

From: [Megan Myers](#)
To: [Funk, Andrew \[IBPE\]](#)
Cc: [Jorgenson, Debbie \[IBPE\]](#)
Subject: FW: New Practice Model Phase 3
Date: Tuesday, June 14, 2016 3:30:10 PM
Attachments: [IPA overall guide - NPM Phase 3.pdf](#)
[NPM Phase 3 proposal - site 1.pdf](#)

Dear Andrew,

I'm sorry to do this, but I'm not sure which ones went through and which didn't so I'm going to break this down to 1-2 applications per email. This email contains site 1 and the overall IPA guide.

The site number seeking approval for Phase 3 are sites: 1, 3, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 17

Thank you!!
Megan

From: Megan Myers
Sent: Tuesday, June 14, 2016 3:01 PM
To: Funk, Andrew [IBPE] <Andrew.Funk@iowa.gov>
Cc: 'Jorgenson, Debbie [IBPE]' <Debbie.Jorgenson@iowa.gov>; Anthony Pudlo (apudlo@iarx.org) <apudlo@iarx.org>; Kate Gainer <kgainer@iarx.org>; Michael Andreski <Michael.Andreski@drake.edu>
Subject: New Practice Model Phase 3

Dear Andrew,

Thirteen NPM pharmacies are seeking approval to join NPM Phase 3. We would like to present their site specific proposals (need to send in multiple emails due to size of attachments) at the upcoming board meeting.

Similar to Phase 4, I have included the overall IPA document as background of our guiding principles for this pilot, and have highlighted what was changed based on board feedback in May. We continue to welcome feedback on this initiative.

Thank you!
Sincerely,
Megan

A Pharmacy Pilot or Demonstration Research Project for a
New Practice Model for Community Pharmacy
Phase Three

A Demonstration Project to Study Enhancing Tech-Check-Tech Programs in
Community Practice by Adding New Prescriptions and Utilization of Pharmacist-interns

Iowa Pharmacy Association &
Drake University College of Pharmacy and Health Sciences

Primary contact:

Megan Myers, PharmD.
New Practice Model Program Manager
Iowa Pharmacy Association
8515 Douglas Avenue, Suite 16
Des Moines, IA 50322
515-270-0713 (office)
mmyers@iarx.org

Secondary Contacts:

Anthony Pudlo, PharmD, MBA, BCACP
Vice President of Professional Affairs
Iowa Pharmacy Association
8515 Douglas Avenue, Suite 16
Des Moines, IA 50322
515-270-0713 (office)
630-816-5716 (cell)
apudlo@iarx.org

Michael Andreski, RPh, MBA, PhD
Assistant Professor of Social and Administrative Pharmacy
Drake University College of Pharmacy and Health Sciences
2507 University Avenue
Des Moines, IA 50311
515-271-4132 (office)
michael.andreski@drake.edu

Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Suboptimal medication therapy is at a crisis level in our health care system. Significant changes to pharmacy practice have been occurring while efforts have been underway to more accurately describe the capabilities and appropriate role of the pharmacist in a community pharmacy setting. The most significant of these in Iowa is the elevation of support personnel in pharmacies through mandatory technician certification and the advancement to all doctorate of pharmacy programs in the Colleges of Pharmacy. These two advancements have brought about the need and opportunity to seriously look at and redefine the practice of community pharmacy.

Under the direction of its Board of Trustees, the Iowa Pharmacy Association (IPA) officially created the New Practice Model Task Force (NPMTF) in early 2009. The NPMTF has been charged with the creation and oversight of a pilot program to implement a new workflow and business model for community pharmacy.

It is important to define and demonstrate a new pharmacy practice model in terms of patient care improvement and safety because both are critically needed in today's health care system. Involving the patient and utilizing the pharmacist's knowledge and skills is an important strategy in addressing the growing problem of medication misuse. Health care reform is a priority in our society requiring health care professionals to work closely together.

The pharmacist is an important professional in optimizing the medication use process. Key components of medication therapy management (MTM) are:

- Prospective review on new medication orders
- Appropriate choice of medication as the therapy modality
- Minimizing drug therapy problems
- Assisting the patient in the use of the medication
- Monitoring and adjusting of therapy

The use of the community pharmacist in performing these components of MTM is growing. The increase of avoidable medication-related problems warrants reassessing the roles and responsibilities of community pharmacy personnel. In numerous health-systems across the country, pharmacy technicians are delegated more dispensing functions to allow for growth of clinical pharmacy services. In 2011, the Iowa Board of Pharmacy approved the use of certified pharmacy technicians in institutional settings to conduct the final verification step in the dispensing process in controlled situations.¹ This strategy to increase the role of pharmacy technicians in dispensing is commonly referred to as "Tech-Check-Tech" (TCT) programs. Advanced education and training requirements for pharmacy technicians and ongoing quality assurance is essential in such programs. These programs have been linked to a growth of clinical pharmacy services in institutionalized settings, yet remain underutilized in community pharmacy settings. This begs the question, could a "Tech-Check-Tech" program in a community pharmacy setting achieve the success realized in health-systems settings?

Phase I of the Iowa Pharmacy Association's pilot project "A Demonstration Project to Study the Effects of Implementing Tech-Check-Tech Programs in Community Practice to Engage Community Pharmacists in Clinical Pharmacy Services in Iowa" demonstrated safety and efficacy of utilizing TCT on refill prescriptions in a community pharmacy setting to expand clinical pharmacy services. The Phase I final report, presented to the Iowa Board of Pharmacy

¹657 IAC Chapter 40. §1.

on January 13, 2016, demonstrated similar error rates for technician verified refills compared to pharmacist verified refills. There was a statistically significant increase in both the amount of time pharmacists spent in patient care and the number of clinical services provided.

In response to the established rules by the Iowa Board of Pharmacy for pharmacy pilot or demonstration research projects (657—8.40 (155A,84GA,ch63), the purpose of this application is to study the effects of continued process improvements for the new community pharmacy practice model designed to allow community pharmacists to deliver patient care services to patients across the state of Iowa.

The MTM services provided by the community pharmacists in this study may:

1. Be coordinated with and complementary to pharmacy services currently being delivered by medical practices in Iowa,
2. Include comprehensive medication reviews, medication compliance counseling, immunization services, and clinical screenings, and
3. Establish site-specific collaborative agreements between physicians and community pharmacists.

The partners in this study initially include the Iowa Pharmacy Association, Drake University College of Pharmacy and Health Sciences, and NuCara Health Management, Inc.

Specific Aims of this study are to:

1. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa on patient safety measures, and
2. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa in facilitating the provision of community pharmacist-provided services.

LEADERSHIP TEAM MEMBERS

Megan Myers, PharmD will serve as Project Coordinator. She will oversee the project, coordinate the study activities, chair the regular team meetings, and lead the writing of the study reports to the Board of Pharmacy.

Michael Andreski, RPh, MBA, PhD, Assistant Professor of Social and Administrative Pharmacy, Drake University College of Pharmacy and Health Sciences serve as research consultant and principal investigator, will participate in regular team meetings, and will participate in the writing of the study report.

T.J. Johnsrud, NuCara Health Management, Inc., will provide a pharmacy management perspective for coordinating the community pharmacy clinical services and Tech-Check-Tech programs within the community pharmacy sites. He will participate in regular team meetings.

Anthony Pudlo, PharmD, MBA, BCACP, Vice-President of Professional Affairs, and Kate Gainer, PharmD, Executive Vice President/CEO, Iowa Pharmacy Association will oversee coordination of clinical pharmacy services available to community pharmacy sites in this study.

PROJECT SUMMARY

Participating pharmacies were identified to be New Practice Model (NPM) participant sites using criteria defined by the NPMTF. In the phase III NPM pharmacies, the pharmacist(s) will work collaboratively with prescribers and other care providers in their community to optimize the medication use process. This process may involve the appropriate choice of medication as the therapy modality, initial selection of appropriate therapy to minimize drug therapy problems, assisting the patient in the acquisition and use of the medication, appropriate monitoring and adjustment of the medication therapy, and withdrawal or changing of medication therapy as appropriate, among others. This ongoing effort is coordinated amongst providers, with the pharmacist actively engaged in the process.

Community pharmacies will enhance previously implemented “Tech-Check-Tech” programs to include new prescriptions and additional staff (pharmacist-interns) in order to further increase the availability of the community pharmacist for direct patient care. New prescriptions will include prescriptions for a medication that is new to the patient or renewed medication orders for previously established medication. Pharmacists will continue to have ultimate authority over the dispensing process in this model. However, that does not mean the pharmacist will have hands-on direct supervision over every non-judgmental aspects of dispensing medications. The pharmacist’s time will be concentrated on those aspects of dispensing that require the expertise of the pharmacist to assure safe and accurate dispensing.

Following is a brief description of what this practice may look like:

- The pharmacist will be physically located on the premises of the pharmacy in an environment and location that is comfortable and efficient for direct patient interaction.
- The prescription department is staffed by nationally certified technicians or employed pharmacist-interns. The pharmacist-technician and pharmacist-pharmacist intern relationship will become more important as the pharmacist will rely on new technologies and the leadership of head technicians to maintain the highest safety to patients.
- The pharmacist will review accuracy of the **order’s data entry**. The pharmacist will review appropriateness of therapy for all new prescriptions, as well as complete Drug Utilization Reviews (DURs) or other necessary clinical reviews tied to prescription dispensing for all prescriptions.
- Trained technicians or employed pharmacist-interns will make sure the medication and quantity is correct, it is billed accurately, and the correct patient receives the medication. These non-judgmental tasks of the prescription dispensing process can be entirely technician driven.
- **The “final check” technician will verify the correct medication and quantity is being dispensed. The “final check” technician will NOT perform DUR or data entry reviews.** The “final check” technician works closely with the pharmacist. This relationship is important as the pharmacist will often rely on the technician to request appropriate interaction and/or intervention. The “final check” technician has received advanced training. This standardized training was developed by the NPMTF in collaboration with

the Iowa Pharmacy Association Foundation with approval by the Board of Pharmacy in 2014. The Board of Pharmacy ultimately approves each pharmacy site's involvement in this initiative.

- Medication counseling and responding to patient questions may be completed in association with the distribution of the medication to the patient, but it may also occur outside of dispensing. Pharmacists are required to counsel on all medications that are new for a patient and are encouraged to utilize the "show and tell" method. Pharmacists would be easily accessible to patients and more available for consultation with patients, prescribers and other care providers as an integral member of the team. Overall, this model will enable pharmacists to provide direct patient care services.

The medication distribution process will be under the control of a pharmacist, but only in that a pharmacist will be responsible for developing, implementing, and providing Continuous Quality Improvement for a system where the majority of activity will be completed by nationally-certified pharmacy technicians or employed pharmacist-interns. Use of appropriate technologies (e.g., image verification, barcode scanning, filling machines) will be utilized when appropriate to assure the medication is made available to the patient.

Board of Pharmacy Rules Needed to be Waived

In order for implementation of this pilot project, it is requested that the Iowa Board of Pharmacy waive three regulations.

657—3.21(1) Technical dispensing functions. By waiving rule 657—3.21(1), the Board of Pharmacy would allow for a certified pharmacy technician to conduct final verification of the patient's prescription or medication order as is the current exception in an approved tech-check-tech program pursuant to 657—Chapter 40, as well as when the initial prescription or medication order is filled by a registered pharmacist-intern.

657—3.23(155A) Tasks a pharmacy technician shall not perform. By waiving rule 657—3.23(155A) specifically point number one, the Board of Pharmacy would allow for a certified pharmacy technician to provide the final verification of a filled prescription or medication order.

657—8.3 (4) Pharmacist-documented verification. By waiving rule 657—8.3(4), the Board of Pharmacy would remove the responsibility of the pharmacist to provide and document the final verification of the patient's prescription medication in order to pilot a tech-check-tech program in community practice settings.

Identification of Patients Needing MTM Services

Patients currently utilizing the community pharmacy will be provided the additional clinical pharmacy services that community pharmacies are available to provide. Patients who would be eligible for commercial and/or governmental MTM services will be identified through pharmacy records. If the patient is not a subscriber to insurance coverage providing payment for pharmacist provided MTM services, these services will be provided at a fee-for-service basis when possible. The community pharmacists will also work closely with their physicians in their community to identify key patients in the medical practice that would benefit from medication management services. The physician and pharmacist will be provided the necessary assistance to establish a collaborative practice agreement to address these key health care needs in the community.

Services Provided under MTM

A variety of MTM services will be available to patients who have been identified through their screening processes by the pharmacist for receiving them. A comprehensive guide of services was provided to participating pharmacies. All pharmacies will be utilizing the standardized JCPP's Pharmacists' Patient Care Process with all services provided.² These services may include but are not limited to:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation³
2. Immunization services
3. Clinical screenings and disease state monitoring
4. Among other services

METHODS

Subjects

Community pharmacies throughout the state of Iowa that have been identified to have the desired characteristics mentioned above will be asked to participate in this study. Only sites from the previous pilot project "A Demonstration Project to Study the Effects of Implementing Tech-Check-Tech Programs in Community Practice to Engage Community Pharmacists in Clinical Pharmacy Services in Iowa" will be considered for participation for the Phase III pilot. The designated pharmacies included in the study (*i.e.*, enhanced Tech-Check-Tech and provide various MTM services) will be identified by members of the New Practice Model Task Force through standard selection criteria. To be eligible, the pharmacies must be an ambulatory pharmacy that is willing to participate in all phases of the project, from design to final assessment. They will agree to document all required refill technician checking activities, pharmacist's MTM activities, and pharmacist daily activity logs. These pharmacies will agree to allow researcher access to documentation on dispensing activities, refill dispensing CQI information, and pharmacist time as gathered above. When necessary, the research team will work with a pharmacy's patient safety organization (PSO) and the research team will have full access to original data to allow for proper statistical analysis.

Measures

Aim 1: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa on patient safety measures.

For the assessment of this Aim, information will be gathered to ensure dispensing accuracy of new prescriptions. Each pharmacy will act as its own control, with baseline measurement of dispensing errors being determined for 50 new prescriptions per day, on days when TCT for refills is being done, for 15 weekdays before initiation of the Tech-Check-Tech

² American Pharmacists Association. *How to Implement the Pharmacists' Patient Care Process*; 2015.

³ American Pharmacists Association, National Association of Chain Drug Stores Foundation. *Medication Therapy Management in Pharmacy Practice: Core Elements of MTM Service Model*. Washington, DC: American Pharmacists Association; March 2008.

procedures for new prescriptions. For the first week after the new procedures have been initiated, the pharmacist will double check all technician-verified prescriptions to ensure accuracy and to gather information on the efficacy of the procedures. If the error rate is equal to or lesser than the baseline measurement, 30-50 new prescriptions as well as 30-50 refill per month will be double checked for errors and those measurement recorded for the remainder of the project. If the error rate is greater than baseline measurement, additional training will be given and procedures reviewed, after which a second assessment will be performed. Length of any second assessment will be determined by the researcher. The research consultant will review these results on an ongoing basis and quarterly reports made to the Board of Pharmacy as necessary during the 18 month study period. Root cause analysis will be performed for sites that are more than one standard deviation above the mean error rate. Sites with an error rate of one standard deviation below the mean error rate will be analyzed for suggestions for best practices.

Aim 2: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa and in facilitating the provision of community pharmacist-provided medication therapy management.

For the assessment of this Aim, information will be gathered regarding the amount of pharmacist time that is made available for other duties as a result of the implementing Tech-Check-Tech for new prescriptions and utilizing pharmacist-interns for TCT on the provision of MTM services by the pharmacist(s) at the subject pharmacies. Each pharmacy will again act as its own control, with baseline measurements consisting of the last quarter of results from the previous pilot program of Tech-Check-Tech for refill prescriptions. The primary data sources will be self-reported pharmacist daily activity logs and numbers of both compensated and identified opportunities for MTM and other patient care services. Once the Tech-Check-Tech procedures for new prescriptions have been initiated and are performing adequately as defined above, the pharmacist(s) at the participating pharmacies will begin to focus on increasing the amount of MTM services provided.

Other Measures:

Job Satisfaction Survey

A job satisfaction survey will be conducted prior to, and one year after implementation of utilizing TCT for new prescriptions. All technicians, pharmacists and employed pharmacist-interns will be asked to complete the survey.

Amount of time spent utilizing TCT (# of TCT days)

The amount of time utilizing TCT will continue to be monitored and will be compared to the previous pilot in order to determine whether or not allowing technicians the ability to check prescriptions filled by employed pharmacist-interns impacted the ability to use TCT.

Analysis

Error rates during the 18 month study period will be compared to those found at baseline by means of Chi-squared testing and matched samples t-tests. Specific errors tracked will include wrong drug, wrong strength, wrong quantity, and wrong cap (safety-cap vs. non-safety cap). Comparisons of pharmacist task composition will be compared to those found at baseline by means of Chi-squared testing matched samples t-tests. The services provided data gathered during the study period will be compared to those found at baseline in terms of the overall number of services provided.

STUDY PARTNERS

Drake University

Drake University will oversee the research component of this project, by working with the pharmacy partners to assure that study activities are conducted in a timely and coordinated manner. Dr. Andreski will design data collection procedures, supervise data collection, manage and analyze study data, and assist in writing the study reports.

Iowa Pharmacy Association

The Iowa Pharmacy Association (IPA) will assist in preparing the community pharmacy sites to deliver the MTM services. They have experience in helping pharmacy practices adjust to providing services such as MTM. IPA will help the practices adjust staffing, workflow, and service delivery issues with the participating community pharmacies.

Local Community Pharmacies in the New Practice Model Initiative

Community pharmacies across the state of Iowa will initially participate in the study by working to transform their current patient care delivery model to enhance their Tech-Check-Tech program and further engage pharmacists in clinical programs that follow the JCPP's Pharmacists' Patient Care Process to improve patient safety and provide enhanced patient care. Pharmacists in these pharmacies will deliver the clinical services as described in this study proposal and subsequent service descriptions.

Iowa Board of Pharmacy

The Iowa Board of Pharmacy will evaluate specific community pharmacy's Tech-Check-Tech programs pursuant to their final rules as authorized by 2011 Iowa Acts, chapter 63, section 36, as amended by 2012 Iowa Acts, House File 2464, section 31. These sections of the Iowa Acts give authority to the Board of Pharmacy to approve a pilot or demonstration research project of innovative applications in the practice of pharmacy relating to the authority of prescription verification and the ability of a pharmacist to provide enhanced patient care for up to eighteen months.

PROJECT TIMELINE

Month 1-2	Project start-up; Baseline data collection; transition workflow to include TCT for new medications
Month 2 -3	Community pharmacies begin enhanced Tech-Check-Tech programs; pharmacists engage in collaborative practice agreements for patient care delivery
Month 18	Pilot project authority expires for Tech-Check-Tech
Month 18-19	Data analyses and report writing

Appendix A
Letter of Commitment by the Pharmacy Owner

I understand that our role as a New Practice Model Participating Pharmacy is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, _____, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month. Those pharmacies who are unable to meet this standard will be reviewed quarterly for assessment of continuation in the pilot study.
- Provide adequate staffing as required to support the New Practice Model procedures. Those pharmacies who are unable to implement the procedures at least 60% of the time will be reviewed quarterly for assessment of continuation in the pilot study.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date _____

Title _____

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, _____, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required
- Provide support for all data collection procedures, and agree to complete and accurate reporting of all data.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date _____

Title _____

Letter of Commitment by Certified Pharmacy Technician or Pharmacist-Intern

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, _____, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required
- Provide support for all data collection procedures.
- Actively participate in all requests for our assistance and response.

We have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date _____

Title _____

Appendix B Certified Pharmacy Technician Training Requirements

Technician Utilization & Authorized Checking Functions

Each technician specifically authorized to participate in TCT at the participating pharmacy will be identified in their personnel file and an added designation to their posted registrations. A certified pharmacy technician authorized to participate in TCT will be trained in and maintain all the duties, activities, and work of registered and certified technicians. Additionally the Checking Technician may be allowed to check medication orders filled by other certified technicians, limited to the following patient care situations:

- Refill medications, in which DUR has already occurred by a pharmacist

Each technician certified to check will have documented training and evaluation of necessary training. Each pharmacy location will determine examples of medications that will NOT be checked by technicians. This could include:

- Controlled substances,
- Compounded medications, and
- Others as designated by PIC or staff pharmacists.

“Filling” Technician or Pharmacist-Intern

- Certified technicians filling prescriptions for the TCT program must be nationally certified and passed an audit of accurately filling prescriptions as established by a site’s policy and procedures.
- Employed student interns must have at least 300 hours of experience working as a technician or intern, and at least 100 of the 300 hours must be at the current TCT location. Interns must pass an audit of accurately filling prescriptions as established by a site’s policy and procedures.

“Checking” Technician Participation & Training

All of the following shall apply to a certified pharmacy technician authorized to be a “Checking Technician” at the participating pharmacy:

- National Certification: current and in good standing
- Iowa Registration: current and in good standing, and not currently subject to disciplinary charges or sanctions.
- Prior Experience: The checking technician shall work at the participating pharmacy full or part time and:
 - Shall have at least 1,000 hours prior technician work experience at the TCT site and at least 1,000 hours of prior technician work experience at the current or previous pharmacy, successfully complete their necessary location-specific training, and then complete the TCT training (see below).
 - If the technician has no prior technician work experience in a pharmacy, they shall work at least 2,000 hours at the pharmacy and successfully complete their necessary location-specific training, and then complete the TCT training (see below).
- “Checking” Technicians will complete 2 credit hours of patient safety CE per certification cycle to maintain “Checking” status.

IPA/CEI Tech-Check-Tech CPE Modules

If a pharmacy will be implementing a Tech-Check-Tech program, the certified pharmacy technicians, pharmacist-interns and the pharmacists, shall receive specialized and advanced training as provided in policies and procedures, including training in the prevention, identification, and classification of medication errors. The training program for a certified pharmacy technician shall be didactic in nature and shall include successful completion (80%) of a competency test for each module.

- Pharmacists will be required to complete the first two modules listed, filling technicians and pharmacist-interns will complete the first three modules listed, and checking technicians will complete all the modules listed.
 - a. Thinking about Tech-Check-Tech?
 - i. State the need in the profession for a technician-managed distribution process
 - ii. Describe the opportunities for pharmacists to provide clinical services
 - iii. Review current regulations that govern Tech-Check-Tech programs
 - iv. Review the principles of ASHP's New Practice Model Initiative and an example of state implementation
 - v. Illustrate the case to pharmacy staff, upper management, and the Board of Pharmacy
 - b. Tech-Check-Tech: A Step-by-Step Guide for Outpatient Pharmacy
 - i. Illustrate the case to pharmacy staff, management, and Board of Pharmacy for Tech-Check-Tech
 - ii. Recognize the steps needed to prepare and implement a Tech-Check-Tech program
 - iii. Outline how a pharmacy monitors for quality assurance in a Tech-Check-Tech program
 - iv. Formulate a sample job description for a pharmacy technician engaged in a Tech-Check-Tech program
 - v. Review liability issues in a Tech-Check-Tech program
 - c. Accuracy in the Outpatient Pharmacy: Preventing, Identifying and Classifying Medication Errors
 - i. Recognize and classify common medication errors
 - ii. Recognize the causes of medication errors
 - iii. List ways to prevent medication errors
 - iv. Recognize the importance of continuous quality improvement (CQI) in the pharmacy distribution process
 - v. Describe the technician's role in CQI in the pharmacy
 - d. Dosage Forms
 - i. Identify the most common medication dosage forms
 - ii. Describe the advantages and disadvantages of different medication dosage forms
 - iii. Recognize the different routes of administration and the advantages of each
 - iv. List ways to recognize and prevent dosage form dispensing errors
 - e. Calculations Review
 - i. Describe examples of common systems of measurement
 - ii. Demonstrate the ability to convert units of measurement
 - iii. Appropriately calculate the day's supply from a prescription order
 - iv. Use percentages, ratios, and proportions to make accurate pharmaceutical calculations using mathematical skills reviewed in the activity

- v. Solve common pharmacy calculations using mathematical skills reviewed in this activity
- vi. Master specific math functions appropriate to practice setting
- f. Advanced Review of Common Medications
 - i. Group medications by pathophysiologic class using established stems (prefixes, infixes, & suffixes)
 - ii. List common adverse effects and drug interactions
 - iii. List common adherence challenges
 - iv. Distinguish medications with similar generic names
 - v. Recognize medications with multiple formulations

Responsible Individual

The “Pharmacist in Charge” or Pharmacy Manager at each participating pharmacy shall be ultimately responsible for the TCT program activities (unless otherwise noted). The PIC will be responsible for meeting TCT program training and validation requirements. The PIC will designate the staff pharmacists to supervise the activities of Checking Technicians. The entire staff, pharmacists and technicians, will be involved in collection of data for the program evaluation on a regular basis, reporting information to the PIC for analysis.

Staffing

Pharmacy staffing shall be adequate to ensure consistent and safe implementation and usage of the TCT program and will optimize pharmacist patient care services, which will have data collected and analyzed through the pharmacy’s existing CQI process with variations as requested or deemed necessary by the research team.

Records

The pharmacist in charge shall maintain in the pharmacy department records for each certified pharmacy technician authorized by the pharmacist in charge or responsible pharmacist to participate in the TCT program. The records shall be available for inspection and copying by the Board or its representatives and any other authorized agencies for two years beyond the term of the certified pharmacy technician’s employment. The record summary (Technician Function Levels) shall include:

- a. The name of the certified pharmacy technician.
- b. The date the certified pharmacy technician completed the standardized training and site-specific evaluation for participation in the TCT program.
- c. The date the certified pharmacy technician was authorized to participate in the TCT program and the specific TCT program functions and tasks the certified pharmacy technician is authorized to perform.
- d. When the certified pharmacy technician is authorized to check the work of other certified pharmacy technicians, the date the checking technician completed the specialized and advanced training.
- e. The dates and results of all competency evaluations.
- f. The dates of and reasons for any suspension or revocation of the certified pharmacy technician’s TCT program authorization, identification of corrective action or retraining completed, and date of subsequent reinstatement of the certified pharmacy technician’s TCT program authorization.
- g. The dates of and reasons for any disciplinary action taken against the certified pharmacy technician in connection with the certified pharmacy technician’s performance of duties relating to the TCT program.

Evaluation of Program and Technicians:

Technician filling and checking responsibilities will be monitored daily. Errors will be documented for both filling and checking, and review of all errors will also be documented on this sheet by the PIC or responsible staff pharmacist. These sheets will be collected and data entered for bi-weekly review. The records will be maintained in the pharmacy for a minimum of two years.

The implementation of the TCT program shall result in the redirection of pharmacists from distributive tasks to cognitive and patient care activities. The participating pharmacy will document these clinical activities and will collect and maintain these records for no less than two years following the date of the record. These records shall be updated at least semiannually.

1. The PIC shall conduct continuous monitoring and evaluation of each Checking Technician to ensure the continued competency of the TCT program and the safety of the patients. Errors will be identified and records maintained following the pharmacy's quality measures, including variance tracking and reports, event analysis, follow up and education.
2. Specific evaluation of the TCT program will incorporate three measures:
 - a. **Filling:** Review of errors identified by a Checking Technician or Pharmacist. The responsible staff pharmacist shall review with all certified pharmacy technicians involved with any errors identified during the evaluation of the filling process and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
 - b. **Checking:** Periodic review and checking by the pharmacist of work checked (monthly to quarterly as designated) by the Checking Technician and identification and documentation of all errors not identified and corrected by the checking technician and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
 - c. **Review of errors** identified following release by Checking Technician or Pharmacist. The responsible staff pharmacist shall receive, evaluate, and review with all certified pharmacy technicians involved with any errors identified by a health care professional, a patient, or any individual following release of a drug by the checking technician. All such errors will be documented on the daily form AND recorded via the pharmacy's CQI program.
3. Periodic review and monitoring will be recorded on our Ongoing TCT Competency Evaluation Record.
4. Benchmarks will be identified by compiling and evaluating of the Technician QA Monitoring Daily Reports. Bi-weekly reports will be used to evaluate ongoing competencies, identify possible system modifications, provide data for continuing site specific education, and to establish need for any retraining.
5. Retraining will occur when a Technician or Checking Technician has an error rate significantly above the average for participating pharmacy's technicians. Error rate "outliers" will be determined by an excessive error rate in filling or checking over two consecutive bi-weekly periods OR if the technician's cumulative error rate significantly exceeds the average cumulative error rate. During the retraining period (of not less than two bi-weekly periods) a technician's work will be checked by a pharmacist – nor will the technician be allowed to check other technicians. Retraining will consist of a repeat competency evaluation in the area/s where excessive errors have occurred and potential repeat of didactic modules as appropriate. The PIC, with the input of staff pharmacists, will determine which sections, or all, of the training modules must be repeated.

**A Pharmacy Pilot or Demonstration Research Project for a
New Practice Model for Community Pharmacy
Phase 3**

In Collaboration with the Iowa Pharmacy Association &
Drake University College of Pharmacy and Health Sciences

Site Specific Application for Towncrest Pharmacy

Primary Contact:

Randy McDonough, PharmD MS, CGP, BCPS
Co-owner, Pharmacist, Director of Clinical Services
Pharmacist License #16918
Towncrest Pharmacy
2306 Muscatine Avenue
Iowa City, IA 52240
Pharmacy License # 838
319-337-3526 (phone)
319-337-5271 (fax)
mcdonough@towncrest.com

Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Since 2009, Towncrest Pharmacy has been involved within IPA's New Practice Model Task Force (NPMTF). The NPMTF is a continuation of an unofficial working group that had been meeting throughout 2008. It had been charged with the creation and oversight of a pilot program to implement a new workflow and business model for community pharmacy. Since the initial work of the NPMTF, there have been other mechanisms that would help prove a successful impact of community pharmacist-provided medication management.

As a current participant of Phase I of the New Practice Model pilot, our site has demonstrated safety utilizing Tech-Check-Tech (TCT) for refilled prescriptions. Utilizing TCT has helped our pharmacists to implement continuous medication monitoring services for our patients. In this model, the pharmacists have been freed up from the checking functions of dispensing so they can focus on prospective reviews of patients' medications to ensure patients are achieving their therapeutic outcome with safe and effective medications. We have taken the approach, that we call "Make Every Encounter Count", to make sure that pharmacists are prospectively reviewing patients' medication at the time they are in the pharmacy. By doing this we have been able to demonstrate that we document 2000 to 3000 clinical interventions each month. We have been able to secure payment from a local payer to manage 600 of their beneficiaries and after a twelve-month pilot program, we demonstrated that we saved the payer over \$3 million. This has led the payer to implement a high performing pharmacy network of community pharmacies and pay them for quality care—not just product. In addition to our work with this payer, we also have been able to improve our pharmacy performance measures with our patients enrolled in Medicare Part C and D. In fact, our pharmacy has been a top 20% pharmacy nationally for the past year.

In addition to improving our abilities to improve our care for patients, we also have been able to expand our clinical services. We have increased the number of patient's enrolled in our medication synchronization program, super sync program, medication adherence program, Medication Therapy Management Services, and immunizations. Because of the increased efficiencies of our practice due to TCT, we have been able to not only increase the number of patients enrolled in our clinical programs, but also improve our quality of care provided.

Currently we are working with physician practices to improve our collaborative working relationships. We have presented the new Opioid guidelines published by the CDC to several physician groups and health systems. Also we are involved in a project with another physician group to increase the number of patients receiving the HPV vaccine for those who have been identified as candidates. We have done blood pressure monitoring programs, improvements in immunization rates, verifying the appropriateness of proton pump inhibitors (PPI) agents, and improving the rate of patients who need to be on moderate or high intensity statin therapies. TCT gives us the opportunity to expand our clinical services and work more closely with other providers.

Our pharmacy has agreed to submit this application and collaborate on the specific aims of this pilot project, which include:

1. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa on patient safety measures, and

2. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa in facilitating the provision of community pharmacist-provided services.

NEW PRACTICE MODEL LEADERSHIP TEAM MEMBERS

Megan Myers, PharmD, will serve as Project Coordinator. She will oversee the project, conduct regular on-site visits with each site, coordinate the study activities, chair the regular team meetings, and lead the writing of the study reports to the Board of Pharmacy.

Michael Andreski, RPh, MBA, PhD, Associate Professor of Social and Administrative Pharmacy, Drake University College of Pharmacy and Health Sciences serve as research consultant and principal investigator, will participate in regular team meetings, and will participate in the writing of the study report.

T.J. Johnsrud, NuCara Health Management, Inc., will provide a pharmacy management perspective for coordinating the community pharmacy clinical services and Tech Check Tech programs within the community pharmacy sites. He will participate in regular team meetings.

Anthony Pudlo, PharmD, MBA, BCACP, Vice-President of Professional Affairs, and Kate Gainer, PharmD, Executive Vice President/CEO, Iowa Pharmacy Association will oversee coordination of clinical pharmacy services available to community pharmacy sites in this study.

PHARMACY SITE-SPECIFIC INFORMATION

Primary Contact/Co-owner:

Randy McDonough

License #16918

Doctor of Pharmacy, 1987

Number of Years Licensed: 29 years

Years at Site: 10 years

Other certifications/training: MS, CGP, BCPS, Pharmaceutical Care Certificate of Completion, MTM Certificate of Completion, NIOSH Certified for Spirometry Testing, Immunization and CPR certified

Pharmacist-In-Charge /Co-owner:

Michael Deninger

License #17620

PhD in Pharmaceutics, 1991

Number of Years Licensed: 25 years

Years at Site: 13 years

Other certifications/training: Immunization and CPR certified

Clinical Pharmacist/Director of Clinical Programs:

Kelly Kent

License #19867

Doctor of Pharmacy, 2003

Number of Years Licensed: 13 years

Years at Site: 2 years

Other certifications/training: Community Pharmacy Practice Residency trained, Immunization and CPR certified

Staff Pharmacists:

Kelly Richeal
License #21528
Doctor of Pharmacy, 2011
Number of Years Licensed: 5
Years at Site: 1.5
Other certifications/training: Immunization and CPR certified

Angela Lyons
License #19905
Doctor of Pharmacy, 2003
Number of Years Licensed: 13 years
Years at Site: 5 years
Other certifications/training: Immunization and CPR certified

Denise Prybil
License #18454
Bachelor of Science, 1995
Number of Years Licensed: 21 years
Years at Site: 13 years
Other certifications/training: Immunization and CPR certified

Certified Pharmacy Technicians:

Bonnie Forbes
License #8579
Number of Years Registered as Technician: 3 years
Years at Site: 11 years

Mary Powers
License #3531
Bachelor of Arts, 1997
Number of Years Registered as Tech: 6 years
Years at Site: 18 years

Amanda Rhines
License # 19233
Bachelor of Arts, 2010
Number of Years Registered as Tech: 4 years
Years at Site: 1 year
Other certifications/training: Certified Nursing Assistant

Joe Weirather
License # 20426
Bachelor of Arts, 2008
Number of Years Registered as Tech: 1.5
Years at Site: 1.5 years

Emily Mostaert
License # 20097
Number of Years Registered as Tech: 2
Years at Site: 1 year

Aaron McDonough
License #19342
Number of Years Registered as Technician: 2.5 years
Years at Site: 3 years

Certified Pharmacist-Interns:

Abigayle Renner
License #6454
Number of Years Registered as Intern: 3 months
Years at Site: 3 months

Abigail Baker
License #6167
Number of Years Registered as Intern: 2 years
Years at Site: 1.5 years

Jaelyn Westfield
License # 6468
Number of Years Registered as Intern: 1.5 years
Years at Site: 1.5 years

Tyler Nichols
License #
Number of Years Registered as an Intern: 1 year
Years at Site: 1 year

See attached letters of commitment from each participant listed.

PROJECT SUMMARY

Participating pharmacies were identified to be New Practice Model (NPM) participant sites using criteria defined by the NPMTF. In the phase III NPM pharmacies, the pharmacist(s) will work collaboratively with prescribers and other care providers in their community to optimize the medication use process. This process may involve the appropriate choice of medication as the therapy modality, initial selection of appropriate therapy to minimize drug therapy problems, assisting the patient in the acquisition and use of the medication, appropriate monitoring and adjustment of the medication therapy, and withdrawal or changing of medication therapy as appropriate, among others. This ongoing effort is coordinated amongst providers, with the pharmacist actively engaged in the process.

Community pharmacies will enhance previously implemented "Tech-Check-Tech" programs to include new prescriptions and additional staff (pharmacist-interns) in order to further increase the availability of the community pharmacist for direct patient care. New prescriptions will include prescriptions for a medication that is new to the patient or renewed medication orders for previously established medication. Pharmacists will continue to have ultimate authority over the dispensing process in this model. However, that does not mean the pharmacist will have hands-on direct supervision over every non-judgmental aspects of dispensing medications. The pharmacist's time will be concentrated on those aspects of dispensing that require the expertise of the pharmacist to assure safe and accurate dispensing.

The following is a detailed description of what our practice currently looks like with the TCT program:

The pharmacist is physically located on the premises of the pharmacy in an environment and location that is comfortable and efficient for direct patient care. Currently, one pharmacist is involved in the dispensing process. This pharmacist is at the end of the dispensing process, providing final verification, performing prospective drug utilization review, identifying and resolving drug therapy problems, counseling patients, contacting prescribers, when needed; and documenting his/her clinical activities. A second pharmacist and/or pharmacy resident, who are outside of the dispensing workflow, is available to assist with more intensive clinical interventions, provide medication therapy management and other clinical services that are identified during the dispensing workflow. For the general dispensing process, one technician inputs the prescription information, while another technician or pharmacist intern pulls the medication, verifies the NDC of the drug and fills the prescription prior to the final check by the pharmacist. Three semi-private cubicles are located next to the dispensing counter and are utilized to provide patient counseling and other clinical services to our patients. When counseling patients on new prescriptions, pharmacists will use various techniques, such as show and tell, when counseling each patient on a new or refilled prescription. Towncrest Pharmacy currently utilizes FileMaker Pro for documentation of clinical services.

In addition to this, in our group home area, one technician works on filling opus cassettes, med planners, and other special compliance packaging aids for patients in our supportive living organizations, which are then verified by the pharmacist. Lastly, our nursing home practice, located adjacent to our group home filling area, is our long-term care filling area where a technician, under the supervision of a pharmacist, utilizes a Parata PACMED machine for patients in the nursing home and also for patients requesting medication packing strips.

The prescription department is fully staffed by nationally certified technicians or employed pharmacist-interns. The technicians and pharmacist interns at Towncrest Pharmacy are an integral part of our practice. The pharmacists, certified technicians, and the pharmacist interns work closely together to ensure that our patients' therapeutic needs are met and that we maintain the highest standards of safety. In addition to the TCT, Towncrest Pharmacy utilizes technology to improve practice efficiencies with the goal to free up the pharmacists to provide patient care services.

The medication distribution process is under the control of a pharmacist, but only in that a pharmacist will be responsible for developing, implementing, and providing Continuous Quality Improvement for a system where the majority of activity will be completed by nationally-certified pharmacy technicians and pharmacist interns. Use of appropriate technologies including barcode scanning and the Parata PACMED will be utilized when available to assure the appropriate medication is made available to the patient. **See Appendix B for current workflow map of pharmacy.**

Board of Pharmacy Rules Waived

As part of the approved application of IPA and Drake University, our site will follow the waiver of three Board of Pharmacy regulations.

657—3.21(1) Technical dispensing functions. By waiving rule 657—3.21(1), the Board of Pharmacy would allow for a certified pharmacy technician to conduct final verification of the patient's prescription or medication order as is the current exception in an approved tech-check-tech program pursuant to 657—Chapter 40, as well as when the initial prescription or medication order is filled by a registered pharmacist-intern.

657—3.23(155A) Tasks a pharmacy technician shall not perform. By waiving rule 657—3.23(155A) specifically point number one, the Board of Pharmacy would allow for a certified pharmacy technician to provide the final verification of a filled prescription or medication order.

657—8.3 (4) Pharmacist-documented verification. By waiving rule 657—8.3(4), the Board of Pharmacy would remove the responsibility of the pharmacist to provide and document the final verification of the patient's prescription medication in order to pilot a tech-check-tech program in community practice settings.

Identification of Patients Needing Clinical Services

Patients, needing additional clinical services, will be identified using several processes. Pharmacists in the dispensing area will perform prospective DUR on all patients. The pharmacy will use nationally recognized Quality Performance Measures such as HEDIS, CMS Star Ratings, and PQA measures to identify patients who may benefit from clinical reviews from the pharmacists. These patients may be taking high risk medications, have a medical diagnosis, or taking a medication from a specific therapeutic class that have been a focus or quality indicator for the performance measures. By focusing on these quality indicators, patients can be readily identified by the pharmacy dispensing system for those patients who can affect the pharmacy's performance ratings. Pharmacists can perform their prospective DUR, identify and resolve drug therapy problems, take a focused patient history, as needed, and counsel patients.

Another process used by the pharmacy to identify patients who may benefit or be eligible for clinical services are through referral processes. The referral process may occur through another provider, a family member or caregiver, or self-referral.

A third process is the identification of patients eligible to receive clinical services through third-party vendors (e.g. OutcomesMTM™, Mirixa®, etc).

Lastly, the pharmacy will utilize their dispensing records to identify patients who may benefit from one of our clinical services.

Services Provided by Pharmacy

Services offered to our patients prior to the tech-check-tech pilot included:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation¹
2. Quick clinical services occurring during the dispensing function and are focused medication reviews and targeted clinical interventions to help patients achieve their therapeutic goals
3. Immunization services – Primarily influenza, pneumococcal, shingles, and Tdap
4. Medication Adherence Program (MAP) includes medication reconciliation, identification and resolution of drug therapy problems, compliance packaging, and regular communication with patients, caregivers, and other providers
5. MedCheck— a focused comprehensive medication review
6. Medication Synchronization Services
7. Health Screenings and health risk management services
8. Drug information services to patients, providers, and organizations
9. Durable medical equipment counseling including ostomy, CPAP, nebulizers, compression stockings, walkers, wheel chairs, canes, etc.
10. Clinical consultant services to group homes, nursing homes, and Iowa City Hospice.

All services that were expanded during the initial 18-month period with significant expansion of Medication Synchronization services and consultant services to long term care patients.

As we have expanded our clinical services and clinical interventions, it has put increased work on our pharmacists in a good way. The focus of our pharmacist is to do a review of each patient's medication record, identifying and resolving drug therapy problems, and documenting their encounter. By utilizing our certified technicians and pharmacist-interns for new prescriptions, ensuring that the final product is correct, it allows our pharmacists to not only spend more time reviewing patient records, but more time educating and counseling patients. As we become part of a high performance network of community pharmacies, there will be other therapeutic areas that we will be evaluated on including appropriate adherence of patients using antidepressants, appropriate use of controller therapy in patients with asthma, and appropriate dosing of statin therapy in patients with cardiovascular risk factors. We will be expanding in those areas to improve our clinical interventions. Also, we are receiving more and more

¹ American Pharmacists Association, National Association of Chain Drug Stores Foundation. *Medication Therapy Management in Pharmacy Practice: Core Elements of MTM Service Model*. Washington, DC: American Pharmacists Association; March 2008.

patients from Mirixa and Outcomes to perform MTM services and comprehensive medication reviews.

We still want to increase the number of patients in our medication synchronization and we have set a goal of 1000 patients (currently we are at 526 patients). We are working more and more with other physician groups and we want to make sure we perform and exceed the expectations. This requires that pharmacists are available to collect information from patients and assess their drug therapy. We have set high expectations for our pharmacists to document their clinical activities. Therefore we will continue to push our pharmacists to document their patient encounters and identify and resolve drug therapy problems.

METHODS

Measures

Aim 1: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa on patient safety measures.

For the assessment of this Aim, information will be gathered to ensure dispensing accuracy of new prescriptions. Each pharmacy will act as its own control, with baseline measurement of dispensing errors being determined for 50 new prescriptions per day, on days when TCT for refills is being done, for 15 weekdays before initiation of the Tech-Check-Tech procedures for new prescriptions. For the first week after the new procedures have been initiated, the pharmacist will double check all technician-verified prescriptions to ensure accuracy and to gather information on the efficacy of the procedures. If the error rate is equal to or lesser than the baseline measurement, 30-50 new prescriptions as well as 30-50 refill per month will be double checked for errors and those measurements recorded for the remainder of the project. If the error rate is greater than baseline measurement, additional training will be given and procedures reviewed, after which a second assessment will be performed. Length of any second assessment will be determined by the researcher. The research consultant will review these results on an ongoing basis and quarterly reports made to the Board of Pharmacy as necessary during the 18 month study period.

Aim 2: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa and in facilitating the provision of community pharmacist-provided medication therapy management.

For the assessment of this Aim, information will be gathered regarding the amount of pharmacist time that is made available for other duties as a result of the implementing Tech-Check-Tech for new prescriptions and utilizing pharmacist-interns for TCT on the provision of MTM services by the pharmacist(s) at the subject pharmacies. Each pharmacy will again act as its own control, with baseline measurements consisting of the last quarter of results from the previous pilot program of Tech-Check-Tech for refill prescriptions. The primary data sources will be self-reported pharmacist daily activity logs and numbers of both compensated and identified opportunities for MTM and other patient care services. Once the Tech-Check-Tech procedures for new prescriptions have been initiated and are performing adequately as defined above, the pharmacist(s) at the participating pharmacies will begin to focus on increasing the amount of MTM services provided.

Other Measures:

Job Satisfaction Survey

A job satisfaction survey will be conducted prior to, and one year after implementation of utilizing TCT for new prescriptions. All technicians, pharmacists and employed pharmacist-interns will be asked to complete the survey.

Amount of time spent utilizing TCT (# of TCT days)

The amount of time utilizing TCT will continue to be monitored and will be compared to the previous pilot in order to determine whether or not allowing technicians the ability to check prescriptions filled by employed pharmacist-interns impacted the ability to use TCT.

Analysis

Error rates during the 18 month study period will be compared to those found at baseline by means of Chi-squared testing and matched samples t-tests. Specific errors tracked will include wrong drug, wrong strength, wrong quantity, and wrong cap (safety-cap vs. non-safety cap). Comparisons of pharmacist task composition will be compared to those found at baseline by means of Chi-squared testing matched samples t-tests. The services provided data gathered during the study period will be compared to those found at baseline in terms of the overall number of services provided.

STUDY PARTNERS

Drake University

Drake University will oversee the research component of this project, by working with the pharmacy partners to assure that study activities are conducted in a timely and coordinated manner. Dr. Andreski will design data collection procedures, supervise data collection, manage and analyze study data, and assist in writing the study reports.

Iowa Pharmacy Association

The Iowa Pharmacy Association (IPA) will assist in preparing the community pharmacy sites to deliver the MTM services. They have experience in helping pharmacy practices adjust to providing services such as MTM. IPA will help the practices adjust staffing, workflow, and service delivery issues with the participating community pharmacies

Local Community Pharmacies in the New Practice Model Initiative

Community pharmacies across the state of Iowa will initially participate in the study by working to transform their current patient care delivery model to enhance their Tech-Check-Tech program and further engage pharmacists in clinical programs that follow the JCPP's Pharmacists' Patient Care Process to improve patient safety and provide enhanced patient care. Pharmacists in these pharmacies will deliver the clinical services as described in this study proposal and subsequent service descriptions.

PROJECT TIMELINE

Month 1-2	Project start-up; Baseline data collection; transition workflow to include TCT for new medications
Month 2 -3	Community pharmacies begin enhanced Tech-Check-Tech programs; pharmacists engage in collaborative practice agreements for patient care delivery
Month 18	Pilot project authority expires for Tech-Check-Tech
Month 18-19	Data analyses and report writing

Appendix A
Towncrest Pharmacy Practice Description and the Implementation of the
Tech-Check-Tech Concept/Program

- **Physical layout:**

Towncrest pharmacy has approximately 1500 square feet both upstairs and the finished basement. Upstairs the pharmacy is divided into three sections: 1. Front end, 2. Dispensing area, and 3. Patient care area,. It is a professional pharmacy with a front end dedicated to health aids, over-the-counter medications, durable medical equipment and miscellaneous health and beauty sundries.

The basement has three areas dedicated to specialized pharmacy services including a compounding room, group home dispensing area, and a long-term care room.

Regardless of area, pharmacist and technicians are in direct contact. It is very much a team approach to patient care. In all areas, the dispensing areas are technician drive and pharmacist managed. The pharmacy is ideally set-up for the Tech-Check-Tech program because our technicians have embraced the changes our pharmacy have made to become a patient-focused, patient care pharmacy. Our pharmacy provides a diverse range of clinical services that are provided by pharmacists while our technicians carry out the technical aspects of filling. In addition, we have instituted newer technologies to reduce errors and improve patient safety.

- **Staffing:**

- Just over a 1:1 Pharmacist/Tech Ratio
- Experienced pharmacists and technicians. We have approximately 25 employees with little turnover over the years. Part of our employee base are our student pharmacist technicians who we hired as prepharmacy majors and have them work until they graduate. But we also have full-time technicians who have a lot of experience, skills, and education.
- Our pharmacists have been trained to provide clinical services.

- **Existing Clinical**

- As mentioned in the document, our pharmacy has developed and implemented many diverse clinical services to meet our patient and community needs. We continually update our services to improve our quality while identifying newer services to meet a recognized demand.
- Our technicians have embraced the TCT concept and have questioned how their roles will change. We will work closely with them, as we have with other practice innovations/changes, to ensure they are trained, comfortable, and confident in their expanded abilities.
 - Our practice has been evolving over the past eight years and the TCT concept is a natural component to our practice evolutions.

Appendix B
Towncrest Pharmacy Workflow and TCT

Dispensing Area	Group Home Area	Long-Term Care Area
Rx is received by pharmacy	Rx is received by pharmacy	Rx is received by pharmacy
Technician enters Rx in computer system	Technician enters Rx in computer system	Technician enters Rx in computer system
Rx filled by Technician or Parata Max	Rx filled by Technician	Rx filled by Technician
Pharmacist provides DUR Certified Technician provides final verification	Certified Technician provides final verification	Certified Technician provides final verification
<p>Pharmacist provides focused clinical services to ensure safe and effective therapy</p> <ol style="list-style-type: none"> 1. Prospective DUR 2. Identification and resolution of drug therapy problems (DTPs) 3. Patient counseling and/or prescriber communication 4. Documentation of clinical activities 5. For all Parata Max fills, the Technician will verify accuracy of new and refilled prescriptions. 	<p>For those patients who are on stable therapy their routine medications are filled in regular intervals (e.g. weekly, bimonthly, or monthly) then one technician will fill the orders and a second will check the work of that technician</p> <p>Rx exclusions: CIIIs</p> <p>DUR will be performed by the Pharmacist</p>	<p>The med exchange is done weekly using the Parata Pass Med Robot. Pharmacist will be involved with all new admits/readmits to ensure that medications have been entered in correctly and the med packets are filled correctly. But for existing patients whose therapy has not changed and their weekly medications are being filled, the TCT program will be utilized</p> <p>Rx exclusions: CIIIs</p> <p>DUR will be performed by the Pharmacist</p>
<p>If problems are identified, the problem will be corrected, the technician or pharmacist will inform the CQI coordinator (RPM), the error will be entered into our CQI database and if problems are recurring then a systems review will be initiated to correct any weaknesses</p>	<p>If problems are identified, the problem will be corrected, the technician or pharmacist will inform the CQI coordinator (RPM), the error will be entered into our CQI database and if problems are recurring then a systems review will be initiated to correct any weaknesses</p>	<p>If problems are identified, the problem will be corrected, the technician or pharmacist will inform the CQI coordinator (RPM), the error will be entered into our CQI database and if problems are recurring then a systems review will be initiated to correct any weaknesses</p>

<p>Technicians are responsible for the technical aspects of drug distribution and pharmacists are focused on direct patient care and clinical activities</p>	<p>Technicians are responsible for the technical aspects of drug distribution and pharmacists are focused on direct patient care and clinical activities</p>	<p>Technicians are responsible for the technical aspects of drug distribution and pharmacists are focused on direct patient care and clinical activities</p>
--	--	--

Appendix C

Certified Pharmacy Technician Training Requirements & Checklist

Pharmacy Staff Training Requirements

Technician Utilization & Authorized Checking Functions

Each technician specifically authorized to participate in TCT at the participating pharmacy will be identified in their personnel file and an added designation to their posted registrations. A certified pharmacy technician authorized to participate in TCT will be trained in and maintain all the duties, activities, and work of registered and certified technicians. Additionally the Checking Technician may be allowed to check medication orders filled by other certified technicians, limited to the following patient care situations:

- Refill medications, in which DUR has already occurred by a pharmacist
- New medications, in which DUR and data entry review has already occurred by a pharmacist

Each technician certified to check will have documented training and evaluation of necessary training. Each pharmacy location will determine examples of medications that will NOT be checked by technicians. This could include:

- Controlled substances,
- Compounded medications, and
- Others as designated by PIC or staff pharmacists.

“Filling” Technician or Pharmacist-Intern

- Certified technicians filling prescriptions for the TCT program must be nationally certified and passed an audit of accurately filling prescriptions as established by a site’s policy and procedures.
- Employed student interns must have at least 300 hours of experience working as a technician or intern, and at least 100 of the 300 hours must be at the current TCT location. Interns must pass an audit of accurately filling prescriptions as established by a site’s policy and procedures.

“Checking” Technician Participation & Training

All of the following shall apply to a certified pharmacy technician authorized to be a “Checking Technician” at the participating pharmacy:

- National Certification: current and in good standing
- Iowa Registration: current and in good standing, and not currently subject to disciplinary charges or sanctions.
- Prior Experience: The checking technician shall work at the participating pharmacy full or part time and:
 - Shall have at least 1,000 hours prior technician work experience at the TCT site and at least 1,000 hours of prior technician work experience at the current or previous pharmacy, successfully complete their necessary location-specific training, and then complete the TCT training (see below).
 - If the technician has no prior technician work experience in a pharmacy, they shall work at least 2,000 hours at the pharmacy and successfully complete their necessary location-specific training, and then complete the TCT training (see below).

IPA/CEI Tech-Check-Tech CPE Modules

If a pharmacy will be implementing a Tech-Check-Tech program, the certified pharmacy technicians, pharmacist-interns and the pharmacists, shall receive specialized and advanced training as provided in policies and procedures, including training in the prevention, identification, and classification of medication errors. The training program for a certified pharmacy technician shall be didactic in nature and shall include successful completion (80%) of a competency test for each module.

- Pharmacists will be required to complete the first two modules listed, filling technicians and pharmacist-interns will complete the first three modules listed, and checking technicians will complete all the modules listed.
 - a. Thinking about Tech-Check-Tech?
 - i. State the need in the profession for a technician-managed distribution process
 - ii. Describe the opportunities for pharmacists to provide clinical services
 - iii. Review current regulations that govern Tech-Check-Tech programs
 - iv. Review the principles of ASHP's New Practice Model Initiative and an example of state implementation
 - v. Illustrate the case to pharmacy staff, upper management, and the Board of Pharmacy
 - b. Tech-Check-Tech: A Step-by-Step Guide for Outpatient Pharmacy
 - i. Illustrate the case to pharmacy staff, management, and Board of Pharmacy for Tech-Check-Tech
 - ii. Recognize the steps needed to prepare and implement a Tech-Check-Tech program
 - iii. Outline how a pharmacy monitors for quality assurance in a Tech-Check-Tech program
 - iv. Formulate a sample job description for a pharmacy technician engaged in a Tech-Check-Tech program
 - v. Review liability issues in a Tech-Check-Tech program
 - c. Accuracy in the Outpatient Pharmacy: Preventing, Identifying and Classifying Medication Errors
 - i. Recognize and classify common medication errors
 - ii. Recognize the causes of medication errors
 - iii. List ways to prevent medication errors
 - iv. Recognize the importance of continuous quality improvement (CQI) in the pharmacy distribution process
 - v. Describe the technician's role in CQI in the pharmacy
 - d. Dosage Forms
 - i. Identify the most common medication dosage forms
 - ii. Describe the advantages and disadvantages of different medication dosage forms
 - iii. Recognize the different routes of administration and the advantages of each
 - iv. List ways to recognize and prevent dosage form dispensing errors
 - e. Calculations Review
 - i. Describe examples of common systems of measurement
 - ii. Demonstrate the ability to convert units of measurement
 - iii. Appropriately calculate the day's supply from a prescription order
 - iv. Use percentages, ratios, and proportions to make accurate pharmaceutical calculations using mathematical skills reviewed in the activity

- v. Solve common pharmacy calculations using mathematical skills reviewed in this activity
- vi. Master specific math functions appropriate to practice setting
- f. Advanced Review of Common Medications
 - i. Group medications by pathophysiologic class using established stems (prefixes, infixes, & suffixes)
 - ii. List common adverse effects and drug interactions
 - iii. List common adherence challenges
 - iv. Distinguish medications with similar generic names
 - v. Recognize medications with multiple formulations

Responsible Individual

The "Pharmacist in Charge" or Pharmacy Manager at each participating pharmacy shall be ultimately responsible for the TCT program activities (unless otherwise noted). The PIC will be responsible for meeting TCT program training and validation requirements. The PIC will designate the staff pharmacists to supervise the activities of Checking Technicians. The entire staff, pharmacists and technicians, will be involved in collection of data for the program evaluation on a regular basis, reporting information to the PIC for analysis.

Staffing

Pharmacy staffing shall be adequate to ensure consistent and safe implementation and usage of the TCT program and will optimize pharmacist patient care services, which will have data collected and analyzed through the pharmacy's existing CQI process with variations as requested or deemed necessary by the research team.

Records

The pharmacist in charge shall maintain in the pharmacy department records for each certified pharmacy technician authorized by the pharmacist in charge or responsible pharmacist to participate in the TCT program. The records shall be available for inspection and copying by the Board or its representatives and any other authorized agencies for two years beyond the term of the certified pharmacy technician's employment. The record summary (Technician Function Levels) shall include:

- a. The name of the certified pharmacy technician.
- b. The date the certified pharmacy technician completed the standardized training and site-specific evaluation for participation in the TCT program.
- c. The date the certified pharmacy technician was authorized to participate in the TCT program and the specific TCT program functions and tasks the certified pharmacy technician is authorized to perform.
- d. When the certified pharmacy technician is authorized to check the work of other certified pharmacy technicians, the date the checking technician completed the specialized and advanced training.
- e. The dates and results of all competency evaluations.
- f. The dates of and reasons for any suspension or revocation of the certified pharmacy technician's TCT program authorization, identification of corrective action or retraining completed, and date of subsequent reinstatement of the certified pharmacy technician's TCT program authorization.
- g. The dates of and reasons for any disciplinary action taken against the certified pharmacy technician in connection with the certified pharmacy technician's performance of duties relating to the TCT program.

Evaluation of Program and Technicians:

Technician filling and checking responsibilities will be monitored daily. Errors will be documented for both filling and checking, and review of all errors will also be documented on this sheet by the PIC or responsible staff pharmacist. These sheets will be collected and data entered for bi-weekly review. The records will be maintained in the pharmacy for a minimum of two years.

The implementation of the TCT program shall result in the redirection of pharmacists from distributive tasks to cognitive and patient care activities. The participating pharmacy will document these clinical activities and will collect and maintain these records for no less than two years following the date of the record. These records shall be updated at least semiannually.

1. The PIC shall conduct continuous monitoring and evaluation of each Checking Technician to ensure the continued competency of the TCT program and the safety of the patients. Errors will be identified and records maintained following the pharmacy's quality measures, including variance tracking and reports, event analysis, follow up and education.
2. Specific evaluation of the TCT program will incorporate three measures:
 - a. **Filling:** Review of errors identified by a Checking Technician or Pharmacist. The responsible staff pharmacist shall review with all certified pharmacy technicians involved with any errors identified during the evaluation of the filling process and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
 - b. **Checking:** Periodic review and checking by the pharmacist of work checked (monthly to quarterly as designated) by the Checking Technician and identification and documentation of all errors not identified and corrected by the checking technician and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
 - c. **Review of errors** identified following release by Checking Technician or Pharmacist. The responsible staff pharmacist shall receive, evaluate, and review with all certified pharmacy technicians involved with any errors identified by a health care professional, a patient, or any individual following release of a drug by the checking technician. All such errors will be documented on the daily form AND recorded via the pharmacy's CQI program.
3. Periodic review and monitoring will be recorded on our Ongoing TCT Competency Evaluation Record.
4. Benchmarks will be identified by compiling and evaluating of the Technician QA Monitoring Daily Reports. Bi-weekly reports will be used to evaluate ongoing competencies, identify possible system modifications, provide data for continuing site specific education, and to establish need for any retraining.
5. Retraining will occur when a Technician or Checking Technician has an error rate significantly above the average for participating pharmacy's technicians. Error rate "outliers" will be determined by an excessive error rate in filling or checking over two consecutive bi-weekly periods OR if the technician's cumulative error rate significantly exceeds the average cumulative error rate. During the retraining period (of not less than two bi-weekly periods) a technician's work will be checked by a pharmacist – nor will the technician be allowed to check other technicians. Retraining will consist of a repeat competency evaluation in the area/s where excessive errors have occurred and potential repeat of didactic modules as appropriate. The PIC, with the input of staff pharmacists, will determine which sections, or all, of the training modules must be repeated.

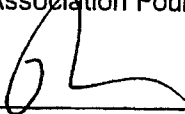
Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Randy McDonough, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed



Date

6/2/16

Title

Co-owner, Towncrest Pharmacy

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Mike Deninger, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed

Michael Deninger

Date

5/17/16

Title

Pharmacist

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Keily Kent, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Keily Kent Date 5/17/16

Title Pharmacist

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Kelly Richval, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Kelly Richval Date 5/8/10

Title Pharmacist

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Angela Lyons, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Angela Lyons Date 5-17-16

Title Staff Pharmacist

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Denise Prybil, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Denise Prybil Date 6-9-16

Title Pharmacist

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Bonnie Forbes, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs. **NA**
- Complete all necessary training and education as required. **NA**
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month. **NA**
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Bonnie Forbes Date 6-9-16

Title Pharmacy Tech

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Mary Powers, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Mary Powers Date 5/17/16

Title CPT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Amanda Rhines, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Amanda Rhines Date 5-17-16

Title Certified Pharmacy Technician

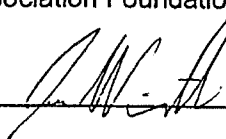
Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Joseph Weirather, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed



Date

5 / 17 / 2016

Title

Certified Pharmacy Technician

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Emily Mostert, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Emily Mostert Date 5/17/16

Title Pharmacy Technician

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Aaron M^c Donough, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Aaron M^c Donough Date 5/17/16

Title Pharmacy Technician

Letter of Commitment by Certified Pharmacist-Intern

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Abigayle Renner, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed

Abigayle Renner

Date

6/2/10

Title

Pharmacy Intern

Letter of Commitment by Certified Pharmacist-Intern

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Abigail Baker, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Abigail Baker Date 5/17/2016

Title Pharmacy Intern

Letter of Commitment by Certified Pharmacist-Intern

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Jaelyn Westfield, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Jaelyn Westfield Date 6-6-16

Title Pharmacist Intern

Letter of Commitment by Certified Pharmacist-Intern

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Tyler Nichols, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Tyler Nichols Date 6-4-16

Title Pharmacy Intern

From: [Megan Myers](#)
To: [Funk, Andrew \[IBPE\]](#)
Cc: [Jorgenson, Debbie \[IBPE\]](#)
Subject: FW: New Practice Model Phase 3
Date: Tuesday, June 14, 2016 3:33:11 PM
Attachments: [NPM Phase 3 proposal - site 3.pdf](#)

This contains site 3

From: Megan Myers
Sent: Tuesday, June 14, 2016 3:01 PM
To: Funk, Andrew [IBPE] <Andrew.Funk@iowa.gov>
Cc: 'Jorgenson, Debbie [IBPE]' <Debbie.Jorgenson@iowa.gov>; Anthony Pudlo (apudlo@iarx.org) <apudlo@iarx.org>; Kate Gainer <kgainer@iarx.org>; Michael Andreski <Michael.Andreski@drake.edu>
Subject: New Practice Model Phase 3

Dear Andrew,

Thirteen NPM pharmacies are seeking approval to join NPM Phase 3. We would like to present their site specific proposals (need to send in multiple emails due to size of attachments) at the upcoming board meeting.

Similar to Phase 4, I have included the overall IPA document as background of our guiding principles for this pilot, and have highlighted what was changed based on board feedback in May. We continue to welcome feedback on this initiative.

Thank you!
Sincerely,
Megan

**A Pharmacy Pilot or Demonstration Research Project for a
New Practice Model for Community Pharmacy**

Phase 3

In Collaboration with the Iowa Pharmacy Association &
Drake University College of Pharmacy and Health Sciences

Site Specific Application for Medicap Pharmacy, Ames, IA.

Primary Contact:

Stephanie McCollom, PharmD
Pharmacist-In-Charge
Pharmacist License # 21189
Medicap Pharmacy
105 Lincoln Way
Ames, IA 50010
Pharmacy License #123
515-232-1653 (phone)
515-232-3382 (fax)
8003@medicap.com

Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Since 2009, members of Medicap Pharmacy have been involved within IPA's New Practice Model Task Force (NPMTF). The NPMTF is a continuation of an unofficial working group that had been meeting throughout 2008. It had been charged with the creation and oversight of a pilot program to implement a new workflow and business model for community pharmacy. Since the initial work of the NPMTF, there have been other mechanisms that would help prove a successful impact of community pharmacist-provided medication management.

As a current participant of Phase I of the New Practice Model pilot, our site has demonstrated safety utilizing Tech-Check-Tech (TCT) for refilled prescriptions. The only errors this site has encountered are safety cap errors (dispensing a safety cap instead of an easy open cap) and administrative errors. We have not had any patient safety errors. Utilizing TCT has allowed growth of patient care services. Our most recent data collection showed that our pharmacists are now spending almost ½ of their time in patient care versus less than 20% at baseline. We have especially increased the amount of time we spend counseling patients and talking to them about how their medications are working. We have doubled the number of patients we have in our clinical med sync program and our goal is to double that number again. This program not only helps with adherence but also helps us monitor for safety, side effects & progress towards therapeutic goals. This location will be participating in both the Iowa Community Pharmacy Enhanced Services Network (CPESN) and the Wellmark Pay for Performance program. We believe that the ability to employ phase 3 of the NPM will allow our pharmacists to spend even more time with patients and further improve patient outcomes, allowing for success in these enhanced services programs.

Our pharmacy has agreed to submit this application and collaborate on the specific aims of this pilot project, which include:

1. Implement and assess the impact of adding new prescriptions and utilization of employed pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa on patient safety measures, and
2. Implement and assess the impact of adding new prescriptions and utilization of employed pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa in facilitating the provision of community pharmacist-provided services.

NEW PRACTICE MODEL LEADERSHIP TEAM MEMBERS

Megan Myers, PharmD, will serve as Project Coordinator. She will oversee the project, conduct regular on-site visits with each site, coordinate the study activities, chair the regular team meetings, and lead the writing of the study reports to the Board of Pharmacy.

Michael Andreski, RPh, MBA, PhD, Associate Professor of Social and Administrative Pharmacy, Drake University College of Pharmacy and Health Sciences serve as research consultant and principal investigator, will participate in regular team meetings, and will participate in the writing of the study report.

T.J. Johnsrud, NuCara Health Management, Inc., will provide a pharmacy management perspective for coordinating the community pharmacy clinical services and Tech Check Tech programs within the community pharmacy sites. He will participate in regular team meetings.

Anthony Pudlo, PharmD, MBA, BCACP, Vice-President of Professional Affairs, and Kate Gainer, PharmD, Executive Vice President/CEO, Iowa Pharmacy Association will oversee coordination of clinical pharmacy services available to community pharmacy sites in this study.

PHARMACY SITE-SPECIFIC INFORMATION

Pharmacist-In-Charge:

Stephanie McCollom, PharmD

License # 21189

Drake University 2009

Number of Years Licensed: 7 yrs

Years at Site: 3 yrs & 5 ½ yrs with GRX

Other certifications/training: Immunizations, Janssen Connection Injection Certified, Drake University/University of Iowa pharmacy preceptor

Clinical Coordinator:

Cheri Rockhold Schmit, BPharm/RPh

License # 18063

University of Iowa 1993

Number of Years Licensed: 23 yrs

Years at Site: 15 yrs

Other certifications/training: Immunization Certified (both to give immunizations & teach immunizations class through IPA), Outcomes, Asthma Certification, Diabetes Certification, Janssen Connect Injection Certified, Drake University/ University of Iowa pharmacy preceptor, Hypertension/Lipid Management Certification, Smoking Cessation Certification, Pharmacogenomics Certification in progress

Director of Pharmacy:

Kristen McKibban, PharmD/MBA

License # 20280

Drake University 2005

Number of Years Licensed: 11 yrs

Years with GRX: 10 yrs

Other certifications/training: Immunizations, Drake University Preceptor, Dr. Comfort Diabetic shoes, Residency trained.

Staff Pharmacist:

Kailey DeVries, PharmD

License # 22558

Drake University 2015

Number of Years Licensed: 1 year

Years at Site: Medicap (includes years spent as a student with Medicap) 5 years

Other certifications/training: Immunizations

Staff Pharmacist:

Janelle Beal, RPh

License # 18757

Drake University 1997

Number of Years Licensed: 19

Years at Site: Medicap (as a pharmacist) 19 years, GRX since 2007

Other certifications/training: Immunizations

Certified Pharmacy Technician:

Michelle Ringgenberg, CPhT

Registration # 3268 Certification # 080103296901763

1987 Colo High School, took some college credits but did not graduate

Medicap Pharmacy is a community pharmacy in Ames, IA. It serves a wide variety of patients throughout the community. We continually strive to offer additional clinical services to enhance patient outcomes. We work closely with local prescribers and healthcare providers as a valued member of the healthcare team. And as our jingle says "we'll always make time for you."

Number of Years Registered as Tech: 18 yrs
Years at Site: 3 yrs
Other certifications/training: in process of being certified to fit diabetic shoes

Certified Pharmacy Technician:

Kelsey Biggs, CPhT
Registration # 15776 Certification # 510107010098381
2009 Associates Degree Hawkeye Community College
Numbers of Year Register as Tech: 7 yrs
Years at Site: 1 ¼ yrs

Certified Pharmacy Technician:

Kathryn Hinshaw, CPhT
License #19817 Certification # 10024322
Current Iowa State University student
Number of Years Registered as Tech: 3 yrs
Years at Site: 0 (new hire starting July 2016)
Other certifications/training: n/a

Technician in Training:

Morgan Ridout
License #23208
Current Drake University student
Registered as Tech in Training: 3/2016
Years at Site: 2 months (new hire)
Other certifications/training: n/a

Student Pharmacist Intern:

Jacqueline Vondehaar
Intern #5689
Current Drake University College of Pharmacy student
Registered as Pharmacist Intern: 3/2012
Years at Site: 16 months (3 years with GRX)
Other certifications/training: immunizations

Alternates:

Adam Danielson, CPhT
License #12684 Certification #550107010198278
2006 Fairfield High School, 2009 La James International College-Cosmetology/Esthesiology
Number of Years Registered as Tech: 9 years
Years at Site: 4 yrs
Other certifications/training: Dr. Comfort Technical Shoe Fitting Certified

Tanika Sterling, CPhT
License # 8729 Certification # 440101080558206
1995 Central Senior High School, 2003 Mercy College Health Sciences Cert. Tech
Number of Years Registered as Tech: 11 yrs.
Years at Site: 11 years
Other certifications/training: Dr. Comfort Technical Shoe Fitting Certified

See attached letters of commitments for all participants.