



February 19, 2020

Greg Adams, D.Ph., President and Members of the Oklahoma State Board of Pharmacy
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Re: Opportunity for Pharmacies to Better Serve Oklahomans by Expanding Administrative Duties of Pharmacy Technicians

Dear President Adams and Members of the Board of Pharmacy,

On behalf of the National Association of Chain Drug Stores (NACDS), thank you for considering our comments on [proposed rules](#) under Title 535. In the context of an aging population with increased chronic disease prevalence and medication use, and a looming physician shortage, community pharmacists are well-positioned and trained to deliver a wide range of relevant care services to help fill gaps, improve access, and complement the care delivered by others across the continuum – all while maintaining the opportunity to dispense medications. However, the extent to which a pharmacist can engage in direct patient care activities depends heavily upon whether non-judgmental tasks can be delegated to pharmacy technicians. For Oklahoma pharmacies to best balance and meet the dynamic needs of patients in today’s evolving healthcare environment, community pharmacists must be able to better deploy, maximize, and leverage the skills of pharmacy technicians.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. In Oklahoma, chains operate 420 locations that employ 32,728 people. NACDS members operate 40,000 pharmacies in total and include regional chains with as few as four stores as well as national companies. Across the nation, chain pharmacies employ more than 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

NACDS Recommendation: To Better Serve Patients at Oklahoma Pharmacy Healthcare Destinations, Expand Non-Discretionary Pharmacy Technician Duties to Include Acceptance of Verbal Prescriptions & Refills

Based on data from a high-risk Medicaid population, patients visit pharmacies ten (10) times more frequently than they see other healthcare providers, meaning pharmacists are ideally positioned to fill gaps in patient care, make important clinical interventions, and support the healthcare team. Given their accessibility and expertise, pharmacists are often cited as a seriously underutilized asset to improve health and care experiences for patients and reduce healthcare costs. Healthcare researchers, thought leaders and policymakers more and more are advocating for pharmacist-provided clinical patient care as one strategy to advance the “Triple Aim” of improved health, reduced costs, and improved patient experience.¹ Given increasing prevalence of chronic disease and a

¹ The Institute for Healthcare Improvement (IHI) defines the Triple Aim as a framework to describe an approach to optimizing health system performance, with the belief that new designs must be developed to simultaneously pursue three dimensions: improving patient experience (quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare.

shortage of healthcare professionals in many pockets across the United States, leverage of community pharmacists is increasingly important.

Similar to national healthcare challenges, Oklahomans face issues accessing care and experience high prevalence of chronic disease. For example, 1,253,233 Oklahomans live in areas designated as Health Professional Shortage Areas.² Further, since 2012, diabetes in adults in Oklahoma has increased by 13%. Pharmacists who serve communities across Oklahoma, sometimes as the only healthcare professional within reasonable walking or driving distance, offer meaningful access to clinical care like chronic disease management, medication adherence and education programs, transitions of care interventions, and much more.

However, if community pharmacists spend too much of their time performing administrative and technical tasks, opportunities to evolve clinical community pharmacy practice as part of the value transformation of healthcare may remain largely out of grasp. This is not only disadvantageous for the viability and advancement of the pharmacy profession; it is harmful for patient health and the efficiency of our healthcare system based a myriad of evidence showing the value of pharmacy care.³ By shifting the roles of pharmacy technicians to better support pharmacists, we can move the dial toward solving this problem.

For example, based on research published in 2017, at least 17 states allow technicians to accept verbal prescriptions called in by a prescriber or prescriber's agent, or transfer a prescription order from one pharmacy to another.⁴ The authors of this research concluded that **these tasks can be performed safely and accurately** by appropriately trained technicians, and **the track record of success with these tasks spans four decades**.³ The authors note that the delegation of verbal orders and prescription transfers **removes undue strain on pharmacists and frees up pharmacist time for clinical care**. This concept has also been demonstrated by multiple pilots evaluating technician product verification.^{5,6} Based on a recent survey of nearly 650 pharmacy technicians across the country, more than 56% are already regularly involved in clarifying prescriptions, and more than 75% are "very willing" to perform this activity. Additionally, 50% are "very willing" to accept and transcribe a verbal prescription and to transfer prescriptions.⁷

<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx#targetText=The%20IHl%20Triple%20Aim%20is,to%20optimizing%20health%20system%20performance.&targetText=Improving%20the%20patient%20experience%20of,capita%20cost%20of%20health%20care>.

² <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=-%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ Newman TV, et al. Impact of community pharmacist-led interventions in chronic disease management on clinical, utilization, and economic outcomes: An umbrella review. *Research in Social and Administrative Pharmacy*. Jan 2020. <https://www.sciencedirect.com/science/article/abs/pii/S1551741119305534>
San-Juan-Rodríguez A, et al. "Impact of community pharmacist-provided preventive services on clinical, utilization, and economic outcomes: An umbrella review" *Preventative Medicine* (2018), <https://doi.org/10.1016/j.ypmed.2018.08.029>

Community Preventive Services Task Force. Finding and Rationale Statement - Cardiovascular Disease: Tailored Pharmacy-based Interventions to Improve Medication Adherence. April 2019. <https://www.thecommunityguide.org/content/tffrs-cardiovascular-disease-tailored-pharmacy-based-interventions-improve-medication-adherence>

⁴ <https://www.sciencedirect.com/science/article/abs/pii/S1551741116305721?via%3Dihub>

⁵ Andreski M, Myers M, Gainer K, Pudlo A. The Iowa new practice model: Advancing technician roles to increase pharmacists' time to provide patient care services. *J Am Pharm Assoc*. 2018;58,268 -274. Accessed at: <https://doi.org/10.1016/j.japh.2018.02.005>.

⁶ Hohmeier KC, Garst A, Adkins L, Yu X, Desselle S, Cost M. The Optimizing Care Model: A Novel Community Pharmacy Approach to Enhance Patient Care Delivery by Leveraging the Technician Workforce through Technician Product Verification. *Journal of the American Pharmacists Association*. July 2019. [https://www.japha.org/article/S1544-3191\(19\)30347-4/fulltext](https://www.japha.org/article/S1544-3191(19)30347-4/fulltext)

⁷ Doucette W, Schommer J. Pharmacy Technicians' Willingness to Perform Emerging Tasks in Community Practice. *Pharmacy*. 2018;6(4):113.

Expanding pharmacy technician duties does not, however, increase prescription volume or workload, but instead, better balances responsibilities across the pharmacy team, leveraging the unique skills and qualifications of all members. These research examples, among a great deal of other literature over multiple decades, proves that pharmacy technicians are highly capable of performing all administrative, non-discretionary duties. And in fact, studies show that when pharmacists delegate more technical tasks, the satisfaction of the entire pharmacy team goes up, pharmacists have more time to provide clinical care, and perceived value to patients is enhanced.⁸

In summary, expanded duties are a win – win – win: for patients to receive more access to clinical care, for pharmacists to provide the clinical care they were trained to provide, and for pharmacy technicians to have an opportunity to advance in their careers and develop their skills.⁹

As such, NACDS suggests the following the language modifications as shown in red:

Title 535. OKLAHOMA STATE BOARD OF PHARMACY
Chapter 15. PHARMACIES
SUBCHAPTER 13. PHARMACY SUPPORTIVE PERSONNEL

535:15-13-6. Duties

(b) The following tasks may be performed by pharmacy technicians:

- (1) count and/or pour medications;
- (2) prepackage (e.g. unit dose) and properly label medications;
- (3) affix the prescription label to the proper container;
- (4) affix auxiliary labels to the container as directed by the pharmacist;
- (5) reconstitution of medications (i.e. liquid antibiotics);
- (6) bulk compounding, including such items as non-sterile topical compounds, sterile bulk solutions for small volume injectables, sterile irrigation solutions and products prepared in relatively large volume for internal or external use. Documentation of a system of in—process and final checks and controls must be developed or approved by the certifying pharmacist and carefully and systematically enforced;
- (7) ~~functions involving reconstitution of single dose units of sterile compounded preparations that are to be administered to a given patient as a unit, and functions involving the addition of one manufacturer's prepared unit (whole or in part) to another manufacturer's prepared unit if the unit is to be administered as one dose to a patient. The pharmacist must establish the procedures for compounding sterile preparations and certify the ingredients, label and finished preparation;~~
- ~~(8)~~ any duties auxiliary personnel are allowed to perform;
- ~~(9)~~(8) assist the pharmacist in the annual CDS inventory. The pharmacist remains responsible for completeness and accuracy; and,
- ~~(10)~~(9) take verbal authorizations from licensed prescriber or licensed prescriber's authorized agent (when allowed) for **new prescriptions and refills refill of non-controlled prescriptions with no changes to strength or directions.**

535:15-13-7. Prohibited duties

These duties shall not be performed by supportive personnel:

- (1) The pharmacist must interpret the original prescription.

⁸ Hohmeier, Kenneth C. et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. Journal of the American Pharmacists Association, Volume 59, Issue 3, 310 - 318

⁹ Adams AJ, et al. Pharmacy Technicians Are People, Too! Let's Consider Their Personal Outcomes Along With Other Pharmacy Outcomes. Annals of Pharmacotherapy 2019, Vol. 53(5) 545–547.

(2) The pharmacist must perform the prospective drug utilization review and determine action to be taken when there is an indication of a drug interaction.

~~(3) The pharmacist must receive new orally communicated prescriptions from prescribers or their agents.~~

(4) The pharmacist must determine product selection if substitution is requested or approved.

(5) ~~The pharmacist must prepare multi-ingredient, non-repetitive, cytotoxic or experimental drug I.V.'s, enteral or other sterile multi-ingredient medications; and the pharmacist shall be responsible for weighing, measuring and calculating ingredients for sterile compounded preparations.~~

~~(6)~~ The pharmacist must certify, by reviewing, the completed prescription for accuracy and completeness before the prescription is released from the prescription department. This process shall be completed before the prescription is given to the patient.

~~(7)~~(6) The pharmacist must provide patient counseling or drug information as necessary.

~~(8)(7) The pharmacist must take verbal authorizations from licensed prescriber or licensed prescriber's authorized agent (when allowed) for any refill of a controlled substance or any non-controlled prescription that has changes to strength or directions.~~

Conclusion

NACDS urges the Board to improve the ability for Oklahoma pharmacies to better serve their communities, namely by leveraging the skills of pharmacy technicians. We strongly recommend the Board capitalize on the ability for pharmacy technicians to accept verbal prescriptions and refill authorizations. This would be an important step forward for Oklahoma to allow pharmacists to provide more access to clinical care in neighborhoods across the state, especially in rural and underserved populations, at 797 community pharmacy locations. We urge the Board to execute on this effort to provide patients with the innovative healthcare delivery options they deserve as pharmacists can redirect time spent performing administrative duties to provide clinical care.

We thank the Board for the opportunity to comment on these important issues and look forward to continuing to work with you. Please do not hesitate to contact NACDS' Mary Staples at mstaples@nacds.org or (817)442-1155 to discuss our proposed modifications further.

Sincerely,



Steven C. Anderson, IOM, CAE
President and Chief Executive Officer

cc: Marty Hendrick, Pharm. D., D.Ph.