



PHARMACY EXAMINING BOARD
Contact: Dan Williams (608) 266-2112
Room 121A, 1400 East Washington Avenue, Madison, WI 53703
September 22, 2016

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the action and deliberation of the Board.

AGENDA

10:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of July 21, 2016 (5-9)**
- C. Administrative Updates – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Board Member – Term Expiration Date
 - a. Grace Degner – 7/1/2018 (*Appointed, not yet confirmed*)
 - b. Franklin LaDien – 7/1/2016 (*Reappointed, not yet confirmed*)
 - c. Terry Maves – 7/1/2018
 - d. Thaddeus Schumacher – 7/1/2019
 - e. Kristi Sullivan – 7/1/2016 (*Reappointed, not yet confirmed*)
 - f. Philip Trapskin – 7/1/2017
 - g. Cathy Winters – 7/1/2017
- D. Statewide Naloxone Order – Discussion and Consideration (10-11)**
- E. Pilot Program Matters – Discussion and Consideration (12-31)**
 - 1) List of Requests for Pilot Program Approval
 - 2) Appearances
 - a. Pharmacy Society of Wisconsin (PSW) – Advancing Community Pharmacy Quality Pilot Program **(13-30)**
 - 3) First Dose Tech-Check-Tech
 - 4) Other Related Matters **(31)**
- F. Legislation/Administrative Rule Matters – Discussion and Consideration (32)**
 - 1) Update on Board of Nursing Rules
 - 2) Pharmacy Technician Licensure
 - 3) Phar 7.10 Relating to Act 290
 - 4) Update on Legislation and Pending or Possible Rulemaking Projects

G. Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration

- 1) Travel Report from Pharmacy Society of Wisconsin (PSW) Annual Meeting - August 26, 2016 – Wisconsin Dells, WI

H. Informational Items – Discussion and Consideration

- 1) National Association of Boards of Pharmacy (NABP) District IV Inquiry **(33)**

I. Items Received After Preparation of the Agenda

- 1) Introductions, Announcements and Recognition
- 2) Election of Board Officers
- 3) Appointment of Board Liaisons
- 4) Administrative Updates
- 5) Education and Examination Matters
- 6) Credentialing Matters
- 7) Practice Matters
- 8) Legislation/Administrative Rule Matters
- 9) Informational Items
- 10) Disciplinary Matters
- 11) Presentations of Petitions for Summary Suspension
- 12) Petitions for Designation of Hearing Examiner
- 13) Presentation of Proposed Stipulations, Final Decisions and Orders
- 14) Presentation of Proposed Final Decision and Orders
- 15) Presentation of Interim Orders
- 16) Petitions for Re-Hearing
- 17) Petitions for Assessments
- 18) Petitions to Vacate Orders
- 19) Requests for Disciplinary Proceeding Presentations
- 20) Motions
- 21) Petitions
- 22) Appearances from Requests Received or Renewed
- 23) Speaking Engagement(s), Travel, or Public Relations Request(s)
- 24) Division of Legal Services and Compliance (DLSC) Matters
- 25) Prescription Drug Monitoring Program Information
- 26) Consulting with Legal Counsel
- 27) **Liaison Report(s)**
 - a. Appointed to Controlled Substances Board per Wis. Stats. §15.405(5g): Franklin LaDien
 - b. Continuing Education (CE) and Education and Examinations Liaison: Terry Maves
 - c. Credentialing Liaison(s): Terry Maves, Cathy Winters
 - d. Digest Liaison: Philip Trapskin
 - e. DLSC Liaison: Thaddeus Schumacher, Cathy Winters
 - f. Legislative Liaison: Philip Trapskin, Thaddeus Schumacher, Terry Maves
 - g. Monitoring Liaison(s): Franklin LaDien, Cathy Winters
 - h. PHARM Rep to State Council on Alcohol and Other Drug Abuse (SCAODA): Kristi Sullivan
 - i. Pharmacy Rules Committee: Thaddeus Schumacher, Franklin LaDien, Philip Trapskin, Kristi Sullivan
 - j. Professional Assistance Procedure (PAP) Liaison: Franklin LaDien
 - k. Screening Panel: Cathy Winters, Kristi Sullivan, Philip Trapskin
 - l. Pilot Program Report Liaison(s): Philip Trapskin, Cathy Winters

J. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

K. **Deliberation on Division of Legal Services and Compliance (DLSC) Matters**

- 1) **Administrative Warning(s)**
 - a. 15 PHM 035 (T.J.L.) **(34-35)**
- 2) **Proposed Stipulation(s), Final Decision and Order(s)**
 - a. 15 PHM 035 (C.H.W.) **(36-41)**
 - b. 15 PHM 175 (P.A.K.) **(42-46)**
 - c. 16 PHM 003 (B.R.O.) **(47-52)**
 - d. 16 PHM 070 (A.P.) **(53-59)**
- 3) **Case Closing(s)**
 - a. 15 PHM 037 (A.P.) **(60-62)**
 - b. 15 PHM 127 (P.C.) **(63-65)**
 - c. 15 PHM 155 (W.P, W.P, and W.P.) **(66-69)**
 - d. 15 PHM 218 (C.V.S. and D.S.) **(70-71)**
 - e. 16 PHM 074 (C.L.W. and S.P.) **(72-75)**
 - f. 16 PHM 083 (A.C.P.) **(76-77)**
 - g. 16 PHM 088 (S.P.S.) **(78-79)**
 - h. 16 PHM 092 (K.C.P.) **(80-81)**
 - i. 16 PHM 108 (M.F.V.) **(82-83)**
- 4) **Monitoring**
 - a. Erin Orth – Requesting Full Licensure **(84-138)**

L. **Consult with Legal Counsel**

- 1) **15CV94 Pufall v. Wisconsin Pharmacy Examining Board (139-142)**

M. **Deliberation of Items Received After Preparation of Agenda**

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspension
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Administrative Warnings
- 10) Review of Administrative Warnings
- 11) Proposed Final Decisions and Orders
- 12) Orders Fixing Costs/Matters Related to Costs
- 13) Case Closings
- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases

- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- N. **Voting on Items Considered or Deliberated upon in Closed Session, if Voting is Appropriate**
- O. **Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**
 - 1) **APPEARANCE: Cody Wagner, DSPS DLSC Attorney – Screening Delegation (144)**

ADJOURNMENT

The Next Scheduled Meeting is November 3, 2016.

**PHARMACY EXAMINING BOARD
MEETING MINUTES
JULY 21, 2016**

PRESENT: Franklin LaDien, Terry Maves, Thaddeus Schumacher, Philip Trapskin, Cathy Winters

EXCUSED: Kristi Sullivan

STAFF: Dan Williams – Executive Director, Nilajah Hardin – Bureau Assistant, Sharon Henes – Administrative Rules Coordinator, and other Department staff

CALL TO ORDER

Thaddeus Schumacher, Chair, called the meeting to order at 8:32 a.m. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Item C 2) d. is Updated to Read: “Kristi Sullivan – 7/1/2016 (Reappointed, not yet confirmed)”*
- *Remove Item: “D. APPEARANCE: St. Vincent de Paul Charitable Pharmacy Request as to Remote Dispensing Deviation”*
- *Item I 27) l. is Amended to Read: “Pilot Program Report Liaison(s): Philip Trapskin, Cathy Winters”*

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 25, 2016

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to approve the minutes of May 25, 2016 as published. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Adoption of Clearinghouse Rule 15-064 Relating to Definitions and Controlled Substances

MOTION: Terry Maves moved, seconded by Cathy Winters, to approve the Adoption Order for Clearinghouse Rule 15-064 relating to Definitions and Controlled Substances. Motion carried unanimously.

Adoption of Clearinghouse Rule 15-081 Relating to Renewal and Reinstatement

MOTION: Philip Trapskin moved, seconded by Terry Maves, to approve the Adoption Order for Clearinghouse Rule 15-081 relating to Renewal and Reinstatement. Motion carried unanimously.

Adoption of Clearinghouse Rule 16-017 Relating to Application and Examination

MOTION: Philip Trapskin moved, seconded by Terry Maves, to approve the Adoption Order for Clearinghouse Rule 16-017 relating to Application and Examination. Motion carried unanimously.

Adoption of Clearinghouse Rule 16-018 Relating to ID Required for Controlled Substances (Act 199)

MOTION: Philip Trapskin moved, seconded by Terry Maves, to approve the Adoption Order for Clearinghouse Rule 16-018 relating to ID required for Controlled Substances (Act 199). Motion carried unanimously.

Phar 6 Relating to Temperature and Humidity Controls

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to authorize the Chair to approve the preliminary rule draft of Phar 6 relating to Temperature and Humidity Controls for posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Phar 7.10 Relating to Administration of Drug Products (Act 290)

MOTION: Philip Trapskin moved, seconded by Franklin LaDien, to authorize the Chair to review the draft of course of study requirements for Phar 7.10 for consultation with the Board of Nursing and the Medical Examining Board. Motion carried unanimously.

Phar 15 Relating to Compounding

MOTION: Philip Trapskin moved, seconded by Franklin LaDien, to authorize the Chair to approve the preliminary rule draft of Phar 15 relating to Compounding for posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

PILOT PROGRAMS

Institution Tech-Check-Tech

MOTION: Philip Trapskin moved, seconded by Terry Maves, to find the Institution Tech-Check-Tech Pilot Program is related to the practice of pharmacy or prescription verification, and the program will improve the safety, quality, or efficiency of the practice of pharmacy in Wisconsin. The Board authorizes the Institution Tech-Check-Tech Pilot Program, and approves waiver(s) from the following rules, promulgated by the Board in connection with the Institution Tech-Check-Tech Pilot Program: Wis. Admin. Code §§ Phar 7.01(1)(c), Phar 7.01(1)(d), Phar 7.015(3)(a), and Phar 7.015(4). The Institution Tech-Check-Tech Pilot Program will begin on October 1, 2016 and end on September 30, 2019, or the promulgation of rules, whichever is sooner. Motion carried unanimously.

Pharmacy Technician Ratio

MOTION: Franklin LaDien moved, seconded by Philip Trapskin, to find the Pharmacy Technician Ratio Pilot Program is related to the practice of pharmacy or prescription verification, and the program will improve the safety, quality, or efficiency of the practice of pharmacy in Wisconsin. The Board authorizes the Pharmacy Technician Ratio Pilot Program, and approves waiver(s) from the following rules, promulgated by the Board in connection with the Pharmacy Technician Ratio Pilot Program: Wis. Admin. Code § Phar 7.01(3). The Pharmacy Technician Ratio Pilot Program will begin on October 1, 2016 and end on September 30, 2019, or the promulgation of rules, whichever is sooner. Motion carried unanimously.

Automated Technology Final Check

MOTION: Cathy Winters moved, seconded by Terry Maves, to find the Automated Technology Final Check Pilot Program is related to the practice of pharmacy or prescription verification, and the program will improve the safety, quality, or efficiency of the practice of pharmacy in Wisconsin. The Board authorizes the Automated Technology Final Check Pilot Program, and approves waiver(s) from the following rules, promulgated by the Board in connection with the Automated Technology Final Check Pilot Program: Wis. Admin. Code §§ Phar 7.01(1)(c) and Phar 7.01(1)(d). The Automated Technology Final Check Pilot Program will begin on October 1, 2016 and end on September 30, 2019, or the promulgation of rules, whichever is sooner. Motion carried unanimously.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATIONS REQUEST(S)

2016 Pharmacy Society of Wisconsin (PSW) Annual Meeting – August 26, 2016

MOTION: Franklin LaDien moved, seconded by Terry Maves, to designate Philip Trapskin to speak on the Board's behalf at the Pharmacy Society of Wisconsin (PSW) Annual Meeting on August 26, 2016 in Wisconsin Dells, WI. Motion carried unanimously.

CLOSED SESSION

MOTION: Franklin LaDien moved, seconded by Terry Maves, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Thaddeus Schumacher, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Franklin LaDien –yes; Terry Maves-yes; Thaddeus Schumacher-yes; Philip Trapskin-yes; Cathy Winters-yes. Motion carried unanimously.

The Board convened into Closed Session at 3:25 p.m.

RECONVENE TO OPEN SESSION

MOTION: Franklin LaDien moved, seconded by Terry Maves, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 3:51 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Cathy Winters moved, seconded by Terry Maves, to affirm all motions made in closed session. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Monitoring

Dirk Larson, R.Ph. – Requesting Reduction in Drug and Alcohol Screens

MOTION: Franklin LaDien moved, seconded by Terry Maves, to grant the request of Dirk Larson, R. Ph. for a reduction in drug and alcohol screens to 15 and one annual hair test while the respondent is not working as a Pharmacist. The Board delegates the decision to increase drug, alcohol, and hair testing once the respondent obtains employment as a Pharmacist to the Monitoring Liaison. Motion carried unanimously.

Administrative Warning(s)

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to issue an Administrative Warning following matters:

1. 15 PHM 007 (R.S.)
2. 15 PHM 162 (R.W.K.)

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

14 PHM 128 – Walgreens # 04533

MOTION: Philip Trapskin moved, seconded by Terry Maves, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Walgreens # 04533, DLSC case number 14 PHM 128. Motion carried. Recused: Franklin LaDien

(Franklin LaDien recused himself and left the room for deliberation, and voting in the matter concerning 14 PHM 128 (Walgreens # 04533).)

15 PHM 004 – S.V.H.

MOTION: Philip Trapskin moved, seconded by Franklin LaDien, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Steven V. Henningfield, R.Ph., DLSC case number 15 PHM 004. Motion carried unanimously.

Case Closings

MOTION: Philip Trapskin moved, seconded by Terry Maves, to close the DLSC cases for the reasons outlined below:

1. 15 PHM 001 (M.M.H.) – Insufficient Evidence
2. 15 PHM 007 (Walgreens #02927) – No Violation
3. 15 PHM 162 (S.D., Inc.) – Prosecutorial Discretion (P2)
4. 15 PHM 176 (S.D.C.) – No Violation
5. 15 PHM 195 (P.R.C.) – Prosecutorial Discretion (P5)
6. 16 PHM 038 (P.E.M. and O.O.M.) - Prosecutorial Discretion (P2)
7. 16 PHM 041 (W.C.P. d/b/a D.D.) - Prosecutorial Discretion (P2)
8. 16 PHM 057 (A.P.) - Prosecutorial Discretion (P2)
9. 16 PHM 058 (D.D.) - No Violation
10. 16 PHM 059 (B.H.I.) - Prosecutorial Discretion (P2)
11. 16 PHM 064 (H.O.A.) - No Violation
12. 16 PHM 067 (S.L.H.P.) - Prosecutorial Discretion (P2)
13. 16 PHM 071 (M.C. and Walgreens #09740) – No Violation
14. 16 PHM 077 (O.S.R.) - Prosecutorial Discretion (P2)

Motion carried unanimously.

ADJOURNMENT

MOTION: Terry Maves moved, seconded by Cathy Winters, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:54 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Pharmacy Examining Board			
4) Meeting Date: September 22, 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Statewide Naloxone Order– Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input checked="" type="checkbox"/> Yes by <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Appearance by: Lisa Bullard-Cawthorne, MS, MPH Prescription & Non-Prescription Opioid Harm Prevention Program Coordinator Family Health Section, Bureau of Community Health Promotion, Division of Public Health, Wisconsin Department of Health Services 1 West Wilson Street, Room 233 Madison, WI 53703 (608) 338-6435 (cell) <u>Lisa.BullardCawthorne@dhs.wisconsin.gov</u>			



SCOTT WALKER
OFFICE OF THE GOVERNOR

GOVERNOR WALKER ANNOUNCES EXPANDED ACCESS TO NALOXONE

POTENTIALLY LIFE-SAVING DRUGS CAN REVERSE EFFECTS OF OPIOID OVERDOSE, INCLUDING PRESCRIPTION OPIOIDS AND HEROIN

Friday, August 26, 2016 - Press Release

Wisconsin Dells – Governor Scott Walker today joined state health officials at the Pharmacy Society of Wisconsin annual meeting to announce the signing of a statewide naloxone standing order, which allows pharmacists to dispense the medication that reverses the effects of an opioid overdose without requiring individual prescriptions.

Governor Walker signed Wisconsin Act 115 in December of 2015, to allow practitioners to prescribe an opioid antagonist to pharmacies under a standing order. This is the latest of the state's efforts to combat opioid use, abuse, and overdose, which includes the HOPE (Heroin Opiate Prevention and Education) legislation package.

"In Wisconsin, and nationwide, we're seeing lives lost and families shattered by opioid overdoses, whether from heroin or prescription painkillers, in our urban centers and rural areas," said Governor Walker. "This standing order allows pharmacies the ability to make this life-saving drug more accessible for friends, family and loved ones of those at risk of overdose, and potentially open the door for treatment and recovery."

Naloxone is a nonaddictive medication that blocks the effects of opioids on the brain and restores breathing. Administering naloxone to someone experiencing an overdose can provide the extra time needed for emergency responders to arrive on the scene.

"Naloxone is safe and effective. Newer ways to administer the drug make it easier to give naloxone in a life-and-death situation," said Dr. Jon Meiman, Chief Medical Officer for the Bureau of Environmental and Occupational Health in DHS' Division of Public Health, who signed the standing order. "Allowing pharmacists to provide naloxone without a prescription can help reduce the number of deaths due to an opioid overdose."

Opioid overdose deaths have steadily increased over the past 15 years in Wisconsin. In 2014, there were 392 deaths due to prescription drugs in Wisconsin and 266 due to heroin. Since 2009, opioid overdoses have exceeded car crashes as the leading cause of injury deaths in Wisconsin.

To learn more, visit the DHS website [here \(https://www.dhs.wisconsin.gov/opioids/index.htm\)](https://www.dhs.wisconsin.gov/opioids/index.htm).

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Pharmacy Examining Board			
4) Meeting Date: September 22, 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Pilot Program matters – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: A) List of requests for Pilot Program approval B) Appearances 1) PSW proposal re: cTCT C) First Dose TCT D) Other related matters			



Monday, September 12, 2016

Thaddeus Schumacher, PharmD
Chair, Pharmacy Examining Board
Department of Safety and Professional Services
1400 E. Washington Avenue, Box 8935
Madison, WI 53708-8935

Dear Dr. Schumacher,

Pursuant to the allowances granted by 2015 Wisconsin Act 313, the Pharmacy Society of Wisconsin (PSW) is seeking approval of a pilot proposal entitled "Advancing Community Pharmacy Quality - A Wisconsin Statewide Research Pilot Project." The intent of the project is to implement Tech-Check-Tech programs in a variety of community practices across the state and assess the impact of the program on patient safety measures and pharmacist patient care service expansion. This research pilot project is similar to efforts in Iowa to evaluate a new practice model for community pharmacy designed to facilitate community pharmacists delivery of patient care services. Pharmacy practices selected for inclusion in that project includes independent, chain, and health-system pharmacies.

Upon approval of this pilot proposal, we request a variance to the State of Wisconsin pharmacy regulations that limit a pharmacy technician from providing final verification of a non-compounded, non-reconstituted, non-mailed, and non-delivered medication that did not require technology overrides to be dispensed. Specifically, we seek a waiver of Phar 7.01(1)(c) and (d), 7.01(1)-(3), 7.015(3)(a), and 7.015(4) to allow the implementation of a community pharmacy-based Tech-Check-Tech program.

Our Tech-Check-Tech program would allow pharmacists to dedicate more time to clinical activities and improving patient care. At the same time, safeguards would be in place to ensure that the accuracy of filling medications is not compromised. Prior to becoming validated and providing the final check on any medications, the pharmacy technicians must demonstrate that they can check at least 1000 final checks over a minimum of five separate days with at least 99.8% accuracy. In addition, a pharmacist will provide the final check on a minimum of 5% of all medications that a validated pharmacy technician checks. The validated pharmacy technicians will be required to maintain an accuracy rate of at least 99.8% while checking medications. Finally, another licensed health care professional will provide a final check on each medication prior to its administration to a patient.

We will provide the board with our variance report annually. This report will include information on the total number of Tech-Check-Tech final checks, the total number of Tech-Check-Tech final checks audited by a pharmacist, the total number of errors identified in the audits and a description of the error, and the total number of pharmacist hours reallocated to other patient care activities and a description of those activities.

Thank you for your consideration of this variance request. I would like to request an appearance at the Thursday, September 22, 2016, Pharmacy Examining Board meeting to discuss this variance request. I look forward to meeting with you and discussing this program further.

Sincerely,

Danielle Laurent
Director of Public Affairs
Pharmacy Society of Wisconsin

cc: Dan Williams, Executive Director, Pharmacy Examining Board
Erica Martin, Program Analyst, Pharmacy Society of Wisconsin

Enclosures

Wisconsin Department of Safety and Professional Services

Pharmacy Examining Board

Pharmacy Pilot Application

Advancing Community Pharmacy Quality - A Wisconsin Statewide Research Pilot Project

Leveraging Tech-Check-Tech to Expand Patient Care Services in Community Pharmacies

Pharmacy Society of Wisconsin

Primary contact:

Erica Martin

Program Analyst

Pharmacy Society of Wisconsin

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Secondary contact:

Sarah Sorum, PharmD

Vice President, Professional & Educational Affairs

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Acknowledgements: Pharmacy Society of Wisconsin would like to thank Rachael Fleagle, PharmD, MS, Pharmacy Practice Coordinator, Northwestern Medicine, Chicago, IL; Casey Spitzer, PGY-1 Health System Pharmacy Administration Resident, The University of Michigan Health System, Ann Arbor, MI; and Lauren Putterman, PGY-1 Community Pharmacy Resident, Aurora Health Care Metro, Inc., Milwaukee, WI, for their assistance in preparing this application.

Submitted to the Wisconsin Pharmacy Examining Board
September 22, 2016

BACKGROUND

Medication-related spending and costs are rising at an unprecedented rate, demanding that medication use processes, such as medication preparation, verification, and dispensing, must be of high quality and efficiency. In addition, demand for pharmacist involvement in optimizing patient medication regimens promises to improve the value of medication use while minimizing waste. Studies demonstrate that when pharmacists are engaged in patient care in the ambulatory setting, patient access to care is improved, physician time is saved, and clinical and economic outcomes are enhanced.¹ Therefore, positioning pharmacists in direct patient care roles while implementing streamlined and cost effective processes for medication dispensing is an essential step for the profession of pharmacy.

In the current community pharmacy model, pharmacists consistently report a lack of time to focus on patient care activities and services. A 2009 survey of ambulatory pharmacists found that the majority would like to at least double the amount of time they are able to dedicate to such tasks.² A study in Iowa found a pharmacist's limited availability of time, inadequate staffing levels, and large dispensing demands deducted from providing medication therapy management (MTM) services.³ Additionally, workflow and time limitations were the most prevalent barriers to Wisconsin Pharmacy Quality Collaborative (WPQC) service provision in a 3-year research project led by the Pharmacy Society of Wisconsin (PSW).

A solution to the barriers listed above is increased utilization of pharmacy technicians. Expansion of technician responsibilities is correlated with increased pharmacist time for patient care tasks. For example, Tech-Check-Tech (TCT) programs have demonstrated greater deployment of pharmacist time for clinical services, enabling them to improve patient clinical outcomes.⁴ In addition, this model elevates technician practice and augments a technician career development platform in the community setting.

A growing number of states have either adopted permissive language in state laws and regulations for technicians to provide final verification of prepared medications when administered by another health professional or have granted variance requests legally authorizing the expanded roles of pharmacy technicians in the medication distribution processes at specific institutions. In numerous health-systems across Wisconsin, pharmacy technicians are delegated more dispensing functions to allow for growth of clinical pharmacy services in institutionalized settings. Studies dating back to the 1970s have demonstrated that technicians are at least as accurate as pharmacists in performing the technical work of checking medications in unit dose carts.⁵ Pharmacist-reported time savings ranges from 10 hours per pharmacist per month to 1 hour per pharmacist per day (more than 30 hours per pharmacist per month). It has been documented that a pharmacist's focus on clinically-oriented activities reduces medication errors and associated consequences such as increased length of stay, mortality, drug costs, and overall health care costs.⁶ Indeed, TCT programs have provided a framework to expand these activities in the inpatient setting and has potential to do so in the community pharmacy setting.

To incorporate a TCT practice in community pharmacies, patient safety must be ensured. The same safety checks found in the inpatient medication distribution process are in place within the community pharmacy dispensing workflow. The community pharmacist is primarily responsible for completing the review of clinical appropriateness and transcription accuracy before technicians perform the prescription filling activities. As is frequently used in the inpatient setting, medication barcode scanning technology and dispensing machines available to community pharmacy practices provide a safeguard to ensure the correct medication is dispensed. With pharmacists maintaining a clinical judgment function

and access to dispensing accuracy tools, the technical work of product check is an ideal task to delegate to pharmacy technicians. Then, instead of the pharmacist performing the final check in the medication distribution process, a TCT program grants specially-trained pharmacy technicians the authority to check the accuracy of medications filled by another pharmacy technician for dispensing to the patient.

Community pharmacy-based TCT programs are being implemented and evaluated elsewhere. In Iowa, the Iowa Pharmacy Association and Drake University College of Pharmacy and Health Sciences partnered to evaluate the effect of implementing TCT programs in community pharmacies across the state with the goal of increasing pharmacist provision of MTM services while maintaining patient safety. To date, there has been no statistical difference in error rates between TCT and the traditional pharmacist-check model (Table 1.)

Table 1. Iowa Community TCT Data over 18 Months

	Pharmacist-Checked (Baseline)	Technician-Checked (Overall Pilot)
Total Rx Refills	5565	5950
Wrong Drug	1	1
Wrong Strength	0	2
Safety Cap Error	8	19
Wrong Quantity	2	3
Other Error	4	8
Total Errors	15	33
Accuracy Rate	99.73%	99.445%*

*Rate difference was not statistically significant (p=0.484)

The Iowa pilot demonstrated that patient safety was not compromised with implementation of community pharmacy-based TCT programs. As the pilot program progressed, technician accuracy was statistically significantly better (p=0.02) than that of the pharmacist in the last quarter of the follow-up period. Safety cap errors accounted for 58% of the errors reported. As such, further analysis compared the accuracy rates by patient-safety (wrong drug and wrong dose), administrative errors (safety cap error and wrong quantity), and other (determined on a case-by-case basis). This subgroup analysis revealed error rates of 0.07% (p=0.808 compared to pharmacist-checked) and 0.49% (p=0.443 compared to pharmacist-checked) for patient safety and administrative errors, respectively, indicating that patient safety errors occurred infrequently and at a similar accuracy rate as that of the pharmacist-checked.

In addition to accuracy, a time study was conducted. In the Iowa pharmacies, the amount of time pharmacists spent dispensing decreased with a corresponding increase in patient care activities. There was a statistically significant increase in the amount of pharmacist time spent in patient care, increasing from 15.9% to 35.08% (p=0.002). There was also a statistically significant decrease in the amount of pharmacist time spent in dispensing, decreasing from 67.3% to 48.58% (p=0.004). When comparing percentage of time spent in activities, the ratio of dispensing to patient care at baseline was 3.70:1, and at the end of the pilot the ratio shifted to 1.14:1. This is a noteworthy change in the composition of the pharmacist work day.

Also, 95% of the time gained from the decrease in dispensing activities moved to patient care activities with the other 5% being spent on practice development. No time was shifted to management or administrative activities. Indeed, TCT effectively allowed pharmacists in these pharmacies to transition from primarily dispensing to a balance between medication dispensing and patient care activities.

The purpose of this application to the Pharmacy Examining Board (PEB) is to evaluate the effects of a new community pharmacy practice model designed to afford community pharmacists with more time to deliver patient care services across the state of Wisconsin. Implementation of a community pharmacy-based Tech-Check-Tech (cTCT) program is not intended to reduce pharmacist staffing levels, but is intended to increase the availability of the pharmacist for involvement in cognitive and patient care activities.

Specific aims of this study are to:

1. Implement and assess the impact of a TCT program in community pharmacies in Wisconsin on patient safety measures, and
2. Implement and assess the impact of a TCT program in community pharmacies in Wisconsin in facilitating the provision of community pharmacist-provided services.

LEADERSHIP TEAM MEMBERS

PSW Vice President of Professional & Educational Affairs – will oversee the research pilot project, assure its completion, and serve as the National Association of Chain Drug Stores (NACDS) liaison for the project

PSW Director of Public Affairs – will lead the regulatory and legislative work, as necessary, to allow TCT programs in community pharmacies in the state

PSW Vice President of Health Care Quality Initiatives – will provide program assistance and coordinate the research pilot project and its participants together with other related PSW practice advancement initiatives, including collaborative practice agreement development, MTM services, and point of care testing

PSW Program Analyst/Project Coordinator – will manage the project details, work directly with pharmacy participants, coordinate the study activities, and chair the regular team meetings

Research Consultant – will participate in regular team meetings, analyze the research pilot project data, and will lead the writing of the study report

Community Pharmacy Leadership – will provide a pharmacy management perspective for coordinating the community pharmacy care services and TCT programs within the community pharmacy sites, and will participate in regular team meetings

PSW Executive Vice President & CEO – will be available to all project team members and provide direction as necessary

Program Facilitator (National Association of Chain Drug Stores) – will oversee completion of program milestones and provide guidance aligned with allocation of funds

PHARMACY SITE-SPECIFIC INFORMATION

A limited number of community pharmacies (n=15-20) will be enrolled to participate in the study by transforming their current patient care delivery model to allow for a cTCT program and enable pharmacists to engage in clinical programs that improve patient safety and provide enhanced patient care. Study criteria, as determined by PSW, will be outlined in greater detail throughout this document. In general, enrolled pharmacies would be required to meet the following prerequisites in order to participate in this research program:

1. Meet quality-related pharmacy practice standards;
2. Support the completion of pharmacy staff training;
3. Follow a specific technician validation process;
4. Perform cTCT on eligible medications;
5. Comply with cTCT accuracy validation requirements;
6. Implement and follow a quality assurance protocol and process; and
7. Comply with research pilot project deliverables and reporting requirements.

PROJECT SUMMARY

Community pharmacies will implement cTCT programs to increase the availability of the community pharmacist for direct patient care. 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. Pharmacists will continue to have ultimate authority over the dispensing process in this model and to provide patient consultation at the final point of the dispensing process, providing a safeguard prior to the patient receiving the medication. A workflow for cTCT is provided in Appendix A and a proposed PEB cTCT pilot program outline is provided in Appendix B.

The following is a brief description of the components of a cTCT program:

- The enrolled pharmacy will be located and licensed in the state of Wisconsin.
- The enrolled pharmacy will be a WPQC accredited pharmacy or part of a federally-listed Patient Safety Organization (PSO). The enrolled pharmacy will have a Continuous Quality Improvement (CQI) program to participate in the study.
- Each enrolled pharmacy will designate a supervising pharmacist to oversee cTCT program implementation. This person will be responsible for meeting the cTCT program requirements and held accountable for the operations and outcomes of the cTCT program.
- A pharmacist will be physically located on the premises of the pharmacy in an environment and location that is close in proximity and efficient for direct patient interaction. Pharmacist staffing will be adequate to ensure safe and consistent deployment of the cTCT program.
- Prescription transcription accuracy and a clinical review must be completed by a pharmacist to ensure the right patient is receiving the right drug, dose, and dosage form prior to being dispensed.

- Compounded and reconstituted medications, prescriptions that are to be mailed or delivered, and prescriptions for which technology overrides occurred during the dispensing workflow are excluded from cTCT and will follow the traditional dispensing and verification workflow.
- The technician performing the final check in the cTCT workflow must be a Validated Pharmacy Technician (VPT). To become a VPT, a technician must meet and maintain the following requirements: (a) age of 18 years or older; (b) employment status of greater than or equal to 0.5 full time equivalents at the enrolled pharmacy; (c) minimum of 2000 hours of experience as a pharmacy technician or completion of an accredited technician training program and at least 6 months of employment at the enrolled pharmacy; (d) completion of didactic and practical training (Appendix C); and (e) completion of the validation process whereby the technician being validated makes a final check for accuracy and correctness of a minimum of 1000 final checks over a minimum of 5 days with an accuracy rate of 99.8% or greater and a pharmacist shall audit all technician final checks throughout the process.
- The VPT must maintain an accuracy rate of 99.8% during the validation period and throughout the pilot. The accuracy rate will be tracked for each individual VPT and assessed quarterly.
- The pharmacy must maintain a continuous quality improvement system to monitor the accuracy of the final product. A minimum of 5% of all cTCT final checks per VPT shall be audited by a licensed pharmacist each day that cTCT is performed. Daily quality assurance logs of the 5% pharmacist cTCT audit shall include the name of technician, total number of final checks performed, number of final checks audited by the pharmacist, percentage of final checks audited by pharmacist, number of final check errors identified or errors discovered during patient counseling, and type of error (i.e., wrong drug, wrong dose, wrong dosage form, extra/insufficient quantity).
- The supervising pharmacist shall also conduct continuous monitoring and evaluation of each VPT authorized to participate in the cTCT program in order to ensure the continued competency of the VPT, safety of patients, and compliance with the research protocol.
- The pharmacy will maintain records of the following: (a) policies, procedures, and training materials; (b) initial validation and revalidation records of each VPT that include dates the validation occurred, the number of final checks performed, the number of final check errors, and overall accuracy rate; (c) names of the supervising cTCT pharmacist including the start and end date of supervision responsibilities; and (d) daily quality assurance logs.
- Consistent with Wisconsin pharmacy practice statutes and code, medication counseling and responding to patient questions must be completed in association with the distribution of the medication to the patient, but it may also occur outside of dispensing. Included in the counseling parameters, the use of procedures like “show and tell” will afford the pharmacist an additional final check of the medication before it is dispensed to the patient.
- The total number of pharmacist hours reallocated to other patient care activities and description of those activities will be recorded. Examples of expanded pharmacist provided patient care services include: MTM, immunization services, clinical screenings and disease state monitoring, and comprehensive patient counseling.

Pharmacy Examining Board Rules Needed to be Waived for the Purpose of the Pilot

Currently, the state of Wisconsin does not allow technicians to provide a final check of patient specific medications. Thus, a variance is needed for the following Phar Administrative Rules:

- 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; and
- Phar 7.015 (4), which requires the pharmacist to provide the final verification will need to be waived for the purpose of the pilot.

METHODS

The specifics of the research methods will be determined upon consultation with PSW, the pilot Research Consultant and Community Pharmacy Leadership pending approval of the cTCT Pilot Program Application from the PEB (Appendix B). A summary of the research methods is provided below.

Subjects

Select community pharmacies throughout the state of Wisconsin will be recruited to participate in this study. The pharmacy practices eligible for inclusion in this pilot project include independent, chain, and health-system community-based pharmacies. Interested pharmacies must be willing to meet the requirements listed earlier and participate in all phases of the project, from design to final assessment, as well as to complete all required documentation.

Measures

Aim 1: Implement and assess the impact of a TCT program in community pharmacies in Wisconsin on patient safety measures.

The baseline accuracy of a pharmacist will be determined at each enrolled pharmacy prior to initiating a cTCT program. An accuracy rate of each individual VPT will be reported daily and assessed quarterly. If an accuracy rate of 99.8% is not maintained over a 6-month period, the VPT will be required to undergo retraining and must repeat the validation requirements. Data will be continually gathered to ensure dispensing accuracy. The research consultant will review these results on an ongoing basis. Data will be compiled to evaluate the frequency and types of errors.

Aim 2: Implement and assess the impact of a TCT program in community pharmacies in Wisconsin in facilitating the provision of community pharmacist-provided services.

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 cTCT program. The primary data sources will be self-reported pharmacist daily activity logs and numbers of both compensated and identified opportunities for patient care services development.

DESIGN AND ANALYSIS

Pharmacies, pharmacists, and VPTs must follow requirements outlined in this proposal and in Appendix B and C. The supervising pharmacist will submit the data collected on a monthly basis to the Qualtrics Survey Hosting Service to be studied by the research consultant.

Methods

Aim 1: Implement and assess the impact of a TCT program in community pharmacies in Wisconsin on patient safety measures.

Prior to the initiation of the cTCT pilot program, each pharmacy acting as its own control will determine its baseline pharmacist error rate. This will be determined by having 50 prescriptions for 15 consecutive weekdays which are filled by a pharmacy technician be checked by a pharmacist and then be rechecked by another pharmacist or by a VPT for accuracy. Upon initiation of the cTCT pilot program, the supervising pharmacist will enter aggregate data on a monthly basis via the Qualtrics Survey Hosting Service on the total number of prescriptions that were filled, the total number of prescriptions in which the final check was performed by a VPT, the total number of prescriptions which were audited by a pharmacist, the total number errors that were identified by pharmacist in the audit of a VPT final check, and the specific errors that were identified by the pharmacist in the audit of a VPT involving wrong drug, wrong strength, wrong dosage form, wrong quantity, or other errors. Error rates during the study period will be analyzed. Specific patient safety errors including wrong drug, wrong strength, and wrong dosage form, wrong quantity, and other errors will be compared at baseline and at 12 months using descriptive statistics and Chi-squared testing. All data presented will be aggregated and de-identified. Aggregate data will be provided to the Wisconsin Pharmacy Examining Board annually or upon request by the program analyst.

In regards to tracking the accuracy of individual VPTs, each pharmacy will be responsible for collecting their own data as required by the Wisconsin Pharmacy Examining Board. Data for individual VPTs will not be submitted for study; however, aggregate data will be submitted. It will be up to the individual pharmacies to assess a VPT quarterly, identify VPTs who do not meet the 99.8% accuracy rate, and elect to revalidate those VPTs.

Aim 2: Implement and assess the impact of a TCT program in community pharmacies in Wisconsin in facilitating the provision of community pharmacist-provided services.

Each pharmacy acting as its own control will determine baseline times that pharmacists spend on various pharmacist related and patient care activities. Using the same 15 weekday baseline period as defined in Aim 1, the pharmacists directly affected by cTCT will self-report data on the time they spend on dispensing activities, management activities, direct patient care activities, and other miscellaneous pharmacist activities. Upon initiation of the cTCT pilot program, the pharmacists directly affected by cTCT will continue to self-report the time they spend on various activities. Each pharmacy will be responsible for collecting their own data and the supervising pharmacist will enter aggregate data on a monthly basis via the Qualtrics Survey Hosting Service. Data comparing pharmacists' task composition at baseline and at 12 months will be analyzed using descriptive statistics and Chi-squared testing. All data presented will be aggregated and de-identified. Aggregate data will be provided to the Wisconsin Pharmacy Examining Board annually or upon request by the program analyst.

STUDY PARTNERS

- Pharmacy Society of Wisconsin
- Concordia University Wisconsin School of Pharmacy
- Community pharmacy leadership and enrolled pharmacies
- Wisconsin Pharmacy Examining Board

PROJECT TIMELINE

Months 1-9

- Project start-up
- Determine regulatory allowance for TCT in Wisconsin
- Submit proposal to Wisconsin PEB for pilot/demonstration project
- Engage university partner
- Gather resources and training materials for pharmacists' service provision
- Conduct educational needs assessment

Month 9-11

- Develop procedures for data collection with university partner
- Recruit community pharmacies to participate
- Begin program training development

Month 11-14

- Deploy educational training
- Community pharmacies implement cTCT programs

Month 14-26

- Pharmacists engage in patient care service development opportunities
- Data collection
- Ongoing reporting to Wisconsin PEB

Month 26-27

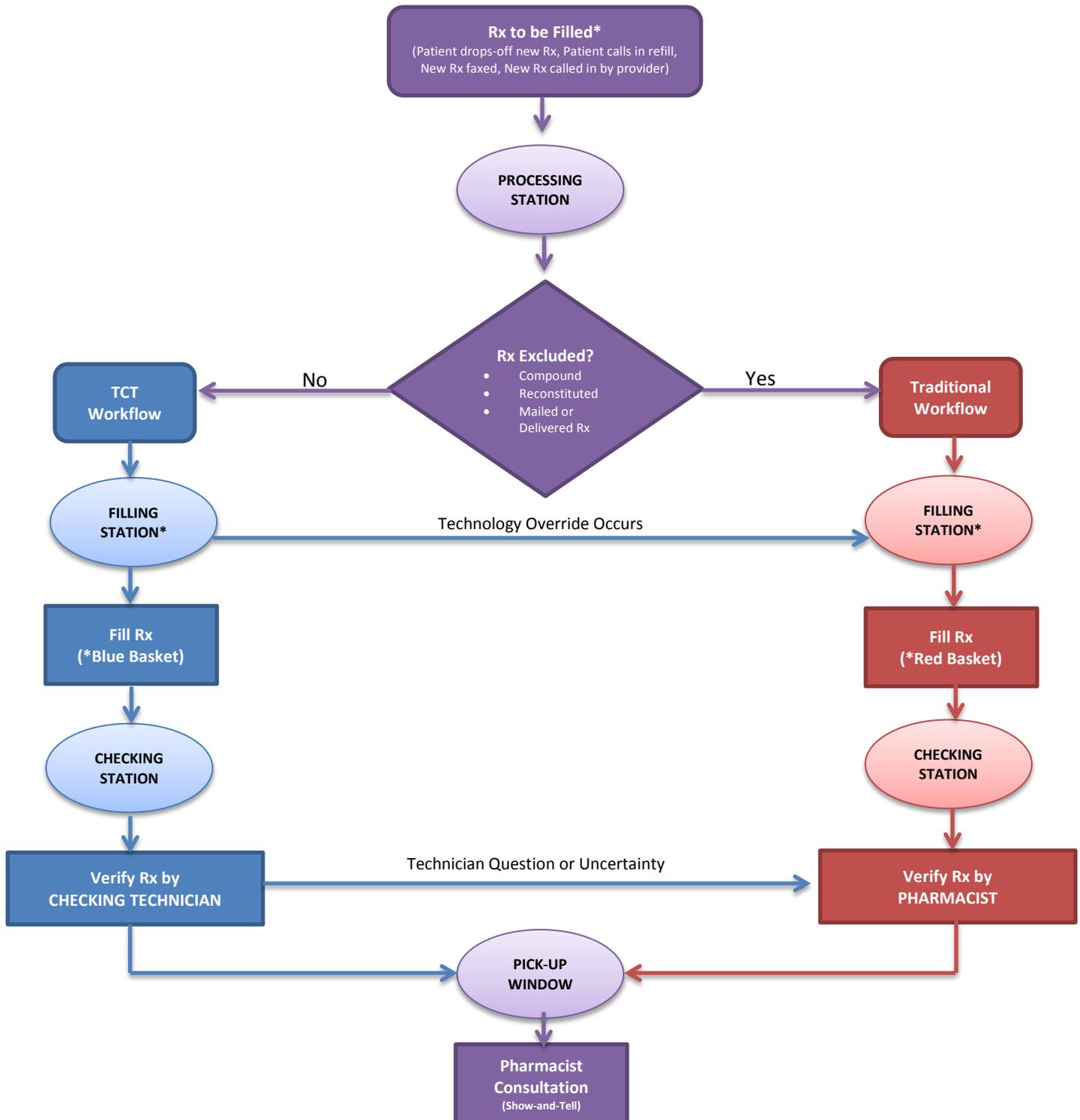
- Data analyses and report writing to inform future pilot projects and future rule-making

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1. Helling DK, Johnson SG. Defining and advancing ambulatory care pharmacy practice: it is time to lengthen our stride. *Am J Health Syst Pharm*. 2014;71(16):1348-56.
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3. Andreski, M, Myers, M, Pudlo, A. Baseline description of seven pharmacies involved in an evaluation of a new practice model. Community Pharmacy Foundation Grant Proposal, Stoughton, WI; 2015. Retrieved from: http://Communitypharmacyfoundation.Org/Resources/Grant_Docs/Cpfgrantdoc_32876.Pdf
4. American Pharmacists Association. Medication therapy management digest: Pharmacists emerging as interdisciplinary health care team members. Washington, DC; March 2013. Retrieved from http://www.pharmacist.com/sites/default/files/files/MTMDigest_2013.pdf
5. Grogan JE, Hanna JA, Haight RA. A study of accuracy of pharmacy technicians working in a unit dose system. Hosp Pharm. 1978;13(4):194-5, 199.
6. Adams AJ, Martin SJ, Stolpe SF. "Tech-check-tech": a review of the evidence on its safety and benefits. Am J Health Syst Pharm. 2011;68(19):1824-33.

DUR MUST OCCUR PRIOR TO DISPENSING OF PRODUCT. THIS WILL BE DETERMINED WITHIN EACH INDIVIDUAL PHARMACY TO DETERMINE BEST WORKFLOW



*Specifics will vary according to practice site

Appendix B:

Proposed Pharmacy Examining Board community pharmacy Tech-Check-Tech pilot program outline, application, and reporting form

Wisconsin Pharmacy Examining Board
Community Pharmacy Tech-Check-Tech Pilot Program
DRAFT September 2016

Authority:

Pursuant to Wisconsin Stat. § 450.02(3r)(a), this pilot program is related to the practice of pharmacy or prescription verification and the Board determines that the program will improve the safety, quality, or efficiency of the practice of pharmacy in this state. **The Board may modify the parameters of the Pilot Program at any time and participants shall remain in the Pilot Program at the discretion of the Board.**

Purpose: Wisconsin Administrative Rule 7.01 stipulates that a pharmacist or pharmacist-intern as directed and supervised by the pharmacist shall make a final check on the accuracy and correctness of the prescription. The purpose of community Tech-Check-Tech (cTCT) pilot program is to study the safety, quality, and efficiency of a pharmacy technician to make a final check of another pharmacy technician on the accuracy and correctness of the final dispensed medication. Implementation of a Tech-Check-Tech program is not intended to reduce pharmacist staffing levels but is intended to increase the availability of a pharmacist for involvement in other patient care activities.

Pilot Duration: September 22, 2016 – September 21, 2019 (or promulgation of rules, whichever is sooner).

Pharmacy Eligibility:

1. Community-based independent, chain, and health-system pharmacies that are participating in the Pharmacy Society of Wisconsin's study, "Advancing Community Pharmacy Quality - A Wisconsin Statewide Research Pilot Project."
2. A supervising pharmacist, licensed in the state of Wisconsin, shall be identified for each pharmacy to be accountable for the operations and outcomes of the cTCT program. The final checks made by the validated pharmacy technicians and quality assurance measures will be considered delegated acts of the supervising pharmacist.

Program Requirements:

1. Validated Pharmacy Technicians
 - a. **Initial Validation:** In order to become a validated pharmacy technician, the following requirements must be met and maintained:
 - i. Age of 18 years or older
 - ii. Employment status of greater than or equal to 0.5 full time equivalents at the pilot pharmacy
 - iii. A minimum of 2000 hours of experience as a pharmacy technician or completion of an accredited technician training program and at least 6 months of employment at the pilot pharmacy
 - iv. Completion of a didactic and practical training curriculum that includes the following:
 1. Elements of a package label (i.e., drug name, dose, dosage form, control or lot number, and expiration date)
 2. Medication and pharmacy abbreviations needed to match ordered medication with dispensed medication (e.g., mg, mEq, ER, IR, tab, cap)
 3. Common dispensing medication errors and concepts (i.e., wrong medication, wrong dose, wrong dosage form, extra/insufficient quantity, omitted medications, expired medication, look-alike sound-alike errors, high-alert medications)
 4. Organizational policies and procedures on reporting of medication errors
 5. Overview of the organization's medication use process (i.e., procurement, ordering, dispensing, administration, and monitoring)
 6. A practical training designed to assess the competency of the technician prior to starting the validation process
 - v. Completion of the following validation process:
 1. The technician being validated shall make a final check on the work of another technician for accuracy and correctness of a minimum of 1000 final checks over a minimum of 5 separate days and achieve an accuracy rate of 99.8% or greater.

Wisconsin Department of Safety & Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

PHARMACY EXAMINING BOARD

COMMUNITY PHARMACY TECH-CHECK-TECH (cTCT) PILOT PROGRAM APPLICATION

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the pilot applies):		number, street, city, zip code
MANAGING PHARMACIST:	EMAIL:	
TECH-CHECK-TECH SUPERVISING PHARMACIST:	EMAIL:	

Wisconsin Department of Safety and Professional Services

We attest that we have read, understand, and will comply with all requirements of the community Tech-Check-Tech pilot program; the community Tech-Check-Tech pilot program will be utilized to provide direct patient care services and is not intended to reduce staffing levels; pharmacist to technician ratio will be maintained according to the Rules of the Pharmacy Examining Board; the application covers only the pharmacy indicated above and at the location specified; and that we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Supervising Pharmacist Signature

WI License Number

Date

Printed name of person signing above

Managing Pharmacist Signature

WI License Number

Date

Printed name of person signing above

#TBD (6/16)
Ch. 450, Stats.

Committed to Equal Opportunity in Employment and Licensing

Page 1 of 1

Appendix C:

Community pharmacy-based Tech-Check-Tech didactic and practical training curriculum for completion by an eligible validated pharmacy technician

1. Elements of a package label (i.e. drug name, dose, dosage form, control or lot number, and expiration date)
2. Medication and pharmacy abbreviations needed to match ordered medication with dispensed medication (e.g., mg, mEq, ER, IR, tab, cap)
3. Common dispensing medication errors and concepts (i.e. wrong medication, wrong dose, wrong dosage form, extra/insufficient quantity, omitted medications, expired medication, look-alike sound-alike errors, high-alert medications)
4. Organizational policies and procedures on reporting of medication errors
5. Overview of the organizations medication use process (i.e. procurement, ordering, dispensing, administration, and monitoring)
6. A practical training designed to assess the competency of the technician prior to starting the validation process

Board Consideration

Board to consider editing the current pilot project documentation to include interns. The schools will still regulate the number of interns that a pharmacist may precept through their programs. The thought is that this would be easier and streamline the process.

Mr. Williams:

I ask that the PEB consider a pilot variance for pharmacist-intern supervision as it applies to immunization clinics. I think that this variance to allow a pharmacist to supervise several interns providing immunization services during a vaccine clinic will give students a great opportunity to develop their skills while promoting public health. An opportunity to do this is presented by influenza vaccine clinics for students on UW Madison campus. Although other opportunities exist, this one is very accessible for the UWSoP students. I am very willing to work with the PEB or an interested group to develop guidelines and a process for this variance. Thank you for considering my request.

Mary S. Hayney, PharmD, MPH, FCCP, BCPS

Professor of Pharmacy (CHS)

University of Wisconsin School of Pharmacy

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Fax: [608-265-5421](tel:608-265-5421)

mary.hayney@wisc.edu

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 12 September 2016 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 12 September 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Update on Board of Nursing Rules 2. Pharmacy Technician Licensure 3. Phar 7.10 Relating to Act 290 4. Update on Pending and Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>12 September 2016</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

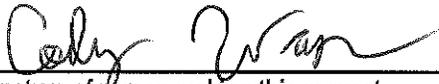
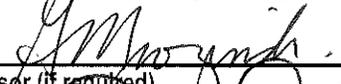
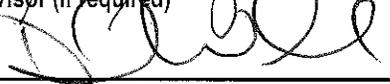
**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Pharmacy Examining Board			
4) Meeting Date: September 22, 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? NABP District IV inquiry – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: District IV Chairman, Phil Burgess is looking for topics that the WI Board would like NABP to research. Can we please add to our agenda? Thanks , Rocky			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Attorney Cody Wagner		2) Date When Request Submitted: September 13, 2016	
Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting			
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 09/22/16	5) Attachments: Yes X No	6) How should the item be titled on the agenda page? Screening delegation	
7) Place Item in: X Open Session Closed Session	8) Is an appearance before the Board being scheduled? X Yes (Fill out Board Appearance Request) No	9) Name of Case Advisor(s), if required: n/a	
10) Describe the issue and action that should be addressed: For the Board to consider delegating authority to DLSC attorneys to pre-screen and open and close cases without going before the full screening panel. Particular concern has been noted regarding out of state disciplinary cases and cases from the NABP.			
11) Authorization			
 Signature of person making this request		9/13/16 Date	
 Supervisor (if required)		9-14-16 Date	
 Executive Director signature (indicates approval to add post agenda deadline item to agenda)		9/14/16 Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Pharmacy Examining Board

Board Meeting Date: September 22, 2016

Person Submitting Agenda Request: DLSC Attorney Cody Wagner

Person(s) requesting an appearance: DLSC Attorney Cody Wagner

(NOTE: Contact information is not required for Department staff.)

Reason for Appearance: To obtain pre-screening delegation for DLSC attorneys

Appearance Contact Information

(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)

Mailing address:

Email address:

Telephone #:

Attorney Contact Information

Attorney Name:

Attorney's mailing address:

Attorney's e-mail address:

Attorney's telephone #: