



NACDS Optimizing Care Program

The NACDS Optimizing Care Program is comprised of innovative demonstration projects. These projects seek to increase patient access to clinical care delivered in community pharmacies by leveraging expanded roles of pharmacy technicians. In order to advance pharmacy care for patients, this program utilizes the entire skillset of all pharmacy staff by allowing pharmacy technicians to better support medication dispensing through technician product verification (TPV). This allows pharmacists to redirect their time to provide more clinical care for patients.

The NACDS Optimizing Care Program is synergistic with other patient-centered efforts to empower pharmacists to positively impact patient health outcomes and improve care. The Program aligns closely with overarching national goals to improve healthcare access and value.

| NACDS Optimizing Care Program Overview | |
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| State & Pilot Background | Results |
| Iowa¹ 18-month pilot began in 2014 and included 7 community pharmacies | <ul style="list-style-type: none"> • There was no significant difference in overall errors, patient safety errors, or administrative errors. • Pharmacists’ time in dispensing significantly decreased (67.3% vs. 49.06%, P = 0.005), and time in direct patient care (19.96% vs. 34.72%, P = 0.003), increased significantly. • Total services significantly increased (2.88 vs. 5.16, P = 0.044). |
| Wisconsin² 3-year pilot began in 2016 and included 13 community pharmacies | <ul style="list-style-type: none"> • Pilot suggests the Optimizing Care Model maintained patient safety • The ability to delegate the final product verification task may free up pharmacist time for increased direct patient care, such as medication management and immunizations. |
| Tennessee³ 2-year pilot began in 2017 and includes 14 community pharmacies | <ul style="list-style-type: none"> • Total undetected error rates were less in the Optimizing Care Model phase compared to the traditional model. • Overall, pharmacist time spent delivering patient care services increased significantly upon implementation of the Optimizing Care Model (25% vs. 43%; p<0.001), while time spent performing dispensing-related activities decreased significantly (63% vs. 37%; p=0.02). |
| Qualitative findings⁴ | <ul style="list-style-type: none"> • Key themes identified include: <ul style="list-style-type: none"> ○ Optimizing Care Model catalyzes patient care service delivery expansion in the community pharmacy setting |

¹ 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>. Further TPV research has been conducted in Iowa on new prescriptions with similar findings. Results not yet published.

² Final analyses underway, but not yet published.

³ Hohmeier KC, Garst A, Adkins L, Yu X, Desselle S, Cost M. The Optimizing Care Model: A Novel Community Pharmacy Approach to Enhance Patient Care Delivery by Leveraging the Technician Workforce through Technician Product Verification. Journal of the American Pharmacists Association. July 2019. [https://www.japha.org/article/S1544-3191\(19\)30347-4/fulltext](https://www.japha.org/article/S1544-3191(19)30347-4/fulltext) These preliminary results will be supplemented with a full analysis once the pilot concludes later this year.

⁴ Hohmeier, Kenneth C. et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. Journal of the American Pharmacists Association, Volume 59, Issue 3, 310 - 318

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| 14 semi-structured interviews of pharmacy techs, managers, and pharmacists directly involved with implementation of TPV in any one of the three states – Iowa, Wisconsin, or Tennessee. | <ul style="list-style-type: none">○ Effectiveness is driven by “freed-up” pharmacist time compared with the traditional model○ The model positively affects roles and job satisfaction of pharmacy personnel○ Technician engagement and ownership have a strong impact on the success and ramifications of the model |
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This evidence supports the ability of pharmacy technicians to take on additional, nondiscretionary duties, which expand pharmacists’ capacity to provide meaningful patient care, improving healthcare quality and value as part of the modernized, value-based healthcare landscape. Research demonstrates that innovative models of care, which expand technician roles, maintain patient safety, promote job satisfaction for pharmacists and technicians, and create opportunity to improve care quality and access for patients. Expanding technicians’ ability to better support pharmacists does not remove pharmacists from any clinical aspect of pharmacy care, nor does it remove pharmacists from the dispensing process, diminish the importance of a pharmacist or the license they hold, nor does it replace pharmacists with technicians. Hence, ***the change in duties allows pharmacists to redirect their time toward activities requiring their clinical expertise and advanced-level training.***