTM services provided as well as the frequency. In addition, the MTM claims data will be analyzed to describe the frequency of each type of MTM service provided by the community pharmacists. The types of drug-related problems, as well as the medication involved will be described. The monthly revenue derived from MTM services and technician payrolls from the study period will be compared to baseline measurements.

**INITIAL STUDY PARTNERS**

***Drake University***

Drake University faculty member, Michael Andreski, will serve as a consultant to other academic institutions looking to oversee a local research component of this project, by working with the pharmacy partners to assure that study activities are conducted in a timely and coordinated manner. Dr. Andreski designed data collection procedures, supervise data collection, manage and analyze study data, and assist in writing the study reports.

***Iowa Pharmacy Association***

The Iowa Pharmacy Association (IPA) can facilitate discussions on preparing the community pharmacy sites to deliver the MTM services. They have experience in helping pharmacy practices adjust to providing services such as MTM.

***Other Local Community Pharmacies***

In Iowa, seventeen community pharmacies across the state participated in the initial study by working to transform their current patient care delivery model to allow for a Tech-Check-Tech program to engage pharmacists in clinical programs that improve patient safety and provide enhanced patient care. Pharmacists in these pharmacies are working to deliver the clinical services as described in this study proposal and subsequent service descriptions.

**PROJECT TIMELINE**

Month 1-3 Project start-up; Finalize procedures for MTM service delivery and data collection

Month 2 Submit proposal to Iowa Board of Pharmacy for pilot/demonstration project

Month 5 Community pharmacies implement Tech-Check-Tech programs; pharmacists engage in collaborative practice agreements for patient care delivery

Month 23 Pilot project authority expires for Tech-Check-Tech

Month 22-24 Data analyses and report writing

Appendix A

Pharmacy Site #\_\_

***SAMPLE DESCRIPTION***

**Tech check Tech: Why Spencer Hospital??**

**By Gayle Mayer, Director of Pharmacy, Spencer Municipal Hospital, Spencer, Iowa**

* Physical layout/Basically One Large Room in our Central Pharmacy, conducive to:
  + Direct technician supervision
  + Questions from techs
  + Follow-up from pharmacists
  + Direct observation of work flow
* Staffing:
  + Just over a 1:1 Pharmacist/Tech Ratio
  + Experienced Pharmacists (7 of 8 RPh with 5+ years experience)
* Existing Clinical
  + Have initiated several services in last 4 years that we wish **to continue**
  + Want to **expand** services offered
  + Want to **expand** patients reached
* Have done some trial runs of TCT (with RPh final check)
  + Techs have been @ 100% on the their checking opportunities
* Will bring the Lessons & Quizzes on Thumb Drive if would like to see actual education example on meeting day
* As Pharmacist in Charge, I have 6 years teaching experience at Iowa Lakes Community College specifically in a Certified Pharmacy Technician Program.
* My pharmacists have shared input on developing this proposal, and will continue to be engaged on training and supporting the technicians.
* Our technicians have actively embraced this opportunity to further their careers and be even more actively involved in serving our patients as a member of the SH Pharmacy team.

Spencer Hospital is a 99 bed acute care facility with 2 Med/Surg floors, inpatient Mental Health, Intensive Care Unit, Emergency Department, 2 Dialysis Units, Radiation & Medical Oncology, Obstetrics, Surgery Center, Ambulance Service, and 2 family practice clinics. We have both a central pharmacy and a pharmacy located in our Abben Cancer Center wing.

**Spencer Hospital – “Care You Trust, From People You Know”**

**Letter of Commitment by the Pharmacy Owner**

I understand that our role as a New Practice Model Participating Pharmacy is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to:

* Support the Mission, Vision, Values and Goals of the initiative.
* Offer my expertise to help ensure the health and success of the initiative.
* Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
* Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
* Provide support for all data collection procedures.
* Provide adequate staffing as required to support the New Practice Model procedures.
* Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Commitment by Licensed Pharmacist**

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to:

* Support the Mission, Vision, Values and Goals of the initiative.
* Offer my expertise to help ensure the health and success of the initiative.
* Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
* Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
* Complete all necessary training and education as required
* Provide support for all data collection procedures.
* Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Commitment by Certified Pharmacy Technician**

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to:

* Support the Mission, Vision, Values and Goals of the initiative.
* Offer our expertise to help ensure the health and success of the initiative.
* Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
* Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
* Complete all necessary training and education as required
* Provide support for all data collection procedures.
* Actively participate in all requests for our assistance and response.

We have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix B

**TCT Workflow**

**Traditional Workflow**

Identify TCT medications

Patients drops-off or phones-in Rx

Rx Refill?

Yes

No

Any therapy changes?

No

Yes

Yes

Rx Exclusion?

* Compound
* Controlled??

\*Fill in Rx exclusions customized to your pharmacy.

No

Process/ Bill Rx/ DUR by RPh

Process/ Bill Rx/ DUR by RPh

\*Image verification

\*Barcode scanning

\*Filling machines

Filling Station

Filling Station

\*Insert technology used in your pharmacy.

Fill Rx

(\*red basket)

Fill Rx

(\*blue basket)

Pharmacist Checking Station

Technician Checking Station

Verify Rx/DUR

by **PHARMACIST**

Verify Rx by

**CHECKING TECHNICIAN**

Pick-up Window

Pick-up Window

Patient questions?

Yes

Pharmacist Consult

\*Do you want all TCT meds to have a pharmacy consult? If so, remove this step.

No

Patient leaves with Rx

Appendix C

Certified Pharmacy Technician Training

Requirements & Checklist

Technician Utilization & Authorized Checking Functions

Each technician specifically authorized to participate in TCT at the participating pharmacy will be identified in their personnel file and an added designation to their posted registrations. A certified pharmacy technician authorized to participate in TCT will be trained in and maintain all the duties, activities, and work of registered and certified technicians. Additionally the Checking Technician may be allowed to check medication orders filled by other certified technicians, limited to the following patient care situations:

* Refill medications, in which DUR has already occurred by a pharmacist
* New medications, in which DUR has already occurred by a pharmacist

Each technician certified to check will have documented training evaluation. Examples of medications that will NOT be checked by technicians include:

* Controlled substances,
* Compounded medications, and
* Others as designated by PIC or staff pharmacists.

“Checking” Technician Participation & Training

All of the following shall apply to a certified pharmacy technician authorized to be a “Checking Technician” at the participating pharmacy:

* National Certification: current and in good standing
* Iowa Registration: current and in good standing, and not currently subject to disciplinary charges or sanctions.
* Prior Experience: The checking technician shall work at the participating pharmacy full or part time and:
  + Shall have at least 2000 hours prior technician work experience and successfully complete their probationary period at pharmacy including the Basic Technician Orientation Packet (typically 90 days, may be extended to 150 days,) then complete the TCT training.
  + If the technician has no prior technician work experience in a pharmacy, they shall work no less than 1000 hours at the pharmacy and successfully complete their probationary period including the Basic Technician Orientation Packet (typically 90 days, may be extended to 150 days,) then complete the TCT training.
* TCT Training: The certified pharmacy technician shall complete pharmacy site-specific TCT training before being designated as a Checking Technician:
  1. IPA/CEI Pharmacy Technician CPE Activities
     1. Pharmacy Technicians & Patient Safety
        1. Prevention, Identification, and Classification of Med Errors
     2. Tech-Check-Tech Program & Rules Review
     3. IPA T.E.A.M Series Education
        1. Calculations Review
        2. Dosage Forms and Routes of Administration
  2. Supervised period of evaluating filling & checking functions / during period to move to job description of Checking Technician. (This is separate from first 90 day probationary period as a non-checking or basic technician)
  3. Daily Technician and Checking Technician monitoring is done, summarized biweekly and evaluated.

Responsible Individual

The “Pharmacist in Charge” or Pharmacy Manager at each participating pharmacy shall be ultimately responsible for the TCT program activities (unless otherwise noted). The PIC will be responsible for meeting TCT program training and validation requirements. The PIC will designate the staff pharmacists to supervise the activities of Checking Technicians. The entire staff, pharmacists and technicians, will be involved in collection of date for the program evaluation on a daily basis, reporting information to the PIC for analysis.

Staffing

Pharmacy staffing shall be adequate to ensure consistent and safe implementation and usage of the TCT program and will optimize pharmacist patient care services, which will have data collected and analyzed through the pharmacy’s existing CQI program.

Records

The pharmacist in charge shall maintain in the pharmacy department records for each certified pharmacy technician authorized by the pharmacist in charge or responsible pharmacist to participate in the TCT program. The records shall be available for inspection and copying by the board or its representatives and any other authorized agencies for two years beyond the term of the certified pharmacy technician’s employment. The record summary (Technician Function Levels) shall include:

a. The name of the certified pharmacy technician.

b. The date the certified pharmacy technician completed the site-specific training for participation in the TCT program.

c. The date the certified pharmacy technician was authorized to participate in the TCT program and the specific TCT program functions and tasks the certified pharmacy technician is authorized to perform.

d. When the certified pharmacy technician is authorized to check the work of other certified pharmacy technicians, the date the checking technician completed the specialized and advanced training.

e. The dates and results of all competency evaluations.

f. The dates of and reasons for any suspension or revocation of the certified pharmacy technician’s TCT program authorization, identification of corrective action or retraining completed, and date of subsequent reinstatement of the certified pharmacy technician’s TCT program authorization.

g. The dates of and reasons for any disciplinary action taken against the certified pharmacy technician in connection with the certified pharmacy technician’s performance of duties relating to the TCT program.

Evaluation of Program and Technicians:

Technician filling and Technician Checking will be monitored daily. Errors will be documented for both filling and checking, and review of all errors will also be documented on this sheet by the PIC or responsible staff pharmacist. These sheets will be collected and data entered for bi-weekly review. The records will be maintained in the pharmacy for a minimum of two years.

The implementation of the TCT program shall result in the redirection of pharmacists from distributive tasks to cognitive and patient care activities. The participating pharmacy will document these clinical activities and will collect and maintain these records for no less than two years following the date of the record. These records shall be updated at least semiannually.

1. The PIC shall conduct continuous monitoring and evaluation of each Checking Technician to ensure the continued competency of the TCT program and the safety of the patients. Errors will be identified and records maintained following the pharmacy’s quality measures, including variance tracking and reports, event analysis, follow up and education.
2. Specific evaluation of the TCT program will incorporate three measures:
   1. **Filling**: Review of errors identified by a Checking Technician or Pharmacist. The responsible staff pharmacist shall review with all certified pharmacy technicians involved with any errors identified during the evaluation of the filling process and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
   2. **Checking**: Periodic review and checking by the pharmacist of work checked (monthly to quarterly as designated) by the Checking Technician and identification and documentation of all errors not identified and corrected by the checking technician and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
   3. **Review of errors** identified following release by Checking Technician or Pharmacist. The responsible staff pharmacist shall receive, evaluate, and review with all certified pharmacy technicians involved with any errors identified by a health care professional, a patient, or any individual following release of a drug by the checking technician. All such errors will be documented on the daily form AND recorded via the pharmacy’s CQI program.
3. Periodic review and monitoring will be recorded on our Ongoing TCT Competency Evaluation Record.
4. Benchmarks will be identified by compiling and evaluating of the Technician QA Monitoring Daily Reports. Bi-weekly reports will be evaluated and cumulative misfills plus total error recaps/trending will be monitored. Errors will be classified by drug misfill (dose/dosage form) and by other misfill (counts, etc.) and summarized by hours worked. This information will be used to evaluate ongoing competencies, identify possible system modifications, provide data for continuing site specific education, and to establish need for any retraining.
5. Retraining will occur when a Technician or Checking Technician has an error rate significantly above the average for participating pharmacy’s technicians. Error rate “outliers” will be determined by an excessive error rate in filling or checking over two consecutive bi-weekly periods OR if the technician’s cumulative error rate significantly exceeds the average cumulative error rate. During the retraining period (of not less than two bi-weekly periods) a technician’s work will be checked by a pharmacist – nor will the technician be allowed to check other technicians. Retraining will consist of a repeat competency evaluation in the area/s where excessive errors have occurred and potential repeat of didactic modules as appropriate. The PIC, with the input of staff pharmacists, will determine which sections, or all, of the competency evaluations and training modules must be repeated. Upon completion of the re-training the technician will submit a completed written competency evaluation form.

1. Giberson S, Yoder S, Lee MP. *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice*. *A Report to the U.S. Surgeon General*. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. [↑](#footnote-ref-1)
2. American Pharmacists Association. *Medication Therapy Management Digest: Pharmacists Emerging as Interdisciplinary Health Care Team Members*. Washington, DC: American Pharmacists Association; March 2013. [↑](#footnote-ref-2)
3. Morrell T, Schmitz N, **Andreski M,** Kjos A, Gainer K, *Embracing Challenges in a Complex Environment: A Study of Pharmacists' Workload Dynamics and Provision of MTM.* Presented at the 159th Annual Meeting of the American Pharmacists Association, New Orleans, LA, March 11, 2012. [↑](#footnote-ref-3)
4. Iowa Admin. Code ch. 40. §1. [↑](#footnote-ref-4)
5. American Pharmacists Association, National Association of Chain Drug Stores Foundation. *Medication Therapy Management in Pharmacy Practice: Core Elements of MTM Service Model*. Washington, DC: American Pharmacists Association; March 2008. [↑](#footnote-ref-5)
6. American Pharmacists Association, National Association of Chain Drug Stores Foundation. *Medication Therapy Management in Pharmacy Practice: Core Elements of MTM Service Model*. Washington, DC: American Pharmacists Association; March 2008. [↑](#footnote-ref-6)