



**Pharmacy Society  
of Wisconsin**

# Advancing Community Pharmacy Quality:

*Leveraging Tech-Check-Tech (TCT)  
to Expand Patient Care Services in  
Community Pharmacies*

# PEB Community Pharmacy TCT Pilot Request

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



# Community-Based Pharmacist Services

- Pharmacists in the community
  - Increase patient access to care
  - Triage patient concerns
  - Improve patient outcomes
- Pharmacist service potential
  - Preventative health services
    - Immunizations
  - Medication optimization
    - Medication therapy management
  - Primary care services
    - Point of care testing
- Barriers
  - Time, insufficient staffing levels, high levels of dispensing



# Community-Based TCT

- Potential
  - Improve pharmacist provision of clinical services, enhanced patient engagement
  - Streamlined pharmacy workflow efficiencies
  - Leverage and engage pharmacy technicians
- Based on TCT programs in the inpatient setting
  - Have promoted patient safety and workflow efficiencies in Wisconsin hospitals for over 10 years



# TCT: Background

- Definition
  - Eligible, trained, and verified technicians provide final verification of a technician-prepared medication versus final verification by a pharmacist
- Evidence
  - Technician accuracy in performing a final check is comparable to pharmacist accuracy
  - Demonstrated time savings for clinical services



# RESEARCH FROM IOWA

## Error Rates – Phase 1

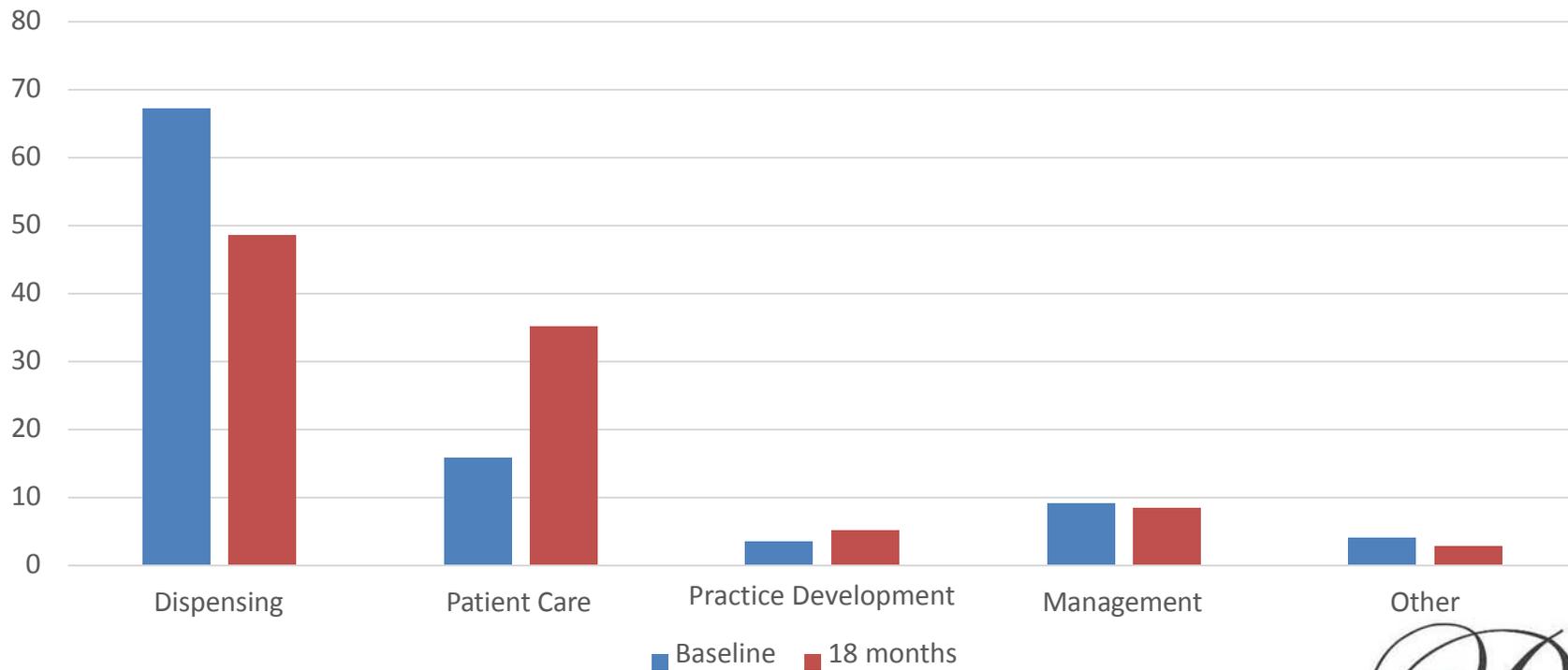
|                                    | Baseline<br>(pharmacist-checked) | TCT Overall Pilot<br>(18 months) |
|------------------------------------|----------------------------------|----------------------------------|
| • Number of refills checked        | 5,565                            | 5,950                            |
| • Wrong Drug                       | 1                                | 1                                |
| • Wrong Strength                   | 0                                | 2                                |
| • Safety Cap Error                 | 8                                | 19                               |
| • Wrong Amount                     | 2                                | 3                                |
| • Other Errors                     | 4                                | 8                                |
| • <i>Patient-Safety Errors</i>     | 2                                | 4                                |
| • <i>Patient-Safety Error Rate</i> | 0.04%                            | 0.07% (p=0.808)                  |
| • <i>Administrative Errors</i>     | 13                               | 29                               |
| • <i>Administrative Error Rate</i> | 0.23%                            | 0.49% (p=0.443)                  |
| • <b>Total Errors</b>              | 15                               | 33                               |
| • <b>Overall Error Rate</b>        | 0.27%                            | 0.56% (p=0.484)                  |



# RESEARCH FROM IOWA

## Pharmacist Workday Composition

% of Time in Activity



# RESEARCH FROM IOWA

## Patient Care Services Per Pharmacist Hour

|                               | <b>Baseline</b> | <b>Overall Pilot</b>            |
|-------------------------------|-----------------|---------------------------------|
| • Reimbursed Services         | <b>0.11</b>     | <b>0.35</b><br>(p=0.130)        |
| • Non-reimbursed Services     | <b>2.77</b>     | <b>4.8</b><br><b>(p=0.043)</b>  |
| • Total Patient Care Services | <b>2.88</b>     | <b>5.15</b><br><b>(p=0.044)</b> |



# Advancing Community Pharmacy Quality– A Wisconsin Statewide Research Pilot Project

- Goal:
  - To implement tech-check-tech (TCT) programs in a variety of community pharmacy practices across the state
  - Assess the impact of the program on patient safety measures and pharmacist patient care services
- Purpose:
  - Facilitate community pharmacists delivery of patient care services
  - NOT intended to reduce pharmacist staffing levels



# Study Design

- Baseline information will be collected prior to implementation of TCT
  - Error rates calculated for refilled prescriptions
    - 50 refills/day x 15 days
  - Estimated time pharmacists spent on various activities in the pharmacy: dispensing, management, practice development, patient care, and other
  - Documented type of patient care services pharmacists were providing
- First week of TCT: Pharmacist double checks all Rx's checked by technician
  - Inclusion if error rates were  $\leq$  baseline
- Post-implementation: Pharmacist double checks 50 refills per month & tracks how pharmacists' time is spent
  - Monthly measurements and comparisons to baseline quarterly



# Eligibility

## Pharmacy Requirements:

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



# Eligibility Continued

## Technician Requirements:

1. Pharmacy Technician Certification Board (PTCB) certified or meet the following:
  - a. Be  $\geq$  18 years old
  - b. Be a high school graduate or have equivalent education
  - c. Have completed 1500 hours of work as a technician within 3 years
2. Complete didactic and experiential training related to TCT
3. Demonstrate and maintain accuracy throughout the pilot program
4. Adhere to pilot program reporting requirements



# Community Pharmacy TCT Requirements

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

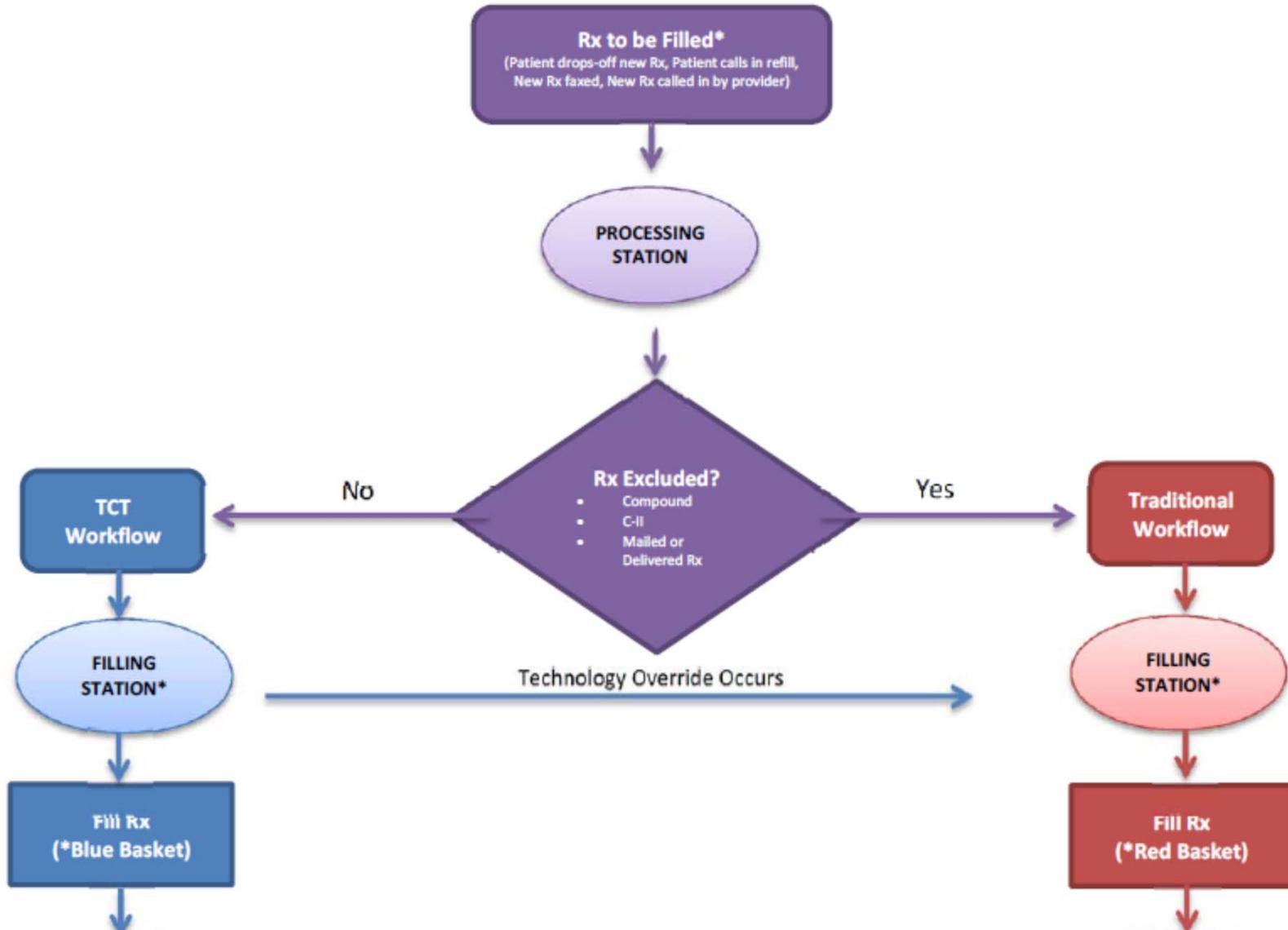


# Community Pharmacy TCT Requirements (continued)

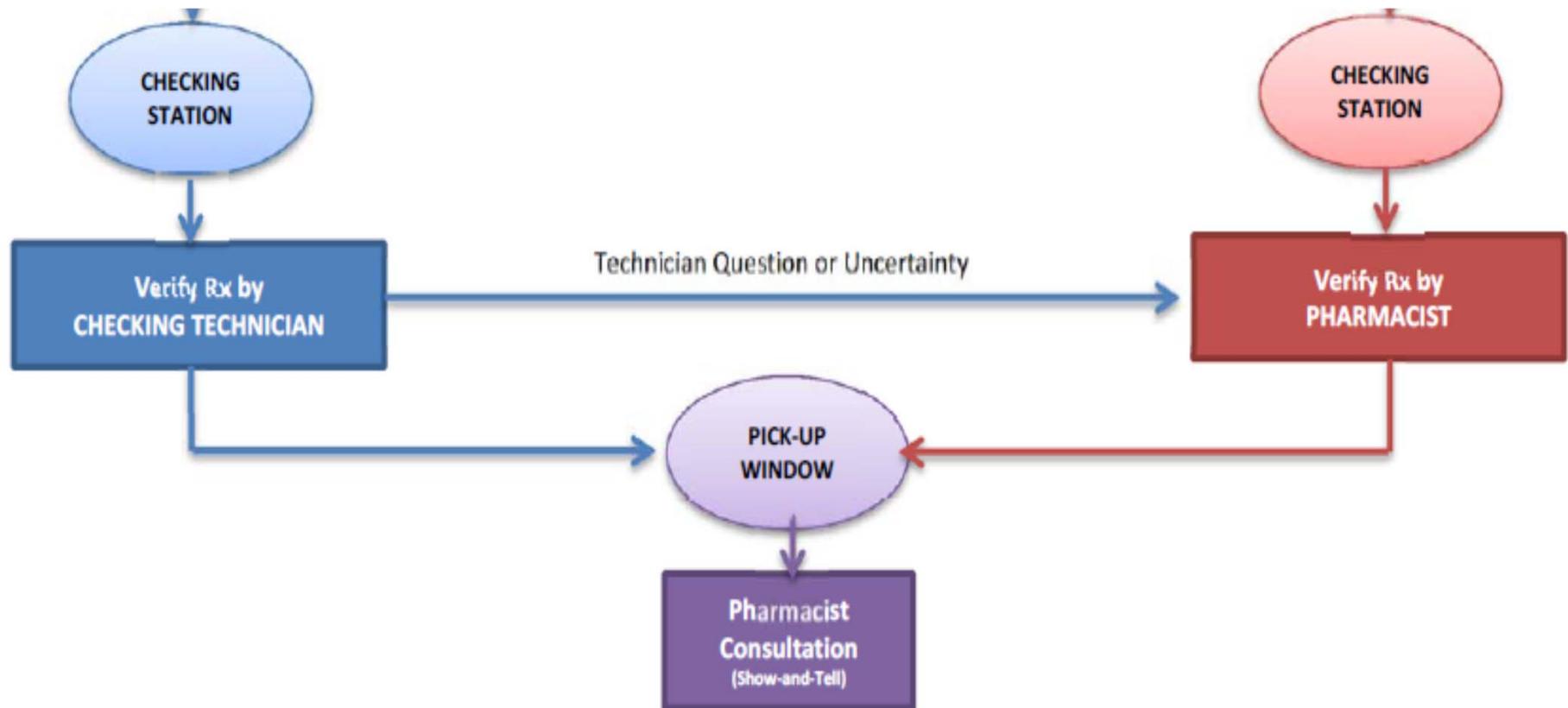
- Maintain continuous quality improvement system
- Maintain record documenting VPT requirements, training completion, and accuracy rates
- Patient consultation in accordance with state law



# Workflow



# Workflow (continued)



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



# Leadership Team Members

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



# PSW Project Coordinator

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



# Timeline

| Months 1-6   | Months 6-8  | Months 8-12  | Months 12-24  | Months 22-24  |
|--|---|--|---|---|
| <ul style="list-style-type: none"> <li>▪ Project start-up</li> <li>▪ Determine regulatory allowance for TCT in Wisconsin</li> <li>▪ Submit proposal to Wisconsin PEB for pilot/demonstration project</li> <li>▪ Engage university partner</li> <li>▪ Gather resources and training materials for pharmacists' service provision</li> <li>▪ Conduct educational needs assessment</li> </ul> | <ul style="list-style-type: none"> <li>▪ Develop procedures for data collection with university partner</li> <li>▪ Recruit community pharmacies to participate</li> <li>▪ Begin program training development</li> </ul> | <ul style="list-style-type: none"> <li>▪ Deploy educational training</li> <li>▪ Community pharmacies implement TCT programs</li> </ul> | <ul style="list-style-type: none"> <li>▪ Pharmacists engage in patient care service development opportunities</li> <li>▪ Data collection</li> <li>▪ Ongoing reporting to Wisconsin PEB</li> </ul> | <ul style="list-style-type: none"> <li>▪ Data analyses and report writing to inform future pilot projects and future rule-making</li> </ul> |



# Variance Requested

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



# Summary

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

