Idaho Society of Health-System Pharmacists

The Expansion of Pharmacy Technician Roles in Idaho

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2018 ISHP Fall Conference
September 30, 2018
Sun Valley, Idaho

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Disclosures

- We do not have any disclosures or conflicts of interest regarding this presentation

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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

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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.

Idaho Pharmacy Laws. Boise: Idaho Board of Pharmacy; 2018.

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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

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Assessment Question #1

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

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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.

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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

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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-waived 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

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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

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Bright D, Adams AJ. *AJHP* 74:24 2033-2034 2017.

Administration of Vaccines

- 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

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D'Arrigo T. *Pharmacy Today* 23(10) 20. 2017.

Use of the Prescription Monitoring Program (PMP)

- Idaho Prescription Monitoring Program is AWARxE.
- Who can request information?
  - I.C. 37-2726(2)
  - (e) 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

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Idaho Code 37-2726.

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)

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Idaho Code 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. a 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

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Idaho State Board of Pharmacy Newsletter. March 2017

Final Verification of a Prescription

- 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

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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

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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

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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

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Adams AJ, Martin SJ, Stolpe SF. *AJHP.* 66(19)1824-1833. 2011

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

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

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

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

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

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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Institute for Healthcare Improvement. 2018 & 2011

Evaluation of Medication History

Historian: __

MR#_____

Observer: __

Date history

Direct Observation Only

#			
1.	Gel in/wash out (and observed other contact precautions as required)?	☐ 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 room?	☐ 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 resources?	☐ yes	☐ no
7.	Asked if patient takes any other OTCs and/or herbal medications? Specifically asked about patches, creams, injectables, eye drops & inhalers?	☐ yes	☐ no
8.	Asked open-ended questions? Asked adequate follow-up questions?	☐ yes	☐ no

Cooper JB, Lilliston M, Brooks D, Swords B. *AJHP.* 71(18):1567-74. 2014

Evaluation of Medication History

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

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Cooper JB, Lilliston M, Brooks D, Swords B. *AJHP.* 71(18):1567-74. 2014

Direct or Indirect Observation: *Completeness Rate:* IO = # of yes (15-24)/10, or DO = # of yes (1-24)/24

15.	Documented allergies AND reactions?	☐ yes	☐ no
16.	Documented primary pharmacy & info source for each medication?	☐ yes	☐ no
17.	Documented last dose for each medication (and time for beta-blocker)?	☐ yes	☐ no
18.	Selected correct medication for each entry? Duplicate medications?	☐ yes	☐ no
19.	Documented indications and time-based frequency for each PRN medication?	☐ yes or N/A	☐ no
20.	"Additional Instruction" comments adequate and appropriate?	☐ yes	☐ no
21.	All medications include doses, strengths, and frequencies? Corrected outpatient medication entered incorrectly?	☐ yes	☐ no
22.	Changed medication history status to "in progress" and marked as reviewed upon completion?	☐ yes	☐ no
23.	Follow-up plan adequately documented?	☐ yes or N/A	☐ no
24.	"Pharmacist Review Pending" order entered for qualifying criteria?	☐ yes or N/A	☐ no
25.	Number of medications correct /total number of medications (*Accuracy Rate*)	____/____	

Additional Comments: ☐ See Attached Report

Cooper JB, Lilliston M, Brooks D, Swords B. *AJHP.* 71(18):1567-74. 2014

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
  - RPh, 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

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Champion HM, Loosen JA, Kennelty KA. *J Pharm Pract.* 1-12. 2017

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

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Champion HM, Loosen JA, Kennelty KA. *J Pharm Pract.* 1-12. 2017

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

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Answer to Question # 2

• E) A, B, and D

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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

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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

Malacos, K. Pharmacy Technicians Professional Organizations. Pharmacy Times. August 2016.

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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

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Answer to Question #3

D) All of the above

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