Advancing Community Pharmacy Quality:

Leveraging Tech-Check-Tech (TCT) to Expand Patient Care Services in Community Pharmacies
PEB Community Pharmacy TCT Pilot Request

• Outline
  ▪ TCT Background
  ▪ Wisconsin Statewide Research Pilot Project Proposal
    • Advancing Community Pharmacy Quality
  ▪ Request for approval of pilot and an assignment of a PEB liaison to the pilot
Community-Based Pharmacist Services

• Pharmacists in the community
  ▪ Increase patient access to care
  ▪ Triage patient concerns
  ▪ Improve patient outcomes

• Pharmacist service potential
  ▪ Preventative health services
    • Immunizations
  ▪ Medication optimization
    • Medication therapy management
  ▪ Primary care services
    • Point of care testing

• Barriers
  ▪ Time, insufficient staffing levels, high levels of dispensing
Community-Based TCT

• Potential
  ▪ Improve pharmacist provision of clinical services, enhanced patient engagement
  ▪ Streamlined pharmacy workflow efficiencies
  ▪ Leverage and engage pharmacy technicians

• Based on TCT programs in the inpatient setting
  ▪ Have promoted patient safety and workflow efficiencies in Wisconsin hospitals for over 10 years
TCT: Background

• Definition
  ▪ Eligible, trained, and verified technicians provide final verification of a technician-prepared medication versus final verification by a pharmacist

• Evidence
  ▪ Technician accuracy in performing a final check is comparable to pharmacist accuracy
  ▪ Demonstrated time savings for clinical services
## Error Rates – Phase 1

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline (pharmacist-checked)</th>
<th>TCT Overall Pilot (18 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of refills checked</td>
<td>5,565</td>
<td>5,950</td>
</tr>
<tr>
<td>Wrong Drug</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wrong Strength</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Safety Cap Error</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Wrong Amount</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other Errors</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Patient-Safety Errors</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Patient-Safety Error Rate</td>
<td>0.04%</td>
<td>0.07% (p=0.808)</td>
</tr>
<tr>
<td>Administrative Errors</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>Administrative Error Rate</td>
<td>0.23%</td>
<td>0.49% (p=0.443)</td>
</tr>
<tr>
<td>Total Errors</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td>Overall Error Rate</td>
<td>0.27%</td>
<td>0.56% (p=0.484)</td>
</tr>
</tbody>
</table>
Pharmacist Workday Composition

% of Time in Activity

Dispensing 60%
Patient Care 30%
Practice Development 5%
Management 10%
Other 5%

Baseline 18 months
### RESEARCH FROM IOWA

<table>
<thead>
<tr>
<th>Patient Care Services Per Pharmacist Hour</th>
<th>Baseline</th>
<th>Overall Pilot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursed Services</td>
<td>0.11</td>
<td>0.35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p=0.130)</td>
</tr>
<tr>
<td>Non-reimbursed Services</td>
<td>2.77</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p=0.043)</td>
</tr>
<tr>
<td>Total Patient Care Services</td>
<td>2.88</td>
<td>5.15</td>
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<tr>
<td></td>
<td></td>
<td>(p=0.044)</td>
</tr>
</tbody>
</table>
Advancing Community Pharmacy Quality—A Wisconsin Statewide Research Pilot Project

• Goal:
  ▪ To implement tech-check-tech (TCT) programs in a variety of community pharmacy practices across the state
  ▪ Assess the impact of the program on patient safety measures and pharmacist patient care services

• Purpose:
  ▪ Facilitate community pharmacists delivery of patient care services
  ▪ NOT intended to reduce pharmacist staffing levels
Study Design

• Baseline information will be collected prior to implementation of TCT
  ▪ Error rates calculated for refilled prescriptions
    • 50 refills/day x 15 days
  ▪ Estimated time pharmacists spent on various activities in the pharmacy: dispensing, management, practice development, patient care, and other
  ▪ Documented type of patient care services pharmacists were providing

• First week of TCT: Pharmacist double checks all Rxs checked by technician
  ▪ Inclusion if error rates were ≤ baseline

• Post-implementation: Pharmacist double checks 50 refills per month & tracks how pharmacists’ time is spent
  ▪ Monthly measurements and comparisons to baseline quarterly
Eligibility

Pharmacy Requirements:
1. Be independent, chain, or health-system community pharmacy (goal to engage 15-20 pharmacies)
2. Be a WPQC-accredited pharmacy
3. Utilize nationally certified pharmacy technicians or meet other pre-specified requirements
4. Support the completion of pharmacy staff training
5. Comply with TCT accuracy validation requirements
6. Perform show-and-tell at each dispensing OR have prescription labels that denote a description of the medication
7. Utilize technology to support dispensing activities
8. Implement and follow a quality assurance protocol and process
9. Comply with research pilot project deliverables and reporting requirements
Eligibility Continued

**Technician Requirements:**

1. Pharmacy Technician Certification Board (PTCB) certified or meet the following:
   a. Be $> 18$ years old
   b. Be a high school graduate or have equivalent education
   c. Have completed 1500 hours of work as a technician within 3 years

2. Complete didactic and experiential training related to TCT

3. Demonstrate and maintain accuracy throughout the pilot program

4. Adhere to pilot program reporting requirements
Community Pharmacy TCT Requirements

- Pharmacist physically located on premises
  - Positioned in a way to enable direct patient interaction
  - Staffing will be adequate
- Single designated pharmacist to oversee TCT program at each pharmacy
- Pharmacist must perform all prescription transcription accuracy checks and clinical review
- Compounded medications, Schedule II Control Substances, and mailed/delivered prescriptions are excluded from the TCT function
Community Pharmacy TCT Requirements (continued)

- Maintain continuous quality improvement system
- Maintain record documenting VPT requirements, training completion, and accuracy rates
- Patient consultation in accordance with state law
Workflow

Rx to be Filled* (Patient drops-off new Rx, Patient calls in refill, New Rx faxed, New Rx called in by provider)

PROCESSING STATION

Rx Excluded? (Compound, C-II, Mailed or Delivered Rx)

No

TCT Workflow

FILLING STATION*

Fill Rx (*Blue Basket)

Yes

Technology Override Occurs

FILLING STATION*

Fill Rx (*Red Basket)

Traditional Workflow
Workflow (continued)

*Specifics will vary according to practice site and workflows. DUR/Clinical review by the pharmacist must occur prior to the dispensing of the product.*
Leadership Team Members

- PSW Staff
- Project Coordinator
- Research Consultant
- Community Pharmacy Leadership
- Grant support from National Association of Chain Drug Stores (NACDS)
- Wisconsin Pharmacy Examining Board Liaison
PSW Project Coordinator

• Fellowship position for the pilot project
• Role
  - Site specific training
  - Support pilot site pharmacists, technicians, and management
  - Manage project details
  - Work directly with pharmacy participants
  - Coordinate the study activities
  - Chair the regular team meetings
# Timeline

<table>
<thead>
<tr>
<th>Months 1-6</th>
<th>Months 6-8</th>
<th>Months 8-12</th>
<th>Months 12-24</th>
<th>Months 22-24</th>
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</thead>
<tbody>
<tr>
<td>• Project start-up</td>
<td>• Develop procedures for data collection with university partner</td>
<td>• Deploy educational training</td>
<td>• Pharmacists engage in patient care service development opportunities</td>
<td>• Data analyses and report writing to inform future pilot projects and future rule-making</td>
</tr>
<tr>
<td>• Determine regulatory allowance for TCT in Wisconsin</td>
<td>• Recruit community pharmacies to participate</td>
<td>• Community pharmacies implement TCT programs</td>
<td>• Data collection</td>
<td></td>
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<tr>
<td>• Submit proposal to Wisconsin PEB for pilot/demonstration project</td>
<td>• Begin program training development</td>
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<tr>
<td>• Engage university partner</td>
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<tr>
<td>• Gather resources and training materials for pharmacists’ service provision</td>
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<tr>
<td>• Conduct educational needs assessment</td>
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Variance Requested

- **Phar 7.01(1)(c) and (d)**, which outlines a separate process for providing safe and accurate medications to patients
- **Phar 7.01(1)-(3)**, relating to minimum procedures for compounding and distribution
- **Phar 7.015(3)(a)**, which limits a pharmacy technician from providing a final verification of a filled prescription or medication order
- **Phar 7.015(4)**, which requires the pharmacist to provide the final verification
Summary

• Community-based TCT has the potential to afford pharmacists more time to provide patient services and streamline pharmacy workflows