# Advanced Practice Pharmacy Technicians

Expanding the role of today's technicians to allow pharmacist's time for new clinical roles

# Why expanded role?

- Increased workload has cut down on time pharmacists have for patient care
- Non-judgmental tasks can be designated for other properly trained personnel
- Need to create an environment where pharmacists have the time to develop and utilize  more clinically  based services we can bill for (vs just selling a commodity)

# Current workday

- We reviewed over 50,000 prescriptions from  community based pharmacies
- Utilized statistics from 50 technicians
- Involving 26 pharmacists

# Average time to fill new Rx

- Order entry 30 seconds (tech)
- Data entry 100 seconds (tech)
- Data verification 80 seconds (RPh)
- Fill 90 seconds (tech)
- Product verification 20 seconds (RPh)
- Print rcpt/verify/bag 30 seconds (RPh)
- _____
- Total time 350 seconds (approx. 6 minutes)

# Pharmacists role

- Data verification 80 seconds
- Product verification 20 seconds
- Print/ver/bag 30 seconds
- _____
- Total 130 seconds or 2 minutes per Rx
- _____
- Refills?? 1.5 minutes per rx

# Pharmacists day

- On a 300 prescription day
  - Approx. 600 minutes spent on these task
  - Over 10 hours of time
- Still have to perform the following:
  - Immunizations, counselling, phone calls from patients and physicians, MTM, central processing, insurance issues, OTC recommendations, PMP look up for controls, etc
  - Many times does data entry, fill, and order entry when short staffed, lunches, etc

# Product Verification by techs

- Allowing tech check tech after the clinical work on a prescription is finished would save the 50 seconds per rx dedicated now capturing upwards of 3 to 4 hours time for the pharmacist to perform clinical services

# Benefits?

- More time to spend with patients
- Time needed for mandatory counselling meds, PMP lookup, MTM, Immunizations
- Time for new practice models using clinical skills
- Practice at the top of their licenses

# Concerns?

- Letting go of a long time responsibility
- Liability questions
- Properly trained technicians to perform these tasks
- Loss of jobs

# Journal of Pharmacy Technology

- Knew that TCT had been well established in the institutional setting
- Sought to look at data analyzing TCT in community based practice
- Over the past 14 years there were 4 studies identifying TCT in community settings
- The 4 studies all showed technicians performed at least as accurately as pharmacists
- They reported gains of pharmacist time at approx. 20% to be used for clinical services

- In 6 of 11 studies involving institutional and community practice technicians statistically outperformed pharmacists (99.6% vs 99.3%) in product verification
- Newer institutional TCT studies have reported time savings for pharmacists ranging from 50 hours per month to 5.75 hours per day

# Iowa Study

- Received legislative authority to conduct pilot program for TCT in community setting
- Included both chain and independent
- Technicians needed to be nationally certified, have 2000 hours of experience and be in good standing with the Board
- Required to pass CBT modules on errors, dosage forms, calculations and review of common drug classes

# Program

- Pharmacists needed to double check all the Rxs verified by the technician for the first week
- For ongoing quality assurance the pharmacist Needed to randomly check 50 rxs per month thereafter

# Results

- Pilot went on for 18 months
- After 18 months of data collection 5950 TCT refill checks had been performed
- Investigators reported no statistical difference in accuracy rate between pharmacists and technicians (99.73% vs 99.45%)
- Nearly all the errors (88%) missed by technicians were administrative in nature; IE no safety cap

# Ph 1800s
# Advanced Practice Pharmacy Techs

- Purpose and Scope
  - Impose duties upon all advanced practice pharmacy techs holding registrations issued by the Board
  - Utilization of an advanced pharmacy technician is intended to increase the availability of the pharmacist for involvement in cognitive and patient care services

# Definitions

- Registered Advanced Practice Pharmacy Technician (a) means a person employed by a pharmacy who can assist in performing, under the supervision of a licensed pharmacist, manipulative, nondiscretionary and non-judgemental functions associated with the practice of pharmacy and other such duties including product verification of a prescription as well as repackaging unit dose

# Definitions (cont)

- Product Verification
- (c ) Means the physical act of validating the drug product being dispensed

# Applicant's Requirements

- Shall be a NH Certified Technician
- Shall have successfully completed an ASHP or Board approved accredited pharmacy technician training program
- Completed at least 1500 hours or 5 years experience as a NH certified pharmacy technician
- Must maintain certified status to continue in this role

# Discipline, Revocation or Denial

- Advanced Practice Pharmacy Technicians shall be subject to the same forms of discipline as a pharmacist
  - Fines
  - CE requirements
  - Suspensions
  - Appearing before the Board
  - Loss of registration

# Continuing Education Requirements

- Shall acquire 1.0 CEU's annually between April 1st and March 31st
  - At least 0.2 CEU's in a live setting
  - At least 0.2 CEU's in error prevention or medication safety

# Standards of Practice

- It shall be the responsibility of the permit holder to identify qualified advanced practice technicians and to assure such persons meet all the qualifications required and are registered with the Board as advanced practice technicians before performing the duties of such
- The permit holder shall determine the duties of each advanced practice tech based on the needs of the pharmacy

# Standards (cont)

- The pharmacist shall verify and confirm the correctness, exactness, accuracy and completeness of the acts, tasks, and functions undertaken by the advanced practice technician who assist the pharmacist in the practice of pharmacy excluding the act of product verification as stated in Ph 1802.01c.

# Duties

- Product verification
- Medication history/reconciliation confirmation and clarification
- Assisting in continuous quality improvement programs
- Independent final verification of unit dose repackaging
- Advanced pharmacy technician training

# HB 469
# Continuous Quality Improvment

- Each licensed pharmacy shall establish a continuous quality improvement program (CQI). The purpose of the program shall be to assess errors that occur in the pharmacy during the review, preparation, and dispensing of prescription medications and to allow the pharmacy to take appropriate action to prevent or reduce the likelihood of a recurrence. The program is non-punitive and seeks to identify weaknesses in processes and systems, in order to make appropriate corrections to improve them.

# HB 469 (cont)

- A CQI program may be comprised of staff members of the pharmacy, including pharmacists, registered pharmacy interns, registered pharmacy technicians, clerical staff, and other personnel deemed necessary by the pharmacist in charge or the consultant pharmacist of record.

# HB 469 (cont)

- A CQI program shall require that the pharmacist in charge or the consultant pharmacist of record ensure that a review of quality-related events occurs at least every 3 months, contain a planned process to record and assess quality related events, include a process for documenting actions to improve the quality of patient care, and maintain a summary of the documented actions. The review should consider environment and systems-based contributing factors

# HB 469 (cont)

- The pharmacy reports incidents and unsafe events through either:
- a contracted Patient Safety Organization (PSO), recognized by the Agency for Health Research and Quality (AHRQ), whose primary mission is pharmacy continuous quality improvement; or
- an internal program in the pharmacy documented in a written record or computer database created solely for that purpose.

# HB 469 (cont)

- The quality-related event shall be initially reported by the individual who discovers the event or to whom it is reported. Documentation of ~~a~~ quality related events shall include a description of the event that is sufficient to permit categorization and analysis of the event. Pharmacies shall maintain such records at least until the event has been considered and incorporated in a summary of documented actions

# HB 469 (cont)

- As a component of its CQI program, each licensed pharmacy shall assure that, following a quality-related event, all reasonably necessary steps have been taken to prevent or minimize patient harm.

# HB 469 (cont)

- CQI programs shall be confidential. The summarization document shall list process improvements undertaken following a quality-related event. No patient names or employee names shall be included in this summarization. The summarization shall be maintained for 4 years and be made available within 72 hours of request by board inspectors. Continuous quality improvement records shall be considered peer-review documents and not subject to discovery in civil litigation or administrative actions.

# Ph 1700s  CQI rules

- “Continuous quality improvement” means a system of standards and procedures to identify and evaluate quality-related events and improve patient care.

# Quality related event

- “Quality related event” is a known, alleged, or suspected medication error that reaches the patient, including:
- A variation from the prescriber’s prescription order, including, but not limited to:
- Incorrect medication
- Incorrect dosage strength;
- Incorrect dosage form;
- Incorrect patient; and
- Inadequate or incorrect packaging, labeling or directions

# QRE (cont)

- A failure to identify and manage the following, including, but not limited to:
- Over-utilization or under-utilization;
- Therapeutic duplication;
- Drug-disease contraindications;
- Drug-drug interactions;
- Drug-allergy interactions; and
- Clinical abuse/misuse.

# Program Components

- Ph 1703.01 Each pharmacy's continuous quality improvement program shall meet the following minimum requirements:
- Meet at least every three months;
- Have the pharmacy's pharmacist in charge in attendance at each meeting; and
- Perform the following during each meeting:
- Review quality related events associated with that pharmacy since the last meeting;

# Meeting Documentation

- CQI meeting reports should consist of the following:
- The date and time the meeting was held;
- A list of all those in attendance;
- A summary containing a general description of quality related events reviewed and a description of the action taken or to be taken to prevent or reduce the likelihood of recurrence of the event; and
- Evidence of education provided to pharmacy personnel based on CQI program findings
- Discussion during the meeting regarding this section is how to ensure that information from the meetings is shared with all pharmacy staff. Some concern expressed regarding requiring evidence to be included with the report.

# Other data use (Best practices)

- 1703.02 In addition, each pharmacy's continuous quality improvement program may perform the following as appropriate:
- (1) Review quality related event information from sources external to the pharmacy.
- (2) Establish an action plan and/or evaluate existing action plans to prevent or reduce the likelihood of recurrence of a similar event.
- (3) May review unsafe conditions or near misses

# Documentation Requirements

- (1) Documentation, as defined in Ph 1703.01 (5), shall be maintained in the pharmacy department for a minimum of 4 years
- (2) Documentation, as defined in Ph 1703.01 (5), shall be available for board inspection

# Continuing Education

- Upon next license renewal or initial application, pharmacists shall obtain 0.2 CEU's in training related to continuous quality improvement.
- Pharmacists shall obtain 0.2 CEU's annually in training related to medication error prevention or medication safety.

# HB 469 (cont)

- Amendment attached and passed
  - Adds hepatitis A, hepatitis B, Tdap, MMR, and meningococcal vaccines to the list of vaccines which may be administered by certain licensed pharmacists and nullifies the provision of SB 65 of the 2017 regular legislative session which addresses the same matter
- Effective January 1st, 2018

# HB 469 (cont)

- Same requirements to administer as other vaccines
- . Provide notice to the primary care provider, when designated by the patient, of the administration of the hepatitis A, hepatitis B, Tdap, MMR, and meningococcal vaccines.
- Maintain a record of administration of hepatitis A, hepatitis B, Tdap, MMR, and meningococcal vaccinations for each individual as required by state and federal law.

# SB 150

- Allows pharmacy interns to administer influenza, pneumococcal and zostavax under the direct supervision of a pharmacist
- Effective July 11th, 2017

# HB 264

- Establish a commission to study allowing pharmacists to dispense oral contraceptives
  - Bringing pharmacists, physicians, nurse practitioners, DHHS, planned parenthood, hospital association and others together to develop a plan and recommended statute and rule changes
  - Opportunity for provider status to allow billing of consultation and prescription writing
  - Another expanded clinical role for pharmacists