Optimizing Pharmacy Care

Tech-Check-Tech (TCT) in the Community Pharmacy Setting

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Iowa New Practice Model

A Demonstration Project to Study the Effects of Implementing Tech-Check-Tech Programs in Community Practice to Engage Community Pharmacists in Clinical Pharmacy Services in Iowa

Iowa Pharmacy Association (IPA) in Collaboration with:

- Drake University College of Pharmacy and Health Sciences
- The Collaborative Education Institute
- Grant support: NACDS, Community Pharmacy Foundation, McKesson, Telligen
History

- IPA members formed New Practice Model Task Force and established mission and goals (2008-2009)

- Task Force determined that TCT model was applicable to a larger number of community pharmacies compared to other potential options

- IA Board of Pharmacy already had authority to grant pilot research waivers

- Board approved demonstration project and waived three rules (657-3.21(1), 657-3.23(155A), 657-8.3(3))

- Phase I—implemented in seven independent pharmacies under an 18 month research period (June 2, 2014)

- Phase II—implemented to an additional ten locations including large national chain organizations (February 2, 2015)

**Mission:** We will create a pharmacy practice model that fully utilizes the knowledge and expertise of pharmacists to improve patients’ health outcomes and provide a safer, more efficient and cost effective medication use system.
Purpose: Study the effects of implementing Tech-Check-Tech (TCT) programs in community practice to engage community pharmacists in clinical services in Iowa

**Aim 1 (Patient Safety):**
Implement and assess the impact of TCT program in community pharmacies in Iowa on patient safety measures

**Aim 2 (Patient Care):**
Implement and assess the impact of a Tech-Check-Tech program in community pharmacies in Iowa and in facilitating the provision of community pharmacist-provided medication therapy management.
Highlights

- Over 2 years of results continue to show improvement quarter over quarter
- Model has been effective at increasing pharmacist time spent on patient care
- Pilot has shown that there's no difference in error rates with expanded technician scope
- Percentage of time that TCT model is used in pilot locations has consistently improved
- Model paves the path for new initiatives that are coming down the pipe by freeing up pharmacists' time

**Patient Safety:**
- No statistical difference in error rates between TCT and the traditional pharmacist check model
- As the pilot program progressed, technician accuracy was at least the same if not better than the baseline pharmacist accuracy

**Patient Care:**
- Statistically significant increase in the amount of pharmacist time spent in patient care
- Statistically significant decrease in amount of pharmacist time spent in dispensing activities

Pharmacies. The face of neighborhood healthcare.
Lessons Learned

• Working hand-in-hand with the board of pharmacy is key
• Changing workflow is more than adding another color basket – it requires redistribution of tasks and change in roles that is continuing to evolve
• Technology is essential
• Model frees up smaller segments of pharmacists time throughout the day vs. hour blocks of time

• Technicians feel like a key member of the team by playing an important role in the dispensing process
• Need buy-in at all levels of participating pharmacy organizations in order to be successful
• Model wouldn’t work if pharmacists hours were removed in the process
• Training additional technicians to cover staff absences is important
The Wisconsin Project

Advancing Community Pharmacy Quality: Leveraging Tech-Check-Tech (TCT) to Expand Patient Care Services in Community Pharmacies

Pharmacy Society of Wisconsin (PSW) in collaboration with:

• Concordia University Wisconsin School of Pharmacy
• Grant Support: NACDS
Differences by State

• No pre-existing board authority to grant research waiver
  o PSW pursued legislation changed and was passed at the onset of effort

• No dedicated board of pharmacy staff

• Process differences in getting pilot program approved:
  o Preliminary approval achieved to being recruiting and preparing sites for implementation (May, 2016)
  o Final approval required prior to implementation by the end of September

• Wide variety in types of pharmacies participating
  • 15-20 sites covering independent, chain, and health-system pharmacies

• No technician credentialing or licensure for pharmacy technicians
Thank you!

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