NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

NACDS Optimizing Care Executive Summary

Advancing Patient Care Through New Pharmacy Care Delivery

As the healthcare system continues to evolve with a renewed focus on value and patient-centered care, community pharmacy can continue to contribute to the improvement of healthcare quality and patient outcomes. To fully capitalize on this opportunity, community pharmacy must explore new care delivery models that leverage pharmacists' expertise in patient care to the fullest extent. Advancing the delivery of direct patient care through innovative, scalable, and collaborative models offers important opportunity to mitigate issues that threaten pharmacy sustainability and patient access. Innovative care models can help promote the viability and advancement of pharmacist-delivered care for patients, while addressing traditional pharmacy barriers, which range from regulatory challenges to lack of time capacity due to demanding, but vital, medication dispensing activities.[i] A promising solution to the latter issue is the realignment of pharmacy staff to ensure all skills are leveraged to their highest capability to advance patient health.

In the spirit of such efforts, the National Association of Chain Drug Stores (NACDS) has expanded its Optimizing Care Program, which is comprised of innovative demonstration projects aimed to increase patient access to clinical care delivered in community pharmacies. Specifically, the program aims to evaluate the advancement of pharmacist-provided patient care by optimizing the administrative and technical roles of community pharmacy technicians. The primary goal of this program is to better leverage healthcare professionals and the stores' human resources in order to provide more care services for patients. The literature supports these efforts, demonstrating that pharmacy technicians can safely perform administrative duties that do not require clinical judgement[ii] and further, that pharmacists desire additional opportunities to play a more meaningful role to advance community health and patient outcomes.[iii] This model better positions pharmacists to take advantage of existing opportunities to improve our healthcare system, improve patient access to quality healthcare providers, facilitate care coordination, and increase efficiencies.

Optimizing Care aims to improve and expand access to pharmacy-provided patient care by expanding the duties of pharmacy technicians to perform final product verification and other technical functions, allowing pharmacists to redirect more of their time to providing clinical patient care.

The Optimizing Care Program aims to evaluate a new pharmacy care model, which includes the expansion of pharmacy technician roles to perform final product verification and other technical functions, allowing pharmacists to redirect more of their time to providing clinical patient care. Specifically, the process permits a pharmacy technician with training in product selection to perform the final verification of medications. This new role empowers technicians and frees up more time for pharmacist-provided patient care activities. This new care delivery model does not remove the pharmacist from the clinical decision-making process, drug utilization review (DUR), or any other clinical component of the prescription dispensing process. Likewise, this model does not reduce pharmacists' time in the pharmacy, but redistributes their time from technical duties to more clinically meaningful tasks.

Based on evidence of the Optimizing Care Model thus far, this new care delivery provides pharmacists with more time to spend with patients providing valuable healthcare services. By elevating the technical role of pharmacy technicians to include the administrative function of final product verification, pharmacists can elevate their practice to the highest caliber of modern-day pharmacy education and clinical expertise to ultimately better serve patients

and improve the healthcare system. This model works synergistically with advances in technology and expanding pharmacist scope of practice to enhance care.

To broaden the patient impact of Optimizing Care, it is essential to remove regulatory and legislative barriers which unnecessarily hinder the role of pharmacists to provide evidence-based, clinical care for patients. These include technician ratios and the regulatory inability of qualified pharmacy technicians to perform administrative duties such retrieving, clarifying, and transcribing prescriptions. For this model to sustainably and meaningfully impact patient outcomes, the role of pharmacists must be fully recognized through adequate reimbursement and scope of practice opportunities, which can be impacted by collaborative practice laws, statewide protocols, provider status at the state and federal levels, among others. The Optimizing Care Model works best when the entire pharmacy care team can be leveraged in a thoughtful and deliberate manner to advance population health and patient health.

Iowa: Pioneering a New Practice Model

In 2009, the Iowa Pharmacy Association (IPA) organized a team of stakeholders, the New Practice Model Task Force (NPMTF), to support initiatives aimed at accelerating the progression from a predominately dispensing-focused pharmacy model to one focused on clinical services. The goal of the NPMTF was to create a model that fully utilizes the knowledge and expertise of pharmacists to improve patients' health outcomes and provide a safer, more efficient and cost-effective medication use system. The task force investigated several potential interventions, but landed on the use of specially trained, pharmacy technicians ("checking technicians") for the task of final product verification, which in some areas of practice came to be known as tech-check-tech (TCT). Iowa pharmacists, pharmacy technicians, legislators, and the Iowa Board of Pharmacy (IBOP) were already familiar with the concept as TCT programs were authorized for institutional settings in 2008.

A **checking technician** is a pharmacy technician who has successfully undergone training specific to final product selection and medication selection errors and has been delegated by a pharmacist to perform technician product verification in accordance with all required rules and regulations.

The term technician product verification (TPV) was utilized in Iowa to precisely describe the function and process of this workflow and does not limit who (or what) performs the initial filling function. TPV also clearly describes the action that the checking technician is performing, which is beneficial when describing this process to non-pharmacy stakeholders. The technician is only verifying the accuracy of the dispensed product, whereas the verification of order entry as well as drug utilization review is still required to be performed by the pharmacist.

The NPMTF presented a proposal to the IBOP for an 18-month pilot project to implement, test, and research TPV, for refill prescriptions only, in seven (7) independent and regional chain community pharmacies. The initial pilot was approved and commenced on June 2, 2014, funded by the Community Pharmacy Foundation, Cardinal Health Foundation, and NACDS, later to be folded into the NACDS Optimizing Care Program. Near the conclusion of this first phase of research, the pilot expanded to include ten (10) additional community pharmacies in 2015, which included national community pharmacy chains, studying the same process as the first cohort. Results demonstrated similar, low error rates between pharmacist product verification compared to technician product verification of refilled prescriptions (0.27% vs 0.56%, p=0.484 and 0.53% vs 0.36%, p=0.318). ***Both cohorts also demonstrated a statistically significant increase in pharmacist time spent in patient care.*** [iv]

Technician Product Verification delegates final product verification to a trained pharmacy technician and is used to expand or increase the clinical role of the pharmacist.

The Board approved an extension to expand the use of TPV to include both new and refill prescriptions, thus establishing a more fully implemented TPV model for all participating sites. Results of the first pilot were published in *The Journal of the American Pharmacists Association* and interim results of the expanded pilot support that a fully implemented TPV model is a safe and effective care optimization model for increasing pharmacist time spent in patient care in the community pharmacy setting. A final publication is forthcoming, and legislation is pending to permanently allow TPV in Iowa.

Building on Iowa's Experience

To further investigate the Optimizing Care Model, the lessons learned in Iowa have been shared with other state associations, community pharmacies, and other strategic partners to move the initiative forward more broadly. In Wisconsin and Tennessee, associations and academic partners are working together to build upon the lessons learned in Iowa to create similar, meaningful pilots and initiatives within their own states. Both Wisconsin and Tennessee received research waivers or pilot project approval through their respective Boards of Pharmacy prior to conducting this innovative work. The demonstration projects in each state are working to evaluate the value of Optimizing Care, with the goal of producing regulatory changes which permanently establish TPV in everyday pharmacy practice for the improvement of pharmacy-provided patient care.

Pharmacy pilot and research waivers are typically granted by the state's board of pharmacy, authorizing the waiver of specific board rules for the purposes of conducting the specified research, generally aimed to improve care.

Wisconsin: Advancing Quality through TPV

In 2016, the Pharmacy Society of Wisconsin (PSW), in strong collaboration with the Wisconsin Pharmacy Examining Board (PEB), implemented a TPV model in thirteen (13) Wisconsin community pharmacies. These pharmacies utilized a standardized step-by-step approach with guidance from an essential toolkit, developed by PSW, to facilitate the implementation of TPV practice models. The goals and objectives of the Optimizing Care Program directly align with the established Wisconsin Pharmacy Quality Collaborative (WPQC), a network of pharmacies who provide medication therapy management (MTM) services such as comprehensive medication reviews. The ultimate goal of WPQC is to resolve drug therapy problems, improve adherence, and engage patients in their own care. Leveraging the great work and mission of WPQC, the Optimizing Care Program brought about further opportunities to advance pharmacy care for patients.

PSW and their academic partners have evaluated and demonstrated the impact of community pharmacy-focused TPV on patient safety measures while allocating pharmacists' time from technical duties to the delivery of patient-centered care. An analysis of the program data is currently underway and PSW is working collaboratively with the Wisconsin Pharmacy Examining Board (WPEB) to codify TPV in Wisconsin under the terms "delegate-check-delegate."

Tennessee: Expanding Collaborative Clinical Practice through TPV

In September 2017, the Tennessee Pharmacists Association (TPA) received approval from their Board of Pharmacy to implement an Optimizing Care Program in sixteen (16) community pharmacies across the state. As mandated by the Board, each site was required to implement a new collaborative practice agreement (CPA) to advance care delivery and must continuously evaluate the impact of the project on patient care. Per the Tennessee Pharmacy Practice Act, CPAs may be implemented to optimize patient care through the initiation, selection, modification, discontinuation, or adjustment of medications in order to minimize drug therapy problems, assist the patient in the acquisition and use of the medication, and maximize medication therapy. In Tennessee, pharmacists are authorized to provide

immunizations, prescribe and dispense opioid antagonists and hormonal contraceptives, and provide select screening and testing services through a CPA or statewide protocol for patients who do not have an existing relationship with a collaborating prescriber. In addition to these services, pharmacists in Tennessee are authorized to convey orders for laboratory tests and may prescribe prescription drugs when required to perform activities pursuant to a CPA authorized by the collaborating prescriber[v] for patients who have an existing patient-prescriber relationship. The ongoing Tennessee Optimizing Care Program is leveraging these unique opportunities involving collaborative practice to optimize and advance pharmacy patient care.

Clinical Services Increased or Newly Implemented as a Result of the Optimizing Care TPV Model

Immunizations and Injections
Disease Management
Adherence Monitoring
Identification of Drug Therapy Problems
Med Synchronization
Compliance Packaging
Naloxone Distribution
Point-of-Care Testing and Treatment
Comprehensive Medication Reviews
Targeted Medication Reviews

Based on preliminary data showing maintained patient safety and enhanced patient care delivery, the Tennessee Board of Pharmacy has increased the number of participating pilot sites. Results from the first year of implementation are awaiting publication, and continued research of the model in Tennessee is ongoing.

Moving Forward: Leveraging the Team to Improve Care

As the body of evidence and experience continues to grow supporting the value of an optimized care delivery model, NACDS is hopeful that more states will leverage this data to advance the Optimizing Care Model across the country. Community pharmacy stakeholders, including state associations and Boards of Pharmacy, must work together to carefully determine what actions are required at the state-level to implement policy changes which promote improvement of pharmacy-provided care. Aside from states which already encourage optimized patient care through TPV regulation, legislative and/or regulatory changes may be necessary to achieve broad implementation across the nation. A variety of tools and resources have been developed to help facilitate this work, including a readiness assessment, implementation checklist, and educational resources. (Available at www.nacds.org/optimizing-care/)

In conclusion, the NACDS Optimizing Care Program is synergistic with other efforts within the profession of pharmacy to empower pharmacists and pharmacy technicians to positively impact patient health outcomes and improve care, aligning closely with overarching national goals to improve healthcare access and value. NACDS, with collaboration from state partners and pharmacy stakeholders, will continue to help guide and propel action in all states to benefit and advance pharmacy-provided clinical care for patients.

Acknowledgements:

Aurora Health Care Pharmacy, Boscobel Pharmacy, Cardinal Health Foundation, Cave's Drug Store, City Drug Co, Community Pharmacy Foundation, Comprehensive Wellness Pharmacy, Concordia University Wisconsin School of Pharmacy, Costco Pharmacy, Crawford's Pharmacy, Drake University College of Pharmacy and Health Sciences, East Tennessee Discount Drug, First Pharmacy Services, Froedtert Pharmacy, Gibb's Pharmacy, Hartig Drug, Hayat Pharmacy, Hy-Vee Pharmacy, Iowa Pharmacy Association, Kroger Pharmacy, Lowe's Drugs, Inc., Mac's Edgemoor Pharmacy, Mac's Pharmacy, Inc, Main at Locust Pharmacy, McKesson, Medicap Pharmacy, Mercy Family Pharmacy, NuCara Pharmacy, Perkin's Drugs, Pharmacy Society of Wisconsin, The Drug Store at South Pittsburg, Publix Pharmacy, Pulaski Health Pharmacy, Shopko Pharmacy, Surgoinsville Pharmacy, Target Pharmacy, Telligen Pharmacy, Tennessee Pharmacists Association, Terry's Pharmacy, Thrifty White, Town & Country Drugs, Towncrest Pharmacy, University of Tennessee Health Science Center, UW Health, Walgreens, Wester Drug

The creation of this document was supported by the Iowa Pharmacy Association.

---

[i] 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.

[ii] Adams AJ, Martin SJ, Stolpe SF. Tech-check-tech: A review of the evidence on its safety and benefits. *Am J Health-Syst Pharm*. 2011; 68:1824-33. https://academic.oup.com/ajhp/article/68/19/1824/5129445

[iii] AmerisourceBergen Pharmacy Check-Up: Activities and Barriers to Care Analysis. October 2018. https://www.amerisourcebergen.com/abcnew/-/media/assets/amerisourcebergen/pharmacy-checkup/abc-pharmacy-checkup-survey_final.pdf?la=en&hash=33487CFA6F5715036DF2C3EAA3FD2DD517ADDE92

Dulaney K, et al. Exploring pharmacists' perceptions regarding influenza and streptococcal testing within a chain pharmacy. Journal of the American Pharmacists Association. April 2018. https://www.sciencedirect.com/science/article/pii/S1544319118301316?via%3Dihub

Logothetis SJ, et al. Pharmacist perceptions of the New Mexico pharmacist-performed tuberculosis testing program. Journal of the American Pharmacists Association. 2018; 58: 647-51. https://www.sciencedirect.com/science/article/pii/S1544319118303935?via%3Dihub

Rutter P, et al. Community pharmacist perceptions of delivering post-hospital discharge Medicines Use Reviews for elderly patients. International journal of clinical pharmacy. February 2017. https://link.springer.com/article/10.1007%2Fs11096-016-0400-8

[iv]Andreski M, Myers M, Gainer K, Pudlo A. The Iowa new practice model: Advancing technician roles to increase pharmacists' time to provide patient care services. *J Am Pharm Assoc*. 2018;58,268 -274. Accessed at: https://doi.org/10.1016/j.japh.2018.02.005.

[v] Tennessee Code Annotated (TCA) 63-10-204(39)(A)(ix)(B)