Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Kristine Ugboh, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Kristine Ugboh Date 5/10/16

Title Staff Pharmacist

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Jill Shoopman, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Jill Shoopman Date 5/10/16

Title CPhT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Megan Hanna, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Megan Hanna Date 5-10-16

Title Certified Pharmacy Tech

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Teri Luthro, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/10/16

Title CPhT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Sandra Rich, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/20/14

Title CPhT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Angie Jessen, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Angie Jessen Date 5/10/16

Title CPhT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Lisa Lemon, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Lisa Lemon Date 5/10/16

Title CPhT

From:	Megan Myers
To:	Funk, Andrew [IBPE]
Cc:	Jorgenson, Debbie [IBPE]
Subject:	FW: New Practice Model Phase 3
Date:	Tuesday, June 14, 2016 3:37:51 PM
Attachments:	NPM Phase 3 proposal - site 10.pdf NPM Phase 3 proposal - site 17.pdf rfp_pr_tabs_and_caps_final.pdf rfp_pr_unit_of_use_final.pdf rfp_pr_liquids_final.pdf

---

This contains sites 10 and 17 along with supplemental pdfs.

From: Megan Myers
Sent: Tuesday, June 14, 2016 3:01 PM
To: Funk, Andrew [IBPE] <Andrew.Funk@iowa.gov>
Cc: 'Jorgenson, Debbie [IBPE]' <Debbie.Jorgenson@iowa.gov>; Anthony Pudlo (apudlo@iarx.org) <apudlo@iarx.org>; Kate Gainer <kgainer@iarx.org>; Michael Andreski <Michael.Andreski@drake.edu>
Subject: New Practice Model Phase 3

Dear Andrew,

Thirteen NPM pharmacies are seeking approval to join NPM Phase 3. We would like to present their site specific proposals (need to send in multiple emails due to size of attachments) at the upcoming board meeting.

Similar to Phase 4, I have included the overall IPA document as background of our guiding principles for this pilot, and have highlighted what was changed based on board feedback in May. We continue to welcome feedback on this initiative.

Thank you!
Sincerely,
Megan

A Pharmacy Pilot or Demonstration Research Project for a New Practice Model for Community Pharmacy

Phase 3

In Collaboration with the Iowa Pharmacy Association &
Drake University College of Pharmacy and Health Sciences

Site Specific Application for Walgreens Pharmacy 12108

Primary Contact:

Anne Stoever Garcia
Pharmacist-In-Charge
License number #20768
Walgreens Pharmacy 12108
2719 Grand Ave
Ames, IA 50010
Pharmacy License #804
515-232-8284 (phone)
515-232-7629 (fax)
rxm.12108@store.walgreens.com

Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Since 2009, members of Walgreens have been involved within IPA's New Practice Model Task Force (NPMTF). The NPMTF is a continuation of an unofficial working group that had been meeting throughout 2008. It had been charged with the creation and oversight of a pilot program to implement a new workflow and business model for community pharmacy. Since the initial work of the NPMTF, there have been other mechanisms that would help prove a successful impact of community pharmacist-provided medication management.

As a current participant of Phase II of the New Practice Model pilot, our site has demonstrated safety utilizing Tech-Check-Tech (TCT) for refilled prescriptions. Utilizing TCT has improved patient access to health care services by allowing pharmacists to spend more time in direct patient care activities such as immunizations and MTMs. Pharmacists also spend more time counseling patients on prescriptions and over-the-counter medications. This additional patient access is possible since less time is spent in dispensing during TCT.

Our pharmacy has agreed to submit this application and collaborate on the specific aims of this pilot project, which include:

1. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa on patient safety measures, and

2. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa in facilitating the provision of community pharmacist-provided services.

NEW PRACTICE MODEL LEADERSHIP TEAM MEMBERS

Megan Myers, PharmD, will serve as Project Coordinator. She will oversee the project, conduct regular on-site visits with each site, coordinate the study activities, chair the regular team meetings, and lead the writing of the study reports to the Board of Pharmacy.

Michael Andreski, RPh, MBA, PhD, Associate Professor of Social and Administrative Pharmacy, Drake University College of Pharmacy and Health Sciences serve as research consultant and principal investigator, will participate in regular team meetings, and will participate in the writing of the study report.

T.J. Johnsrud, NuCara Health Management, Inc., will provide a pharmacy management perspective for coordinating the community pharmacy clinical services and Tech Check Tech programs within the community pharmacy sites. He will participate in regular team meetings.

Anthony Pudlo, PharmD, MBA, BCACP, Vice-President of Professional Affairs, and Kate Gainer, PharmD, Executive Vice President/CEO, Iowa Pharmacy Association will oversee coordination of clinical pharmacy services available to community pharmacy sites in this study.

PHARMACY SITE-SPECIFIC INFORMATION

Pharmacist-In-Charge:
Anne Stoever Garcia
License #20768
PharmD
University of Nebraska Medical Center College of Pharmacy, Grad 2008
Number of years licensed: 6
Years at Site: 5
Certifications/Trainings: Immunizations, CPR

Staff Pharmacist:
Alan Worthington
License #17588
Massachusetts College of Pharmacy, Grad 1975
Number of years licensed: 39
Years at Site: 23
Certifications/Trainings: Immunizations, CPR

Staff Pharmacist:
Julie Snyder
License #19934
PharmD
Drake University, Grad 2003
Number of years licensed: 13
Years at Site: 3
Certifications/Trainings: Immunizations, CPR

Staff Pharmacist:
Doyle Tweet
License #21398
College of Pharmacy, Grad 1992
Number of years licensed: 24 years in Kansas, 4 years in Iowa
Years at Site: <1
Certifications/Trainings: Immunizations, CPR

Senior Certified Pharmacy Technician:
Michelle Enabnit
Registration #5284 Certification #180108849935963
High School Graduate, 1982
Number of Years Registered as Tech: 8
Years at Site: 4

Senior Certified Pharmacy Technician:
Chris Adams
Registration #5979 Certification #240101021140488
High School Graduate, 1984
Number years registered as Tech: 12
Years at Site: 12

Senior Certified Pharmacy Technician:
Tiffany Peterson
Registration #9265 Certification #290101040758074
High School Graduate, 2003
Mercy Pharm Tech Program 2004
Number of years registered as Tech: 10
Years at Site: 6

Certified Pharmacy Technician:
Ornella Goldson
Registration #22685 Certification #470101090241871
Number of years certified as Tech: 7
Years at Site: <1

Certified Pharmacy Technician:
Janna Simpson
Registration #21634 Certification #30004316
Number of years certified as Tech: <1
Years at Site: 1.5

Certified Pharmacy Technician:
Randy Treadway
Registration #21534 Certification #10093378
Number of years certified as Tech: <1
Years at Site: 1.5

See attached letters of commitment from each participant.

PROJECT SUMMARY

Participating pharmacies were identified to be New Practice Model (NPM) participant sites using criteria defined by the NPMTF. In the phase III NPM pharmacies, the pharmacist(s) will work collaboratively with prescribers and other care providers in their community to optimize the medication use process. This process may involve the appropriate choice of medication as the therapy modality, initial selection of appropriate therapy to minimize drug therapy problems, assisting the patient in the acquisition and use of the medication, appropriate monitoring and adjustment of the medication therapy, and withdrawal or changing of medication therapy as appropriate, among others. This ongoing effort is coordinated amongst providers, with the pharmacist actively engaged in the process.

Community pharmacies will enhance previously implemented "Tech-Check-Tech" programs to include new prescriptions and additional staff (pharmacist-interns) in order to further increase the availability of the community pharmacist for direct patient care. New prescriptions will include prescriptions for a medication that is new to the patient or renewed medication orders for previously established medication. Pharmacists will continue to have ultimate authority over the dispensing process in this model. However, that does not mean the pharmacist will have hands-on direct supervision over every non-judgmental aspects of dispensing medications. 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.

Following is a brief description of what this practice may look like:

- The pharmacist will be physically located on the premises of the pharmacy in an environment and location that is comfortable and efficient for direct patient interaction.

- The prescription department is staffed by nationally certified technicians or employed pharmacist-interns. The pharmacist-technician and pharmacist-pharmacist intern relationship will become more important as the pharmacist will rely on technology and the leadership of head technicians to maintain the highest safety to patients.

- The pharmacist will review accuracy of the order and appropriateness of therapy for all new prescriptions, as well as complete Drug Utilization Reviews (DURs) or other necessary clinical reviews tied to prescription dispensing for all prescriptions.

- Trained technicians or employed pharmacist-interns will make sure the medication and quantity is correct, it is billed accurately, and the correct patient receives the medication. These non-judgmental tasks of the prescription dispensing process can be entirely technician driven.

- The "final check" technician works closely with the pharmacist. Please refer to the attached product verification procedures for more detail. This relationship is important as the pharmacist will often rely on the technician to request appropriate interaction and/or intervention. The "final check" technician has received advanced training. This standardized training was developed by the NPMTF in collaboration with the Iowa Pharmacy Association Foundation with approval by the Board of Pharmacy in 2014. The Board of Pharmacy ultimately approves each pharmacy site's involvement in this initiative.

- Medication counseling and responding to patient questions may be completed in association with the distribution of the medication to the patient, but it may also occur outside of dispensing. Pharmacists would be easily accessible to patients and more available for consultation with patients, prescribers and other care providers as an integral member of the team. Overall, this model will enable pharmacists to provide direct patient care services.

The medication distribution process will be under the control of a pharmacist, but only in that a pharmacist will be responsible for developing, implementing, and providing Continuous Quality Improvement for a system where the majority of activity will be completed by nationally-certified pharmacy technicians or employed pharmacist-interns. Use of appropriate technologies (e.g., image verification, barcode scanning, filling machines) will be utilized when appropriate to assure the medication is made available to the patient.

Board of Pharmacy Rules Needed to be Waived

In order for implementation of this pilot project, it is requested that the Iowa Board of Pharmacy waive three regulations.

657—3.21(1) Technical dispensing functions. By waiving rule 657—3.21(1), the Board of Pharmacy would allow for a certified pharmacy technician to conduct final verification of the patient's prescription or medication order as is the current exception in an approved tech-check-tech program pursuant to 657—Chapter 40, as well as when the initial prescription or medication order is filled by a registered pharmacist-intern.

657—3.23(155A) Tasks a pharmacy technician shall not perform. By waiving rule 657—3.23(155A) specifically point number one, the Board of Pharmacy would allow for a certified pharmacy technician to provide the final verification of a filled prescription or medication order.

657—8.3 (4) Pharmacist-documented verification. By waiving rule 657—8.3(4), the Board of Pharmacy would remove the responsibility of the pharmacist to provide and document the final verification of the patient's prescription medication in order to pilot a tech-check-tech program in community practice settings.

Identification of Patients Needing MTM Services

Patients currently utilizing the community pharmacy will be provided the additional clinical pharmacy services that community pharmacies are available to provide. Patients who would be eligible for commercial and/or governmental MTM services will be identified through pharmacy records. If the patient is not a subscriber to insurance coverage providing payment for pharmacist provided MTM services, these services will be provided when possible. The community pharmacists will also work closely with their physicians in their community to identify key patients in the medical practice that would benefit from medication management services. The physician and pharmacist will be provided the tools to establish a collaborative practice agreement to address these key health care needs in the community.

Services Provided by Pharmacy

Currently our pharmacy offers of variety of MTM services to patients who have been identified through their screening processes to receive them. These services include:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation[1]

2. Immunization services (seasonal influenza, pneumonia, zostavax, all travel vaccines (excluding yellow fever), HPV, TDaP and all routine childhood/adult vaccinations)

3. Blood pressure monitoring

It is our goal to build upon these services while being part of this pilot project. We aim to:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation[1]. Continued focus on Mirixa and Outcomes MTM cases.

2. Continued promotion and provision of immunization services

3. Increased focus on blood pressure monitoring.

---

[1] American Pharmacists Association, National Association of Chain Drug Stores Foundation. *Medication Therapy Management in Pharmacy Practice: Core Elements of MTM Service Model*. Washington, DC: American Pharmacists Association; March 2008.

METHODS

Measures

Aim 1: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa on patient safety measures.

For the assessment of this Aim, information will be gathered to ensure dispensing accuracy of new prescriptions. Each pharmacy will act as its own control, with baseline measurement of dispensing errors being determined for 50 new prescriptions per day, on days when TCT for refills is being done, for 15 weekdays before initiation of the Tech-Check-Tech procedures for new prescriptions. For the first week after the new procedures have been initiated, the pharmacist will double check all technician-verified prescriptions to ensure accuracy and to gather information on the efficacy of the procedures. If the error rate is equal to or lesser than the baseline measurement, 30-50 new prescriptions as well as 30-50 refill per month will be double checked for errors and those measurements recorded for the reminder of the project. If the error rate is greater than baseline measurement, additional training will be given and procedures reviewed, after which a second assessment will be performed. Length of any second assessment will be determined by the researcher. The research consultant will review these results on an ongoing basis and quarterly reports made to the Board of Pharmacy as necessary during the 18 month study period.

Aim 2: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa and in facilitating the provision of community pharmacist-provided medication therapy management.

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 implementing Tech-Check-Tech for new prescriptions and utilizing pharmacist-interns for TCT on the provision of MTM services by the pharmacist(s) at the subject pharmacies. Each pharmacy will again act as its own control, with baseline measurements consisting of the last quarter of results from the previous pilot program of Tech-Check-Tech for refill prescriptions. The primary data sources will be self-reported pharmacist daily activity logs and numbers of both compensated and identified opportunities for MTM and other patient care services. Once the Tech-Check-Tech procedures for new prescriptions have been initiated and are performing adequately as defined above, the pharmacist(s) at the participating pharmacies will begin to focus on increasing the amount of MTM services provided.

Other Measures:

Job Satisfaction Survey

A job satisfaction survey will be conducted prior to, and one year after implementation of utilizing TCT for new prescriptions. All technicians, pharmacists and employed pharmacist-interns will be asked to complete the survey.

Amount of time spent utilizing TCT (# of TCT days)

The amount of time utilizing TCT will continue to be monitored and will be compared to the previous pilot in order to determine whether or not allowing technicians the ability to check prescriptions filled by employed pharmacist-interns impacted the ability to use TCT.

Analysis
Error rates during the 18 month study period will be compared to those found at baseline by means of Chi-squared testing and matched samples t-tests. Specific errors tracked will include wrong drug, wrong strength, wrong quantity, and wrong cap (safety-cap vs. non-safety cap). Comparisons of pharmacist task composition will be compared to those found at baseline by means of Chi-squared testing matched samples t-tests. The services provided data gathered during the study period will be compared to those found at baseline in terms of the overall number of services provided.

STUDY PARTNERS

Drake University
Drake University will oversee the research component of this project, by working with the pharmacy partners to assure that study activities are conducted in a timely and coordinated manner. Dr. Andreski will design data collection procedures, supervise data collection, manage and analyze study data, and assist in writing the study reports.

Iowa Pharmacy Association
The Iowa Pharmacy Association (IPA) will assist in preparing the community pharmacy sites to deliver the MTM services. They have experience in helping pharmacy practices adjust to providing services such as MTM. IPA will help the practices adjust staffing, workflow, and service delivery issues with the participating community pharmacies

Local Community Pharmacies in the New Practice Model Initiative
Community pharmacies across the state of Iowa will initially participate in the study by working to transform their current patient care delivery model to enhance their Tech-Check-Tech program and further engage pharmacists in clinical programs that follow the JCPP's Pharmacists' Patient Care Process to improve patient safety and provide enhanced patient care. Pharmacists in these pharmacies will deliver the clinical services as described in this study proposal and subsequent service descriptions.

PROJECT TIMELINE

Month 1-2	Project start-up; Baseline data collection; transition workflow to include TCT for new medications
Month 2 -3	Community pharmacies begin enhanced Tech-Check-Tech programs; pharmacists engage in collaborative practice agreements for patient care delivery
Month 18	Pilot project authority expires for Tech-Check-Tech
Month 18-19	Data analyses and report writing

Appendix A
Pharmacy Site #10

Tech check Tech: Why Walgreens in Ames??
By Anne Stoever Garcia, Director of Pharmacy, Walgreens, Ames, Iowa

- Physical layout/Basically One Large Room in our Central Pharmacy with a consultation room and drive-thru, conducive to:
  - Direct technician supervision
  - Questions from techs
  - Follow-up from pharmacists
  - Direct observation of work flow

- Staffing:
  - Experienced Pharmacists (all pharmacists 6+ years)
  - Experienced Senior Technicians (10+ years' experience)

- Existing Clinical
  - Blood press screenings offered
  - Travel Vaccine Site (offer all vaccines)
  - Want to **expand** services offered
  - Want to **expand** patients reached

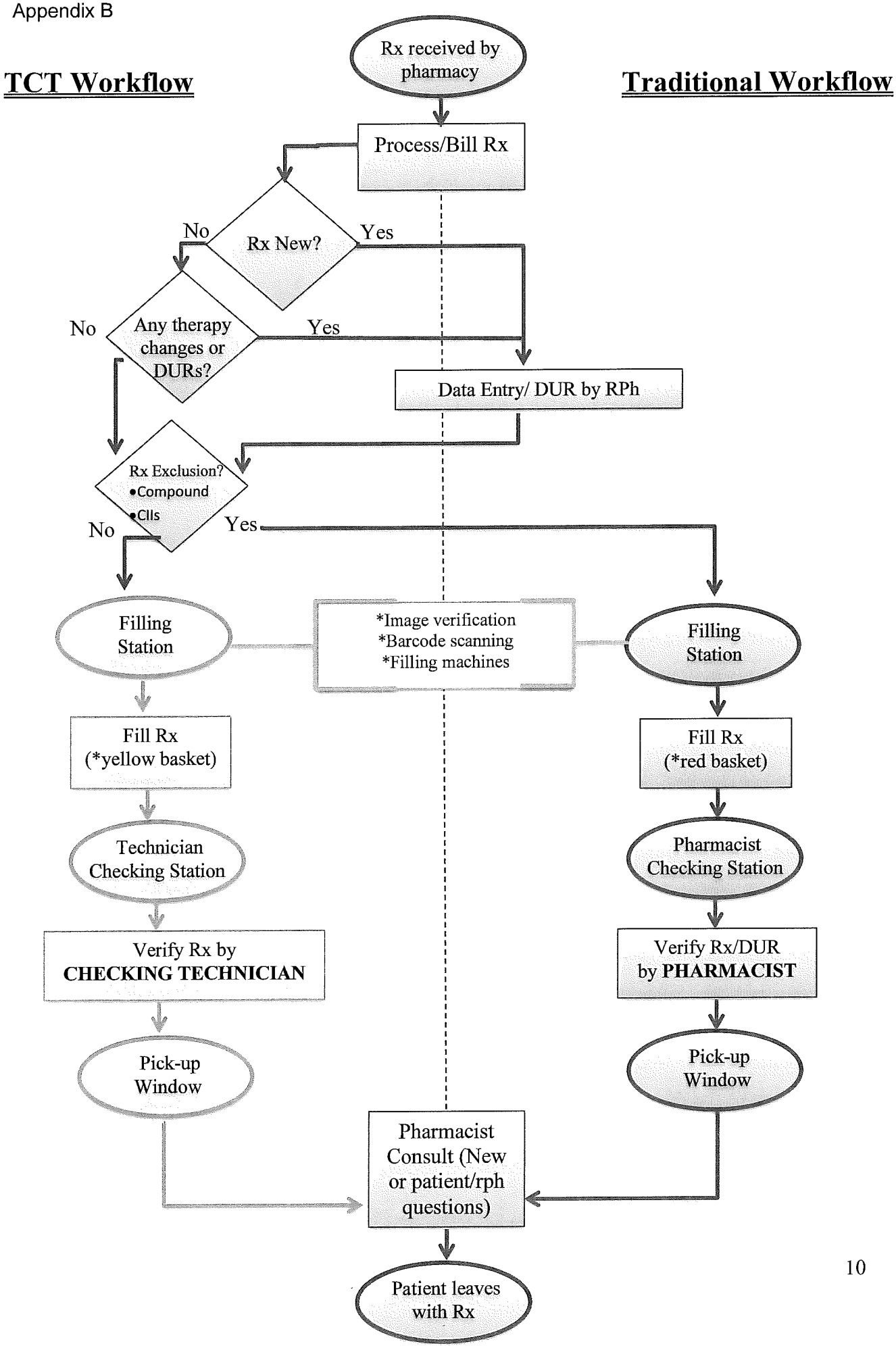
- Our technicians have actively embraced this opportunity to further their careers and be even more actively involved in serving our patients as a member of the pharmacy team.

- Corporate team has studied and developed standard operating procedures (SOP) around the Tech check Tech with our given pharmacy layout.
  - See Appendices:
    - 1. Verification of Tablets and Capsules
    - 2. Verification of Unit of Use
    - 3. Verification of Liquids

Walgreens Pharmacy in Ames is a retail community pharmacy averaging 350 prescriptions per day, over 2000 flu immunizations, and over 300 non-flu immunizations each year as well as providing health testing for individuals and employer groups.

Walgreens – "A destination where health and happiness come together to help people get well, stay well and live well."

Appendix B


TCT Workflow
Traditional Workflow
Rx received by pharmacy
Process/Bill Rx
Rx New?
No
Yes
Any therapy changes or DURs?
No
Yes
Data Entry/ DUR by RPh
Rx Exclusion?
•Compound
•CIIs
No
Yes
Filling Station
*Image verification
*Barcode scanning
*Filling machines
Filling Station
Fill Rx (*yellow basket)
Fill Rx (*red basket)
Technician Checking Station
Pharmacist Checking Station
Verify Rx by CHECKING TECHNICIAN
Verify Rx/DUR by PHARMACIST
Pick-up Window
Pick-up Window
Pharmacist Consult (New or patient/rph questions)
Patient leaves with Rx

Appendix C

Certified Pharmacy Technician Training
Requirements & Checklist

Pharmacy Staff Training Requirements

Technician Utilization & Authorized Checking Functions

Each technician specifically authorized to participate in TCT at the participating pharmacy will be identified in their personnel file and an added designation to their posted registrations. A certified pharmacy technician authorized to participate in TCT will be trained in and maintain all the duties, activities, and work of registered and certified technicians. Additionally, the Checking Technician may be allowed to check medication orders filled by other certified technicians, limited to the following patient care situations:

- Refill medications, in which DUR has already occurred by a pharmacist
- New medications, in which DUR and data entry review has already occurred by a pharmacist

Each technician certified to check will have documented training and evaluation of necessary training. Each pharmacy location will determine examples of medications that will NOT be checked by technicians. This could include:

- Schedule II Controlled substances,
- Compounded medications, and
- Others as designated by PIC or staff pharmacists.

"Filling" Technician or Pharmacist-Intern

- Certified technicians filling prescriptions for the TCT program must be nationally certified and passed an audit of accurately filling prescriptions as established by a site's policy and procedures.
- Employed student interns must have at least 300 hours of experience working as a technician or intern, and at least 100 of the 300 hours must be at the current TCT location. Interns must pass an audit of accurately filling prescriptions as established by a site's policy and procedures.

"Checking" Technician Participation & Training

All of the following shall apply to a certified pharmacy technician authorized to be a "Checking Technician" at the participating pharmacy:

- National Certification: current and in good standing
- Iowa Registration: current and in good standing, and not currently subject to disciplinary charges or sanctions.
- Prior Experience: The checking technician shall work at the participating pharmacy full or part time and:
    a) Shall have at least 1,000 hours prior technician work experience at the TCT site and at least 1,000 hours of prior technician work experience at the current or previous pharmacy, successfully complete their necessary location-specific training, and then complete the TCT training (see below).
    b) If the technician has no prior technician work experience in a pharmacy, they shall work at least 2,000 hours at the pharmacy and successfully complete their necessary location-specific training, and then complete the TCT training (see below).

IPA/CEI Tech-Check-Tech CPE Modules

If a pharmacy will be implementing a Tech-Check-Tech program, the certified pharmacy technicians, pharmacist-interns and the pharmacists, shall receive specialized and advanced training as provided in policies and procedures, including training in the prevention, identification, and classification of medication errors. The training program for a certified pharmacy technician shall be didactic in nature and shall include successful completion (80%) of a competency test for each module.

- Pharmacists will be required to complete the first two modules listed, filling technicians and pharmacist-interns will complete the first three modules listed, and checking technicians will complete all the modules listed.
    a. Thinking about Tech-Check-Tech?
        i. State the need in the profession for a technician-managed distribution process
        ii. Describe the opportunities for pharmacists to provide clinical services
        iii. Review current regulations that govern Tech-Check-Tech programs
        iv. Review the principles of ASHP's New Practice Model Initiative and an example of state implementation
        v. Illustrate the case to pharmacy staff, upper management, and the Board of Pharmacy
    b. Tech-Check-Tech: A Step-by-Step Guide for Outpatient Pharmacy
        i. Illustrate the case to pharmacy staff, management, and Board of Pharmacy for Tech-Check-Tech
        ii. Recognize the steps needed to prepare and implement a Tech-Check-Tech program
        iii. Outline how a pharmacy monitors for quality assurance in a Tech-Check-Tech program
        iv. Formulate a sample job description for a pharmacy technician engaged in a Tech-Check-Tech program
        v. Review liability issues in a Tech-Check-Tech program
    c. Accuracy in the Outpatient Pharmacy: Preventing, Identifying and Classifying Medication Errors
        i. Recognize and classify common medication errors
        ii. Recognize the causes of medication errors
        iii. List ways to prevent medication errors
        iv. Recognize the importance of continuous quality improvement (CQI) in the pharmacy distribution process
        v. Describe the technician's role in CQI in the pharmacy
    d. Dosage Forms
        i. Identify the most common medication dosage forms
        ii. Describe the advantages and disadvantages of different medication dosage forms
        iii. Recognize the different routes of administration and the advantages of each
        iv. List ways to recognize and prevent dosage form dispensing errors
    e. Calculations Review
        i. Describe examples of common systems of measurement
        ii. Demonstrate the ability to convert units of measurement
        iii. Appropriately calculate the day's supply from a prescription order
        iv. Use percentages, ratios, and proportions to make accurate pharmaceutical calculations using mathematical skills reviewed in the activity

v. Solve common pharmacy calculations using mathematical skills reviewed in this activity
vi. Master specific math functions appropriate to practice setting

f. Advanced Review of Common Medications
   i. Group medications by pathophysiologic class using established stems (prefixes, infixes, & suffixes)
   ii. List common adverse effects and drug interactions
   iii. List common adherence challenges
   iv. Distinguish medications with similar generic names
   v. Recognize medications with multiple formulations

Responsible Individual

The "Pharmacist in Charge" or Pharmacy Manager at each participating pharmacy shall be ultimately responsible for the TCT program activities (unless otherwise noted). The PIC will be responsible for meeting TCT program training and validation requirements. The PIC will designate the staff pharmacists to supervise the activities of Checking Technicians. The entire staff, pharmacists and technicians, will be involved in collection of data for the program evaluation on a regular basis, reporting information to the PIC for analysis.

Staffing

Pharmacy staffing shall be adequate to ensure consistent and safe implementation and usage of the TCT program and will optimize pharmacist patient care services, which will have data collected and analyzed through the pharmacy's existing CQI process with variations as requested or demeaned necessary by the research team.

Records

The pharmacist in charge shall maintain in the pharmacy department records for each certified pharmacy technician authorized by the pharmacist in charge or responsible pharmacist to participate in the TCT program. The records shall be available for inspection and copying by the Board or its representatives and any other authorized agencies for two years beyond the term of the certified pharmacy technician's employment. The record summary (Technician Function Levels) shall include:

a. The name of the certified pharmacy technician.

b. The date the certified pharmacy technician completed the standardized training and site-specific evaluation for participation in the TCT program.

c. The date the certified pharmacy technician was authorized to participate in the TCT program and the specific TCT program functions and tasks the certified pharmacy technician is authorized to perform.

d. When the certified pharmacy technician is authorized to check the work of other certified pharmacy technicians, the date the checking technician completed the specialized and advanced training.

e. The dates and results of all competency evaluations.

f. The dates of and reasons for any suspension or revocation of the certified pharmacy technician's TCT program authorization, identification of corrective action or retraining completed, and date of subsequent reinstatement of the certified pharmacy technician's TCT program authorization.

g. The dates of and reasons for any disciplinary action taken against the certified pharmacy technician in connection with the certified pharmacy technician's performance of duties relating to the TCT program.

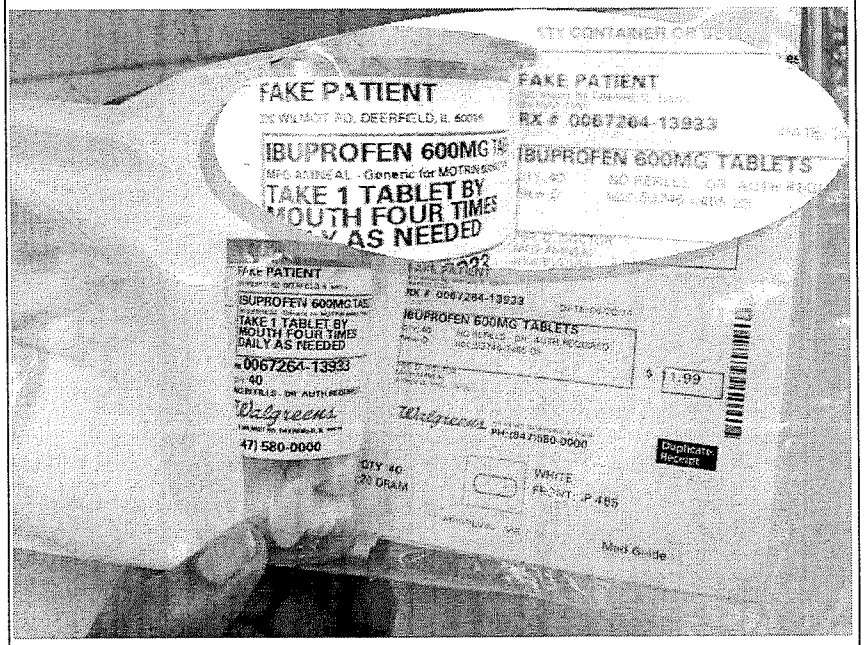
Evaluation of Program and Technicians:
Technician filling and checking responsibilities will be monitored daily. Errors will be documented for both filling and checking, and review of all errors will also be documented on this sheet by the PIC or responsible staff pharmacist. These sheets will be collected and data entered for bi-weekly review. The records will be maintained in the pharmacy for a minimum of two years.

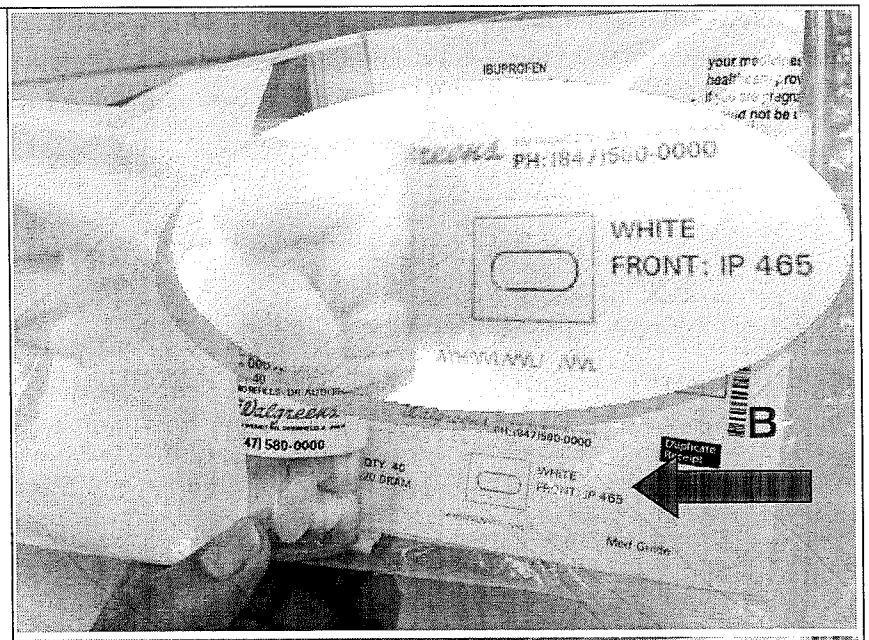
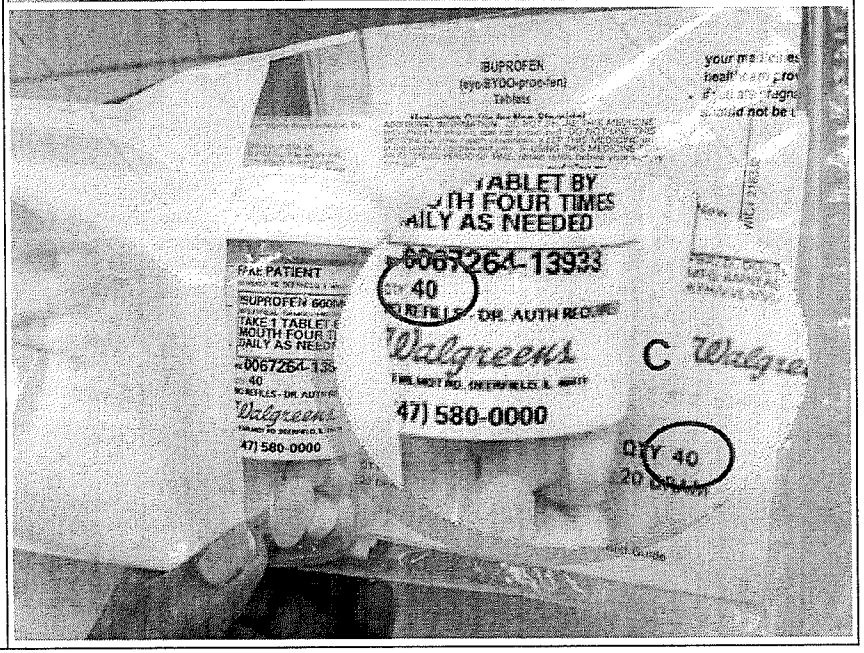
The implementation of the TCT program shall result in the redirection of pharmacists from distributive tasks to cognitive and patient care activities. The participating pharmacy will document these clinical activities and will collect and maintain these records for no less than two years following the date of the record. These records shall be updated at least semiannually.

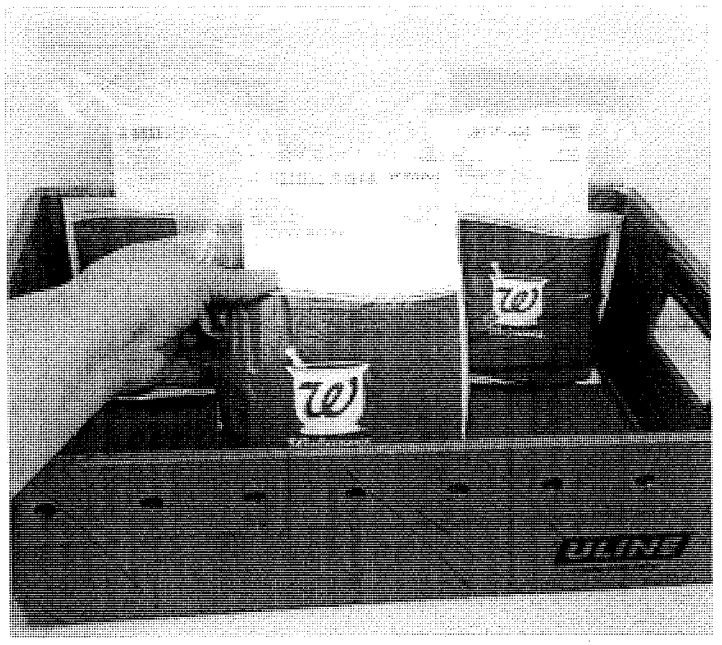
1. The PIC shall conduct continuous monitoring and evaluation of each Checking Technician to ensure the continued competency of the TCT program and the safety of the patients. Errors will be identified and records maintained following the pharmacy's quality measures, including variance tracking and reports, event analysis, follow up and education.
2. Specific evaluation of the TCT program will incorporate three measures:
    a. **Filling**: Review of errors identified by a Checking Technician or Pharmacist. The responsible staff pharmacist shall review with all certified pharmacy technicians involved with any errors identified during the evaluation of the filling process and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
    b. **Checking**: Periodic review and checking by the pharmacist of work checked (monthly to quarterly as designated) by the Checking Technician and identification and documentation of all errors not identified and corrected by the checking technician and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
    c. **Review of errors** identified following release by Checking Technician or Pharmacist. The responsible staff pharmacist shall receive, evaluate, and review with all certified pharmacy technicians involved with any errors identified by a health care professional, a patient, or any individual following release of a drug by the checking technician. All such errors will be documented on the daily form AND recorded via the pharmacy's CQI program.
3. Periodic review and monitoring will be recorded on our Ongoing TCT Competency Evaluation Record.
4. Benchmarks will be identified by compiling and evaluating of the Technician QA Monitoring Daily Reports. Bi-weekly reports will be used to evaluate ongoing competencies, identify possible system modifications, provide data for continuing site specific education, and to establish need for any retraining.
5. Retraining will occur when a Technician or Checking Technician has an error rate significantly above the average for participating pharmacy's technicians. Error rate "outliers" will be determined by an excessive error rate in filling or checking over two consecutive bi-weekly periods OR if the technician's cumulative error rate significantly exceeds the average cumulative error rate. During the retraining period (of not less than two bi-weekly periods) a technician's work will be checked by a pharmacist – nor will the technician be allowed to check other technicians. Retraining will consist of a repeat competency evaluation in the area/s where excessive errors have occurred and potential repeat of didactic modules as appropriate. The PIC, with the input of staff pharmacists, will determine which sections, or all, of the training modules must be repeated.

Revised Date: 10/26/2014 **Process:** Final Product Verification of Tablets and Capsules Filled with the Retail Filling Process (RFP) **SOP number:** WAG.SOP.RX-020		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

PROCESS DESCRIPTION	This document provides the process for product verification of tablets and capsules for prescriptions filled with the Retail Filling Process (RFP).
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacist

STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1. Verify the Patient Label with the Leaflet	A) Retrieve one prescription from the Quarantine Bin to begin final product verification. o For all prescriptions filled following the Retail Filling Process (RFP), the Pharmacist of Record must complete product verification. o Follow the Traditional Product Verification process for any prescriptions that could not be completed using RFP (ex. CII medications). o If dispensing a Target Drug, review and complete the Target Drug GFD Checklist B) Review the filled medication and the prescription leaflet through the clear side of the prescription bag. o If you are unable to verify the prescription while inside the bag, open the bag and vial as needed. C) Verify that the patient name on each patient label matches the patient name on the prescription leaflet. D) Verify that the medication name, strength, and dosage form on each patient label matches the medication name, strength, and dosage form on the prescription leaflet. E) If the patient name or medication name, strength, and dosage form does not match, remove the leaflet and medication from the bag and send the prescription back to the RFP technician for correction.	

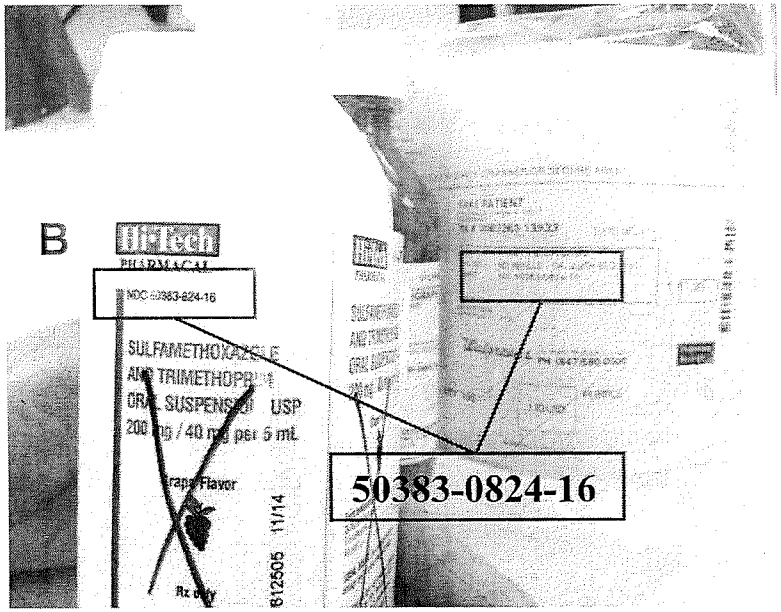
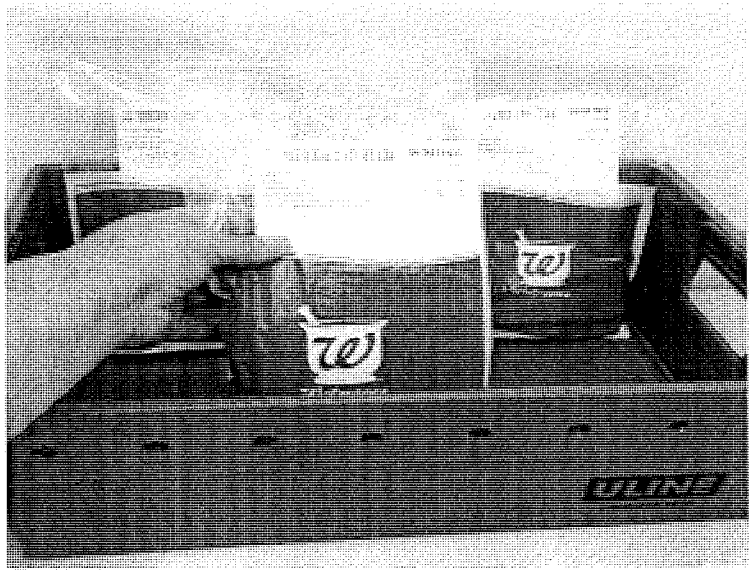
2. Verify the Product	A) If the prescription is a controlled substance, use professional judgment and follow DEA, federal, and state regulations to determine if the prescription should be dispensed. Follow GFD Policy and Procedure B) Verify that the markings, shape, and color of the medication in the vial match the drug description information section on the prescription leaflet. o If the medication is dispensed in a manufacturer stock bottle, verify that the NDC on each manufacturer stock bottle matches the NDC on the prescription leaflet. C) Ensure the quantity dispensed matches the quantity on the prescription leaflet. o If dispensing more than one vial or manufacturer stock bottle, ensure each patient label is marked 1/3, 2/3, etc. If not indicated, write this down on each patient label. D) If any of the dispensed medication's information does not match the information on the prescription leaflet remove the leaflet and medication from the bag and send it back to the RFP technician for correction. E) Verify that the medication is dispensed with a child resistant cap. If the leaflet indicates the patient's preference is SNAP cap, verify a SNAP cap is used. F) If applicable, complete hardcopy documentation requirements per federal and state regulations.	 IBUPROFEN WHITE FRONT: IP 465 B Walgreens 47) 580-0000 

3. Complete Product Verification	A) Ensure all other required documentation is packaged with the prescription when indicated on the leaflet. o If a medication guide is required, ensure it is included in the bag. B) Using your clinical judgment, if you feel a consultation is necessary clearly write "See RPh" and the reason for the consultation on the front of the prescription leaflet. C) Place the verified sealed prescription bag in the green ready bin on the filling counter. o If the prescription is a refrigerated item, place in front of the green ready bin so the technician can file in the refrigerator. o Ensure the green ready bin is located on the filling counter in a location that is not patient facing and maintains the privacy and PHI of the ready prescriptions. D) Select the next prescription to perform product verification.	

Revised Date: 10/26/2014 **Process:** Final Product Verification of Liquids Filled with the Retail Filling Process (RFP) **SOP number:** WAG.SOP.RX-019		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

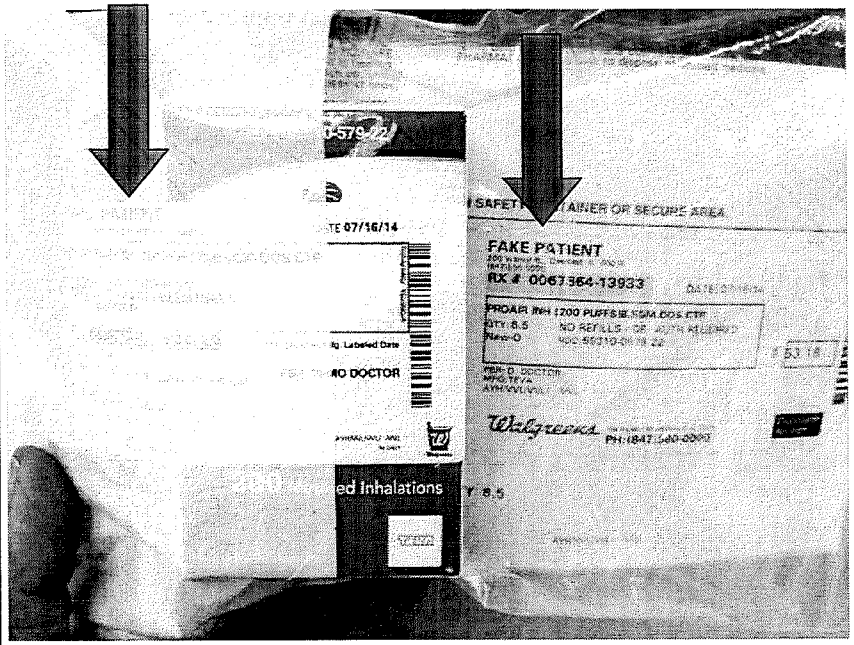
PROCESS DESCRIPTION	This document provides the process for product verification of liquids filled with the Retail Filling Process (RFP).
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacy Team Members

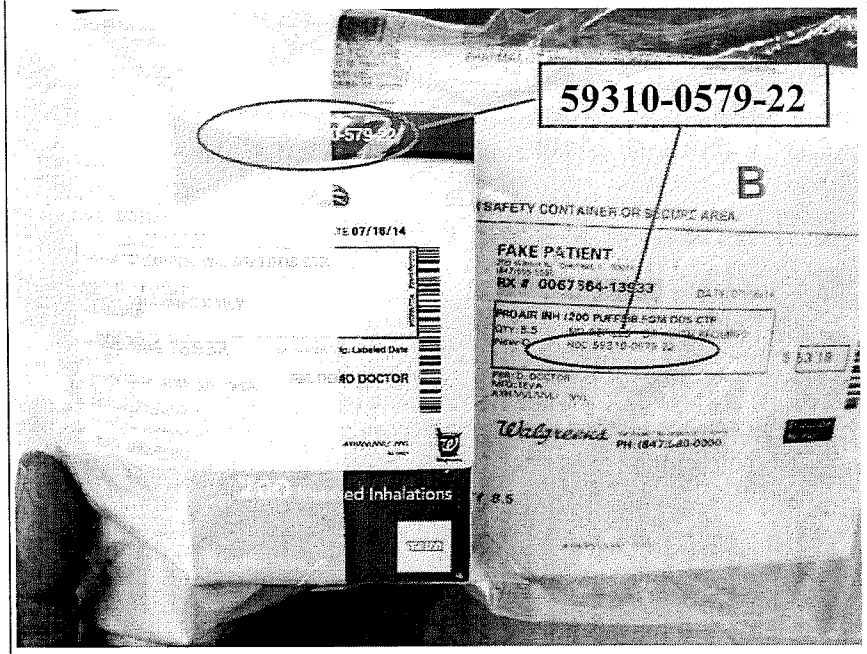
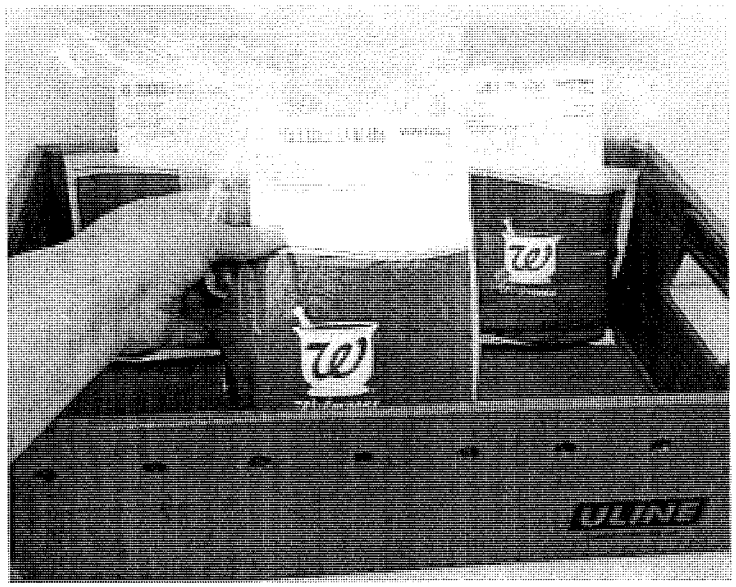
STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1. Verify the Patient Label with the Leaflet	A) Retrieve the filled liquid prescription from the tote to begin final product verification. ○ For all prescriptions filled following the Retail Filling Process (RFP), the Pharmacist of Record must complete product verification. ○ Follow the Traditional Product Verification process for any prescriptions that could not be completed using RFP (ex. CII medications). ▪ If dispensing a Target Drug, review and complete the Target Drug GFD Checklist B) Review the filled medication and the prescription leaflet through the clear side of the prescription bag. ○ If you are unable to verify the prescription while inside the bag, open the bag as needed. C) Verify that the patient name on each patient label matches the patient name on the prescription leaflet. D) Verify that the medication name, strength, and dosage form on each patient label matches the medication name, strength, and dosage form on the prescription leaflet. E) If the patient name or medication name, strength, and dosage form does not match, remove the leaflet and medication from the bag and send the prescription back to the RFP technician for correction.	

2. Verify the Product	A) If the prescription is a controlled substance, use professional judgment and follow DEA, federal, and state regulations to determine if the prescription should be dispensed. Follow GFD Policy and Procedure. B) Retrieve the liquid stock bottle from the tote and verify that the NDC on the stock bottle matches the NDC on the prescription leaflet. o If the medication was filled with a "return to stock bottle", verify the medication name and manufacturer matches the information on the prescription leaflet. o Visually inspect the filled medication and compare it to the information contained on the prescription leaflet to help determine if the prescription was filled correctly. C) Ensure the quantity dispensed matches the quantity on the prescription leaflet. D) If any of the dispensed medication's information does not match the information on the prescription leaflet remove the leaflet and medication from the bag and send it back to the RFP technician for correction. E) Verify that the medication is dispensed with a child resistant cap. If the leaflet indicates the patient's preference is SNAP cap, verify a SNAP cap is used. o Ensure the cap is securely fastened to prevent any leakage. F) If applicable, complete hardcopy documentation requirements per federal and state regulations.	
3. Complete Product Verification	A) Ensure all other required documentation is packaged with the prescription when indicated on the leaflet. o If a medication guide is required, ensure it is included in the bag. B) Using your clinical judgment, if you feel a consultation is necessary clearly write "See RPh" and the reason for the consultation on the front of the prescription leaflet. C) Place the verified sealed prescription bag in the green Ready Bin on the filling counter. o If the prescription is a refrigerated item, place in front of the green Ready Bin so the technician can file in the refrigerator. o When needed, pass the liquid stock bottle to the technician to be returned to the shelf. o Ensure the green ready bin is located on the filling counter in a location that is not patient facing and maintains the privacy and PHI of the ready prescriptions. D) Select the next prescription to perform product verification.	

Revised Date: 10/10/2014 **Process:** Final Product Verification for Unit of Use Items Filled with the Retail Filling Process (RFP) **SOP number:** WAG.SOP.RX-021		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

PROCESS DESCRIPTION	This document provides the process for product verification of unit of items filled with the Retail Filling Process (RFP).
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacist

STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1. Verify the Patient Label with the Leaflet	A) Retrieve one prescription from the Quarantine Bin to begin final product verification. o For all prescriptions filled following the Retail Filling Process (RFP), the Pharmacist of Record must complete product verification. o Follow the Traditional Product Verification process for any prescriptions that could not be completed using RFP (ex. CII medications). ▪ If dispensing a Target Drug, review and complete the Target Drug GFD Checklist B) Review the filled medication and the prescription leaflet through the clear side of the prescription bag. o If you are unable to verify the prescription while inside the bag, open the bag as needed. C) Verify that the patient name on each patient label matches the patient name on the prescription leaflet. D) Verify that the medication name, strength, and dosage form on each patient label matches the medication name, strength, and dosage form on the prescription leaflet. E) If the patient name or medication name, strength, and dosage form does not match, remove the leaflet and medication from the bag and send the prescription back to the RFP technician for correction.	

2. Verify the Product	A) If the prescription is a controlled substance, use professional judgment and follow DEA, federal, and state regulations to determine if the prescription should be dispensed. Follow GFD Policy and Procedure. B) Verify that the NDC on each manufacturer package or stock bottle matches the NDC on the prescription leaflet. C) Ensure the quantity dispensed matches the quantity on the prescription leaflet. o If there are multiple packages or bottles, ensure each patient label is marked 1/3, 2/3, etc. If not indicated, write this down on each patient label. D) If any of the dispensed medication's information does not match the information on the prescription leaflet remove the leaflet and medication from the bag and send it back to the RFP technician for correction. E) Verify that the medication is dispensed with a child resistant cap if dispensing a manufacturer sealed bottle. If the leaflet indicates the patient's preference is SNAP cap, verify a SNAP cap is used. F) If applicable, complete hardcopy documentation requirements per federal and state regulations.	
3. Complete Product Verification	A) Ensure all other required documentation is packaged with the prescription when indicated on the leaflet. o If a medication guide is required, ensure it is included in the bag. B) Using your clinical judgment, if you feel a consultation is necessary clearly write "See RPh" and the reason for the consultation on the front of the prescription leaflet. C) Place the verified sealed prescription bag in the green ready bin on the filling counter. o If the prescription is a refrigerated item, place in front of the green ready bin so the technician can file in the refrigerator. o Ensure the green ready bin is located on the filling counter in a location that is not patient facing and maintains the privacy and PHI of the ready prescriptions. D) Select the next prescription to perform product verification.	

Letter of Commitment by Pharmacy State or National Senior Level Management

I understand that my role as a New Practice Model Participating Pharmacy is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, David Stauffer, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month. Those pharmacies who are unable to meet this standard will be reviewed quarterly for assessment of continuation in the pilot study.
- Provide adequate staffing as required to support the New Practice Model procedures. Those pharmacies who are unable to implement the procedures at least 60% of the time will be reviewed quarterly for assessment of continuation in the pilot study.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/17/16

Title Manager, Pharmacy and Retail Process Optimization

Letter of Commitment by Pharmacy Owner or Regional Supervisor

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Michael Fuller, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month. Those pharmacies who are unable to meet this standard will be reviewed quarterly for assessment of continuation in the pilot study.
- Provide adequate staffing as required to support the New Practice Model procedures. Those pharmacies who are unable to implement the procedures at least 60% of the time will be reviewed quarterly for assessment of continuation in the pilot study.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/9/2016

Title Health Care Supervisor

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Anne Stover Garcia, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5-11-16

Title Pharmacy Manager

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Alan Worthington, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Alan Worthington Date 5/1/16

Title R Ph.

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Julie Snyder, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/17/16

Title Pharmacist

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Doyle Tweet, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed [signature] Date 5-13-16

Title Pharmacist

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Michelle Enabnit, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Michelle Enabnit Date 5-11-16

Title SR CPhT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Chris Adams, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Christopher A. Adams Date 5/11/14

Title SR CPT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Tiffany Peterson, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5-19-16

Title Sr cPhT

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Donella Goldson, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed D. Goldson Date 05-12-16

Title Technician

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Jamia Simpson, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Jamia Simpson Date 5-16-16

Title Certified Pharmacy Technician

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Randy Treadway, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed R Treadway Date 5/11/16

Title CPT

A Pharmacy Pilot or Demonstration Research Project for a New Practice Model for Community Pharmacy

Phase 3

In Collaboration with the Iowa Pharmacy Association &
Drake University College of Pharmacy and Health Sciences

Site Specific Application for Walgreens Pharmacy 7967

Primary Contact:

Kori Nagel
Pharmacist-In-Charge
License number #20047
Walgreens Pharmacy 7967
15601 Hickman Road
Clive, IA 50323
Pharmacy License #1257
515-987-6807(phone)
515-987-6812 (fax)
rxm.07967@store.walgreens.com

Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Since 2009, members of Walgreens have been involved within IPA's New Practice Model Task Force (NPMTF). The NPMTF is a continuation of an unofficial working group that had been meeting throughout 2008. It had been charged with the creation and oversight of a pilot program to implement a new workflow and business model for community pharmacy. Since the initial work of the NPMTF, there have been other mechanisms that would help prove a successful impact of community pharmacist-provided medication management.

As a current participant of Phase II of the New Practice Model pilot, our site has demonstrated safety utilizing Tech-Check-Tech (TCT) for refilled prescriptions. Utilizing TCT has improved patient access to health care services by allowing pharmacists to spend more time in direct patient care activities such as immunizations and MTMs. Pharmacists also spend more time counseling patients on prescriptions and over-the-counter medications. This additional patient access is possible since less time is spent in dispensing during TCT. During times of pharmacist overlap, the second pharmacist rarely leaves the out-window which has facilitated numerous clinical discussions with patients compared to workflow prior to tech-check-tech.

Our pharmacy has agreed to submit this application and collaborate on the specific aims of this pilot project, which include:

1. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa on patient safety measures, and

2. Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to Tech-Check-Tech programs in community pharmacies in Iowa in facilitating the provision of community pharmacist-provided services.

NEW PRACTICE MODEL LEADERSHIP TEAM MEMBERS

Megan Myers, PharmD, will serve as Project Coordinator. She will oversee the project, conduct regular on-site visits with each site, coordinate the study activities, chair the regular team meetings, and lead the writing of the study reports to the Board of Pharmacy.

Michael Andreski, RPh, MBA, PhD, Associate Professor of Social and Administrative Pharmacy, Drake University College of Pharmacy and Health Sciences serve as research consultant and principal investigator, will participate in regular team meetings, and will participate in the writing of the study report.

T.J. Johnsrud, NuCara Health Management, Inc., will provide a pharmacy management perspective for coordinating the community pharmacy clinical services and Tech Check Tech programs within the community pharmacy sites. He will participate in regular team meetings.

Anthony Pudlo, PharmD, MBA, BCACP, Vice-President of Professional Affairs, and Kate Gainer, PharmD, Executive Vice President/CEO, Iowa Pharmacy Association will oversee coordination of clinical pharmacy services available to community pharmacy sites in this study.

PHARMACY SITE-SPECIFIC INFORMATION

Pharmacist-In-Charge:
Kori Nagel
License #20047
Drake University College of Pharmacy, Grad 2004
Number of Years Licensed: 10
Years at Site: 2.5
Other certifications/training: Immunizations, CPR, DM education

Staff Pharmacist:
Charles Comito
License #14209
Drake University College of Pharmacy, Grad 1973
Number of Years Licensed: 41
Years at Site: 8
Other certifications/training: Immunizations, CPR, DM education, compounding

Staff Pharmacist:
Angela Taylor
License #21136
University of Iowa College of Pharmacy, 2009
Number of Years Licensed: 4
Years at Site: 1
Other certifications/training: Immunizations, CPR

Relief Pharmacist:
Julie Lindgren
License # 17964
Drake University 1993
Number of Years Licensed: 23
Years at Site: 1.5 years
Other certifications/training: Immunizations, CPR

Senior Certified Pharmacy Technician:
Mirela Lakovic
Registration #17721 Certification # 610107010330172
DMACC Associates in Accounting, 2012
Number of Years Registered as Tech: 3
Years at Site: 5

Senior Certified Pharmacy Technician:
Adam Morrison
Registration # 13484 Certification #10039647
St. Ambrose University Bachelor's Degree in Sports & Business Management, 2011
Number of Years Registered as Tech: 2.5
Years at Site: 1.5

Senior Certified Pharmacy Technician:
Jared Holliday
Registration # 19633 Certification #10038404
High School Graduate, 2012
Number of Years Registered as Tech: 1.5
Years at Site: 3

Senior Certified Pharmacy Technician:
Keisha Boles
Registration #21382 Certification #10090317
Number of years Registered as tech: 1.5
Years at site: 1.5

Certified Pharmacy Technician:
Addyson Rosa
Registration #22060 Certification #10090111
Number of years registered as tech: 1
Years at site: 1

Certified Pharmacy Technician:
Tatjana Sehic
Registration #21708 Certification #10076019
Number of years registered as tech: 2
Years at Site: 2

Certified Pharmacy Technician:
Benjamin Rice
Registration #22715 Certification #30007405
Number of years registered as tech: 10 months
Years at site: 10 months.

Certified Pharmacy Technician:
Abigail Cowan
Registration #22311 Certification #30009930
Number of years registered as tech: 1 year
Years at site: < 1 year

See attached letters of commitment from each participant.

PROJECT SUMMARY

Participating pharmacies were identified to be New Practice Model (NPM) participant sites using criteria defined by the NPMTF. In the phase III NPM pharmacies, the pharmacist(s) will work collaboratively with prescribers and other care providers in their community to optimize the medication use process. This process may involve the appropriate choice of medication as the therapy modality, initial selection of appropriate therapy to minimize drug therapy problems, assisting the patient in the acquisition and use of the medication, appropriate monitoring and adjustment of the medication therapy, and withdrawal or changing of medication therapy as appropriate, among others. This ongoing effort is coordinated amongst providers, with the pharmacist actively engaged in the process.

Community pharmacies will enhance previously implemented "Tech-Check-Tech" programs to include new prescriptions and additional staff (pharmacist-interns) in order to further increase the availability of the community pharmacist for direct patient care. New prescriptions will include prescriptions for a medication that is new to the patient or renewed medication orders for previously established medication. Pharmacists will continue to have ultimate authority over the dispensing process in this model. However, that does not mean the pharmacist will have hands-on direct supervision over every non-judgmental aspects of dispensing medications. 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.

Following is a brief description of what this practice may look like:

- The pharmacist will be physically located on the premises of the pharmacy in an environment and location that is comfortable and efficient for direct patient interaction.

- The prescription department is staffed by nationally certified technicians or employed pharmacist-interns. The pharmacist-technician and pharmacist-pharmacist intern relationship will become more important as the pharmacist will rely on technology and the leadership of head technicians to maintain the highest safety to patients.

- The pharmacist will review accuracy of the order and appropriateness of therapy for all new prescriptions, as well as complete Drug Utilization Reviews (DURs) or other necessary clinical reviews tied to prescription dispensing for all prescriptions.

- Trained technicians or employed pharmacist-interns will make sure the medication and quantity is correct, it is billed accurately, and the correct patient receives the medication. These non-judgmental tasks of the prescription dispensing process can be entirely technician driven.

- The "final check" technician works closely with the pharmacist. Please refer to the attached product verification procedures for more detail. This relationship is important as the pharmacist will often rely on the technician to request appropriate interaction and/or intervention. The "final check" technician has received advanced training. This standardized training was developed by the NPMTF in collaboration with the Iowa Pharmacy Association Foundation with approval by the Board of Pharmacy in 2014. The Board of Pharmacy ultimately approves each pharmacy site's involvement in this initiative.

- Medication counseling and responding to patient questions may be completed in association with the distribution of the medication to the patient, but it may also occur outside of dispensing. Pharmacists would be easily accessible to patients and more available for consultation with patients, prescribers and other care providers as an integral member of the team. Overall, this model will enable pharmacists to provide direct patient care services.

The medication distribution process will be under the control of a pharmacist, but only in that a pharmacist will be responsible for developing, implementing, and providing Continuous Quality Improvement for a system where the majority of activity will be completed by nationally-certified pharmacy technicians or employed pharmacist-interns. Use of appropriate technologies (e.g., image verification, barcode scanning, filling machines) will be utilized when appropriate to assure the medication is made available to the patient.

Board of Pharmacy Rules Needed to be Waived
In order for implementation of this pilot project, it is requested that the Iowa Board of Pharmacy waive three regulations.

657—3.21(1) Technical dispensing functions. By waiving rule 657—3.21(1), the Board of Pharmacy would allow for a certified pharmacy technician to conduct final verification of the patient's prescription or medication order as is the current exception in an approved tech-check-tech program pursuant to 657—Chapter 40, as well as when the initial prescription or medication order is filled by a registered pharmacist-intern.

657—3.23(155A) Tasks a pharmacy technician shall not perform. By waiving rule 657—3.23(155A) specifically point number one, the Board of Pharmacy would allow for a certified pharmacy technician to provide the final verification of a filled prescription or medication order.

657—8.3 (4) Pharmacist-documented verification. By waiving rule 657—8.3(4), the Board of Pharmacy would remove the responsibility of the pharmacist to provide and document the final verification of the patient's prescription medication in order to pilot a tech-check-tech program in community practice settings.

Identification of Patients Needing MTM Services
Patients currently utilizing the community pharmacy will be provided the additional clinical pharmacy services that community pharmacies are available to provide. Patients who would be eligible for commercial and/or governmental MTM services will be identified through pharmacy records. If the patient is not a subscriber to insurance coverage providing payment for pharmacist provided MTM services, these services will be provided when possible. The community pharmacists will also work closely with their physicians in their community to identify key patients in the medical practice that would benefit from medication management services. The physician and pharmacist will be provided the tools to establish a collaborative practice agreement to address these key health care needs in the community.

Services Provided by Pharmacy
Currently our pharmacy offers of variety of MTM services to patients who have been identified through their screening processes to receive them. These services include:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation[1]

2. Immunization services (Influenza, Pneumococcal, Zoster, etc.)

3. Clinical screenings and disease state monitoring

---

[1] American Pharmacists Association, National Association of Chain Drug Stores Foundation. *Medication Therapy Management in Pharmacy Practice: Core Elements of MTM Service Model.* Washington, DC: American Pharmacists Association; March 2008.

It is our goal to build upon these services while being part of this pilot project. We aim to increase:

1. MTM as described in the *Core Elements of MTM Service Model* document produced as a joint initiative of the American Pharmacists Association and the NACDS Foundation[1]. Continued focus on Mirixa and Outcomes MTM cases.

2. Continued promotion and provision of immunization services

3. Clinical screenings and disease state monitoring

METHODS

Measures

Aim 1: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa on patient safety measures.

For the assessment of this Aim, information will be gathered to ensure dispensing accuracy of new prescriptions. Each pharmacy will act as its own control, with baseline measurement of dispensing errors being determined for 50 new prescriptions per day, on days when TCT for refills is being done, for 15 weekdays before initiation of the Tech-Check-Tech procedures for new prescriptions. For the first week after the new procedures have been initiated, the pharmacist will double check all technician-verified prescriptions to ensure accuracy and to gather information on the efficacy of the procedures. If the error rate is equal to or lesser than the baseline measurement, 30-50 new prescriptions as well as 30-50 refill per month will be double checked for errors and those measurements recorded for the reminder of the project. If the error rate is greater than baseline measurement, additional training will be given and procedures reviewed, after which a second assessment will be performed. Length of any second assessment will be determined by the researcher. The research consultant will review these results on an ongoing basis and quarterly reports made to the Board of Pharmacy as necessary during the 18 month study period.

Aim 2: Implement and assess the impact of adding new prescriptions and utilization of pharmacist-interns to a Tech-Check-Tech program in community pharmacies in Iowa and in facilitating the provision of community pharmacist-provided medication therapy management.

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 implementing Tech-Check-Tech for new prescriptions and utilizing pharmacist-interns for TCT on the provision of MTM services by the pharmacist(s) at the subject pharmacies. Each pharmacy will again act as its own control, with baseline measurements consisting of the last quarter of results from the previous pilot program of Tech-Check-Tech for refill prescriptions. The primary data sources will be self-reported pharmacist daily activity logs and numbers of both compensated and identified opportunities for MTM and other patient care services. Once the Tech-Check-Tech procedures for new prescriptions have been initiated and are performing adequately as defined above, the pharmacist(s) at the participating pharmacies will begin to focus on increasing the amount of MTM services provided.

Other Measures:

Job Satisfaction Survey

A job satisfaction survey will be conducted prior to, and one year after implementation of utilizing TCT for new prescriptions. All technicians, pharmacists and employed pharmacist-interns will be asked to complete the survey.

Amount of time spent utilizing TCT (# of TCT days)

The amount of time utilizing TCT will continue to be monitored and will be compared to the previous pilot in order to determine whether or not allowing technicians the ability to check prescriptions filled by employed pharmacist-interns impacted the ability to use TCT.

Analysis
Error rates during the 18 month study period will be compared to those found at baseline by means of Chi-squared testing and matched samples t-tests. Specific errors tracked will include wrong drug, wrong strength, wrong quantity, and wrong cap (safety-cap vs. non-safety cap). Comparisons of pharmacist task composition will be compared to those found at baseline by means of Chi-squared testing matched samples t-tests. The services provided data gathered during the study period will be compared to those found at baseline in terms of the overall number of services provided.

STUDY PARTNERS
Drake University
Drake University will oversee the research component of this project, by working with the pharmacy partners to assure that study activities are conducted in a timely and coordinated manner. Dr. Andreski will design data collection procedures, supervise data collection, manage and analyze study data, and assist in writing the study reports.

Iowa Pharmacy Association
The Iowa Pharmacy Association (IPA) will assist in preparing the community pharmacy sites to deliver the MTM services. They have experience in helping pharmacy practices adjust to providing services such as MTM. IPA will help the practices adjust staffing, workflow, and service delivery issues with the participating community pharmacies

Local Community Pharmacies in the New Practice Model Initiative
Community pharmacies across the state of Iowa will initially participate in the study by working to transform their current patient care delivery model to enhance their Tech-Check-Tech program and further engage pharmacists in clinical programs that follow the JCPP's Pharmacists' Patient Care Process to improve patient safety and provide enhanced patient care. Pharmacists in these pharmacies will deliver the clinical services as described in this study proposal and subsequent service descriptions.

PROJECT TIMELINE

Month 1-2	Project start-up; Baseline data collection; transition workflow to include TCT for new medications
Month 2 -3	Community pharmacies begin enhanced Tech-Check-Tech programs; pharmacists engage in collaborative practice agreements for patient care delivery
Month 18	Pilot project authority expires for Tech-Check-Tech
Month 18-19	Data analyses and report writing

Appendix A
Pharmacy Site #17

Tech check Tech: Why Walgreens in Clive??
By Kori Nagel, Director of Pharmacy, Walgreens, Clive, Iowa

- Physical layout/Basically One Large Room in our Central Pharmacy with a drive-thru, conducive to:
  - Direct technician supervision
  - Questions from techs
  - Follow-up from pharmacists
  - Direct observation of work flow
  - Use of automation system

- Staffing:
  - Experienced Pharmacists (all pharmacists 10+ years' experience)
  - Experienced Technicians (all technicians 2+ years' experience)

- Existing Clinical
  - Blood pressure screenings offered
  - Want to **expand** services offered
  - Want to **expand** patients reached

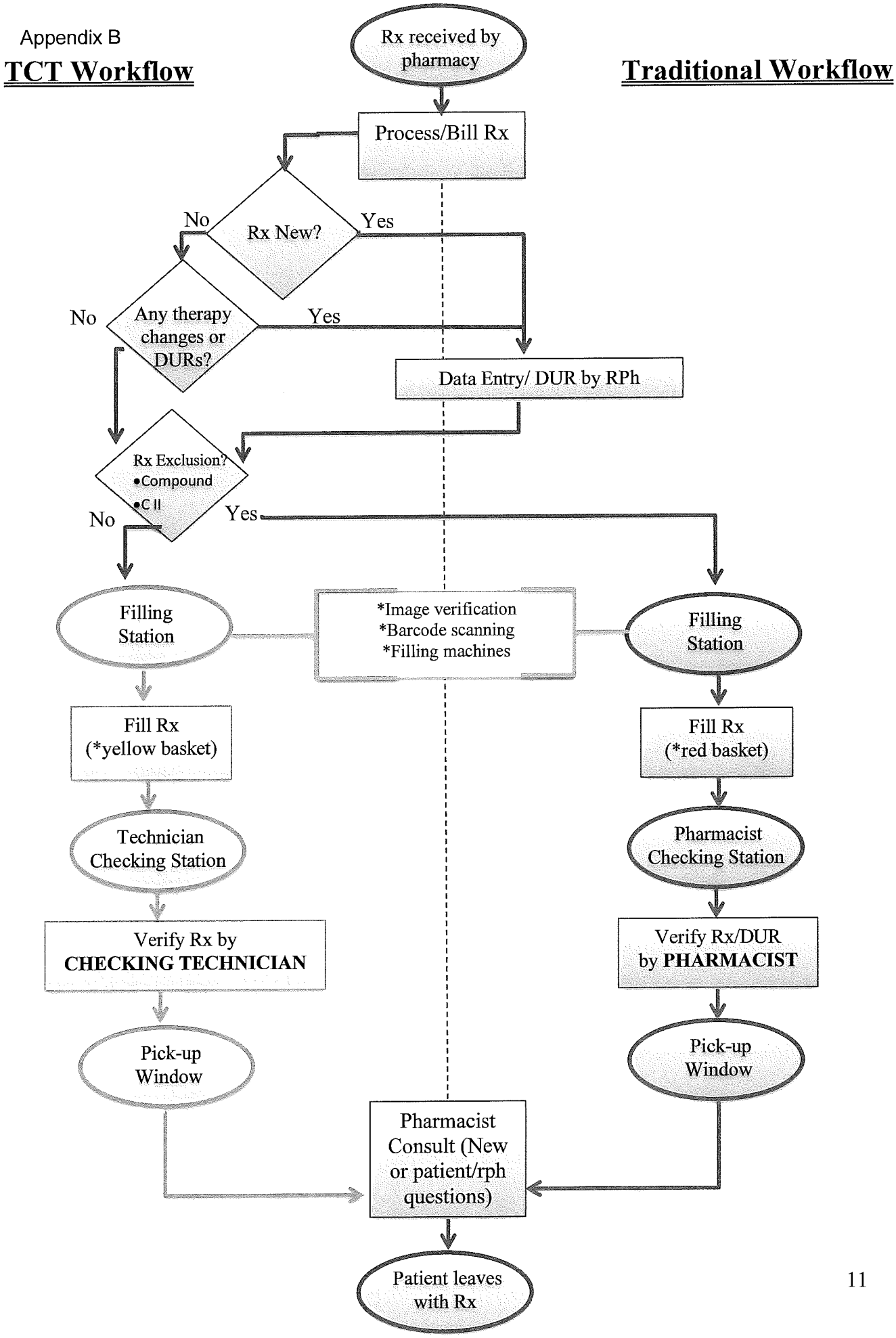
- Our technicians have actively embraced this opportunity to further their careers and be even more actively involved in serving our patients as a member of the pharmacy team.

- Corporate team has studied and developed standard operating procedures (SOP) around the Tech check Tech with our given pharmacy layout.
  - See Appendices:
    - 1. Verification of Tablets and Capsules
    - 2. Verification of Unit of Use
    - 3. Verification of Liquids

Walgreens Pharmacy in Clive is a retail community pharmacy averaging 400 prescriptions per day, over 1200 flu immunizations, and over 200 non-flu immunizations each year.

Walgreens – "A destination where health and happiness come together to help people get well, stay well and live well."

Appendix B


TCT Workflow
Traditional Workflow
Rx received by pharmacy
Process/Bill Rx
Rx New?
No
Yes
Any therapy changes or DURs?
No
Yes
Data Entry/ DUR by RPh
Rx Exclusion?
•Compound
•C II
No
Yes
Filling Station
*Image verification
*Barcode scanning
*Filling machines
Filling Station
Fill Rx (*yellow basket)
Fill Rx (*red basket)
Technician Checking Station
Pharmacist Checking Station
Verify Rx by CHECKING TECHNICIAN
Verify Rx/DUR by PHARMACIST
Pick-up Window
Pick-up Window
Pharmacist Consult (New or patient/rph questions)
Patient leaves with Rx

Appendix C

Certified Pharmacy Technician Training
Requirements & Checklist

Pharmacy Staff Training Requirements

Technician Utilization & Authorized Checking Functions

Each technician specifically authorized to participate in TCT at the participating pharmacy will be identified in their personnel file and an added designation to their posted registrations. A certified pharmacy technician authorized to participate in TCT will be trained in and maintain all the duties, activities, and work of registered and certified technicians. Additionally, the Checking Technician may be allowed to check medication orders filled by other certified technicians, limited to the following patient care situations:

- Refill medications, in which DUR has already occurred by a pharmacist
- New medications, in which DUR and data entry review has already occurred by a pharmacist

Each technician certified to check will have documented training and evaluation of necessary training. Each pharmacy location will determine examples of medications that will NOT be checked by technicians. This could include:

- Schedule II Controlled substances,
- Compounded medications, and
- Others as designated by PIC or staff pharmacists.

"Filling" Technician or Pharmacist-Intern

- Certified technicians filling prescriptions for the TCT program must be nationally certified and passed an audit of accurately filling prescriptions as established by a site's policy and procedures.
- Employed student interns must have at least 300 hours of experience working as a technician or intern, and at least 100 of the 300 hours must be at the current TCT location. Interns must pass an audit of accurately filling prescriptions as established by a site's policy and procedures.

"Checking" Technician Participation & Training

All of the following shall apply to a certified pharmacy technician authorized to be a "Checking Technician" at the participating pharmacy:

- National Certification: current and in good standing
- Iowa Registration: current and in good standing, and not currently subject to disciplinary charges or sanctions.
- Prior Experience: The checking technician shall work at the participating pharmacy full or part time and:
    a) Shall have at least 1,000 hours prior technician work experience at the TCT site and at least 1,000 hours of prior technician work experience at the current or previous pharmacy, successfully complete their necessary location-specific training, and then complete the TCT training (see below).
    b) If the technician has no prior technician work experience in a pharmacy, they shall work at least 2,000 hours at the pharmacy and successfully complete their necessary location-specific training, and then complete the TCT training (see below).

IPA/CEI Tech-Check-Tech CPE Modules

If a pharmacy will be implementing a Tech-Check-Tech program, the certified pharmacy technicians, pharmacist-interns and the pharmacists, shall receive specialized and advanced training as provided in policies and procedures, including training in the prevention, identification, and classification of medication errors. The training program for a certified pharmacy technician shall be didactic in nature and shall include successful completion (80%) of a competency test for each module.

- Pharmacists will be required to complete the first two modules listed, filling technicians and pharmacist-interns will complete the first three modules listed, and checking technicians will complete all the modules listed.
    a. Thinking about Tech-Check-Tech?
        i. State the need in the profession for a technician-managed distribution process
        ii. Describe the opportunities for pharmacists to provide clinical services
        iii. Review current regulations that govern Tech-Check-Tech programs
        iv. Review the principles of ASHP's New Practice Model Initiative and an example of state implementation
        v. Illustrate the case to pharmacy staff, upper management, and the Board of Pharmacy
    b. Tech-Check-Tech: A Step-by-Step Guide for Outpatient Pharmacy
        i. Illustrate the case to pharmacy staff, management, and Board of Pharmacy for Tech-Check-Tech
        ii. Recognize the steps needed to prepare and implement a Tech-Check-Tech program
        iii. Outline how a pharmacy monitors for quality assurance in a Tech-Check-Tech program
        iv. Formulate a sample job description for a pharmacy technician engaged in a Tech-Check-Tech program
        v. Review liability issues in a Tech-Check-Tech program
    c. Accuracy in the Outpatient Pharmacy: Preventing, Identifying and Classifying Medication Errors
        i. Recognize and classify common medication errors
        ii. Recognize the causes of medication errors
        iii. List ways to prevent medication errors
        iv. Recognize the importance of continuous quality improvement (CQI) in the pharmacy distribution process
        v. Describe the technician's role in CQI in the pharmacy
    d. Dosage Forms
        i. Identify the most common medication dosage forms
        ii. Describe the advantages and disadvantages of different medication dosage forms
        iii. Recognize the different routes of administration and the advantages of each
        iv. List ways to recognize and prevent dosage form dispensing errors
    e. Calculations Review
        i. Describe examples of common systems of measurement
        ii. Demonstrate the ability to convert units of measurement
        iii. Appropriately calculate the day's supply from a prescription order
        iv. Use percentages, ratios, and proportions to make accurate pharmaceutical calculations using mathematical skills reviewed in the activity

v. Solve common pharmacy calculations using mathematical skills reviewed in this activity
vi. Master specific math functions appropriate to practice setting

f. Advanced Review of Common Medications
   i. Group medications by pathophysiologic class using established stems (prefixes, infixes, & suffixes)
   ii. List common adverse effects and drug interactions
   iii. List common adherence challenges
   iv. Distinguish medications with similar generic names
   v. Recognize medications with multiple formulations

Responsible Individual

The "Pharmacist in Charge" or Pharmacy Manager at each participating pharmacy shall be ultimately responsible for the TCT program activities (unless otherwise noted). The PIC will be responsible for meeting TCT program training and validation requirements. The PIC will designate the staff pharmacists to supervise the activities of Checking Technicians. The entire staff, pharmacists and technicians, will be involved in collection of data for the program evaluation on a regular basis, reporting information to the PIC for analysis.

Staffing

Pharmacy staffing shall be adequate to ensure consistent and safe implementation and usage of the TCT program and will optimize pharmacist patient care services, which will have data collected and analyzed through the pharmacy's existing CQI process with variations as requested or demeaned necessary by the research team.

Records

The pharmacist in charge shall maintain in the pharmacy department records for each certified pharmacy technician authorized by the pharmacist in charge or responsible pharmacist to participate in the TCT program. The records shall be available for inspection and copying by the Board or its representatives and any other authorized agencies for two years beyond the term of the certified pharmacy technician's employment. The record summary (Technician Function Levels) shall include:

a. The name of the certified pharmacy technician.

b. The date the certified pharmacy technician completed the standardized training and site-specific evaluation for participation in the TCT program.

c. The date the certified pharmacy technician was authorized to participate in the TCT program and the specific TCT program functions and tasks the certified pharmacy technician is authorized to perform.

d. When the certified pharmacy technician is authorized to check the work of other certified pharmacy technicians, the date the checking technician completed the specialized and advanced training.

e. The dates and results of all competency evaluations.

f. The dates of and reasons for any suspension or revocation of the certified pharmacy technician's TCT program authorization, identification of corrective action or retraining completed, and date of subsequent reinstatement of the certified pharmacy technician's TCT program authorization.

g. The dates of and reasons for any disciplinary action taken against the certified pharmacy technician in connection with the certified pharmacy technician's performance of duties relating to the TCT program.

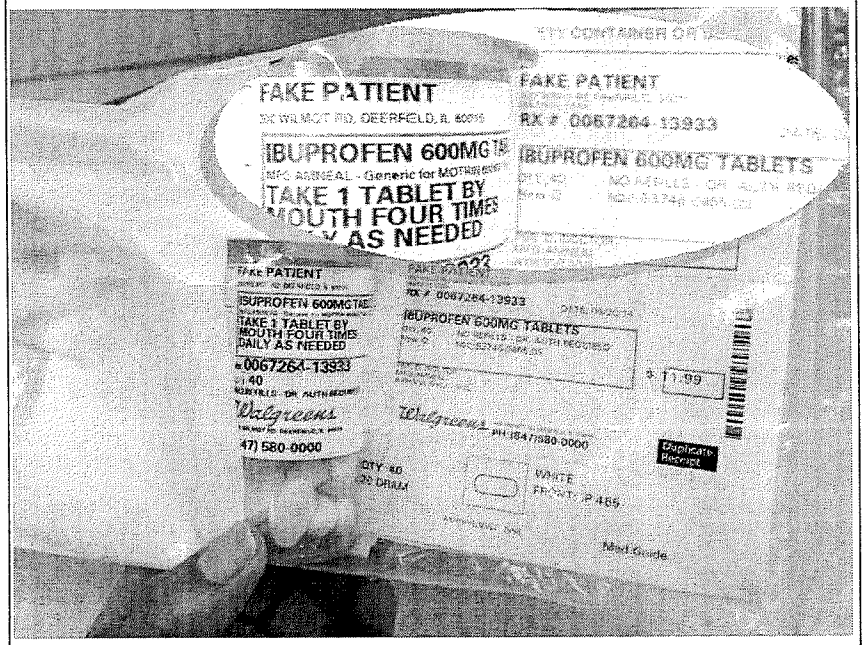
Evaluation of Program and Technicians:
Technician filling and checking responsibilities will be monitored daily. Errors will be documented for both filling and checking, and review of all errors will also be documented on this sheet by the PIC or responsible staff pharmacist. These sheets will be collected and data entered for bi-weekly review. The records will be maintained in the pharmacy for a minimum of two years.

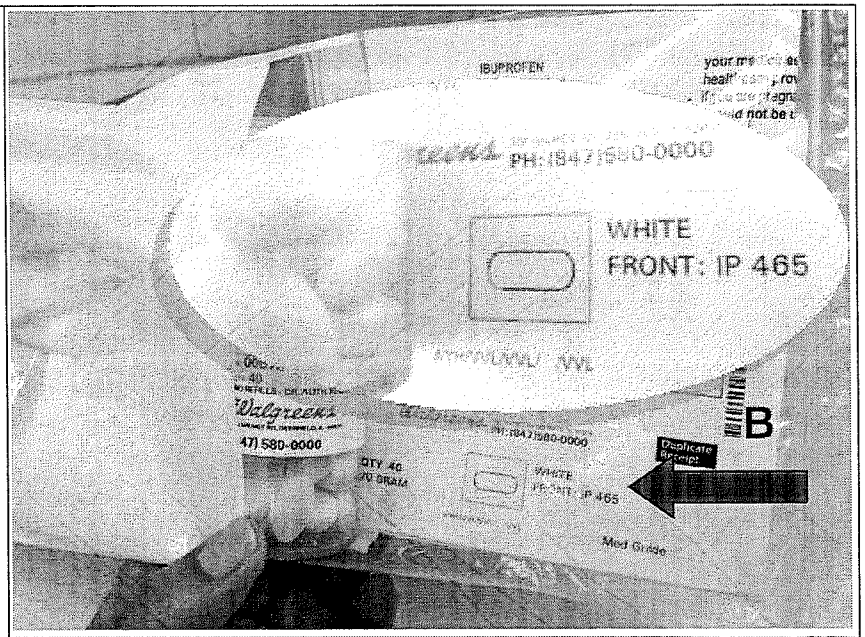
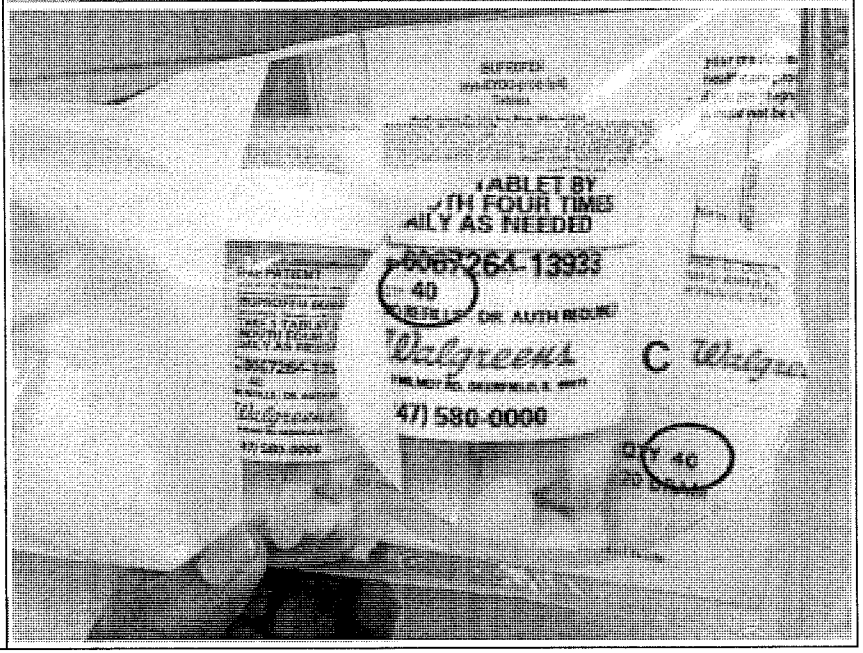
The implementation of the TCT program shall result in the redirection of pharmacists from distributive tasks to cognitive and patient care activities. The participating pharmacy will document these clinical activities and will collect and maintain these records for no less than two years following the date of the record. These records shall be updated at least semiannually.

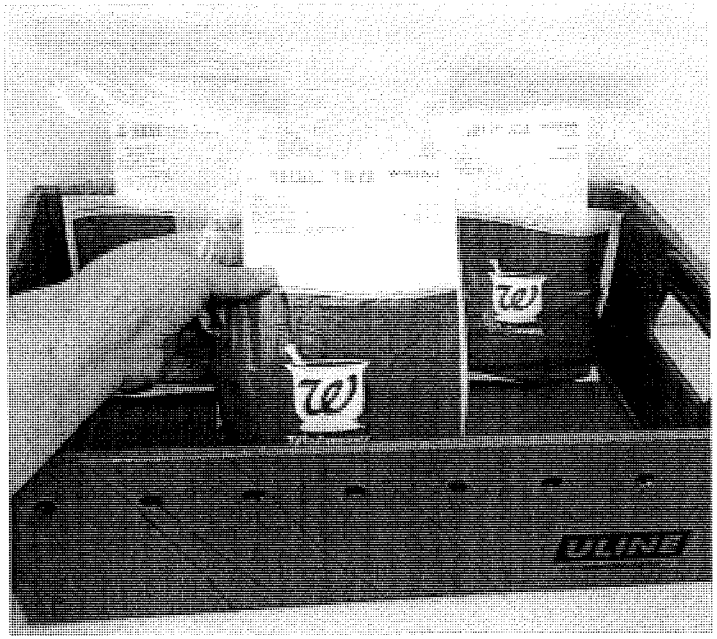
1. The PIC shall conduct continuous monitoring and evaluation of each Checking Technician to ensure the continued competency of the TCT program and the safety of the patients. Errors will be identified and records maintained following the pharmacy's quality measures, including variance tracking and reports, event analysis, follow up and education.
2. Specific evaluation of the TCT program will incorporate three measures:
    a. **Filling**: Review of errors identified by a Checking Technician or Pharmacist. The responsible staff pharmacist shall review with all certified pharmacy technicians involved with any errors identified during the evaluation of the filling process and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
    b. **Checking**: Periodic review and checking by the pharmacist of work checked (monthly to quarterly as designated) by the Checking Technician and identification and documentation of all errors not identified and corrected by the checking technician and shall discuss procedure and document the review on the daily monitoring sheet to ensure the errors are not repeated.
    c. **Review of errors** identified following release by Checking Technician or Pharmacist. The responsible staff pharmacist shall receive, evaluate, and review with all certified pharmacy technicians involved with any errors identified by a health care professional, a patient, or any individual following release of a drug by the checking technician. All such errors will be documented on the daily form AND recorded via the pharmacy's CQI program.
3. Periodic review and monitoring will be recorded on our Ongoing TCT Competency Evaluation Record.
4. Benchmarks will be identified by compiling and evaluating of the Technician QA Monitoring Daily Reports. Bi-weekly reports will be used to evaluate ongoing competencies, identify possible system modifications, provide data for continuing site specific education, and to establish need for any retraining.
5. Retraining will occur when a Technician or Checking Technician has an error rate significantly above the average for participating pharmacy's technicians. Error rate "outliers" will be determined by an excessive error rate in filling or checking over two consecutive bi-weekly periods OR if the technician's cumulative error rate significantly exceeds the average cumulative error rate. During the retraining period (of not less than two bi-weekly periods) a technician's work will be checked by a pharmacist – nor will the technician be allowed to check other technicians. Retraining will consist of a repeat competency evaluation in the area/s where excessive errors have occurred and potential repeat of didactic modules as appropriate. The PIC, with the input of staff pharmacists, will determine which sections, or all, of the training modules must be repeated.

Revised Date: 10/26/2014 **Process:** Final Product Verification of Tablets and Capsules Filled with the Retail Filling Process (RFP) **SOP number:** WAG.SOP.RX-020		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

PROCESS DESCRIPTION	This document provides the process for product verification of tablets and capsules for prescriptions filled with the Retail Filling Process (RFP).
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacist

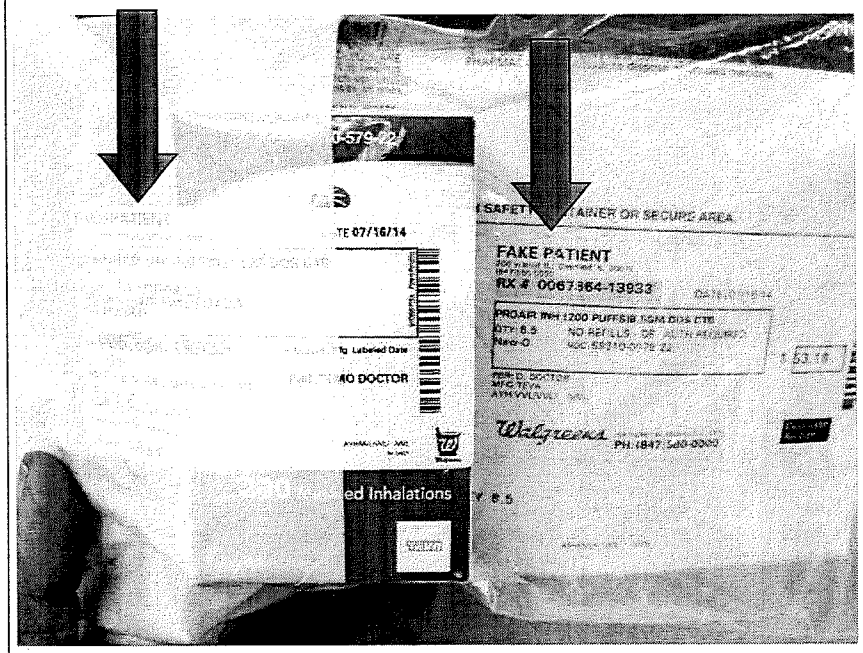
STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1. Verify the Patient Label with the Leaflet	A) Retrieve one prescription from the Quarantine Bin to begin final product verification. o For all prescriptions filled following the Retail Filling Process (RFP), the Pharmacist of Record must complete product verification. o Follow the Traditional Product Verification process for any prescriptions that could not be completed using RFP (ex. CII medications). o If dispensing a Target Drug, review and complete the Target Drug GFD Checklist B) Review the filled medication and the prescription leaflet through the clear side of the prescription bag. o If you are unable to verify the prescription while inside the bag, open the bag and vial as needed. C) Verify that the patient name on each patient label matches the patient name on the prescription leaflet. D) Verify that the medication name, strength, and dosage form on each patient label matches the medication name, strength, and dosage form on the prescription leaflet. E) If the patient name or medication name, strength, and dosage form does not match, remove the leaflet and medication from the bag and send the prescription back to the RFP technician for correction.	

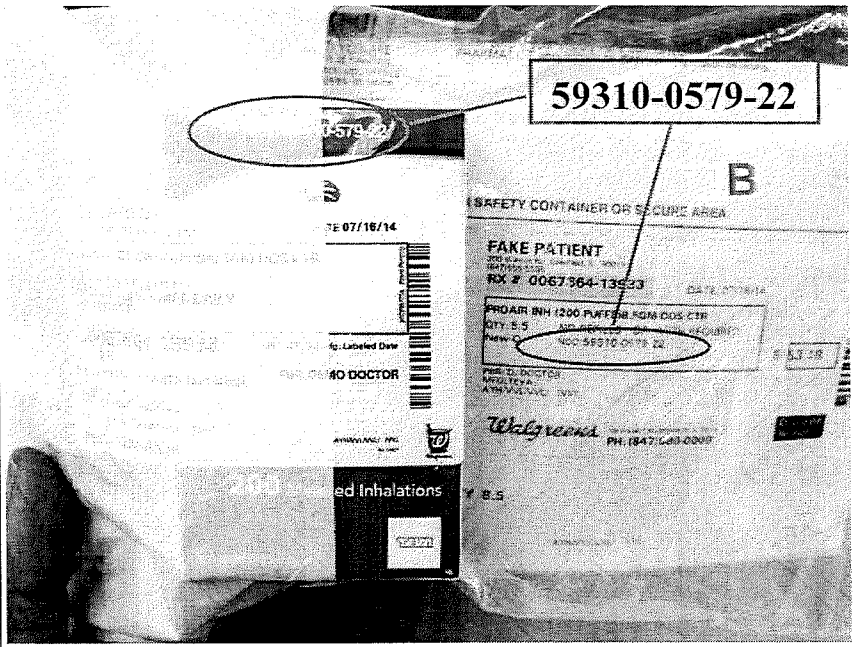
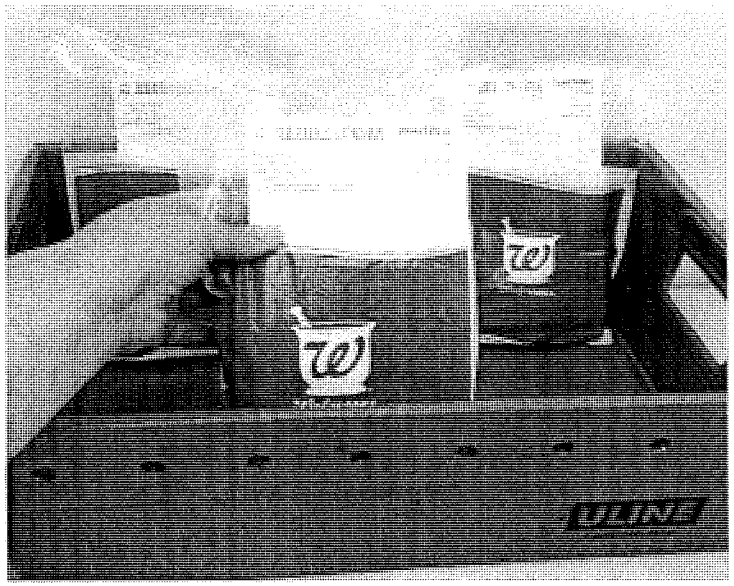
2. Verify the Product	A) If the prescription is a controlled substance, use professional judgment and follow DEA, federal, and state regulations to determine if the prescription should be dispensed. Follow GFD Policy and Procedure B) Verify that the markings, shape, and color of the medication in the vial match the drug description information section on the prescription leaflet. o If the medication is dispensed in a manufacturer stock bottle, verify that the NDC on each manufacturer stock bottle matches the NDC on the prescription leaflet. C) Ensure the quantity dispensed matches the quantity on the prescription leaflet. o If dispensing more than one vial or manufacturer stock bottle, ensure each patient label is marked 1/3, 2/3, etc. If not indicated, write this down on each patient label. D) If any of the dispensed medication's information does not match the information on the prescription leaflet remove the leaflet and medication from the bag and send it back to the RFP technician for correction. E) Verify that the medication is dispensed with a child resistant cap. If the leaflet indicates the patient's preference is SNAP cap, verify a SNAP cap is used. F) If applicable, complete hardcopy documentation requirements per federal and state regulations.	 

3. Complete Product Verification	A) Ensure all other required documentation is packaged with the prescription when indicated on the leaflet. o If a medication guide is required, ensure it is included in the bag. B) Using your clinical judgment, if you feel a consultation is necessary clearly write "See RPh" and the reason for the consultation on the front of the prescription leaflet. C) Place the verified sealed prescription bag in the green ready bin on the filling counter. o If the prescription is a refrigerated item, place in front of the green ready bin so the technician can file in the refrigerator. o Ensure the green ready bin is located on the filling counter in a location that is not patient facing and maintains the privacy and PHI of the ready prescriptions. D) Select the next prescription to perform product verification.	

Revised Date: 10/10/2014 **Process:** Final Product Verification for Unit of Use Items Filled with the Retail Filling Process (RFP) **SOP number:** WAG.SOP.RX-021		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

PROCESS DESCRIPTION	This document provides the process for product verification of unit of items filled with the Retail Filling Process (RFP).
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacist

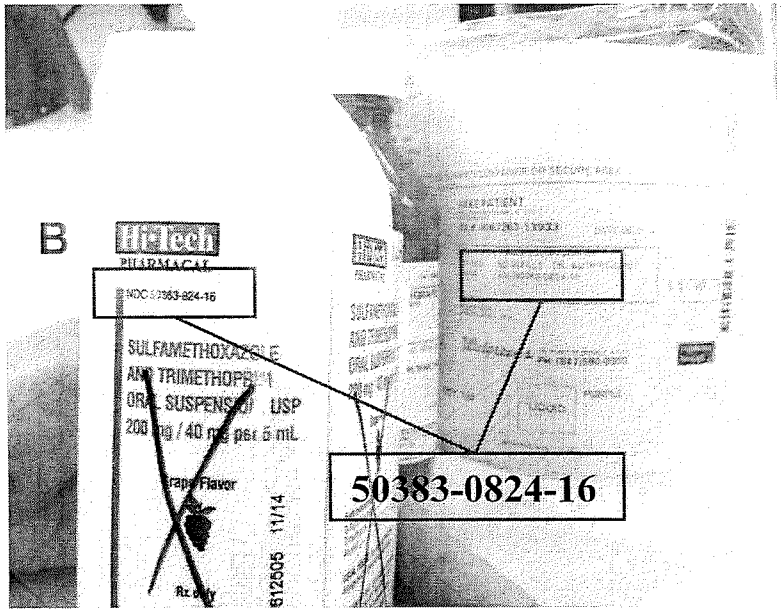
STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1. Verify the Patient Label with the Leaflet	A) Retrieve one prescription from the Quarantine Bin to begin final product verification. o For all prescriptions filled following the Retail Filling Process (RFP), the Pharmacist of Record must complete product verification. o Follow the Traditional Product Verification process for any prescriptions that could not be completed using RFP (ex. CII medications). ▪ If dispensing a Target Drug, review and complete the Target Drug GFD Checklist B) Review the filled medication and the prescription leaflet through the clear side of the prescription bag. o If you are unable to verify the prescription while inside the bag, open the bag as needed. C) Verify that the patient name on each patient label matches the patient name on the prescription leaflet. D) Verify that the medication name, strength, and dosage form on each patient label matches the medication name, strength, and dosage form on the prescription leaflet. E) If the patient name or medication name, strength, and dosage form does not match, remove the leaflet and medication from the bag and send the prescription back to the RFP technician for correction.	

2. Verify the Product	A) If the prescription is a controlled substance, use professional judgment and follow DEA, federal, and state regulations to determine if the prescription should be dispensed. Follow GFD Policy and Procedure. B) Verify that the NDC on each manufacturer package or stock bottle matches the NDC on the prescription leaflet. C) Ensure the quantity dispensed matches the quantity on the prescription leaflet. o If there are multiple packages or bottles, ensure each patient label is marked 1/3, 2/3, etc. If not indicated, write this down on each patient label. D) If any of the dispensed medication's information does not match the information on the prescription leaflet remove the leaflet and medication from the bag and send it back to the RFP technician for correction. E) Verify that the medication is dispensed with a child resistant cap if dispensing a manufacturer sealed bottle. If the leaflet indicates the patient's preference is SNAP cap, verify a SNAP cap is used. F) If applicable, complete hardcopy documentation requirements per federal and state regulations.	
3. Complete Product Verification	A) Ensure all other required documentation is packaged with the prescription when indicated on the leaflet. o If a medication guide is required, ensure it is included in the bag. B) Using your clinical judgment, if you feel a consultation is necessary clearly write "See RPh" and the reason for the consultation on the front of the prescription leaflet. C) Place the verified sealed prescription bag in the green ready bin on the filling counter. o If the prescription is a refrigerated item, place in front of the green ready bin so the technician can file in the refrigerator. o Ensure the green ready bin is located on the filling counter in a location that is not patient facing and maintains the privacy and PHI of the ready prescriptions. D) Select the next prescription to perform product verification.	

Revised Date: 10/26/2014 **Process:** Final Product Verification of Liquids Filled with the Retail Filling Process (RFP) **SOP number:** WAG.SOP.RX-019		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

PROCESS DESCRIPTION	This document provides the process for product verification of liquids filled with the Retail Filling Process (RFP).
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacy Team Members

STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1. Verify the Patient Label with the Leaflet	A) Retrieve the filled liquid prescription from the tote to begin final product verification. ○ For all prescriptions filled following the Retail Filling Process (RFP), the Pharmacist of Record must complete product verification. ○ Follow the Traditional Product Verification process for any prescriptions that could not be completed using RFP (ex. CII medications). ▪ If dispensing a Target Drug, review and complete the Target Drug GFD Checklist B) Review the filled medication and the prescription leaflet through the clear side of the prescription bag. ○ If you are unable to verify the prescription while inside the bag, open the bag as needed. C) Verify that the patient name on each patient label matches the patient name on the prescription leaflet. D) Verify that the medication name, strength, and dosage form on each patient label matches the medication name, strength, and dosage form on the prescription leaflet. E) If the patient name or medication name, strength, and dosage form does not match, remove the leaflet and medication from the bag and send the prescription back to the RFP technician for correction.	

2. Verify the Product	A) If the prescription is a controlled substance, use professional judgment and follow DEA, federal, and state regulations to determine if the prescription should be dispensed. Follow GFD Policy and Procedure. B) Retrieve the liquid stock bottle from the tote and verify that the NDC on the stock bottle matches the NDC on the prescription leaflet. o If the medication was filled with a "return to stock bottle", verify the medication name and manufacturer matches the information on the prescription leaflet. o Visually inspect the filled medication and compare it to the information contained on the prescription leaflet to help determine if the prescription was filled correctly. C) Ensure the quantity dispensed matches the quantity on the prescription leaflet. D) If any of the dispensed medication's information does not match the information on the prescription leaflet remove the leaflet and medication from the bag and send it back to the RFP technician for correction. E) Verify that the medication is dispensed with a child resistant cap. If the leaflet indicates the patient's preference is SNAP cap, verify a SNAP cap is used. o Ensure the cap is securely fastened to prevent any leakage. F) If applicable, complete hardcopy documentation requirements per federal and state regulations.	
3. Complete Product Verification	A) Ensure all other required documentation is packaged with the prescription when indicated on the leaflet. o If a medication guide is required, ensure it is included in the bag. B) Using your clinical judgment, if you feel a consultation is necessary clearly write "See RPh" and the reason for the consultation on the front of the prescription leaflet. C) Place the verified sealed prescription bag in the green Ready Bin on the filling counter. o If the prescription is a refrigerated item, place in front of the green Ready Bin so the technician can file in the refrigerator. o When needed, pass the liquid stock bottle to the technician to be returned to the shelf. o Ensure the green ready bin is located on the filling counter in a location that is not patient facing and maintains the privacy and PHI of the ready prescriptions. D) Select the next prescription to perform product verification.	

Letter of Commitment by Pharmacy State or National Senior Level Management

I understand that my role as a New Practice Model Participating Pharmacy is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, David Stauffer, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month. Those pharmacies who are unable to meet this standard will be reviewed quarterly for assessment of continuation in the pilot study.
- Provide adequate staffing as required to support the New Practice Model procedures. Those pharmacies who are unable to implement the procedures at least 60% of the time will be reviewed quarterly for assessment of continuation in the pilot study.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/17/16

Title Manager, Pharmacy and Retail Process Optimization

Letter of Commitment by Pharmacy Owner or Regional Supervisor

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Michael Fuller, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month. Those pharmacies who are unable to meet this standard will be reviewed quarterly for assessment of continuation in the pilot study.
- Provide adequate staffing as required to support the New Practice Model procedures. Those pharmacies who are unable to implement the procedures at least 60% of the time will be reviewed quarterly for assessment of continuation in the pilot study.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed [signature] Date 5/9/2016

Title Health Care Supervisor

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Kori Nagel, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Kori Nagel Date 5/14/16

Title Rxm

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Charles Comito, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/16/2016

Title Pharmacist

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Angela Taylor, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Angela Taylor Date 5/16/16

Title PD

Letter of Commitment by Licensed Pharmacist

I understand that my role as a New Practice Model Participating Pharmacist is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Julie Lindgren, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Julie Lindgren Date 5-20-16

Title R Ph.

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Mirela Lakovic, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed [illegible] Date 5/16/2016

Title tech

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Adam Morrison, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed _____ Date 5/14/16

Title Sr. Tech

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Jared Holliday, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed [signature] Date 5/16/16

Title Certified Pharmacy Tech

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Keisha Boles, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Keisha Boles Date 5/15/16

Title Pharmacy Tech

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Addyson Rosa, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Addyson J Rosa Date 5/14/16

Title Tech

Letter of Commitment by Certified Pharmacy Technician

I understand that my role as a New Practice Model Participating Pharmacy Technician is a significant responsibility and will make it a priority. I look forward to working with this team and, like the others, I, Tatjana Sevic, agree to:

- Support the Mission, Vision, Values and Goals of the initiative.
- Offer our expertise to help ensure the health and success of the initiative.
- Work with the rest of the pharmacy team to communicate the initiative to our most important audiences.
- Attend in person, by phone, or send a designee, to at least two-thirds of the meetings held each year I serve and, whether I attend or not, will continually communicate with the team and the main coordinator to ensure I understand all current affairs.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures. All data for each month will be electronically submitted within 10 days of the end of the month.
- Actively participate in all requests for our assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting the Iowa Pharmacy Association Foundation in this initiative.

Signed Tatjana Sevic Date 03/17/16

Title Pharm tech