The Expansion of Pharmacy Technician Roles in Idaho

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Learning Objectives
• Discuss changes in the advancing roles and responsibilities of pharmacy technicians
• Summarize some of the specific tasks that pharmacists can delegate to technicians
• Describe how pharmacies can utilize the expanded roles of pharmacy technicians
Overview of Idaho Law

• 101. DELEGATION OF PHARMACY FUNCTIONS
• A pharmacist may delegate to and allow performance by a technician or a pharmacist intern only those functions performed in pharmacy operations that meet the following criteria:
  • 01. Supervision: The function is performed under a pharmacist’s supervision;
  • 02. Education, Skill and Experience: The function is commensurate with the education, skill and experience of the technician or the pharmacist intern; and
  • 03. Professional Judgement Restriction: Any function that requires the use of a pharmacist’s professional judgement may be performed by a pharmacist intern.

Analysis of the New Law

• Simply stated, any task that a pharmacist feels a pharmacy technician is qualified to perform can be delegated
• Pharmacy technicians need to understand that not all tasks will be delegated to every technician by every single pharmacist
  • A new technician, technician-in-training, or non-certified technician may need training, education, and/or certification before certain tasks may be delegated to him/her
• Some pharmacists may delegate tasks while others may not
  • Establishing trust and good work relationships with pharmacists is important
  • A pharmacist who is new to pharmacy practice or to a practice site may take time getting oriented with staff before delegating tasks

Assessment Question #1

True or False: Pharmacists may delegate pharmacy functions such as immunizations, prescription transfers, and medication reconciliation to technicians-in-training?
Answer to Question #1

True

Pharmacy functions may be delegated to any technician, as long as these tasks are commensurate with the education, skill, and experience of that technician.

Potential Tasks for Delegation

- Performance of CLIA-waved tests
- Administration of vaccines
- Access to the Prescription Monitoring Program
- Final verification of prescriptions in a tech-check-tech program
- Receiving new telephone prescriptions from providers
- Transferring prescriptions to or receiving prescription transfers from another pharmacy
- Medication reconciliation

Performing CLIA Waived Tests

- CLIA stands for Clinical Laboratory Improvement Amendments
- Federal regulatory standards that apply to all clinical laboratory testing
  - Clinical trials and basic research are exempt from CLIA standards
  - Countless laboratory tests are CLIA-waved tests
    - Lipid panel, rapid strep test, and influenza test are just a few examples
  - Pharmacies in the State of Idaho are allowed by law to perform these tests
    - This is one of many tasks which can be performed by pharmacy technicians
**Administration of Vaccines**

- In order for a pharmacy technician to administer vaccines in Idaho, he or she must:
  - Be a certified technician
  - Successfully complete a course on appropriate vaccine administration technique by an Accreditation Council for Pharmacy Education (ACPE)-accredited provider
  - Have current Basic Life Support (BLS) certification
- Facilitating Implementation
  - Ask your pharmacy managers about arranging training
  - Find out if you can get BLS certification through your place of employment

**Benefits to implementation**

- Increase public access to immunizations

**Barriers to implementation**

- Pharmacists’ concern for liability

**Tips for administering vaccines**

- Take your time to determine the best spot for administering the vaccine
- Sit next to the patient to make sure you are on the same level
- If you are not confident in your ability to give a vaccine to any particular patient, refer to your supervising pharmacist

**Use of the Prescription Monitoring Program (PMP)**

- Idaho Prescription Monitoring Program is AWARxE.
- Who can request information?
  - I.C. 37-2726(2)
  - (a) A pharmacist, licensed in Idaho or another state, having authority to dispense controlled substances, or a delegate under the pharmacist’s supervision, to the extent that information relates specifically to a current patient to whom that pharmacist is dispensing or considering dispensing any controlled substance, or providing pharmaceutical care as defined in the Idaho Pharmacy Act
- Technicians will have to gain access to the PMP as a delegate of the supervising pharmacist by visiting https://idaho.pmpaware.net/identities/new
Use of the PMP

• Benefits to implementation
  • Helps improve work flow in the pharmacy
  • Frees up pharmacists’ time allowing them to spend more time in clinical roles
• Barriers to implementation
  • Need to have a trusting relationship with a pharmacist
  • Inappropriate access to information in the PMP can result in civil penalties including jail time or fine up to $2000 (I.C. 37-2726)

Final Verification of a Prescription

• Tech-Check-Tech Program
  • Previously only allowed in institutional pharmacies located in acute care hospitals and could only be used for medications that were not going directly to a patient (i.e. code box)
  • The law now allows for tech-check-tech program to be implemented in community pharmacies and can be applied to prescriptions dispensed directly to patients provided the prescriptions have been reviewed by a pharmacist

• Requires site specific training and quality assurance
• Technology requirement: scanning of medications
• Can be utilized for:
  • Inpatient and outpatient prescriptions
  • Automatic dispensing cabinet filling
  • Code boxes and kits used in a hospital setting
Tech-Check-Tech Program

• Site Specific Training and Quality Assurance
  • Training required will depend on your employer but likely will
    include checking that the prescription about to be dispensed is:
    • Going to the right patient
    • The right drug
    • The right dose
    • The right route
    • Given at the right time
  • It is also pertinent to check that the medication is not expired
    and will not expire before the patient’s day supply is over
  • Description of the medication on the label needs to match the
    medication in the vial

Tech-Check-Tech Program

• Quality assurance
  • Administration of a test prior to allowing a technician to
    perform final verification process
  • Audits throughout the year (typically every 6-12 months)
  • Specific protocol and procedures must be written down
    and training and quality assurance must documented
    each time at every practice site

Tech-Check-Tech Program

• Benefits to implementation
  • Published literature suggests that technicians and pharmacists
    have similar accuracy in final verification of prescriptions
  • Allows pharmacists to engage in clinical roles; estimated 10 hours
    per month to 1 hour per day of additional time to focus on clinical
    duties
• Barriers to implementation
  • Developing a program is time consuming
  • Utilize available online resources
  • Pharmacists’ concern for job security
• ASHP information regarding implementation
  • [https://www.ashp.org/Pharmacy-Technician/About-Pharmacy-Technicians/Advanced-Pharmacy-Technician-Roles/Tech-Check-Technician](https://www.ashp.org/Pharmacy-Technician/About-Pharmacy-Technicians/Advanced-Pharmacy-Technician-Roles/Tech-Check-Technician)
Accepting Verbal Prescriptions & Transferring Prescriptions

- At least one activity allowed in 17 states
- Receive a verbal prescription from a prescriber or agent → reduce the order to writing
- Transfer prescription information for purpose of filling or refilling → verbal, electronic, or fax
  - Can communicate transfer to another technician or a student pharmacist
- No restrictions in law on type of medications → discretion of supervising pharmacist
  - Controlled substances included
  - Joint Commission → verbal orders for high-risk medications (i.e., chemotherapy) prohibited

Frost TP, Adams AJ. RSAP. 13(6):1191-5. 2017

Accepting Verbal Prescriptions & Transferring Prescriptions

- Benefits
  - ↓ Interruptions for a pharmacist → ↑ time for other clinical activities and possible error reduction
    - 40% of RPh in the chain retail pharmacies report high levels of stress due to being interrupted by phone calls or people
    - It is estimated that every interruption can increase the chance of medication error by 12.7%

Frost TP, Adams AJ. RSAP. 13(6):1191-5. 2017
2014 National Pharmacist Workforce Survey

Accepting Verbal Prescriptions and Rx Transfer

- Barriers
  - Potential for orders to be misheard or misunderstood → can create errors difficult to catch
- Tips
  - Read back the complete order/spell-back (Institute for Safe Medication Practices) and document indication
  - Pharmacy can also prohibit new/unapproved abbreviations

Frost TP, Adams AJ. RSAP. 13(6):1191-5. 2017
2014 National Pharmacist Workforce Survey
Medication Reconciliation

- **Definition**
  - Creating the most accurate list of all medications a patient is taking & comparing that list to the physician’s orders/medical record
  - List should include: drug name, strength, dose, route, frequency, date the medication was initiated, time the last dose was taken, etc.
  - Applies to any setting where medications are modified
    - At admission, transfer, upon discharge, in clinic, at any transition of care

- **Steps**
  1. Verification → Obtaining the best possible medication history (BPMH)
  2. Clarification → Ensuring meds & doses are appropriate
  3. Reconciliation → Documentation of changes

- **Training**
  - Example of an evaluation form for pharmacy technician’s medication history training can be found on the next few slides

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**Evaluation of Medication History**

<table>
<thead>
<tr>
<th>MRF</th>
<th>Historian:__</th>
<th>Observer:__</th>
<th>Date history</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Observation Only**

1. Gained insight into patient’s medication regimen? [ ] yes [ ] no
2. Acknowledged the patient and used 2 patient identifiers upon room entry? [ ] yes [ ] no
3. Introduced himself/herself to patient and/or family/caregiver? [ ] yes [ ] no
4. Explained intent, described duration based on number of meds and asked the patient if it would be OK to discuss home medications with others? [ ] yes [ ] no
5. Home medication entered into computer while in room with patient? [ ] yes [ ] no
6. Used interpreter as necessary? Correctly determined need to use outside resource? [ ] yes [ ] no
7. Asked if patient takes any other OTCs and/or herbal medications? Specifically asked about patches, creams, inhalers? [ ] yes [ ] no
8. Asked open-ended questions? Asked adequate follow-up questions? [ ] yes [ ] no


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**Evaluation of Medication History**

- Observed MED RULE for SAH medications? [ ] yes or N/A [ ] no
- Interviewed the patient and asked if he/she had questions before exiting room? [ ] yes [ ] no
- Used references for drug knowledge (e.g., had to look up a dose form, etc., via Micromedex, Epocrates, etc.)? [ ] yes or N/A [ ] no
- Correctly categorized medications for inclusion on medication history: Scheduled, PRN, Stopped & Short Term? [ ] yes [ ] no
- Correctly identified and documented stopped medications? [ ] yes [ ] no
- Took history efficiently (average should be 5 meds in 7 minutes)?
  - Time [ ] yes
  - Number of medications [ ] yes or N/A
  - Time divided by number of medications = average minutes med

Medication Reconciliation

• Benefits
  • Medication errors ➔ 1.5 million adverse drug events annually
    ▶ $3.5 billion in cost
    ▶ 40% during transitions of care
  • Technicians ➔ ↑ patient interaction
  • RNs, MD, RN ➔ ↑ time for other patient care activities
  • Institution ➔ ↑ accuracy, efficiency; ↓ cost
    ▶ Reduce frequency of discrepancies & improve patient safety
    ▶ Technician-led program at ED ➔ potentially harmful errors decreased from 13.17% to 1.5%
    ▶ Technician-taken medication histories accurate 88-95% of time in several studies
    ▶ 12-33 minutes to complete a medication history


Medication Reconciliation

• Barriers
  • RNs may be a perceived barrier; however:
    ▶ One survey: all participant nurses felt positively about technicians completing medication histories
    ▶ Another survey: nurses felt it made process safer, more efficient, and increased their confidence in the accuracy of medication histories
  • Standardized training is critical
  • Quality assurance is important as well

Resources
  • http://www.ihi.org/Topics/ADEsMedicationReconciliation/Pages/
    Default.aspx
  • Medication Reconciliation Review, Tracking Tool, Toolkit, and more
Assessment Question #2

- Which of the following are tasks that can be delegated to pharmacy technicians?
  A. CLIA-waived testing
  B. Administration of vaccines
  C. Answering questions about drug-drug interactions
  D. Receiving transfers or new prescriptions over the phone
  E. A, B, and D

Answer to Question #2

- E) A, B, and D

Tasks Outside of Technicians’ Scope of Practice

- The law provides technicians with new opportunities, but some tasks still require the professional judgement of a pharmacist
- The following are tasks that must be performed by a pharmacist:
  - Prescribing of medications
  - Vaccines, antibiotics, medications used for smoking cessation, epinephrine for anaphylactic reactions, naloxone, fluoride, etc.
  - Medication counseling or answering questions regarding medication use, adverse reactions, drug-drug interactions, monitoring, etc.
  - Medication Therapy Management
- In summary, any task that requires a pharmacist’s professional judgement must be performed by a pharmacist
Expand Your Role!

- Get involved in pharmacy technician organizations to stay up-to-date on regulations for pharmacy technicians
  - American Association of Pharmacy Technicians
  - National Pharmacy Technicians Association
  - American Pharmacists Association
    - State equivalent: Idaho State Pharmacy Association
  - American Society of Health-System Pharmacists
    - State equivalent: Idaho Society of Health-System Pharmacists
  - National Community Pharmacists Association
- Discuss implementation of expanded roles with your pharmacy management team
- Research specialty certifications through professional organizations


Assessment Question #3

What are some of the benefits of implementing expanded roles of pharmacy technicians at your practice site?

A) Improved work flow
B) Increased amount of time a pharmacist can spend in a clinical role
C) Allows technicians a more active role in patient care
D) All of the above

Answer to Question #3

D) All of the above
References


References