## New Practice Model: an initiative to reengineer the community pharmacy business and practice model to improve efficiencies and patient care delivery

**Pharmacists**

**Technicians**

**Pharmacies**

## Learning Objectives

1. List the goals for the IPA New Practice Model (NPM) Pilot initiative.
2. State why the NPM task force pursued tech-check-tech.
4. Describe how pharmacist provided patient care has changed in sites utilizing tech-check-tech.
5. Describe opportunities that have arose as a result of the outcome of the IPA NPM pilot.

## Why?

Outline of Today’s 2/2/2

**A NEW PHARMACY PRACTICE MODEL**

**NEW PRACTICE MODEL TASK FORCE**

- Iowa Pharmacy Association
- NuCara Pharmacy
- Drake University College of Pharmacy and Health Sciences
- The University of Iowa College of Pharmacy
- Hyvee Pharmacy
- Thrifty White Pharmacy
- Webster Drug Health and Wellness
- Hartig Drug
- Outcomes MTM
- Medicap Pharmacy
- Iowa Board of Pharmacy
- Walgreens
- Towncrest Pharmacy
- Mercy Family Pharmacy
- Main at Locust Pharmacy Clinic and Medical Supplies
NEW PRACTICE MODEL TASK FORCE

- Mission and goals
  - Enhanced patient safety
  - Recognized by patients, providers, and payers of healthcare as a valuable service model
  - Improved patient health outcomes
  - Reproducible
  - Professionally rewarding
  - Financially sustainable

PROCESS

- Task Force formation
- Legislative & Regulatory changes for pilot projects
- Site identification
- Funding requests
- Project manager hired
- Pilot applications to BOP
- BOP approval – 18 month pilot projects

NEW PRACTICE MODEL

- Why tech-check-tech (TCT)?
  - Staffing remains the same
  - Rx Volume/profitability remains the same
  - Frees up pharmacist time for patient care

BACKGROUND

- 11 Studies (1978-present) in which technicians verify the accuracy of other technicians
- Systematic Review: Safety and accuracy are maintained in the dispensing process
  - Technicians: 99.6%±0.55%
  - Traditional: 99.3%±0.68%
- The model further frees pharmacists time for advanced clinical services
  - Range: 1 hour/day to 10 hours/month


INPATIENT TECH-CHECK-TECH

- 19 states permit TCT in the inpatient setting

COMMUNITY TECH-CHECK-TECH

- 5 states permit TCT in the community setting

* See National Association of Boards of Pharmacy. 2015 Survey of Pharmacy Law Chicago: NABP.
You still need the pharmacist!
- DUR
- Interventions
- Counseling
- Clinical Services

PILOT PROJECTS APPROVED
- Phase I – tech verification for refills only (7 sites)
- Phase II – tech verification for refills (10 sites)
- Phase III – tech verification for refills & new Rxs (13 sites)

TECHNICIAN REQUIREMENTS
- National Certification (state law)
- Iowa Registration with no disciplinary charges/sanctions
- At least 2,000 hours of practice experience
- Formal Tech-Check-Tech CPE modules
- Site specific training
  - Rx Verification/systems requirements

RESEARCH
- Study Aims
  - Safety of prescription dispensing by CPhT
  - Provision of community pharmacist-provided patient care services

RESEARCH
- Baseline information was collected prior to implementation of T-C-T
- First week of T-C-T: Pharmacist double checked all Rxs checked by technician
- Post-implementation: Pharmacist double checks 50 refills per month & track how pharmacists’ time is spent

VERIFICATION EFFECTIVENESS

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<th>Baseline</th>
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**PHARMACIST WORKDAY**

**PHARMACIST SERVICES PER HOUR**

**CHALLENGES**

- Meeting the demand for the technician qualifications
- BOP scrutiny over purpose of NPM
- IPA member / non-member perceptions
- Overcoming fear/anxiety
- Needed constant support throughout
  - Frequent site visits
  - Uncertainty of processes
  - Navigating change

**WORKFLOW CHALLENGES**

- Training additional technicians to cover staff absences is important
- Changing workflow is more than adding another color basket – it requires redistribution of tasks and change in roles that continuously evolves

**SUCCESSES**

- Implementing TCT/tech verification worked well in majority of sites
- Great results – very low error rates and effectively freed up pharmacists’ time for patient care
- Strong commitment from sites and researcher lead to good quality project/results
- Sites acted collaboratively, openly sharing ideas and resources
- Opened doors with other healthcare groups, ACOs, payers

**SUMMARY**

- Safe dispensing process
- Pharmacist time spent in patient care $\uparrow$ by 133%
- Total number of services ~doubled
- No reduction in pharmacist hours
- New reimbursement opportunities in 2017
WHAT’S NEXT?

• IPA legislative priority
  – Amend definition of ‘tech-check-tech’
• Preparing pharmacies
  – Pharmacists; Technicians; Owners/Management; Patients
• Pharmacist payment
  – Value based payments
    • Private payer High Performing Pharmacy Network
    – EMTM (Part D, Region 25)
    – Iowa CPESN

1. Which of the following is a goal of the IPA New Practice Model Pilot initiative?
   a. Improve pharmacist drug knowledge
   b. Reproducible results in various community pharmacy settings
   c. Educate and hire new technicians to implement Tech-Check-Tech
   d. Reduce part-time pharmacist hours through increased utilization of technicians

2. True or False: The New Practice Model Taskforce was formed in order to implement tech-check-tech in the community pharmacy setting.

3. True or False: Tech-check-tech is a workflow process improvement where NPM pharmacies utilize current pharmacy technicians and does not require additional technician staff.

4. Which of the following is true about tech-check-tech?
   a. Technician product verification is a safe process
   b. Utilizing technicians for product verification significantly increased the number of reimbursable patient care services
   c. Pharmacies in the project were able to reduce pharmacist hours due to increased utilization of technicians
   d. Tech-check-tech increased pharmacist time in managerial tasks such as inventory and scheduling

5. Benefits of utilizing tech-check-tech may include:
   a. More time for pharmacists to expand clinical activities
   b. Improved workflow
   c. Increased job satisfaction and teamwork
   d. All of the above

6. Which of the following is a challenge of maintaining tech-check-tech workflow?
   a. Staff turnover
   b. Covering technician absences (vacation, leave, etc.)
   c. Finding qualified technicians
   d. All of the above

7. True or False: With tech-check-tech, the pharmacist is no longer part of the workflow process.

8. By utilizing Tech-check-tech, pharmacists at NPM pharmacies have been able to:
   a. Increase time spent in direct patient care
   b. Increase the number of services offered
   c. Increase they variety of services offered
   d. All of the above

9. As a result of the NPM:
   a. The IPA is pursuing efforts to amend Iowa code in order to expand TCT
   b. Payers are paying for services at all NPM pharmacies
   c. Efforts are underway to convert all pharmacies in Iowa to TCT workflow
   d. All Iowa CPESN sites are being converted to NPM pharmacies

10. True or False: The use of tech-check-tech resulted in a roughly two-fold increase in the numbers of services and time pharmacists spent in patient care.