

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 detailed description of what our practice currently looks like with the TCT program:

- The TCT trained 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 pharmacy is fully staffed by nationally certified pharmacy technicians and 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 and 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. We will use the technology of our dispensing software to have a verification que that pharmacists will review prior to a label being printed. Thus, all prescriptions will have pharmacist profile review/DUR prior to filling.
- 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. We will use available technology, such as Eyecon® & our dispensing software, Computer Rx with bar code technology to assist in the accurate filling process. These non-judgmental tasks of the process can be entirely technician driven. We also employ "best practices" using 2 identifiers both at the time of filling and patient pick-up to verify patient identify. Our pharmacists also routinely use the "show and tell" method upon patient pick-up and counseling.
- 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

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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.

- We have also remodeled the pharmacy to delineate separate pharmacist and technician work stations to help alleviate confusion and to create a space for the technician to be able to concentrate and focus on the checking task. Part of this remodel also includes changing our workflow to have the product “bagged” after checking. The pharmacist or checking tech will bag the product to be hung for pick up immediately after checking. We feel that this change has helped to prevent errors and improve safety. We are also employing a new “bagging system” that identifies bags as a color and a number vs a name. This helps prevent look alike sound alike names from being hung together and confused upon pickup and adds an additional check and layer of safety at patient pickup. (Example: Tom Smith is Blue 49 and Tim Smith is Red 12. The color/number technique forces staff to use 2 identifiers at pick-up such as name & dob along with the bag tag.)
- We will no longer have two distinct workflow processes (one for new and one for refill). All prescriptions, new and refill, will follow the same process and go to the verification queue for pharmacist review prior to a label print. We believe that having one workflow will not only be less confusing and save time; but we also feel that it will improve patient safety and patient outcomes as pharmacists will spend more time reviewing profiles and less time checking bar codes. Technicians will not do a final product check for the following exemptions: schedule II controlled substances, liquids, combined NDC partials or any product that is not bar code scan-able by Eyecon & Computer Rx.
- 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. Our clinical med sync program allows our pharmacist to be prepared for patient pick-up appointments to more easily incorporate clinical services into patient pick-up. We also spend time going over medications and talking to patients about their medications prior to filling their med sync refills. Pharmacists are available for consultation with patients, prescribers and other care providers as an integral member of the team. Additionally, we are “reversing” the workflow in the pharmacy. This change will have the patient pick-up area adjacent to the counseling room. Patients will be rung up at the register and then the pharmacist will finish the transaction in the counseling room. This interaction will be required with new prescriptions but encouraged for all patients, even those picking up routine refills. We are distributing marketing materials to patients letting them know that we are enhancing our clinical services and that they should see a change and expect to speak with the pharmacist and answer questions when picking up medications. This will increase patient/pharmacist encounters and it is our hope it will also lead to an increase in clinical services, enhanced patient care and improved patient outcomes.
- See Appendix B for current workflow map of pharmacy.

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. Our pharmacists will continually review our policy & procedures and

make sure that our program is being implemented and followed by all employees. Incidents will be immediately reported to the pharmacist upon discovery via our incident report form. This form will be completed and given to the pharmacist in charge and reported to corporate office per our policy & procedures. In the meantime, the incident will be resolved with the patient by the pharmacist on duty using their best judgment in accordance with the law and store policies. Our policy and procedure manual with our complete quality assurance/improvement policies is available to the board upon request. Use of appropriate technologies (e.g., image verification, barcode scanning, filling machines) will be utilized to assure the correct medication is made available to the patient. We are currently using the Eyecon® automation system. This is a machine vision counting system that uses barcode technology for verification and filling. Attached is the brochure for this product in Appendix D for reference. A synopsis of how it works is as follows: The technician scans the barcode on the label and then scans the barcode on the bottle. If they match, they can proceed. If not, they will receive an error message. If a match, the product is poured onto the tray and the machine takes a “visual” count. Once the correct amount is on the tray, the technician selects “finish” and a visual “picture” is stored for documentation. This picture can be pulled up at any time and the pharmacist can not only see a picture of the product dispensed but also the ndc# that was dispensed as captured via the barcode scan. Our computer program (Computer Rx) also uses bar code scanning during the verification step; so we employ a double bar code verification process in addition to visual verification.

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. We will also be participating in the Wellmark Pay for Performance program and the Iowa Community Pharmacy Enhanced Services Network and these patients will be eligible for enhanced clinical services. If the patient is not a subscriber to insurance coverage providing payment for pharmacist provided MTM services, these services will be provided 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 tools to establish a collaborative practice agreement to address these key health care needs in the community.

Services Provided by Pharmacy

Services offered by our pharmacy include a variety of enhanced patient care services to patients who have been identified through a screening processes to receive them. These services 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. Immunization services (active screening, recommendation, education & administration for ACIP recommended vaccinations)
3. Clinical screenings and disease state monitoring
4. Clinical Med Sync fill program (not an autofill program)
5. Adherence/monitoring programs
6. Janssen®Connect® long acting anti-psychotic administration program
7. Point of Care testing (blood pressure, INR, lipids)

Services expanded or added during the initial 18 month study period include:

1. Expand MTM services as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation²
2. Expand the immunization services provided both by increasing overall immunization rates and by increasing the types of immunizations provided
3. Offer more and different clinical screenings and specific disease state educational programs
4. Increase participation in OutcomesMTM™, Mirixa™ and other billable MTM programs
5. Adherence monitoring to improve patient outcome via sync fill program & DisPill packaging system

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.

² 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.

6. Blood pressure adherence/monitoring
7. Continue to develop and expand the Janssen®Connect® long-acting anti-psychotic administration program
8. We counsel every patient on every new prescription and answer questions but we would like to be more available to spend even more time educating patients and having more time to consult with patients in regards to their drug therapy/disease state questions. We are reversing our workflow in hopes that this will change patient expectations and make it easier for the pharmacist to meet with every patient at pickup to assess medication therapy for appropriateness & safety as well as monitoring for progress towards therapeutic goals.

We want to use the New Practice Model phase 3 to free up even more pharmacist time from dispensing activities to provide more time for the pharmacist to do clinical activities. We will be participating in the Iowa CPESN and the Wellmark Pay for Performance Program. Both of these programs will require the pharmacist to spend more clinical time with the patient educating, assessing drug therapy and helping monitor towards therapeutic goals. We envision the pharmacist spending more time doing med rec with transitions of care, more immunizations and assessing immunization status frequently with pharmacy visits, CMR with chronic disease management and education, clinical med sync and point of care testing (blood pressure, lipids, INR etc) where appropriate and of course MTM's and adherence counseling & management. We are doing marketing to help change the patient's expectations of service in the pharmacy so that they understand that they should expect to spend more time with our pharmacists and the role that pharmacy & pharmacists can play as a member of their healthcare team in a value-based system.

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 |

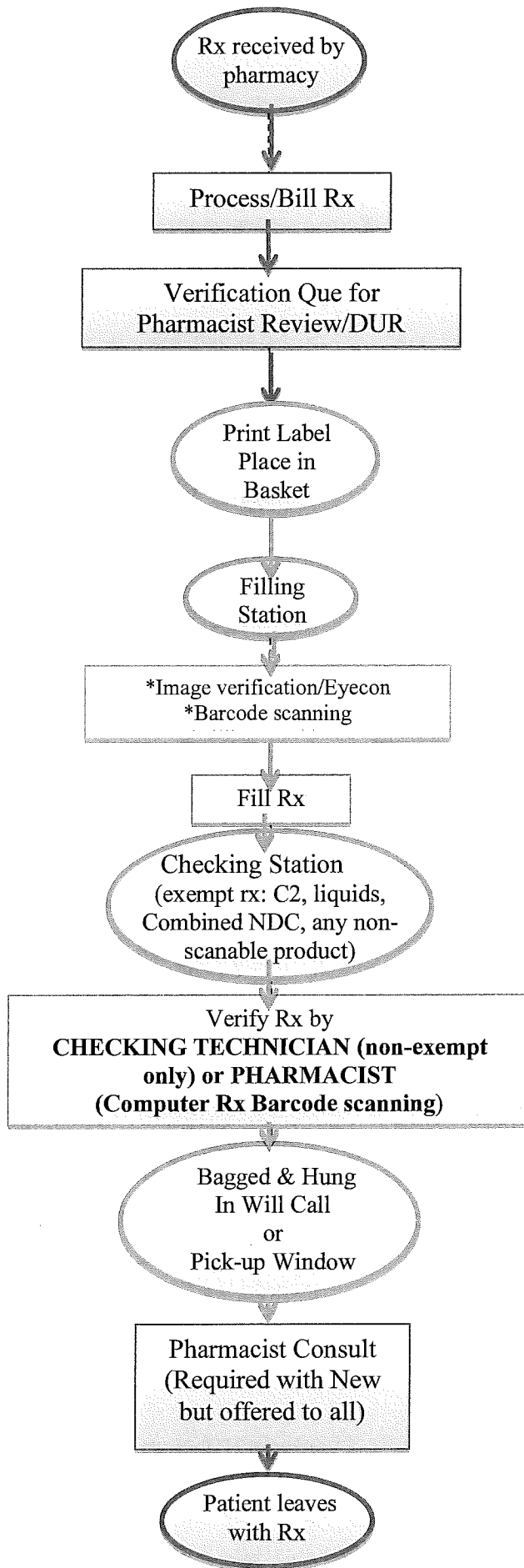
Appendix A
Medicap Pharmacy, Ames, IA
Tech Check Tech Program

Site Description

- Pharmacy Description
 - Independent community pharmacy
 - Open 8am – 6pm Monday through Friday and 9am-1pm on Saturday
- Physical layout:
 - Open dispensing area conducive to:
 - Direct technician supervision
 - Questions from techs and student-interns
 - Follow-up from pharmacists
 - Direct observation of work flow
 - Pharmacist/Patient interaction and counseling
 - Private counseling room conducive to expanded clinical services
- Staffing:
 - Approximately a 1:2 Pharmacist/Tech Ratio
 - Two Experienced Pharmacists
 - Clinical Coordinator to develop, market, implement, evaluate & maintain enhanced clinical services
- Existing Clinical
 - We already offer a wide variety of clinical services in our pharmacy but we need more available pharmacist time to continue and expand these services with a goal of improving patient outcomes via our clinical services. We believe that this model will be crucial to helping pharmacy move to value-based health care models and enhanced clinical services provided by pharmacists as part of the health care team.
 - We want to **expand** the variety of services offered
 - We want to **expand** patients reached by our services
- Our program coordinator, Cheri Schmit, has many years experience in teaching technicians and pharmacy students and in developing clinical programs. She has been involved in several programs (ICPC, PCM, CPESN and several others) working to document pharmacist clinical activities. We feel that we have a good basis of qualified staff and solid policy & procedure to build upon that will make this program successful.
- My pharmacists have shared input on developing this proposal, and will continue to be engaged on training and supporting the technicians.
- Our technicians have actively embraced this opportunity to further their careers and be even more actively involved in serving our patients as a member of the Medicap Pharmacy team.

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TCT
Workflow



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:

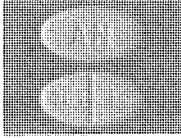
Technician filling and checking responsibilities will be monitored daily. Errors will be documented for both filling and checking, and review of all errors will also be documented on this sheet by the PIC or responsible staff pharmacist. These sheets will be collected and data entered for bi-weekly review.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

Appendix D

Computer Rx Verification Que

| Marilyn Test | | WARFARIN 1MG | |
|--|--|---|--|
| NORTH CARE Nursing Home, Room No: WEST DES MOINES, IA 50266 Age: 66 DOB: 01/01/1950 Current: 0.00 | | 65162-0761-10 Pkg Size: 100 Dosage Form: Tab Code: On Hand: 344 Upd: 10/10/2014 Medication Class: Mfg: AMNEAL Brand: COUMADIN 1MG | |
| ALLERGIES UPD: 05/26/2015 NO KNOWN ALLERGIES | |  <p>pink oval scored tablet Imprinted with AN and 761 1. Pink to light pink</p> | |
| Patient: TEST, MARILYN Rx Origin: 1 - Written Date Written: 06/07/2016 Drug: WARFARIN 1MG Quantity: 30 Disp Qty: 30 TAKE 1 TABLET BY MOUTH EVERY DAY Directage: Day Supply: 30 Calculated Units / Day = 100 Refills: Refills Expire: 06/06/2017 Doctor: DAY: 0 - No DAW Requested Exp Date: 06/06/2016 Coverage: 1-ADVANCE ADV Priority: 1=Today Units Per Day: 1 Filled By: Label Mfg Price: 46.35 Price Code <F7> B Labels: 1 | | Profiles <F11> Rx Notes <F3> Patient <F4> Drug <F5> Cardholder <F6> Use Generic <F9> Price Code Add/Edit Sig <F8> DUR <Alt F5> IOU <Alt F3> AutoFill <Ctrl F12> Physician Office Use Hold Exit | |
| Pages Per Rx: 1 Rx on Page: 1 | | Fill <F12> | |

This is the computer entry screen. Normally, there would be either the e-script in the empty box on the left or a picture of the scanned hard copy. The prescription gets "entered" and then when "Fill <F12>" is hit, the prescription automatically goes to the verification que if there is no DUR. If there is a DUR, the DUR box will pop up (see next page).

Warning Clinical Interactions

| Drug / Description | Last Filled | Quantity | Comments | Reason |
|--------------------------------|-------------|----------|----------|----------------------------|
| 1 Duplicate Therapy | | | | |
| WARFARIN 3MG | 06/03/2016 | 30.00 | | Duplicate Therapy |
| 2 Moderate Interactions | | | | |
| KETOROLAC 10MG | 04/21/2016 | 0.00 | | Anticoagulants/Ketorolac |
| AMOX/CLAV 500MG | 04/15/2016 | 0.00 | | Penicillins/Anticoagulants |

3 Interactions

Double click on an interaction for full detail
 Comments may be added or edited by changing the comments on each line
 Comments added in the box will apply to all lines without comments.

Fill <F12> Print List <F10> Cancel Fill Save Display

Fill <F12> Exit

If a DUR comes up during the input process, the filling technician is able to hit "Fill<F12>" but the DUR box remains empty. Hitting "Fill <F12>" allows the prescription to go to the verification que where a pharmacist will perform the DUR and/or hard copy check along with documentation in the DUR comment box. Computer Rx will not allow a prescription to have a final check with any empty DUR box. Something must be typed in the DUR box for product verification to occur. So, all prescriptions (those with and those without a DUR) go to the verification que and no labels will print until verification has been completed by a pharmacist. From this screen, you can click on the "reason" for the DUR and drug information comes up. This info can be printed or faxed to a provider if needed from this spot.

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MARILYN TEST

NORTH CARE Nursing Home, Room No
 WEST DES MOINES, IA 50266
 Age 66 DOB 01/01/1950
 Current 000

ALLERGIES UPD 05/26/2015
 NO KNOWN ALLERGIES

WARFARIN 2MG
 65162-0764-10
 Flg Size: 100
 Dosage Form: Tab
 Code: 0213
 On Hand: 310
 Upd: 10/10/2014
 Medication Class: Mfg AMNEAL
 Brand: COUMADIN 3MG
 AWP: 65.99
 Direct: 0.10
 Dep AWP: 19.71
 Dep Cost: 0.03
 Fee: 49.01

Patient: TEST, MARILYN
 Rx Origin: 1 - Written
 Date Written: 06/07/2016

Bin Assignment
 Assign Pharmacy Use Only Bin
 Bx / Pck Slip: 1000000
 Bin Location: **Pharmacist DUR Check**

Units / Day = 1.00
 3/2017

Doctor: [REDACTED]
 DAW: 0 - No DAW Requested
 Exp Date: 08/08/2016
 Coverage: 1-ADVANCE ADV
 Priority: 1=Today
 Filled By: [REDACTED]
 Price: 49.04
 Price Code <F7> B Labels: 1

Profiles <F11>
 Rx Notes <F3>
 Patient <F4>
 Drug <F5>
 Cardholder <F6>
 Use Generic <F9>
 Price Code
 Add/Edit Sig <F6>
 DUR <Alt F6>
 IOU <Alt F3>
 AutoFill <Ctrl F12>
 Physician Office Use
 Hold
 X Ext

Fill <F12>

As an added safety measure, we have the ability to flag prescriptions that have a DUR by assigning it to a bin (see above picture). This doesn't change the process, the prescription still goes to the verification que. It does make the prescription stand out in the verification que as needing DUR review. All prescriptions will still be reviewed by a pharmacist prior to label printing; but, this may help pharmacists prioritize prescription workflow in the verification que.

Label Print Workflow Queue

Rx Que | Scripts | Doc Called/boxed | **Print Rx Labels** | Print Watch | Rx Status | Rx's with DU | Rx's Not Picked Up

| Date In | Time In | Priority | Default Pickup Method | Location | N/R | Patient | Drug | Qty | Status | Label Notes | Rx Notes |
|-------------------------------|----------|-------------|-----------------------|----------------------|--------|---------------|----------------------|-----|--------|-------------|----------|
| Click here to define a filter | | | | | | | | | | | |
| 05/31/2016 | 09:23 PM | Tomorrow | Pickup | | NEW | | VITAMIN D 2000UNIT | 30 | PAID | | |
| 05/31/2016 | 09:24 PM | Tomorrow | Pickup | Pharmacist DUR Check | NEW | DOE, JANE | ACETAMINOPHEN 500MG | 90 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | NEW | | ASPIRIN LOW 81MG EC | 30 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | NEW | TEST, MARILYN | AMOX/CLAV 500MG | 20 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | NEW | | KETOROLAC 10MG | 30 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | NEW | | WARFARIN 3MG | 30 | PAID | | |
| 06/07/2016 | 03:13 PM | Bubble Pack | Pickup | | REFILL | SMITH, JOHN | FERROUS SULF 325MG | 30 | PAID | | |
| 06/07/2016 | 03:14 PM | Waiting | Pickup | | NEW | AUGUST, STEVE | HYDROCO/APAP 5-325MG | 30 | CASH | | |

Refresh <F0> View Default Globe + -

Remove From Que
Export
Print
Exit

This is a screen shot of the verification que. It shows when the prescription was entered, if it is a NEW or REFILL and prescriptions can be flagged by priority to help with workflow. They can be flagged as “waiting, today, tomorrow, sync fill, bubble pak, delivery, mail”. Also, “location” flags the prescriptions that were assigned to a bin as needing DUR during the filling process. If a prescription is not flagged for needing DUR but there is a DUR; the DUR will still appear and require a pharmacist to type a comment. The location flagging is again strictly for workflow efficiencies. This que can be sorted in a variety of ways to help with workflow as needed. It can be sorted by time entered, by pick-up priority, by new or refill, by DUR, by patient name, etc.

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Label Print Work-flow Queue

Rx Que | Scripts | Dose Called/Faxed | Print Rx Labels | Print Watch | Rx Status | Rx's with DUU | Rx's Not Picked Up

| Date In | Time In | Priority | Default Pickup Method | Location | N/R | Patient | Drug | Qty | Status | Label Notes | Rx Notes |
|------------|----------|-------------|-----------------------|----------------------|-----|---------------|----------------------|-----|--------|-------------|----------|
| 05/31/2016 | 09:23 PM | Tomorrow | Pickup | | NEW | | VITAMIN D 2000UNIT | 30 | PAID | | |
| 05/31/2016 | 09:24 PM | Tomorrow | Pickup | Pharmacist DUR Check | NEW | DOE, JANE | ACETAMINOPHEN 500MG | 90 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | NEW | | ASPIRIN LOW 81MG EC | 30 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | | | KIK CLAV 500MG | 20 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | | | DROLAC 10MG | 30 | PAID | | |
| 06/07/2016 | 03:11 PM | Today | Pickup | Pharmacist DUR Check | | | FARIN 3MG | 30 | PAID | | |
| 06/07/2016 | 03:13 PM | Bubble Pack | Pickup | | | | ROUS SULF 325MG | 30 | PAID | | |
| 06/07/2016 | 03:14 PM | Waiting | Pickup | | NEW | AUGUST, STEVE | HYDROCO/APAP 5-325MG | 30 | CASH | | |

Click here to define a filter

Quality Check Prescription(s)
 Display Prescription History
 Change Priority
 Change Packer Start Date (Selected)
 Print Label Queue Grid (Selected)

Refresh <F6>

View Default - Global + -

Remove From Que Export Print Exit

In the verification que, the pharmacist chooses a prescription and right clicks on it and then clicks on "quality check prescription(s)". This brings up the DUR, patient profile, refill history and hard copy verification screens for all pharmacist clinical checking, adherence monitoring, DUR, etc. The label will be printed from this screen after verification has been completed. ONLY pharmacists will be printing labels with NPM phase 3; so, pharmacists will review all prescriptions both new and refill prior to a label printing and prior to entering the filling workflow. Mirixa and Outcomes are also tied to Computer Rx and pharmacists can easily access these platforms during this process as well. So, during the DUR review & label printing, the pharmacist can look to see if the patient is in need of additional clinical services such as an adherence check or MTM; and of course, they should be reviewing immunization status and needs during the profile review. The pharmacist will also take labels off the printer and place in baskets for filling along with any notes such as "needs counsel", "fridge", etc. We have a variety of laminated, color coded notes for these workflow flags/efficiencies. Computer Rx also has a flag setting where we can turn on a counseling requirement for all new prescriptions. During checkout at the register, a hard halt box will pop up saying "needs pharmacist counsel" for all new prescriptions. We will be turning on this feature as an added safety feature. This way, if we accidentally miss putting a new rx counsel tag in a basket, the prescription will still be flagged at pick-up, alert the cashier that the pharmacist needs to counsel the patient & stop the transaction. At the register, to complete the transaction, the clerk will have to choose "declined", "waiting" or "completed". This information is documented and reportable. We feel that this process will enhance safety and patient care as it puts the pharmacist more directly involved in the "clinical" areas of dispensing and will give them more time to do this as they will be spending less time checking product. Also, turning on the mandatory counseling flag setting in Computer Rx will help us ensure that all new prescriptions get counseled before leaving the pharmacy. Our pharmacists use the show & tell counsel method as well.

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| Drug / Description | Last Filled | Quantity | Comments | Reason |
|--------------------------|-------------|----------|----------------------------------|---------------------------|
| 2 - Moderate Interaction | | | | |
| WARFARIN 3MG | 02/09/2016 | 30.00 | dr checking in in 5 days cschmit | Penicilins/Anticoagulants |
| WARFARIN 5MG | 11/20/2015 | 120.00 | dr checking in in 5 days cschmit | Penicilins/Anticoagulants |
| WARFARIN 3MG | 06/07/2016 | 30.00 | | Penicilins/Anticoagulants |

3 Interactions

2 - Moderate Interaction

Comments
dr checking in in 5 days cschmit

Double click on an interaction for full detail
Comments may be added or edited by changing the comments on each line
Comments added in the box will apply to all lines without comments.

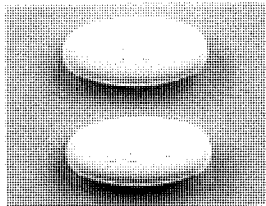
Verify <F12>
 Print List <F10>
 Exit
 Save Display

The pharmacist types a comment with explanation and the name of the pharmacist in the comment box. This box with comments will show up every time the prescription is dispensed. The final product verification cannot be completed if this box is empty. This comment box also shows up in an edits log so it is reproducible. Checking technicians have been trained to look at this box and make sure that there is appropriate documentation by a pharmacist in this box. This documentation box basically serves the same purpose as when we use to “hand write” clinical documentation notes on the hard copy of a prescription but is better in that it automatically shows up every time the prescription goes thru the filling process.

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PHARMACIST VERIFICATION - ADAM DANIELSON

Patient Notes <All>
 ALG.PENICILLINS
 QUINOLONES



white oblong film-coated tablet imprinted with 93 and 2274
 Biconvex

- Drug: AMOXK CLAV 500MG
- Patient: TEST, MARILYN
- DOB: 01/01/1950 Age: 66 NDC: 00093-2274-34
- Doctor: TESTPRESCRIBER ** DEA# 1234567
- Orig Qty: 20 Phoned In on: 04/15/2016 OnHand: 0
- Qty: 20 Day Supply: 10 Refills: 0 DAW: 0
- TAKE 1 TABLET BY MOUTH TWICE DAILY
- Cost: 7.54 Total Pd: 85.69 Net Fee: 78.15

Rx has a DUR Override

New Rx



We'll always make time for you.

AD
IVR 3:00pm

FOR Marilyn Test 111/50
 ADDRESS _____ DATE 4/15/16

*Amoxicillin/KClav 500mg
 #20*

1 po Bid

Bx: 675931900 Input By: ADAM DANIELSON

NDC

Check Fail Check Pass

DISPENSE AS WRITTEN

REFILL 0 TIMES

DR. Test Prescriber

PHONED IN BY Sharon Lee RN

DEA No. _____

222-1111

ADDRESS _____

MC1 00001

DUPH CO., INC. • (800) 273-7162

| Fill Date | Checked | Rx Number | On Hold | Drug | Patient | Adherence | Phone | Status / Bin | Pkg List | IOU Qty | IOU Message | Doctor Notified | New Rx | Primary Ins |
|------------|--------------------------|-----------|--------------------------|------------------|---------------|-----------|-------|----------------------|--------------------------|---------|-------------|--------------------------|-------------------------------------|-------------------|
| 06/07/2016 | <input type="checkbox"/> | 6759307 | <input type="checkbox"/> | KETOROLAC 10MG | TEST, MARILYN | | | Pharmacist DUR Check | <input type="checkbox"/> | 0 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ADVANCE ADV 50 00 |
| 06/07/2016 | <input type="checkbox"/> | 6759336 | <input type="checkbox"/> | WARFARIN 3MG | TEST, MARILYN | 100% | | Pharmacist DUR Check | <input type="checkbox"/> | 0 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ADVANCE ADV 50 00 |
| 06/07/2016 | <input type="checkbox"/> | 6759319 | <input type="checkbox"/> | AMOXK CLAV 500MG | TEST, MARILYN | | | Pharmacist DUR Check | <input type="checkbox"/> | 0 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ADVANCE ADV 50 00 |

This screenshot shows the pharmacist hard copy verification screen. As you can see, the original hard copy (or escript) shows up on the right. On the left, the pharmacist checks boxes for required components of the hard copy verification. The pharmacist can also view the patient's profile from here by pressing "F11" as well as being able to see the dispensing history of the prescription. If they want to view the DUR comment or interaction, they can do so by clicking the "View DUR information" button in the center of the screen. A picture of the product shows up here and also in the product verification screen. Other prescriptions being filled today show up in the bottom portion of the screen.

The final verification screen looks similar to this one. The checking tech or pharmacist would scan the label barcode and this screen would come up. The DUR box would pop up and if populated, they could hit F12 to continue. If not, a DUR would need to be entered. Once the DUR box is gone, the NDC barcode from the bottle is scanned. If correct, you are allowed to proceed. If not, a warning message that the NDC does not match pops up. Again, a picture of the product shows up for visual verification. Our checking policy & procedure requires bar code scanning, visual product verification and comparing and circling the middle 4 NDC#'s on the tag. Then the vial label gets initialed by the "checker".

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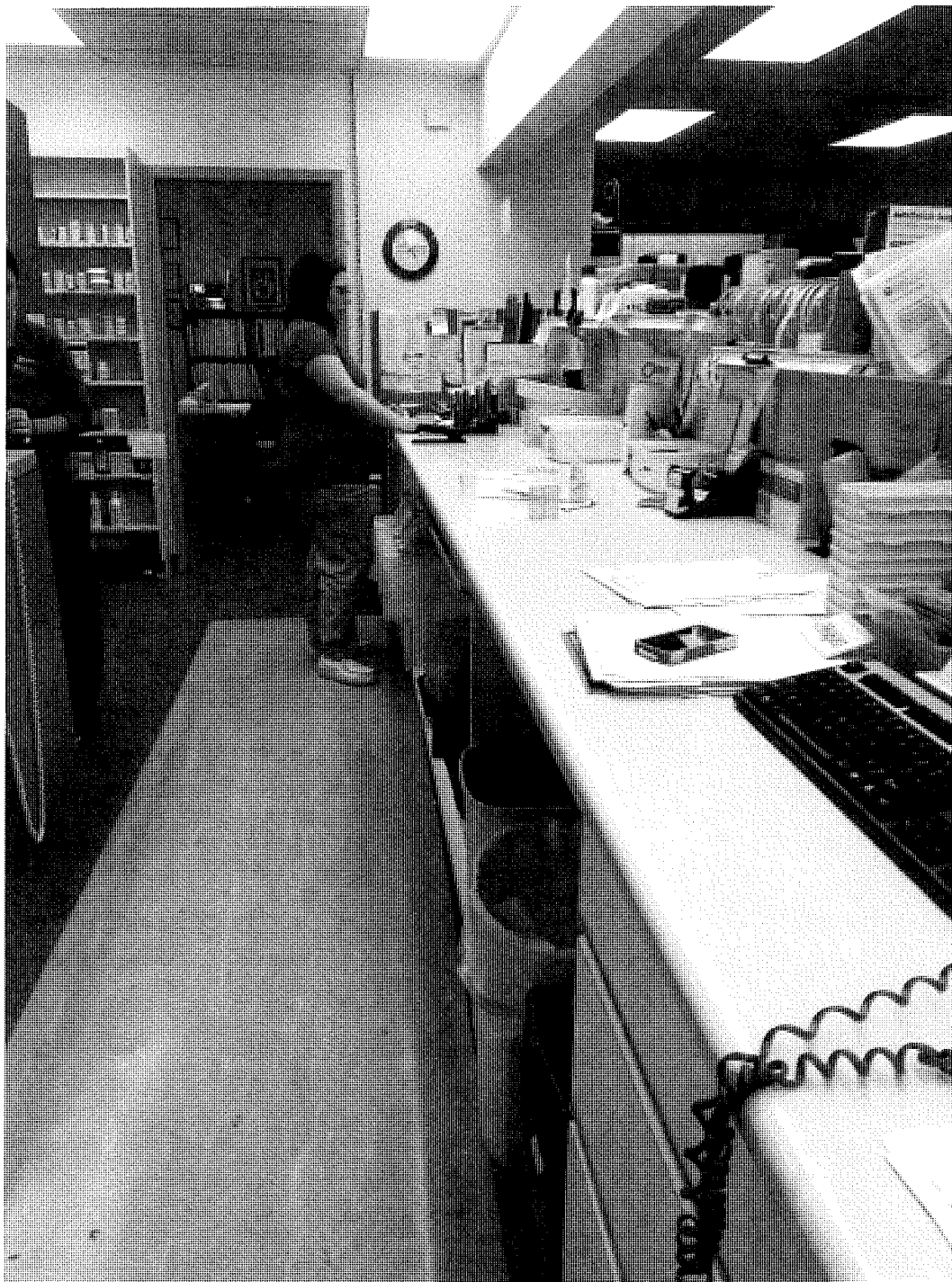
Appendix E

See 8 page document Eyecon® brochure for detailed information on technology/automation in use at our site.



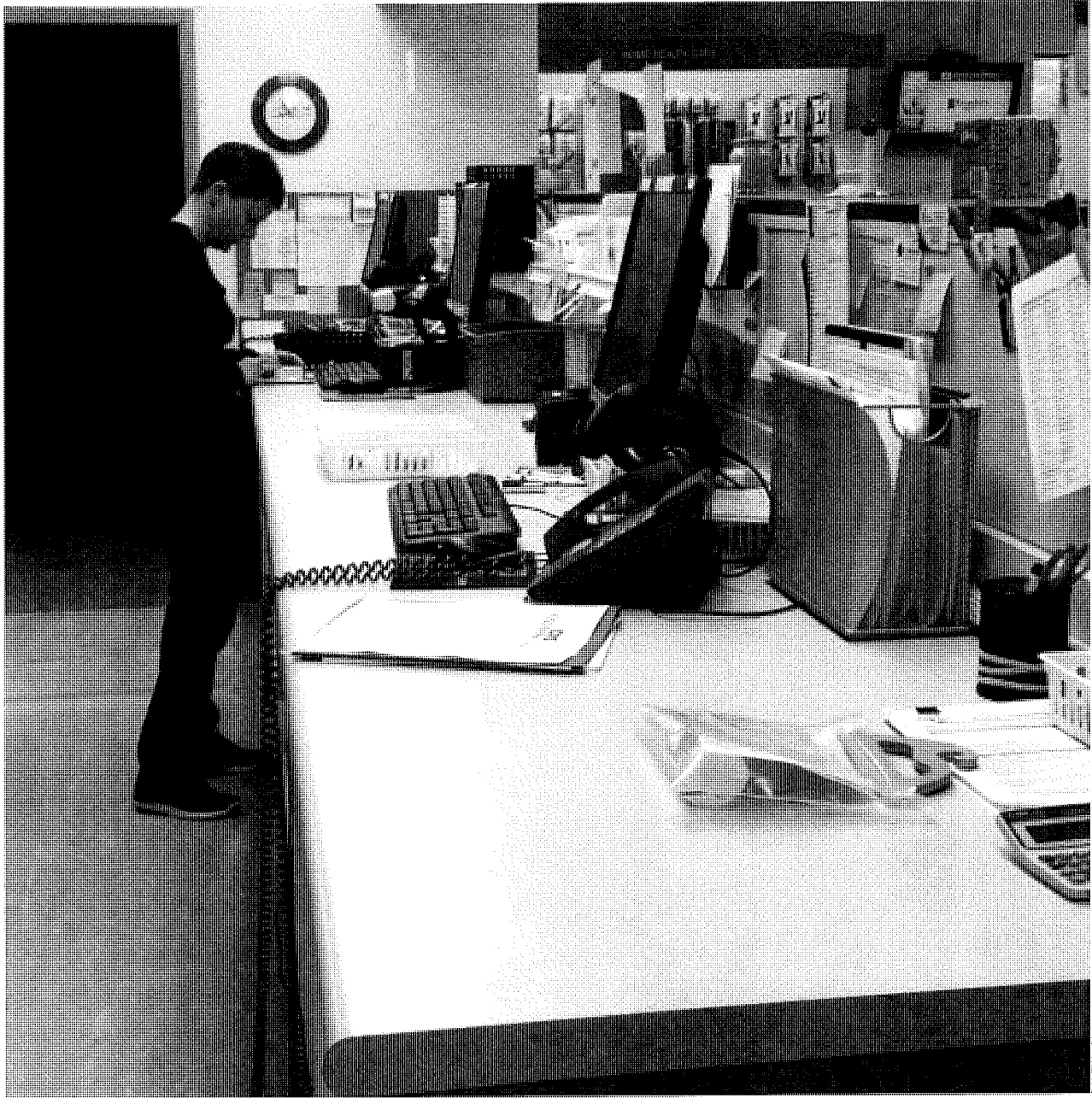
Above picture is of our filling area showing Eyecon®. This is the area that ALL filling is done and Eyecon ® with barcode scanning is used to count/scan all product dispensed (even unit of use product).

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This shows the pharmacy work area. To the left is a technician standing at the filling station. The long countertop is the checking/bagging area. There is a tech standing at the tech computer station that the techs use for input. In our reverse workflow, this becomes the pick-up area with counseling room beside it. The open countertop is the checking/bagging area. The open computer in the foreground is currently the pharmacist DUR/checking computer and it would remain as such in reverse workflow. Pharmacist would do DUR & print label, send in basket to filling station then back to center computer (shown in next picture) for checking/verification then to pick-up and counsel.

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This picture shows the work station with all 3 computers. Currently, it starts where the tech is standing and works towards you. In reverse workflow, it will start at the first open computer and work towards the counseling room.

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Letter of Commitment by Pharmacy Owner or Regional Supervisor

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, Greg Johnson, 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

Greg Johnson Date 5-9-16

Title

President

Letter of Commitment by Pharmacy Owner or Regional Supervisor

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, Karen K Merrill, 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 Karen K Merrill Date 05-09-2016

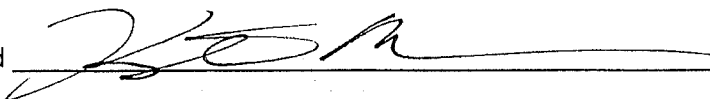
Title Vice President Operations

Letter of Commitment by Pharmacy Owner or Regional Supervisor

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, Kristen McKibban, 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 5/10/16

Title Director of Pharmacy

Letter of Commitment by Pharmacy Owner or Regional Supervisor

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, Cheri Schmit, 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 Cheri Schmit Date 5-9-16

Title Clinical coordinator

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, Stephanie McCollom, 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

Stephanie McCollom, PharmD.

Date

5/10/16

Title

Pharmacist

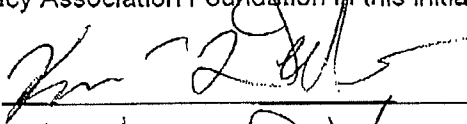
Letter of Commitment by Licensed Pharmacist

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, Kailey DeVries, 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

5/18/16

Title

Kailey DeVries



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, Janelle Beal, 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 Janelle C Beal 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, Michelle Ringgenberg, 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

M. Ringgenberg

Date

5-10-16

Title

CPHT

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, Kelsey Biggs, 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 Kelsey Biggs Date 5-10-10

Title CPNT

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, Kathryn Hinshaw, 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 06/10/2016

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, Morgan Ridort, 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 Morgan Ridort Date 6/9/16
 Title tech in training

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, Jacqueline Vanderhaar, 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

Jacqueline Vanderhaar

Date

5/10/16

Title

Student 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, Adam Danielson, 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 6/9/16

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, Tanika Sterling, agree to:

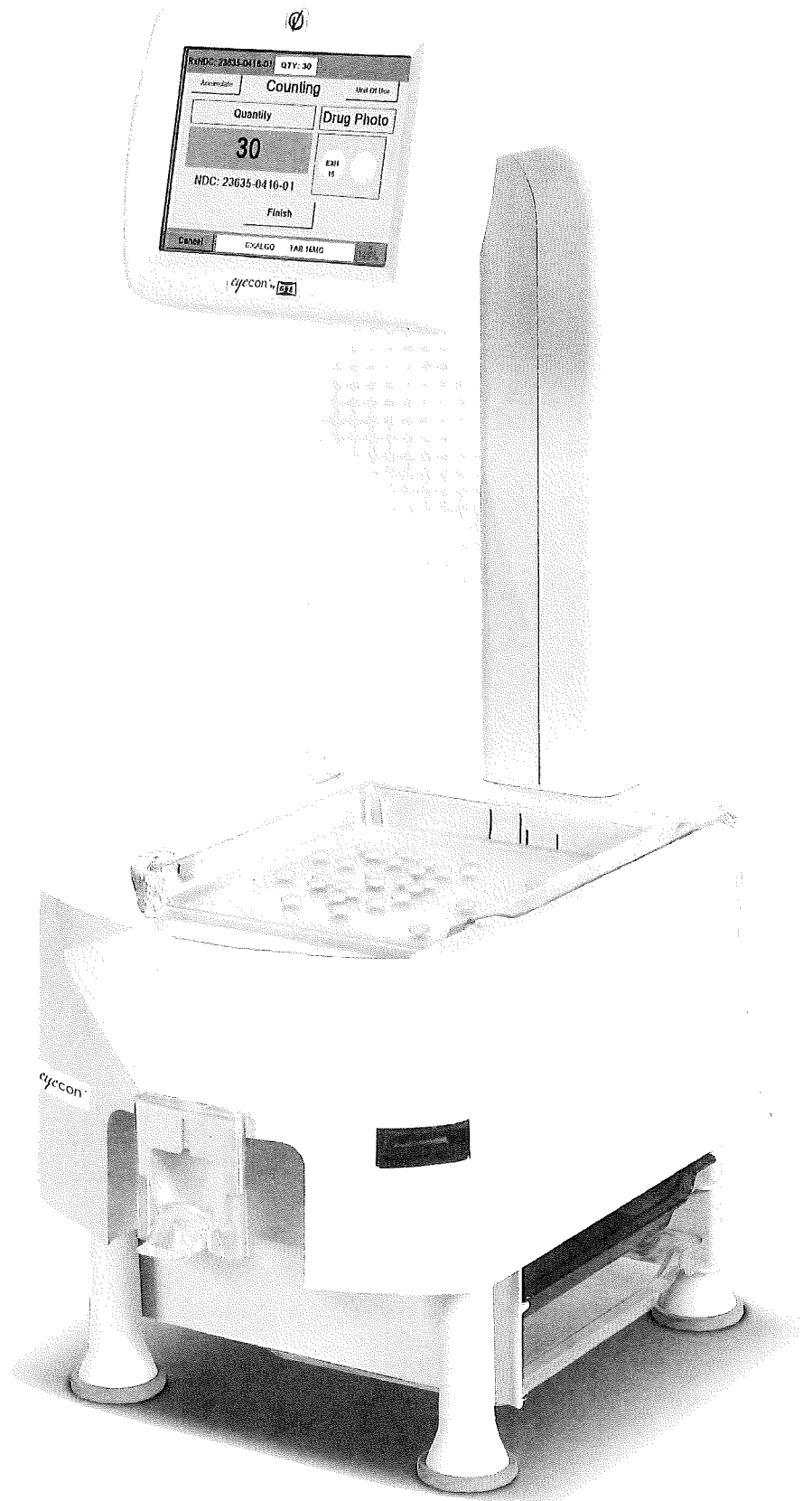
- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, 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 Tanika Sterling Date 6/9/16
Title Certified Technician

eyecon®

Avery Weigh-Tronix



Revolutionary Tabletop Automation

Prescription Validation,
Counting and Filling System



Visual Precision Counting™



Eyecon[®] is a revolutionary pharmacy automation system

Eyecon is fast becoming the preferred choice of pharmacies that have decided to automate their prescription filling process. Filling automation improves Rx accuracy, resulting in improved inventory control and saving an average pharmacy thousands of dollars per year.

Eyecon's unique Visual Counting System™ is up to 76% faster and significantly more accurate than manual counting. It helps reduce tedium and stress while allowing employees to spend more time with customers. Your customers will benefit from improved customer service and Rx accuracy.

Satisfied Eyecon Owners

Below are a few comments from Eyecon owners:

"I have had one for about six months and I wouldn't use anything else!"

"We have two in our pharmacy — best investment for safety and security in the pharmacy. Cannot believe I went so long without them!"

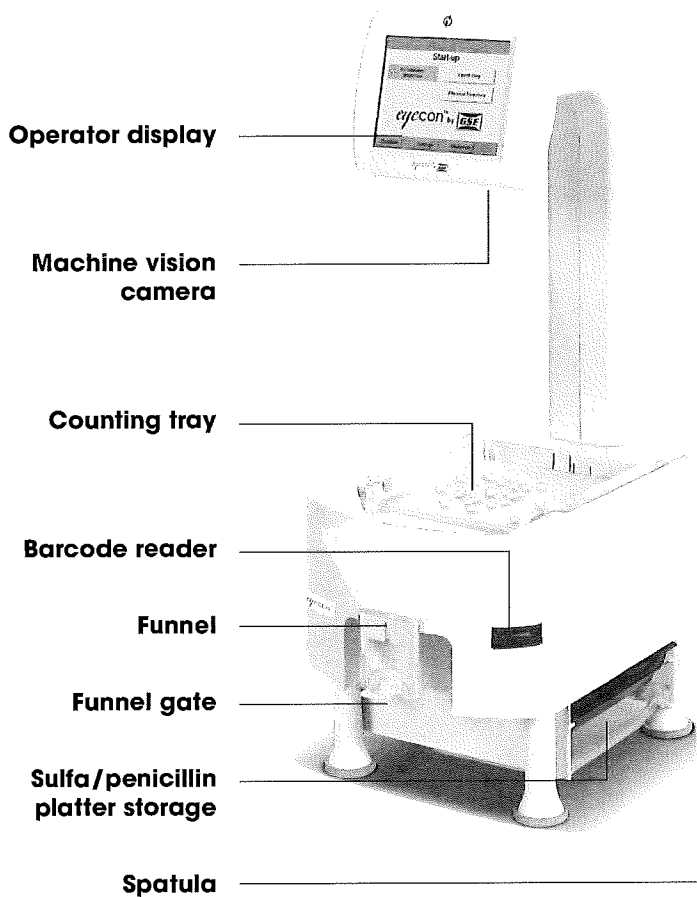
"It's nice to be able to go home and rest knowing that everything has been filled correctly!"

Visit our website to see a growing list of endorsements from pharmacists across the country:

www.eyeconvpc.com/endorsements

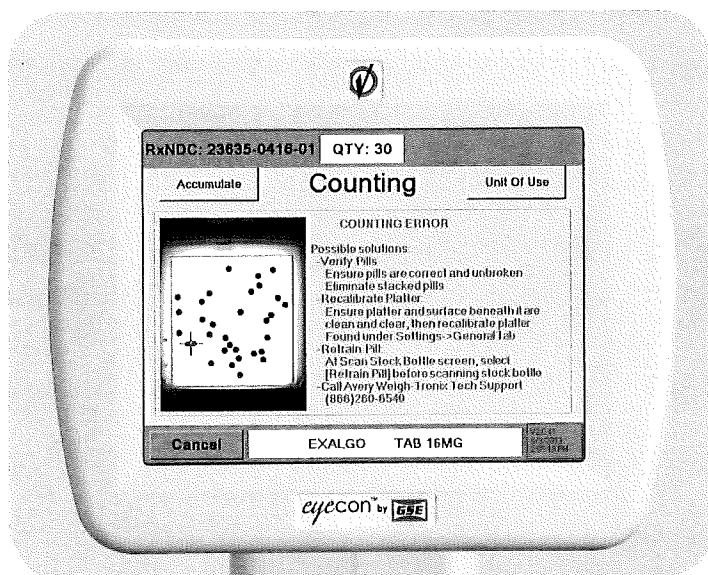


How Eyecon works



Eyecon is a unique machine vision counting system. A camera mounted above the counting platter captures photo images used to count pills five times per second.

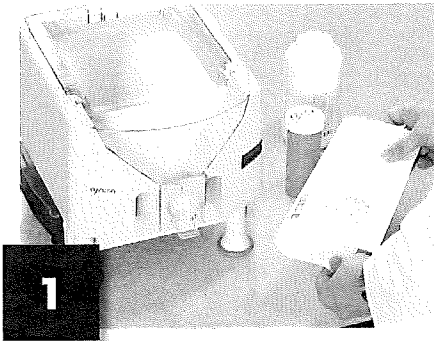
- **Safety** - Validation mode ensures customer safety with proper dispensing. Separate sulfa and penicillin platters prevent cross-contamination.
- **Speed** - Counts poured pills in 200 ms, updating pill count up to 5 times per second.
- **Accuracy** - Field-tested approaching 100%.
- **Quality** - Recognizes and identifies foreign matter and tablet fragments of dissimilar size and shape.
- **Confidence** - The open design allows quick and easy inspection of the medication being dispensed.
- **Versatility** - Counts all sizes and shapes of capsules and tablets. Can also be used for validation and inventory of ointments, creams, solutions and pre-packs.
- **Longevity** - Regular updates to drug database and user interface.
- **Cleaning** - No hidden compartments or disassembly required.
- **Photographic Documentation** - An annotated pill tray photograph with individually numbered pills is saved for every Rx transaction.
- **On-Screen Reports** - Various transaction reports can be viewed on the Eyecon's screen and exported when needed. The pill tray photo(s) associated with any selected transaction can be viewed and easily transferred to your pharmacy computer.



Counting Errors - If Eyecon detects objects on the tray that are sufficiently different in size or shape than the pills being counted, a counting error screen is shown. A pill tray photo displays the object(s) in question identified by a red plus sign.

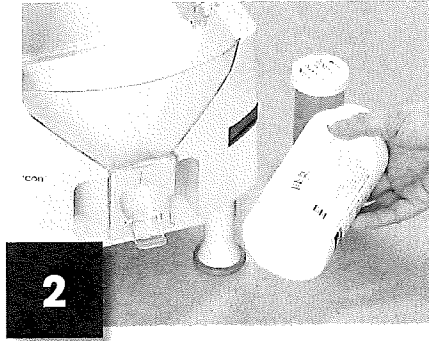
Rx validation mode

Eyecon helps ensure that the medication dispensed into the vial matches what is on the prescription.



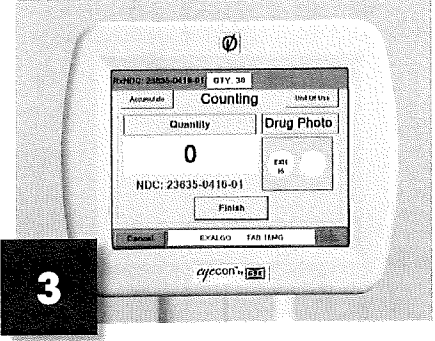
1

Scan Label - Scan barcode containing NDC, quantity, and Rx number.



2

Scan Bottle - Scan barcode on stock bottle to validate that you've pulled the correct medication.



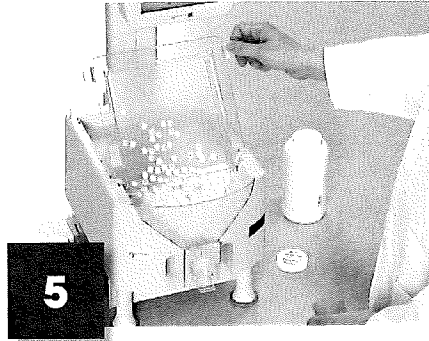
3

Verify - Eyecon will proceed to count mode if Rx label matches the stock bottle. Eyecon will display error if mismatch is detected.



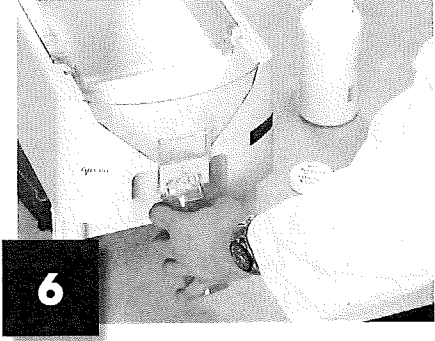
4

Count Pills - Pour pills onto tray until display turns green, indicating match between required number of pills and number of pills on the tray (see below).



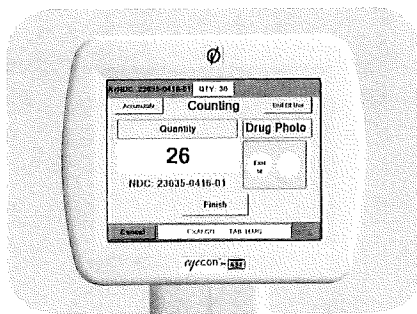
5

Dispense - Press Finish button to record the transaction, then lift platter to slide pills into funnel.

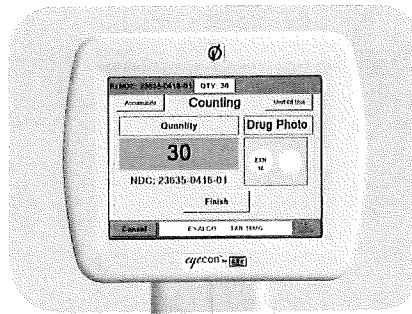


6

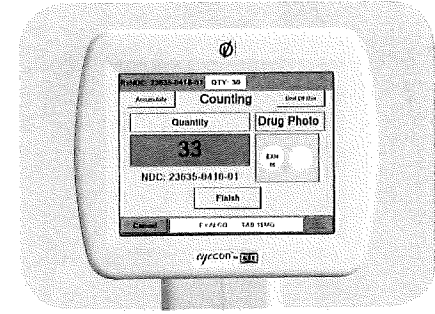
Fill Vial - Use vial to lift funnel gate and allow pills to flow into vial.



Yellow indicates under count.

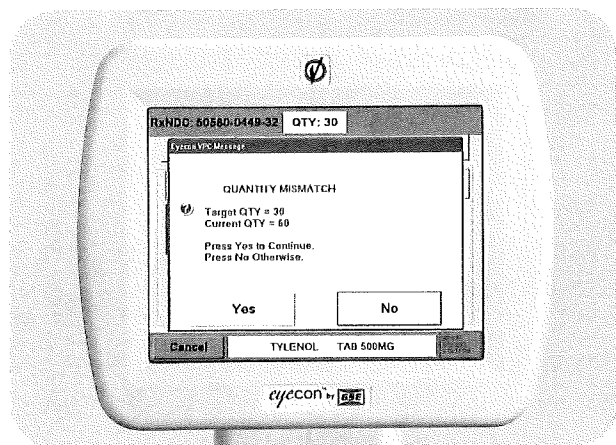


Green indicates correct count.



Red indicates over count.

Counting features



Alert Screens

When various error conditions occur, an alert screen is displayed, notifying the operator of the problem.

- Wrong Fill Quantity Warning** – When finishing a fill in validation mode, if the displayed quantity does not match the prescription quantity, a warning is displayed allowing the operator to correct the fill amount. This prevents a common cause of fill errors when the operator unintentionally dispenses the incorrect quantity.
- Partial Fills** – Eyecon tracks partially filled prescriptions. When stock is replenished and the Rx label barcode is scanned, a notice of the prior partial fill is provided to the operator. A tray photo is saved for each dispensed amount.
- Generic Substitutions** – Allows the operator to dispense a generic equivalent of the NDC that was specified in the data sent to Eyecon. An alert screen is shown allowing the operator to accept or refuse the substitution. This feature can be disabled if desired.

Annotated Tray Photo

Eyecon is the first vision-based validation and pill counting system that also saves a photo of every transaction. If a count is questioned, the photo can be viewed and/or printed. Every pill is sequentially numbered and all of the prescription data is annotated onto the photo as shown in the sample below.

| Prescription status | Quantities | Time, date & user |
|---------------------|-------------------|-------------------|
| RX#: 2111157 | Target Qty: 90 | Time: 2:08:43 PM |
| Status: Complete | Dispensed Qty: 90 | Date: 6/5/2013 |
| | Tray Qty: 90 | User: DLANG |

| NDC information | | |
|-----------------|-----------|-------------------------------|
| TYLENOL | TAB 500MG | Stock Bottle 50580-0449-32 Rx |
| | | 1) 5058044970 50580-0449-70 |
| | | 2) |
| | | 3) |

Eyecon in Action

Get a sense of the true speed of Eyecon counting by viewing a testimonial video. The video shows an experienced operator using Eyecon to fill prescriptions, as well as an interview with the pharmacy owner.

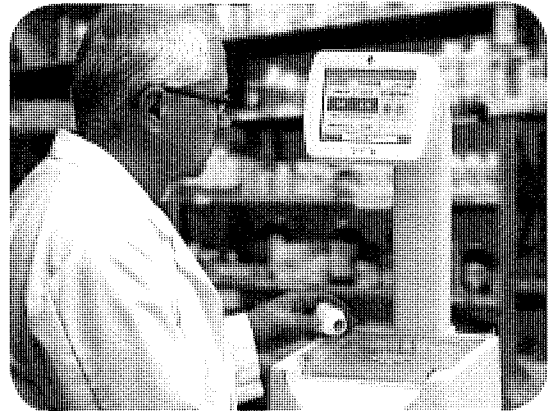


Visit: www.youtube.com/EyeconVPC

Physical inventory mode

Use Eyecon to periodically perform a physical inventory or cycle count. Using a similar process as prescription filling, Eyecon quickly counts all medications within the pharmacy and records the results in a database.

1. **Scan the stock bottle at Eyecon.**
- 2a. **For discrete pills, pour the pills onto the tray.**
Eyecon counts the pills just as if it were counting them to fill a prescription. If the stock bottle contains more than what the tray will hold, use the accumulate function to empty the tray and resume counting.
- 2b. **For full bottles, blister packs, liquids, or other non-countables, press Unit of Use to display the full package quantity.** Press the Ok button to accept or edit as necessary.
3. **Store records.** Press the Finish button to store the results.
4. **Download results.** After counting inventory, go to the settings menu and press the Download Report Data button to convert data into a format suitable for importing.

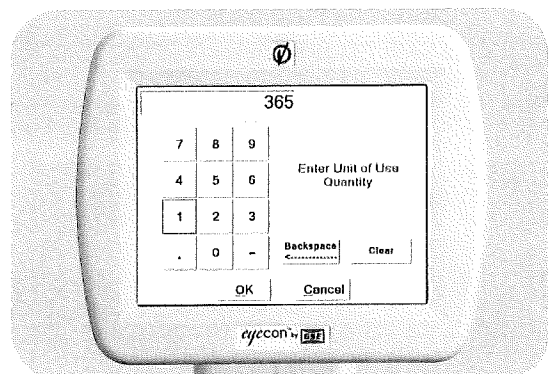


- Reduce carrying costs by increasing inventory turns and eliminating excess inventory.
- Free up staff to conduct more patient consultations by minimizing time spent on ordering and receiving product.
- Reduce inventory variances and conduct fewer physical inventories due to increased prescription filling accuracy.
- Significantly reduce time spent conducting physical inventories.

Unit of use

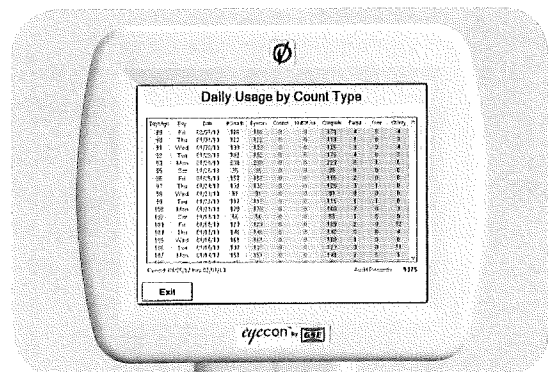
Unit of Use allows the operator to dispense a full bottle or manually entered quantity and record that in the Report Database. Also allows the combining of Eyecon counted pills with the full bottle or manually entered quantity.

Within inventory mode, Unit of Use allows multiple full bottles to be scanned and counted and then added to the quantity in the open bottles for faster, more accurate physical inventory counts.



Audit reports

Audit reports allow staff to analyze various aspects of prescriptions filled by Eyecon. Using filters, you can choose to view only C-II prescriptions, only fills of a specific NDC #, all fills performed by specific user, all open partial-fills, or a summary of the types and number of prescriptions filled per day, and more.

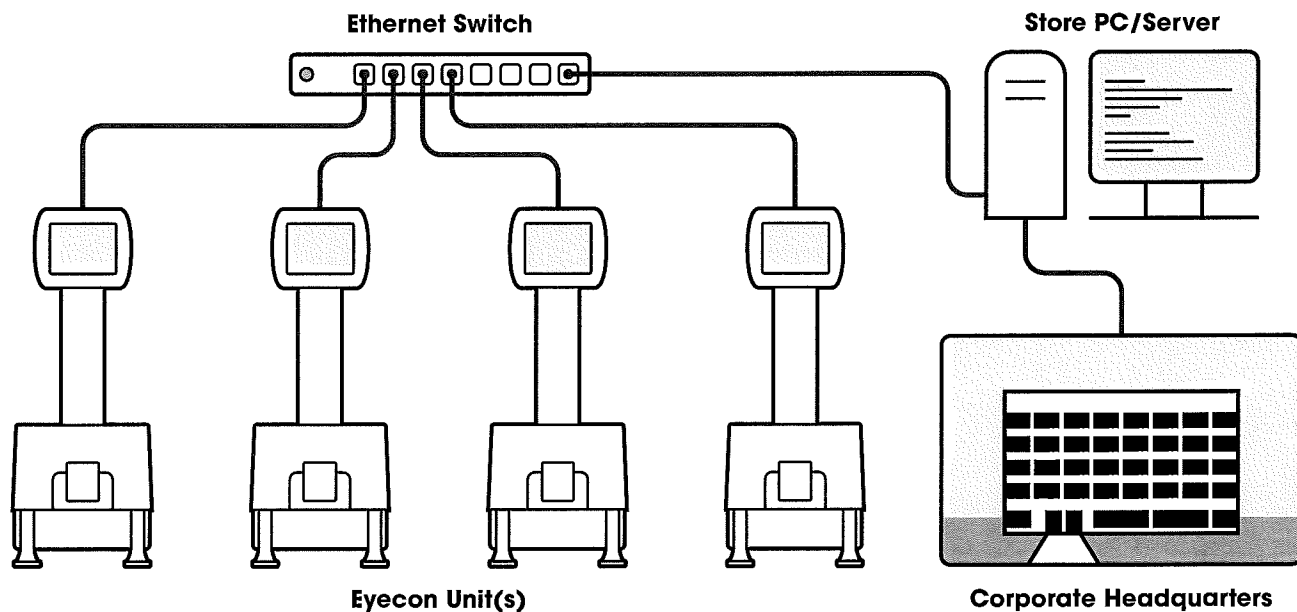


Connectivity

Every Eyecon unit includes a built-in Ethernet interface to connect with a variety of pharmacy management software systems. After data entry, the prescription record is sent to the Eyecon where it is held until the associated Rx# or Order ID barcode is scanned. Next, the prescribed NDC is validated against the stock bottle to ensure the correct drug is dispensed. After the

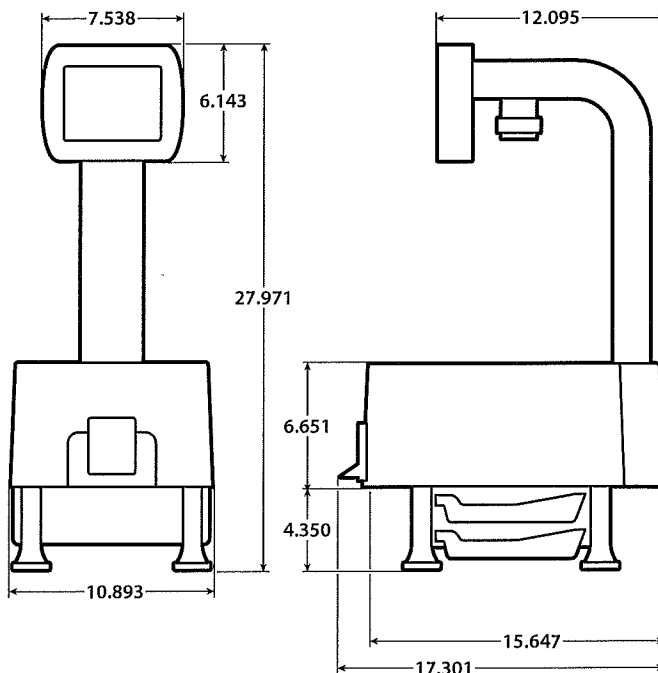
prescription has been filled, data can be transmitted back to the pharmacy system to record data about the fill.

Eyecon can also transfer a summary of all physical inventory counts to more quickly and accurately update perpetual counts in an inventory management system.



Specifications

- **Platter Surface Area:** 48" sq
- **Dimensions:** 28" H x 11" W x 17.5" D
- **Weight:** 18 lb (30 lb ship weight)
- **Screen:** 6.5" Color LCD flat panel touchscreen
- **Integrated Barcode Scanner:** Class I Laser, Standard symbologies
- **Warranty:** Two year limited
- Pill database updates provided regularly.
- Interfaces to numerous pharmacy management software systems.
- Two (2) USB Ports
- Ethernet Port
- **Power:** 100-240 VAC, 47-60 Hz
- **Approvals:** FCC, ETL safety approvals for USA and Canada
- US Patent Pending



Return on investment

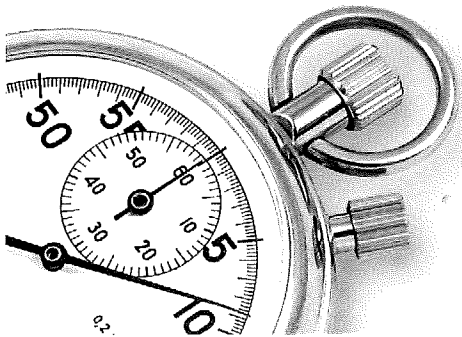
For most pharmacies, Eyecon pays for itself very quickly. For new pharmacies, Eyecon can delay the need to hire additional staff while providing the reassurance that your prescriptions are being filled correctly. Established pharmacies will discover increased throughput and accuracy.

- Eliminate over-dispensing and giving away pills.
- Fill prescriptions more quickly for reduced patient wait-time.
- Reduce customer frustration by avoiding under-fills.
- Ensure the correct drug is dispensed.
- Fewer short-fills due to more accurate inventory.

- Reduce time spent on physical inventories.
- Reduce the number of nuisance claims of under-filled prescriptions for narcotics.
- Many false claimants cease attempts to obtain more pills once they are shown the annotated tray photo.
- Reduce legal liability through stock bottle validation and enhanced record-keeping.
- Save time and improve the accuracy of keeping track of partial fills.
- Produce reports for external auditors to document prescription filling activity.
- Be confident placing higher price and narcotic NDCs into robotics by using Eyecon to double-count.

Testing shows Eyecon is fastest.

Prescription filling process was timed from stock bottle (start) to patient vial (finish). Process was performed 5 times to calculate average Rx fill time. Individual results may vary.



| Pill Count | Product | Avg. Fill Time |
|------------|---------------------|----------------|
| 30 pills | GSE Eyecon® | 13.6 sec |
| | GSE Model 664 Scale | 15.6 |
| | Competitive brand | 17.1 |
| | Hand counting | 26.9 |
| 60 pills | GSE Eyecon® | 14.1 sec |
| | GSE Model 664 Scale | 16.9 |
| | Competitive brand | 21.9 |
| | Hand counting | 47.7 |
| 90 pills | GSE Eyecon® | 15.9 sec |
| | GSE Model 664 Scale | 17.0 |
| | Competitive brand | 26.8 |
| | Hand counting | 66.6 |

Your distributor:

eyecon®

www.eyeconvpc.com
Eyecon@awtxglobal.com
866-260-6540

Avery Weigh-Tronix

www.averyweigh-tronix.com

Avery Weigh-Tronix is an ITW company



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eyecon_L_500353.indd (C&D)
7/2103 AWT35-500353

From: [Megan Myers](#)
To: [Funk, Andrew \[IBPE\]](#)
Cc: [Jorgenson, Debbie \[IBPE\]](#)
Subject: FW: New Practice Model Phase 3
Date: Tuesday, June 14, 2016 3:32:23 PM
Attachments: [NPM Phase 3 proposal - site 5.pdf](#)
[NPM Phase 3 proposal - site 6.pdf](#)

This contains site 5 and 6

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 **NUCARA PHARMACY #30**

Primary Contact:

**Alicia Lynn
Pharmacist in Charge
Pharmacist License #: 21963**

**NuCara Pharmacy #30
107 N Main Street
Lenox, IA 50851
Pharmacy License #: 1454
641-333-2260 (phone)
641-333-2506 (fax)
alynn@nucara.com**

Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Since 2009, members of Walgreens 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. Utilizing TCT has allowed growth of patient care services including engagement in quality based payment model efforts such as the Wellmark Value Based Pharmacy Model and the Iowa Community Pharmacy Enhanced Services Network.

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

Pharmacist-In-Charge:

Alicia Lynn

License #: 21963

University of Iowa, 2013

Number of Years Licensed: Since 2013

Years at Site: Since 2013

Other certifications/training:

- CPR Certified
- Immunization Certified
- Certified Diabetic Shoe Fitter
- Compression Stocking Fitter
- Nebulizer Education & Billing
- 11/14/13 NPPM Training Session (6hrs) @ UI
 - Vaccinations, OutcomesMTM™, PCM, Pharmaceutical Care Cases

Staff Pharmacist:

Steven Mowery

License #: 15967

University of Iowa, 1981

Number of Years Licensed: Since 1981

Years at Site: Since 2011

Other certifications/training:

- CPR Certified
- Immunization Certified

Certified Pharmacy Technician:

Maggie Rice

Registration # 14481

CPhT Certification #: 490107010024352

B.S. in Web Design, 2006

Number of Years Registered as Tech: Since 2008

Years at Site: Since 2007

Certified Pharmacy Technician:

Nancy Heim

Registration #: 1011

CPhT Certification #: 221507020015883

High School Education, 1981

Number of Years Registered as Tech: Since 1992

Years at Site: Since 1990

Other certifications/training:

- 11/14/13 NPPM Training Session (6hrs) @ UI
 - Vaccinations, OutcomesMTM™, PCM, Pharmaceutical Care Cases

See attached letters of commitment for participants 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 interaction. Refer to **Appendix B** for a photo of this space.
- The prescription department is fully staffed by TWO nationally certified technicians and ONE pharmacy technician in training. The pharmacist-technician relationship has become more important as the pharmacist relies on new technologies and the leadership of all technicians to maintain the highest safety to patients. Refer to **Appendix B** for photos of the technician filling and checking stations.
- The pharmacist will review accuracy of the order and 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 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. When an error is found, it can be logged in NuCara’s electronic Continuous Quality Improvement (CQI) system, www.nucaracqi.com. Refer to **Appendix B** for a screenshot of this system.
- 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 would be 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.
- In return, we hope to find that this will allow the pharmacist to offer additional clinical services to benefit our patients, including, but not limited to: MTM, Medicaid Pharmaceutical Case Management (PCM), additional immunization services, additional disease state monitoring and associated clinical screenings as well as the opportunity to provide additional home medical equipment.

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. 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. See **Appendix B** for current workflow map of the pharmacy, photos of pharmacy, and screen shots of the online CQI system and pharmacy computer system, ComputerRx.

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 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 tools to establish a collaborative practice agreement to address these key health care needs in the community.

Services Provided by Pharmacy

Services provided by our pharmacy prior to tech-check-tech included:

1. Immunization services, primarily influenza
2. Home Medical Equipment: Daily Living Aids (e.g. canes, bed rails, ramps, etc.)

Services that were expanded or added during the initial pilot period include:

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 utilizing the OutcomesMTM platform
2. PCM for qualified Medicaid patients
3. Additional immunization services: Pneumococcal & Zostavax injections
4. Formalized disease state monitoring programs & associated clinical screenings: Hyperlipidemia, Hypertension, Diabetes, Blood Clotting Disorders
5. Additional Home Medical Services such as nebulizers, walkers, mastectomy fittings, etc.

Plans for expansion include:

1. Enrollment in Wellmark's Value Based Network
2. Enrollment in the Iowa Community Pharmacy Enhanced Services Network
3. Further implementation of NuFill, the appointment based model, and other adherence programs
4. Maximize all MTM opportunities

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.

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
Nucara Pharmacy #30
Lenox

SITE DESCRIPTION

Tech-Check-Tech:

- Physical layout – Free Standing Pharmacy, conducive to:
 - Direct technician supervision
 - Questions from techs
 - Follow-up from pharmacists
 - Direct observation of work flow

- Staffing:
 - 1:3 Pharmacist/Technician Ratio
 - Experienced Pharmacists (Since 2013)
 - Experienced Technicians (Since 1990, 2004, & 2007)

- Existing Clinical
 - Have initiated several services in last year that we wish **to continue**
 - Diabetic Shoes
 - Want to **expand** services offered as listed in project summary
 - Want to **expand** patients reached

- Have done some trial runs of TCT (with RPh final check) to determine most efficient flow process

- Technicians have completed Tech-Check-Tech training provided by the Iowa Pharmacy Association and CEI

- Pamela Wong Wiltfang, our Director of Clinical Services & Innovative Practice has shared input on developing this proposal, and will continue to be engaged with training and support of our technicians as well as myself through this pilot.

- Our technicians have actively embraced this opportunity to further their careers and be even more actively involved in serving our patients as a member of the pharmacy team.

Appendix B

Clinical Pharmacist Station for Private Patient Consultations



Filling (& Entering) Technician Stations (Barcode Scanning Technology)



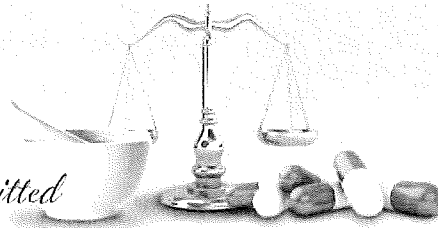
Checking Technician Station (Barcode Scanning Technology)



NuCara's Electronic CQI System (www.nucaracqi.com)



Passionately Committed



Home

Quality Related Event

Setup

Reports

Users

NuCara Pharmacy

NuCara 25 - Marshalltown North

Date

12/20/2013

Prescription Type

-

Prescription #

What type of error?

-

Where was the error made?

-

Patient Outcome

-

Action Plan

-

Pharmacy Notes

Prescribed Drug

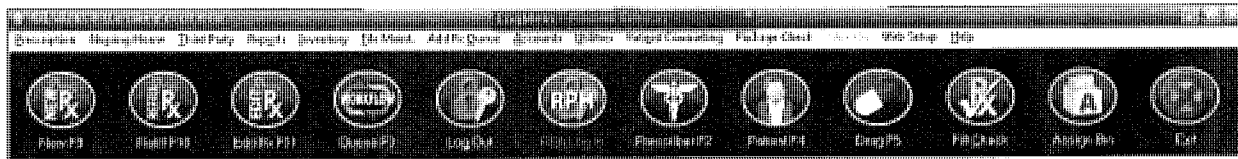
Dispensed Drug

Type of Patient

-

Add

FILLING Technician ComputerRx Screen



PHARMACY TECH VERIFICATION - SAMPLE TECHNICIAN

Pill Description

Drug
Patient
DOB
Doctor
Date Written
City
Day Supply
Refills
DAW
Cost
Total Pd
Net Fee
Label Note
Bx
NDC
Check Fail

Drug Image Not Found

New Rx

Adherence %

Edit Rx <F7>

Scanned Image of the Rx

| FR Date | Checked | Rx Number | On Hold | Drug | Patient | Adherence % | Phone | Status / Dn | FR List | IOU Qty | IOU Message | Doctor Noted | New Rx | Pat Record | Primary Int. | Second Int. | Third Int. |
|---------|---------|-----------|---------|------|---------|-------------|-------|-------------|---------|---------|-------------|--------------|--------|------------|--------------|-------------|------------|
|---------|---------|-----------|---------|------|---------|-------------|-------|-------------|---------|---------|-------------|--------------|--------|------------|--------------|-------------|------------|

****Drug images and descriptions will appear on the checking screen**

1 General 2 Pricing 3 Inventory 4 Settings 5 Monograph 7 Uses Mon 8 Rxs 9 Compound Sales History 10 Perpetual Inventory

NDC: 0311010300 GRN: 4927006006520

Name: OMEPRAZOLE 20MG Manufacturer: DR REDDY'S

Dosage Form: 5 - Cap Schedule: 0 - None

Package Size: 1000 Product ID Qualifier: 03 - NDC

Metric Size: 1000 000 Generic Name: Omeprazole Cap Delayed Release

AWP: 4151.50 Generic:

Net Cost: 53.79

User Cost: 0.00

Pharm Code:

AD Rating: A Unit of Use Pack

Medication Guide Required Print Med Guide

Unit Code Unit Dose Label

Show Generics Unit Dose Print

Drug Sq:

Discard Days: 0 Default Day Supply Per Package: 0

Max Refills: Max Day Supply Per FR:

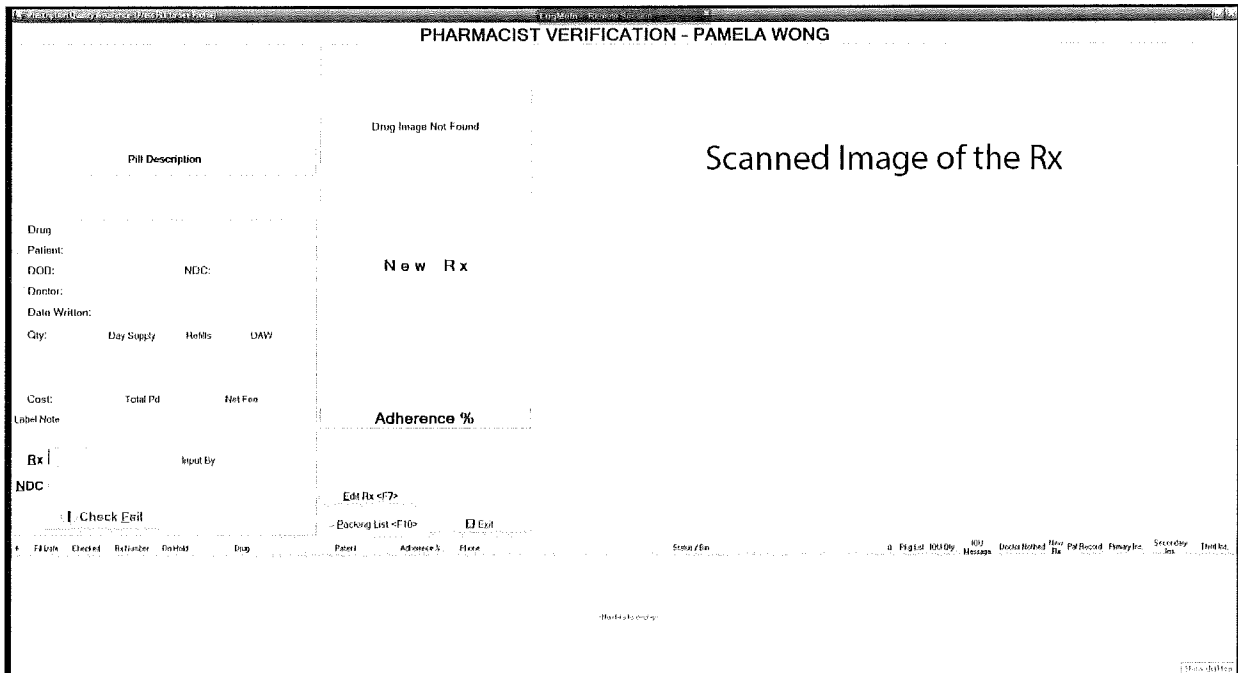
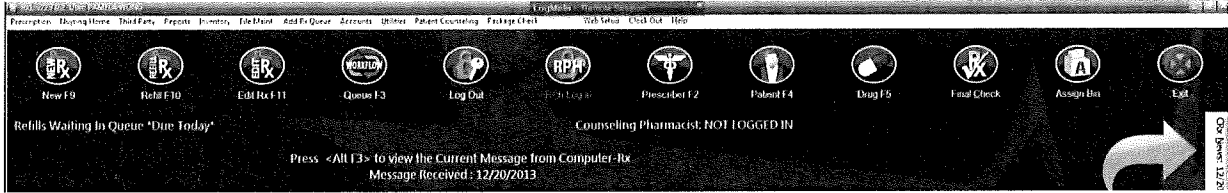
Notes <F3>

lavender, semi-spherical capsules imprinted with OMEPRAZOLE 20 mg and R158. Contains off-white

Save <F12> ReOrder Notes <F3> Edit History Cancel 11018

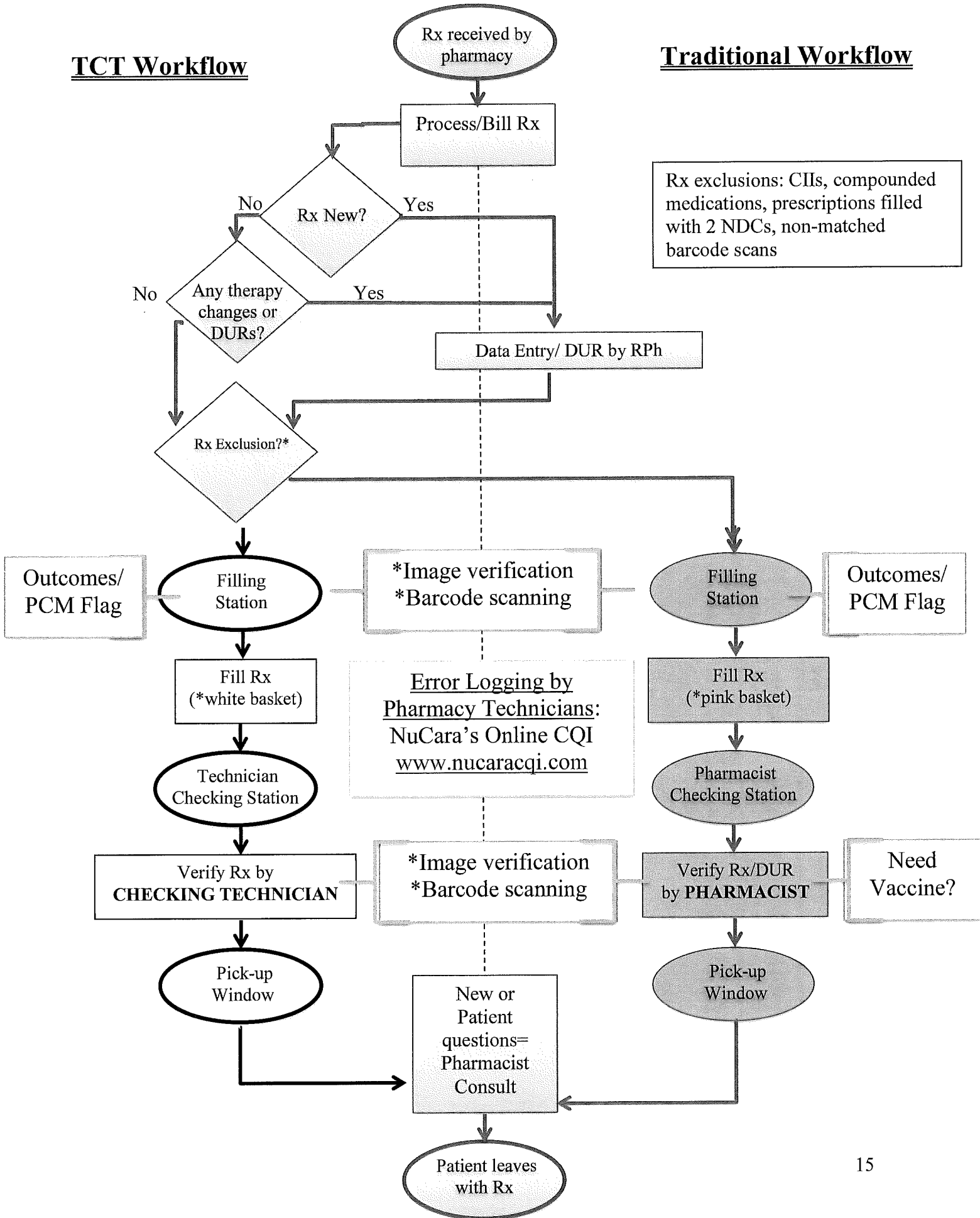
CHECKING Technican ComputerRx Screen

**Working with ComputerRx to create new "role" for "Checking Technician Verification (under pharmacist)" in the system, but for now in the screenshot it says "Pharmacist Verification"



TCT Workflow

Traditional Workflow



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 Pharmacy Owner or Regional Supervisor

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, TJ Johnson, 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 5/8/16

Title Pres

DeCort Pharmacies

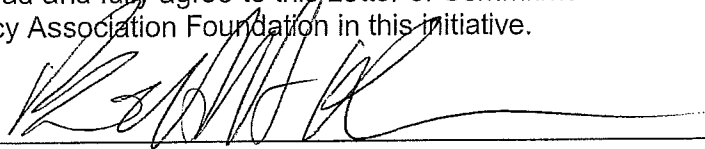
Letter of Commitment by Pharmacy Owner or Regional Supervisor

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, Brett Baizer, 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

5-10-16

Title

VP of Operations

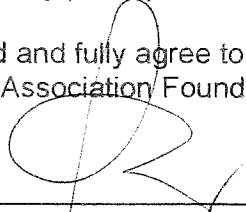
Letter of Commitment by Licensed Pharmacist

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, Pamela Wang Wittfang, 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

5/25/16

Title

Director of Clinical Services: Innovative Practice

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, Alicia Lynn, 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 Alicia Lynn Date 5-11-16

Title PTC

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, Steve Mandy, 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

Steve Mandy

Date

5-9-16

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, Maggie Rice, 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 Maggie Rice Date 5-11-16

Title CPNT

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, Nancy Heim, 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 Nancy Heim Date 5-11-16

Title CPhT

**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 **NUCARA PHARMACY #12**

Primary Contact:

Phyllis McKee
Pharmacist in Charge
Pharmacist License #: 13929

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500 2nd Street
Traer, IA 50675
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Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Since 2009, members of Walgreens 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. Utilizing TCT has allowed growth of patient care services including engagement in quality based payment model efforts such as the Wellmark Value Based Pharmacy Model and the Iowa Community Pharmacy Enhanced Services Network.

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

Pharmacist-In-Charge:

Phyllis McKee

License #: 13929

University of Iowa College of Pharmacy, 1971

Number of Years Licensed: Since 1971

Years at site: Since 1982

Other certifications/training:

- CPR Certified
- Immunization Certified
- 11/14/13 NPPM Training Session (6hrs) @ UI
 - Vaccinations, OutcomesMTM™, PCM, Pharmaceutical Care Cases

Staff Pharmacist:

Steven Martens

License #: 19652

University of Iowa College of Pharmacy, 2002

Number of Years Licensed: 14

Years at site: 8

Other certifications:

- CPR Certified
- Immunization Certified

Certified Pharmacy Technician:

Macey Calderwood

CPhT Certification #: 010103025808128

Registration #: 3270

B.S. in Educational Services, 1992

Number of Years Registered as Tech: Since 1995

Years at Site: Since Jan 1994

Other certifications/training: Home Medical Equipment (nebulizers, walkers, canes, glucose monitors)

Certified Pharmacy Technician:

Meredith Espenscheid

CPhT Certification #: 10067936

Registration #: 20859

Associates in Liberal Arts – May 2002

Number of Years Registered as Tech: Since 2014

Years at Site: Since 2014

Other Certifications/training: Home Medical Equipment (nebulizers, walkers, canes, glucose monitors)

See attached letters of commitment from each participant.