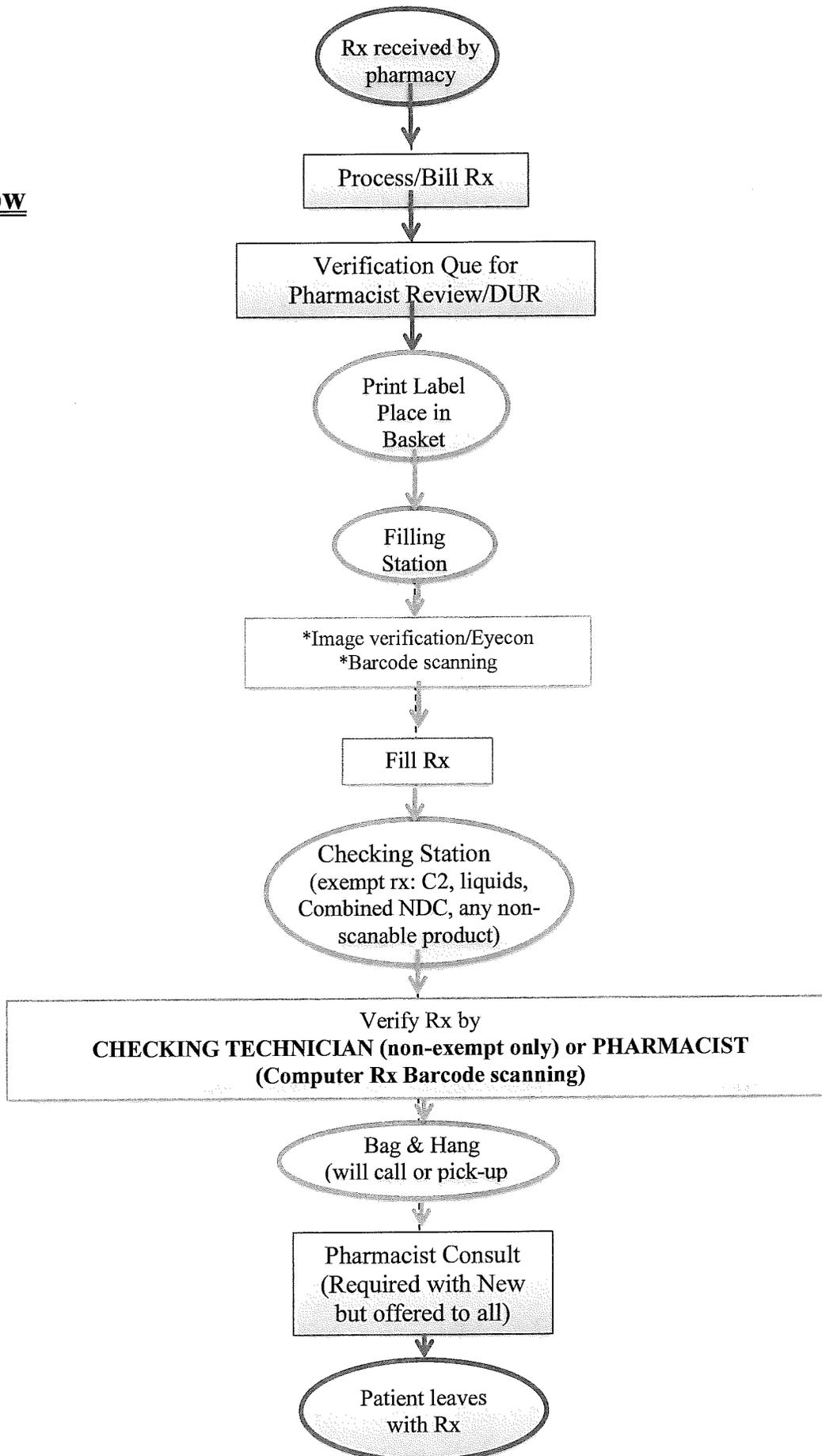


- My pharmacists have shared input on developing this proposal, and will continue to be engaged on training and supporting the technicians
- Our technicians have actively embraced this opportunity to further their careers and be even more actively involved in serving our patients as a member of the Medicap Pharmacy team.

TCT
Workflow



Appendix C

Certified Pharmacy Technician Training Requirements & Checklist

Pharmacy Staff Training Requirements & Checklist

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:

- 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 (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 deemed 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.

Appendix D

Computer Rx Verification Que

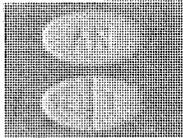
MARILYN TEST

NORTH CARE Nursing Home, Room No:
WEST DES MOINES, IA 50266

Age 66 DOB 01/01/1950

Current 0.00

ALLERGIES UPD:05/26/2015
NO KNOWN ALLERGIES



pink oval scored tablet
Imprinted with AN and 761 1.
Pink to light pink

WARFARIN IMG
65162-0761-10

Pkg Size 100 AWP 53.34
Dosage Form: Tab Reg. Mark 12-09 Direct 0.10
Code N/A Disp AWP 17.50
On Hand 344 N/A Disp Cost 0.03
Upd. 10/10/2014 Generic 06-30 Fee 46.32

Medication Class Brand COUMADIN IMG
Mfg AMNEAL

Pages Per Rx: 1

Rx on Page: 1

Patient: TEST, MARILYN

Rx Origin: 1 - Written Date Written: 06/07/2016

Drug: WARFARIN IMG

Quantity: 30 Disp Qty: 30 Monitor

TAKE 1 TABLET BY MOUTH EVERY DAY

Directions:

Day Supply: 30 Calculated Units / Day = 1.00

Refills: Refills Expire: 06/06/2017

Doctor:

DAW: 0 - No DAW Requested

Exp Date: 08/06/2016

Coverage: 1-ADVANCE ADV

Priority: 1=Today Units Per Day: 1

Filled By: Label Mfg

Price: 46.35 Price Code <F7> B Labels: 1

Fill <F12>

Profiles <F11>

Rx Notes <F3>

Patent <F4>

Drug <F5>

Cardholder <F6>

Use Generic <F9>

Price Code

Add/Edit Sig <F8>

DUR <Alt F6>

IOU <Alt F3>

AutoFill <Ctrl F12>

Physician Office Use

Hold

Exit

This is the computer entry screen. Normally, there would be either the e-script in the empty box on the left or a picture of the scanned hard copy. The prescription gets "entered" and then when "Fill <F12>" is hit, the prescription automatically goes to the verification que if there is no DUR. If there is a DUR, the DUR box will pop up (see next page).

MARILYN TEST WARFARIN 1MG

Warning Clinical Interactions

Drug / Description	Last Filled	Quantity	Comments	Reason
1 - 1mg Tablets, 90's				
WARFARIN 3MG	06/03/2016	30.00		Duplicate Therapy
2 - 10, 60, 90, 120, 150, 180, 225, 270, 300, 360, 450, 540, 600, 675, 720, 765, 810, 900, 990, 1080, 1170, 1260, 1350, 1440, 1530, 1620, 1710, 1800, 1890, 1980, 2070, 2160, 2250, 2340, 2430, 2520, 2610, 2700, 2790, 2880, 2970, 3060, 3150, 3240, 3330, 3420, 3510, 3600, 3690, 3780, 3870, 3960, 4050, 4140, 4230, 4320, 4410, 4500, 4590, 4680, 4770, 4860, 4950, 5040, 5130, 5220, 5310, 5400, 5490, 5580, 5670, 5760, 5850, 5940, 6030, 6120, 6210, 6300, 6390, 6480, 6570, 6660, 6750, 6840, 6930, 7020, 7110, 7200, 7290, 7380, 7470, 7560, 7650, 7740, 7830, 7920, 8010, 8100, 8190, 8280, 8370, 8460, 8550, 8640, 8730, 8820, 8910, 9000, 9090, 9180, 9270, 9360, 9450, 9540, 9630, 9720, 9810, 9900, 9990	04/21/2016	0.00		Anticoagulants/Ketorolac
AMOX/K CLAV 500MG	04/15/2016	0.00		Penicillins/Anticoagulants

3 Interactions

2 - Moderate Interaction 5 - Duplicate Therapy

Comments

Double click on an interaction for full detail
Comments may be added or edited by changing the comments on each line
Comments added in the box will apply to all lines without comments.

Fill <F12> Print List <F10> Cancel Fill Save Display

Fill <F12> Exit

If a DUR comes up during the input process, the filling technician is able to hit "Fill <F12>" but the DUR box remains empty. Hitting "Fill <F12>" allows the prescription to go to the verification que where a pharmacist will perform the DUR and/or hard copy check along with documentation in the DUR comment box. Computer Rx will not allow a prescription to have a final check with any empty DUR box. Something must be typed in the DUR box for product verification to occur. So, all prescriptions (those with and those without a DUR) go to the verification que and no labels will print until verification has been completed by a pharmacist. From this screen, you can click on the "reason" for the DUR and drug information comes up. This info can be printed or faxed to a provider if needed from this spot.

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MARILYN TEST
 NORTH CARE Nursing Home, Room No.
 WEST DES MOINES, IA 50266
 Age: 66 DOB: 01/11/1950
 Current: 0.00

ALLERGIES UPD: 05/26/2015
 NO KNOWN ALLERGIES

tan oval scored tablet imprinted
 with AN and 764 3. Tan to light
 tan

WARFARIN 3MG
 65162-0764-10
 Pkg Size: 100
 Dosage Form: Tab
 Code: 7643
 On Hand: 310
 Upd: 10/10/2014
 Medication Class: Mfg: AMNEAL
 Brand: COUMADIN 3MG
 AWP: 65.09
 Direct O: 10
 Disp AWP: 19.71
 Disp Cost: 0.03
 Fee: 49.01

Patient: TEST, MARILYN
 Rx Origin: 1 - Written
 Date Written: 06/07/2016

Bin Assignment
 Assign Pharmacy Use Only Bin
 Rx / Pok Slip: 1750055
 Bin Location: **Pharmacist DUR Check**

Doctor: [Redacted]
 DAW: 0 - No DAW Requested
 Exp Date: 08/06/2016
 Coverage: 1-ADVANCE ADV
 Priority: 1=Today
 Units Per Day: 1
 Filled By: Label Mfg
 Price: 49.04 Price Code <F7> B Labels: 1

X Exit
 Fill <F12>

Profiles <F11>
 Rx Notes <F3>
 Patient <F4>
 Drug <F5>
 Cardholder <F6>
 Use Generic <F9>
 Price Code
 Add/Edit Sig <F8>
 DUR <Alt F6>
 IOU <Alt F3>
 AutoFill <Ctrl F12>
 Physician Office Use
 Hold
 X Exit

As an added safety measure, we have the ability to flag prescriptions that have a DUR by assigning it to a bin (see above picture). This doesn't change the process, the prescription still goes to the verification que. It does make the prescription stand out in the verification que as needing DUR review. All prescriptions will still be reviewed by a pharmacist prior to label printing; but, this may help pharmacists prioritize prescription workflow in the verification que.

Label Print Workflow Queue

Rx Que | Scripts | Doc Called/Faxed | Print Rx Labels | Profit Watch | Rx Status | Rx's with DU | Rx's Not Picked Up

Date In	Time In	Priority	Default Pickup Method	Location	N/R	Patient	Drug	Qty	Status	Label Notes	Rx Notes
Click here to define a filter											
05/31/2016	09:23 PM	Tomorrow	Pickup		NEW		VITAMIN D 2009UNIT	30	PAID		
05/31/2016	09:24 PM	Tomorrow	Pickup	Pharmacist DUR Check	NEW	DOE, JANE	ACETAMINOPHEN 500MG	90	PAID		
06/07/2016	03:11 PM	Today	Pickup	Pharmacist DUR Check	NEW		ASPIRIN LOW 81MG EC	30	PAID		
06/07/2016	03:11 PM	Today	Pickup	Pharmacist DUR Check	NEW	TEST, MARILYN	AMOXIC CLAV 500MG	20	PAID		
06/07/2016	03:11 PM	Today	Pickup	Pharmacist DUR Check	NEW		KETOROLAC 10MG	30	PAID		
06/07/2016	03:11 PM	Today	Pickup	Pharmacist DUR Check	NEW		WARFARIN 3MG	30	PAID		
06/07/2016	03:13 PM	Bubble Pack	Pickup		REFILL	SMITH, JOHN	FERROUS SULF 325MG	30	PAID		
06/07/2016	03:14 PM	Waiting	Pickup		NEW	AUGUST, STEVE	HYDROCO/APAP 5-325MG	30	CASH		

Refresh (F5)

Remove From Que | Export | Print | Exit

View: Default | Global | + | -

This is a screen shot of the verification que. It shows when the prescription was entered, if it is a NEW or REFILL and prescriptions can be flagged by priority to help with workflow. They can be flagged as “waiting, today, tomorrow, sync fill, bubble pak, delivery, mail”. Also, “location” flags the prescriptions that were assigned to a bin as needing DUR during the filling process. If a prescription is not flagged for needing DUR but there is a DUR; the DUR will still appear and require a pharmacist to type a comment. The location flagging is again strictly for workflow efficiencies. This que can be sorted in a variety of ways to help with workflow as needed. It can be sorted by time entered, by pick-up priority, by new or refill, by DUR, by patient name, etc.

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Label Print Workflow Queue

Rx Que | Scripts | Doc Called/Faxed | Print Rx Labels | Profit Watch | Rx Status | Rxs with 100 | Rxs Not Picked Up

Date In	Time In	Priority	Default Pickup Method	Location	NJR	Patient	Drug	Qty	Status	Label Notes	Rx Notes
05/21/2016 09:23 PM		Tomorrow	Pickup		NEW		VITAMIN D 2000UNIT	30	PAID		
05/21/2016 09:24 PM		Tomorrow	Pickup	Pharmacist DUR Check	NEW	DOE, JANE	ACETAMINOPHEN 500MG	90	PAID		
06/07/2016 03:11 PM		Today	Pickup	Pharmacist DUR Check	NEW		ASPIRIN LOW 81MG EC	30	PAID		
06/07/2016 03:11 PM		Today	Pickup	Pharmacist DUR Check			KIK CLAV 500MG	20	PAID		
06/07/2016 03:11 PM		Today	Pickup	Pharmacist DUR Check			BROLAC 10MG	30	PAID		
06/07/2016 03:11 PM		Today	Pickup	Pharmacist DUR Check			FARIN 3MG	30	PAID		
06/07/2016 03:13 PM		Bubble Pack	Pickup				ROUS SULF 325MG	30	PAID		
06/07/2016 03:14 PM		Waiting	Pickup		NEW	AUGUST, STEVE	HYDROCO/APAP 5-325MG	30	CASH		

Click here to define a filter

Refresh <F5>

Remove From Que | Export | Print | Exit

In the verification que, the pharmacist chooses a prescription and right clicks on it and then clicks on "quality check prescription(s)". This brings up the DUR, patient profile, refill history and hard copy verification screens for all pharmacist clinical checking, adherence monitoring, DUR, etc. The label will be printed from this screen after verification has been completed. ONLY pharmacists will be printing labels with NPM phase 3; so, pharmacists will review all prescriptions both new and refill prior to a label printing and prior to entering the filling workflow. Mirixa and Outcomes are also tied to Computer Rx and pharmacists can easily access these platforms during this process as well. So, during the DUR review & label printing, the pharmacist can look to see if the patient is in need of additional clinical services such as an adherence check or MTM; and of course, they should be reviewing immunization status and needs during the profile review. The pharmacist will also take labels off the printer and place in baskets for filling along with any notes such as "needs counsel", "fridge", etc. We have a variety of laminated, color coded notes for these workflow flags/efficiencies. Computer Rx also has a flag setting where we can turn on a counseling requirement for all new prescriptions. During checkout at the register, a hard halt box will pop up saying "needs pharmacist counsel" for all new prescriptions. We will be turning on this feature as an added safety feature. This way, if we accidentally miss putting a new rx counsel tag in a basket, the prescription will still be flagged at pick-up, alert the cashier that the pharmacist needs to counsel the patient & stop the transaction. At the register, to complete the transaction, the clerk will have to choose "declined", "waiting" or "completed". This information is documented and reportable. We feel that this process will enhance safety and patient care as it puts the pharmacist more directly involved in the "clinical" areas of dispensing and will give them more time to do this as they will be spending less time checking product. Also, turning on the mandatory counseling flag setting in Computer Rx will help us ensure that all new prescriptions get counseled before leaving the pharmacy. Our pharmacists use the show & tell counsel method as well.

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Drug / Description	Last Filled	Quantity	Comments	Reason
1 - Moderate Interaction				
WARFARIN 3MG	02/09/2016	30.00	dr checking inr in 5 days cschmit	Penicilins/Anticoagulants
WARFARIN 5MG	11/20/2015	120.00	dr checking inr in 5 days cschmit	Penicilins/Anticoagulants
WARFARIN 3MG	06/07/2016	30.00		Penicilins/Anticoagulants

3 Interactions

2 - Moderate Interaction

Comments
dr checking inr in 5 days cschmit

Double click on an interaction for full detail

Comments may be added or edited by changing the comments on each line

Comments added in the box will apply to all lines without comments.

Verify <F12>
 Print List <F10>
 Exit
 Save Display

The pharmacist types a comment with explanation and the name of the pharmacist in the comment box. This box with comments will show up every time the prescription is dispensed. The final product verification cannot be completed if this box is empty. This comment box also shows up in an edits log so it is reproducible. Checking technicians have been trained to look at this box and make sure that there is appropriate documentation by a pharmacist in this box. This documentation box basically serves the same purpose as when we use to “hand write” clinical documentation notes on the hard copy of a prescription but is better in that it automatically shows up every time the prescription goes thru the filling process.

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PHARMACIST VERIFICATION - ADAM DANIELSON

Patient Notes <All T>
ALG. PENICILLINS,
QUINOLONES

white oblong film-coated tablet Imprinted with 93 and 2274.
Ricinivex

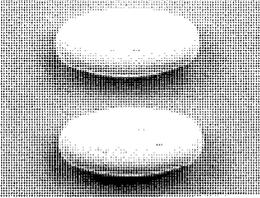
Drug: AMOXIK CLAV 500MG
 Patient: TEST, MARILYN
 DOB: 01/01/1950 Age: 66 NDC: 00093-2274-54
 Doctor: TESTPRESCRIBER ** DEA481234567
 Orig. Qty: 20 Phoned In on 04/15/2016 OnHand: 0
 Qty: 20 Day Supply: 10 Refills: 0 DAW: 0
 TAKE 1 TABLET BY MOUTH TWICE DAILY

Cost: 7.54 Total Pd: 85.69 Net Fee: 78.15

Label Note:

Rx: 675931900 Input By: ADAM DANIELSON

NDC:



Rx has a DUR Override

New Rx
1/15/16



We'll always make time for you.

FOR: Marilyn Test 1/1/50

ADDRESS: _____ DATE: 4/15/16

Amoxicillin/KClav 500mg
#20
1 po Bid

DISPENSE AS WRITTEN
REFILL: 0 TIMES
DR. Test Prescriber PHONED IN BY: Sharon LeRN
DEA No. 222-1111 ADDRESS: _____
MCI 15X-01 DANFEN CO., INC. • (800) 373-7162

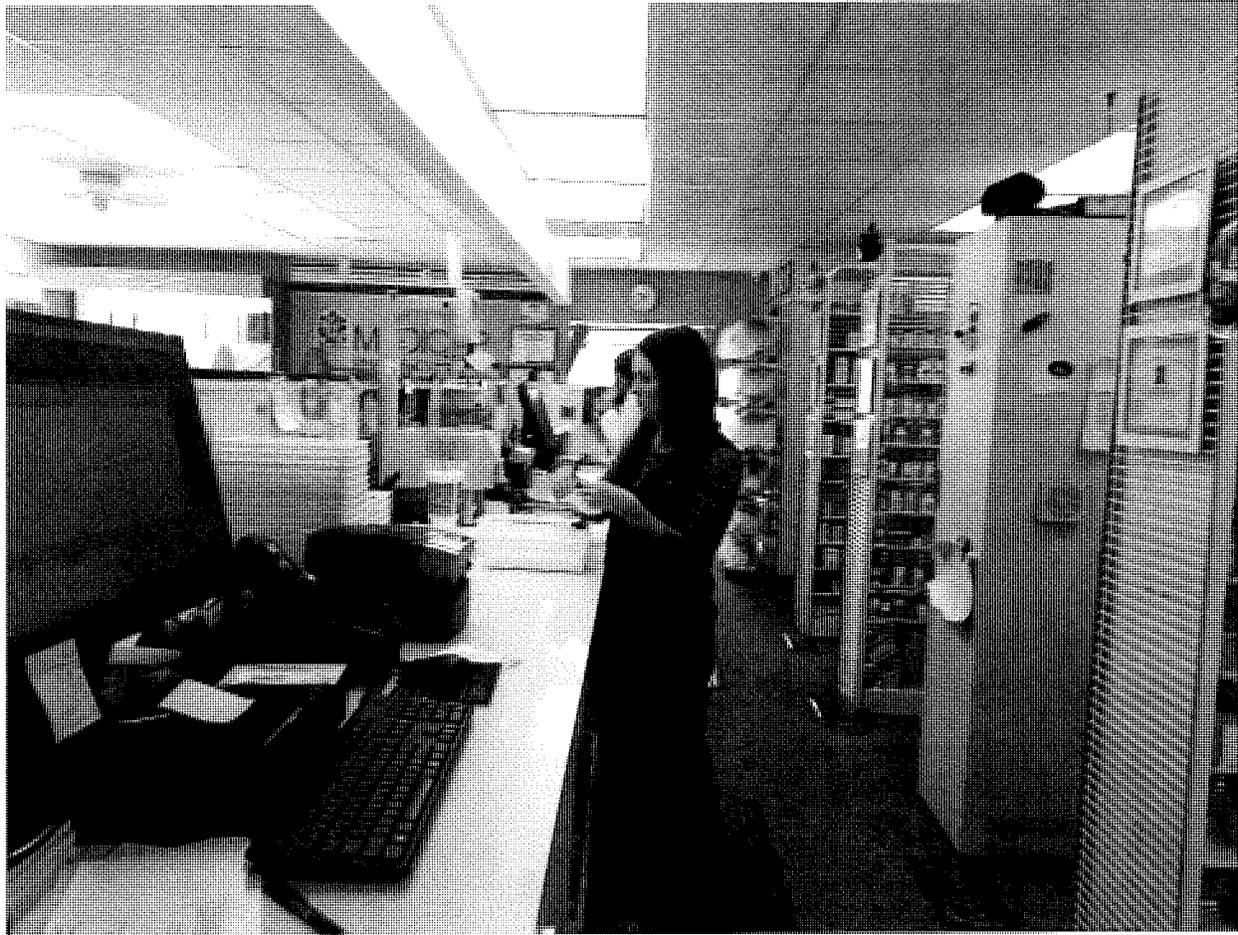
* Fill Date	Checked	Rx Number	On Hold	Drug	Patent	Adherence %	Phone	Status / Bin	Pkg List	IOU Qty	IOU Message	Doctor Notified	New Pk	Primary Ins
06/07/2016	<input type="checkbox"/>	6759397	<input type="checkbox"/>	KETOROLAC 10MG	TEST, MARILYN			Pharmacist DUR Check	<input type="checkbox"/>	0		<input type="checkbox"/>	<input checked="" type="checkbox"/>	ADVANCE ADV \$0.00
06/07/2016	<input type="checkbox"/>	6759396	<input type="checkbox"/>	WARFARIN 3MG	TEST, MARILYN	100%		Pharmacist DUR Check	<input type="checkbox"/>	0		<input type="checkbox"/>	<input checked="" type="checkbox"/>	ADVANCE ADV \$0.00
06/07/2016	<input type="checkbox"/>	6759319	<input type="checkbox"/>	AMOXIK CLAV 500MG	TEST, MARILYN			Pharmacist DUR Check	<input type="checkbox"/>	0		<input type="checkbox"/>	<input checked="" type="checkbox"/>	ADVANCE ADV \$0.00

This screenshot shows the pharmacist hard copy verification screen. As you can see, the original hard copy (or escript) shows up on the right. On the left, the pharmacist checks boxes for required components of the hard copy verification. The pharmacist can also view the patient's profile from here by pressing "F11" as well as being able to see the dispensing history of the prescription. If they want to view the DUR comment or interaction, they can do so by clicking the "View DUR information" button in the center of the screen. A picture of the product shows up here and also in the product verification screen. Other prescriptions being filled today show up in the bottom portion of the screen.

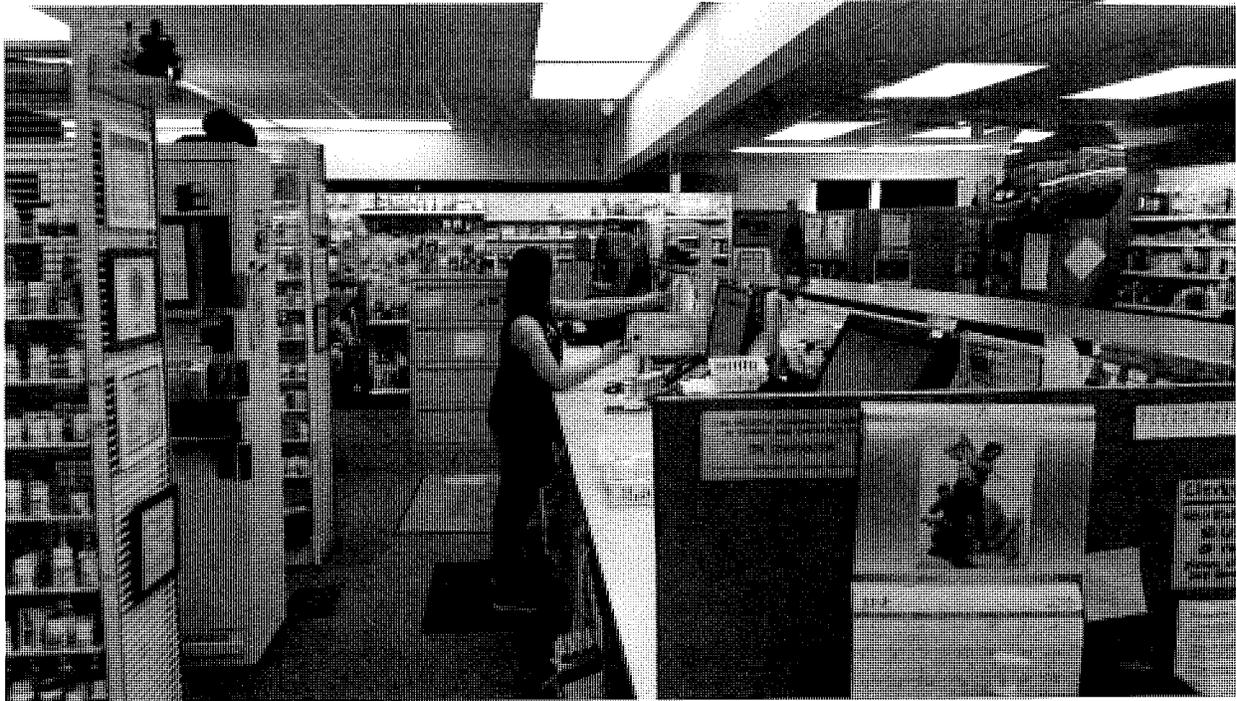
The final verification screen looks similar to this one. The checking tech or pharmacist would scan the label barcode and this screen would come up. The DUR box would pop up and if populated, they could hit F12 to continue. If not, a DUR would need to be entered. Once the DUR box is gone, the NDC barcode from the bottle is scanned. If correct, you are allowed to proceed. If not, a warning message that the NDC does not match pops up. Again, a picture of the product shows up for visual verification. Our checking policy & procedure requires bar code scanning, visual product verification and comparing and circling the middle 4 NDC#'s on the tag. Then the vial label gets initialed by the "checker".

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Appendix E Workflow Pictures



This picture shows our workflow and counter. The picture is taken from in the input computer/drop off location. Prescriptions are entered from this first computer, labels are printed & placed in the appropriately colored basket and then sent down the line for filling/checking/bagging. In the center is the “filling” area. Technicians use Eyecon (show on the countertop with the tech) or the Scriptpro robot which is directly behind the tech. Filled prescriptions are placed in the basket and passed down the line to the checking area. We have remodeled/restructured the pharmacy to have 2 distinct checking areas. One will be a technician checking/bagging area and the other is the pharmacist checking/bagging area. With phase 3, the pharmacist checking area will be used for verification que and DUR. The pharmacist is also at the end of the dispensing counter to do DUR and patient counseling.



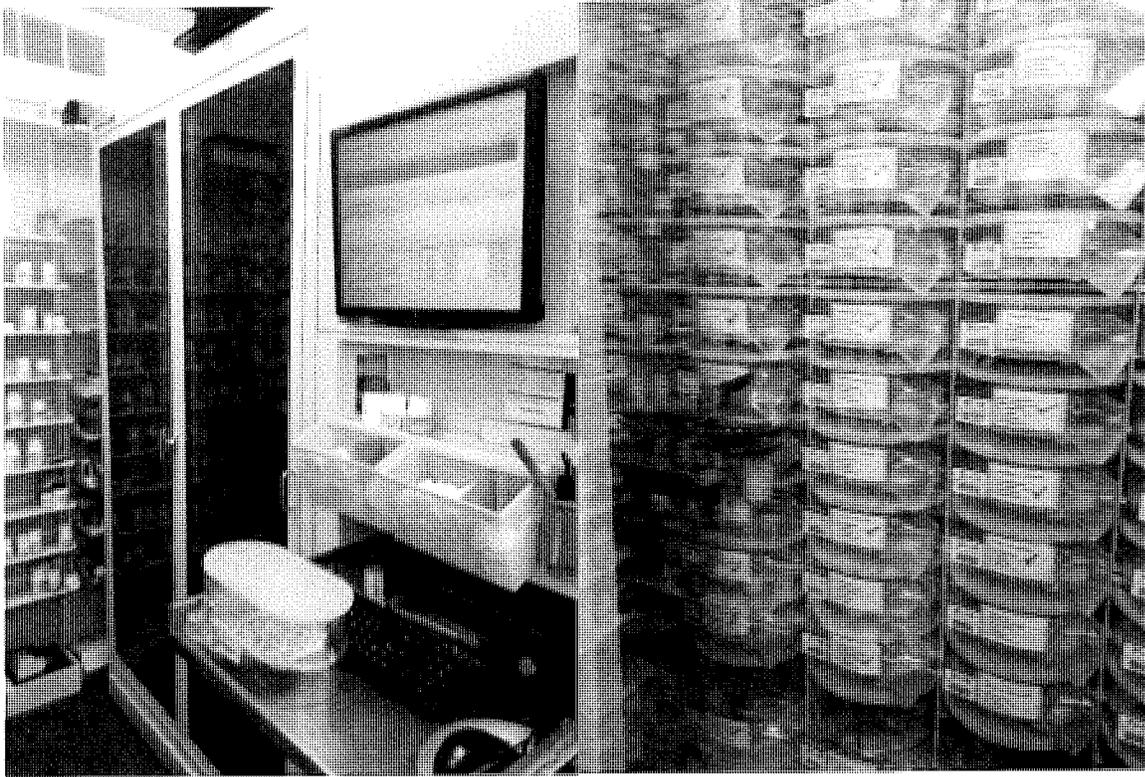
This picture shows the workflow and counter from the pick up end. You can see the input station in the distance. A technician is standing at Eyecon which is the “filling” area. To the right of the technician is the technician “checking” computer station. And finally, the last computer station is currently the pharmacist checking/DUR station. With phase 3, it is possible that we will flip the two computer checking stations and put the DUR/verification que pharmacist directly to the right of the Eyecon and the checking technician all the way at the end furthest away from entry. We will have to play with the workflow and see which way is most efficient and works best.



This pictures shows the end of the dispensing counter with the pharmacist checking station at the end. The pharmacist can also perform DUR from here and is readily available to counsel patients picking up medications. With the new workflow, the pharmacist will be able to perform DUR and other clinical services from this computer then print labels. The printed labels will still be placed in a basket on proceed down the workflow counter. We may decide once practicing this workflow that it is more efficient to move the pharmacist verification/DUR on station to the left and place the checking technician where the pharmacist is currently standing.



This picture shows a pharmacist work station that is NOT on the dispensing counter. This area is used for clinical services and helping out with DUR/checking when busy. We use this station for clinical sync fill, IRIS, Prescribe Wellness (adherence/sync fill platform), MTM documentation, etc. This station is located directly behind the input computer station and is tucked out of the way of the normal workflow and pharmacy traffic.



This pictures shows the ScriptPro robot. The picture on the left is a view of the outside of the robot. It shows a cell sitting to be filled as well as the computer screen that is utilized for all verification/inventory/filling functions. The picture on the right shows an inside view of the cells in the cabinet with a prescription being filled.

The robot requires access from the front of the cabinet only, allowing shelving to be placed against the remaining three sides of the unit. A built-in workspace gives staff a convenient place for cell replenishment and overflow storage.

CRS 150 interfaces with the pharmacy management system to fill, label, and deliver up to 150 prescriptions per hour. The system contains 150 universal dispensing cells, which are easily calibrated on-site by pharmacy staff. It has two bulk load vial dispensers and supports a wide variety of vial types and sizes. Because the system fills directly from the dispensing cell into the vial, there is no drug cross-contamination. CRS 150 prints and applies the prescription and auxiliary labels, and delivers uncapped vials for final inspection and on-screen drug image verification.

Barcodes are used throughout the process for accuracy and quality control. Pharmacy staff manages the dispensing process from prescription entry to verification of the finished product.

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, Greg Johnson, 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 Greg Johnson Date 5-9-16

Title President

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, Karen K. Merrill, 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.
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- 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 Karen K. Merrill Date 05-09-2016

Title Vice President Operations

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, Kristen McKibban, 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.
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- 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 5/10/16

Title Director of Pharmacy

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, Chris Schmit, 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.
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- 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 Chris Schmit Date 5-9-16

Title Clinical coordinator

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, Shanne Zwanziger, 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 Shanne Zwanziger Date 6/10/16
 Title pharmacist in charge

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, Natalie Lappe, 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.
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- 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 Natalie Lappe Date 6/10/16

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, Nancy Bruce, 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.
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- 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 Nancy M Bruce RPh Date 6/10/16

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, Maric Todd, 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.
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- 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 Maric Todd Date 6-10-16

Title 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, Anika Jackson, 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.
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- 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 Anika Jackson Date 6/9/16

Title Tech in Training

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, Nevin Radechel, 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.
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- Complete all necessary training and education as required
- Provide support for all data collection procedures.
- 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 Nevin W Radechel Date 06/10/16

Title Certified 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, Tanika Sterling, 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.
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- 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 Tanika Sterling Date 6/9/16
Title Certified 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, Adam Danielson, 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.
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- 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 6/9/16
Title CPT

ScriptPro®

Technology Evaluation Guide

*Volume I: Robotic Prescription
Dispensing Systems*

Dear Colleague:

Community pharmacies dispense billions of prescriptions in the U.S. every year. They continue to be the most accessible source of healthcare products, services, and information.

Today, many community pharmacies face serious challenges that threaten profitability and operational stability. Prescription profit margins are being squeezed from every possible direction. Unfair tactics are diverting prescriptions to mail order where patients forego the personal interaction with their pharmacist that is so vital to whole health outcomes. Qualified pharmacists and pharmacy technicians are in short supply and are often forced to work with inefficient and antiquated systems. Stress on pharmacy staff is severe, and job dissatisfaction and burnout is becoming more common. Dispensing errors are occurring at an unacceptable rate.

On the positive side, there are many outstanding opportunities for motivated community pharmacy operators. The healthcare needs of society are growing and people are looking for more complete approaches to their health and well being. Today's pharmacy customers are looking for information and suggestions from their pharmacist, not just about their prescriptions, but also regarding a wide range of complementary healthcare products. When these dialogues occur, more products are sold, there is a growing base of satisfied customers, and profits increase for the pharmacy. This is what every retailer wants.

ScriptPro's sole business is providing powerful systems to help community pharmacies meet operational challenges and capitalize on the many opportunities for growth and profit. In 1994, ScriptPro began developing the first robot for community pharmacy prescription dispensing. Today, thousands of installations worldwide have demonstrated that robotics is a powerful solution for this industry. Robotic technologies have the potential to reduce operating costs, reduce errors, increase the efficiency and professional satisfaction of pharmacy staff, and provide the time for quality interaction with patients. This is a proven recipe for success. A technology revolution is now underway.

ScriptPro offers this *Guide* to help pharmacy executives evaluate robotics, the heart of the technology revolution in community pharmacy. Important safety, accuracy, and reliability features of dispensing robots are examined. The service and support that pharmacy operators need and should expect from technology providers is also addressed.

We hope that you will find this *Guide* helpful in making informed decisions as you evaluate and implement robotic systems to meet your long-term prescription dispensing needs.

Sincerely,



Michael E. Coughlin
President and CEO
ScriptPro

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Focus on Robotics

The ScriptPro *Guide* is intended to serve as an executive reference guide for evaluating operational technologies for community pharmacies, particularly robotic prescription dispensing systems. Robotic systems provide the highest level of automation. These are systems that perform complete tasks, unattended. For example, a robotic system automatically selects a prescription vial, counts tablets or capsules into the vial, labels the vial with patient, drug, and dosing information, and presents the finished product to a pharmacist or pharmacy technician for dispensing. Economic analysis and real life experience have shown that partially automated systems requiring personnel to operate, such as pill counting systems, have limited value for pharmacies that dispense a large number of prescriptions. Robotic systems, performing complete tasks without the assistance of personnel, are the most cost effective way to dispense prescriptions in busy pharmacies.

The following are some important factors to consider in selecting a robotic prescription dispensing system and the automation vendor that stands behind it. ■

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Dispensing Safety and Accuracy

This is a list of important safety and accuracy questions to be considered in evaluating the design of a robotic prescription dispensing system. ■

Key Questions	ScriptPro
<p>1. Is the drug cross-contamination risk absolutely avoided? Note: A system that uses a common delivery chute, counting device, or one that expels pill dust onto adjacent medication cells may endanger patients that have drug allergies or that otherwise need to avoid a particular drug.</p>	✓
<p>2. Does the system avoid using ambient air to manipulate the pills or force them through a counting orifice? Note: If pressurized ambient air comes in contact with the pills, it must be filtered. This necessitates the changing of filters and introduces risks if filters are not changed or cleaned on a timely basis.</p>	✓
<p>3. Does the system require positive barcode scan and operator identification during all drug replenishment, return-to-stock, and verification tasks?</p>	✓
<p>4. Does the system automatically print auxiliary warnings on the label?</p>	✓
<p>5. Can the system print auxiliary warnings on the label in Arabic, Chinese, English, French, and Spanish?</p>	✓
<p>6. Does the system automatically print a line drawing and description of the drug on the label?</p>	✓
<p>7. To ensure accuracy, does the system display images of the drug during all replenishment, return-to-stock, and verification functions?</p>	✓
<p>8. Is the drug information used by the system updated automatically with new brand and generic drugs, including drug and package images and auxiliary warning label requirements?</p>	✓
<p>9. Does the drug information database include multiple drug versions so that positive drug identification is possible when multiple versions of the same NDC are in use?</p>	✓
<p>10. Are drug information updates performed automatically by the vendor? Note: Manual updates are time consuming to perform and may not be reliably kept up-to-date.</p>	✓
<p>11. Can the automation vendor provide independent studies to verify the end-to-end accuracy of its system operating in a community pharmacy?</p>	✓
<p>12. Does the system label partial fills correctly? Note: A vial that is labeled prior to filling puts you at risk for a mislabeled partial fill going out the door.</p>	✓

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Other Key Design Issues

Here are other important features to look for in evaluating the design of a robotic prescription dispensing system. ■

Key Questions	ScriptPro
<p>1. Are drug cells “universal” - i.e. can they handle all tablets and capsules with simple on-site adjustments by pharmacy staff?</p> <p>Note: Factory calibrated drug cells must be sent out for recalibration when drugs change. There is often an extra charge for this.</p>	✓
<p>2. Does the counting mechanism avoid abrasive handling of the drugs?</p> <p>Note: Tablets and capsules can be damaged by high-pressure air handling and high speed singulation through die slots. Broken tablets and excessive pill dust indicate problems.</p>	✓
<p>3. Does the system provide a work area for replenishment?</p>	✓
<p>4. Will the system accommodate the major vial makes and models, including the newer cognitive and reversible safety cap designs?</p>	✓
<p>5. Can the system hold at least 500 vials when fully loaded?</p> <p>Note: The system should not require vial dispenser refilling during the busy part of the day.</p>	✓
<p>6. Does the system function without requiring air filter changes?</p> <p>Note: Systems utilizing air pressure may require HEPA air filters to avoid drug contamination. Check on the cost of these filters and frequency of changes.</p>	✓
<p>7. Does the system deliver the prescription vial uncapped?</p> <p>Note: Capped vials must be manually uncapped for pharmacist inspection.</p>	✓
<p>8. Do cell calibration screws lock in place to prevent drifting?</p> <p>Note: Cell calibration screws that do not lock are subject to movement which could affect the counting accuracy of the robotic system.</p>	✓

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Other Key Design Issues

(continued)

Key Questions	ScriptPro
<p>9. Do the medication cells hold up to 1,900 cc's of drugs?</p> <p>Note: If the medication cells are too small, the system will require cell refilling during the busy part of the day.</p>	✓
<p>10. Will medication cells typically hold the contents of a stock bottle?</p> <p>Note: If medication cells will not hold the contents of a typical stock bottle, users may have to count out tablets or capsules from the stock bottle to add to the cell.</p>	✓
<p>11. Can the system dispense large and chalky tablets without breakage and excess pill dust?</p> <p>Note: When compressed air or vacuum pressure is used to dispense large and chalky tablets, pill dust may be generated and can cause cross-contamination and corrosion of system electronics.</p>	✓
<p>12. Does the system have a small operational footprint?</p> <p>Note: Operational footprints include working space for system operation. Systems that require access from three sides have a larger operational footprint.</p>	✓
<p>13. Does the robot design allow users to easily access internal parts for troubleshooting and cleaning?</p>	✓
<p>14. Are all prescriptions viewable and retrievable from a comfortable height?</p>	✓
<p>15. Are system reports available to assist with inventory management?</p>	✓

ScriptPro Technology Evaluation Guide

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Service and Support

A robotic prescription dispensing system becomes an integral part of the pharmacy operation and must be dependable. Here are some service and support questions to be addressed. ■

Key Questions	ScriptPro
<p>1. Is the system sold, manufactured, and supported by the same company?</p> <p>Note: If multiple vendors are involved, each should be checked out and responsibilities must be clearly defined.</p>	✓
<p>2. Does the vendor provide a call center for problem resolution 24x7, including holidays and weekends?</p> <p>Note: Pharmacies that depend on robotic systems require support during all hours of operation.</p>	✓
<p>3. Is service and support all-inclusive “bumper-to-bumper” coverage for a fixed monthly payment?</p> <p>Note: Per-incident service charges may lead to unpredictable operating costs.</p>	✓
<p>4. Are software updates and upgrades, including maintenance of the software interface to other systems, included in the fixed monthly payment?</p> <p>Note: Robotic systems must interface with other systems. Requirements for interface to other systems sometimes change without advance warning.</p>	✓
<p>5. Are software interface changes implemented directly by the vendor?</p> <p>Note: Manual software upgrades and interface changes may not be reliably implemented by pharmacy staff. Failure to maintain software may cause errors or disable the robotic system.</p>	✓
<p>6. Can the vendor provide references to show a consistently high level of support to a large and diversified customer base including institutions, large chains, regional chains, and independents?</p>	✓

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Implementation

A robotic prescription dispensing system can automatically fill and label over half of the pharmacy's prescriptions. Its positioning in the workflow should be carefully planned. Installation must be quick and efficient to avoid interruption of the pharmacy's ability to serve patients. Implementation is not complete until all users are trained and the system is fully loaded. ■

Key Questions	ScriptPro
1. Will the robotic system vendor assume total responsibility for implementation planning and execution?	✓
2. Does the vendor perform on-site workflow and software interface analysis prior to installing the system?	✓
3. Can the vendor demonstrate a working software interface prior to delivery of the system?	✓
4. Will the system be installed and training begin immediately upon arrival at the site?	✓
5. Will vendor personnel remain on-site until all users are trained and all drugs have been loaded?	✓
6. Does the vendor offer weekend training?	✓

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Software Interface

The robotic prescription dispensing system receives its dispensing instructions from the pharmacy management system. The interface must be maintained at all times or the robot will not work. ■

Key Questions	ScriptPro
1. Will the robotic system vendor take total responsibility for implementing the initial software interface? Note: If support is required from the pharmacy management system vendor, this should be arranged in advance.	✓
2. Will the robotic system vendor take total responsibility for maintaining the software interface? Note: If not, continuing support will be required from the pharmacy management system vendor.	✓
3. Can the robotic system vendor maintain the software interface via remote access?	✓
4. Are all software interface changes included in the fixed monthly support payment?	✓
5. Can you verify that the robotic system is currently interfacing successfully with your pharmacy management system in other pharmacies?	✓

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Company and Product Orientation

The robotic prescription dispensing system depends on the company that stands behind it. Technology decisions have a long-term impact on the pharmacy. ■

Key Questions	ScriptPro
<p>1. Is pharmacy automation the vendor's core competency?</p> <p>Note: Pharmacy automation companies that are controlled by drug wholesalers may be using dispensing technology as a loss leader to secure drug supply contracts.</p>	✓
<p>2. Is the pharmacy automation purchase independent of drug supply contracts?</p> <p>Note: Pharmacy technology decisions are long-term commitments. Drug supply contracts may be changed in response to current prices, terms, and service levels.</p>	✓
<p>3. Does the vendor have a record of standing behind its equipment with continuing support and upgrades?</p>	✓
<p>4. Does the robot have over 10 years of market experience?</p>	✓
<p>5. Does the robot have thousands of installations worldwide?</p>	✓
<p>6. Will the system still be operational in 10 years?</p> <p>Note: Buying a system with no market experience may force you to buy a different model in a few years.</p>	✓

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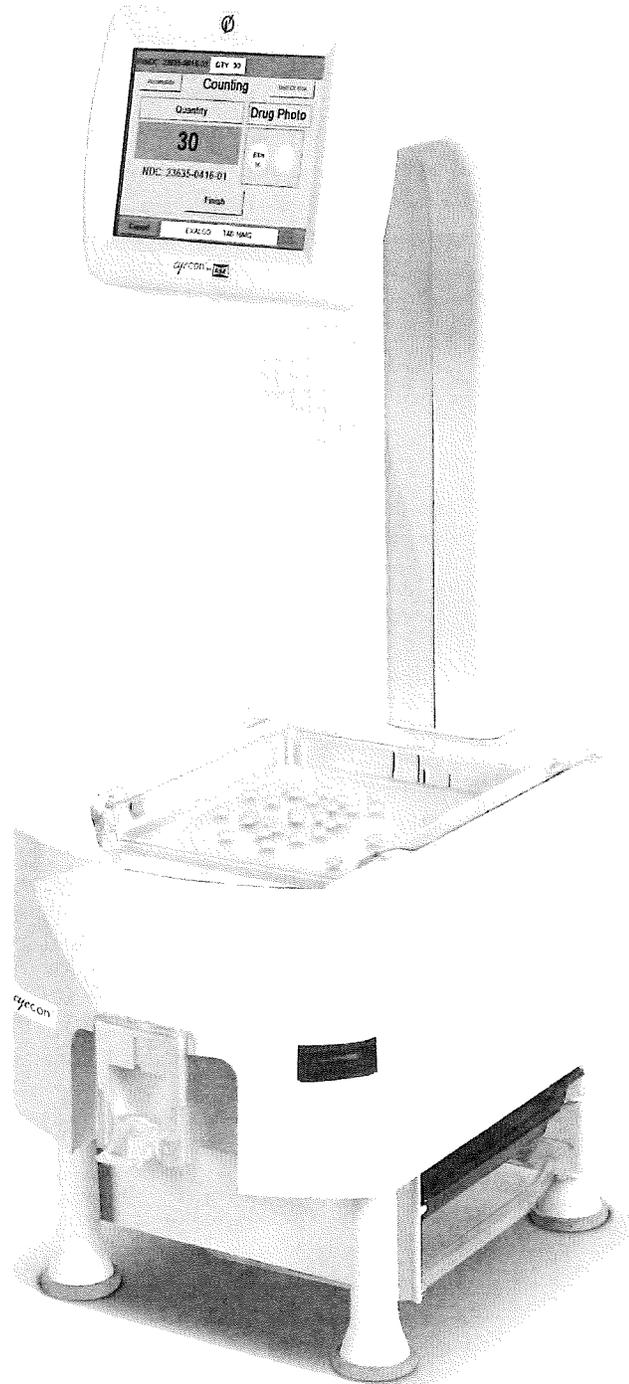
©2014 ScriptPro USA Inc.
5828 Reeds Road
Mission, KS 66202-2740
Phone 913.384.1008
Fax 913.384.4296
www.scriptpro.com



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eyecon®

Avery Weigh-Tronix



Revolutionary Tabletop Automation

Prescription Validation,
Counting and Filling System



Visual Precision Counting™

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Eyecon[®] is a revolutionary pharmacy automation system

Eyecon is fast becoming the preferred choice of pharmacies that have decided to automate their prescription filling process. Filling automation improves Rx accuracy, resulting in improved inventory control and saving an average pharmacy thousands of dollars per year.

Eyecon's unique Visual Counting System™ is up to 76% faster and significantly more accurate than manual counting. It helps reduce tedium and stress while allowing employees to spend more time with customers. Your customers will benefit from improved customer service and Rx accuracy.

Satisfied Eyecon Owners

Below are a few comments from Eyecon owners:

"I have had one for about six months and I wouldn't use anything else!"

"We have two in our pharmacy — best investment for safety and security in the pharmacy. Cannot believe I went so long without them!"

"It's nice to be able to go home and rest knowing that everything has been filled correctly!"

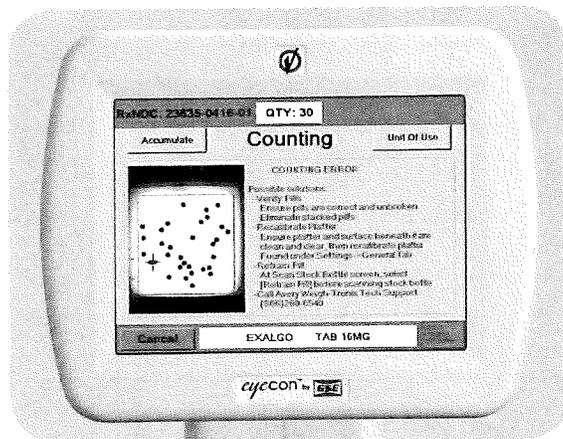
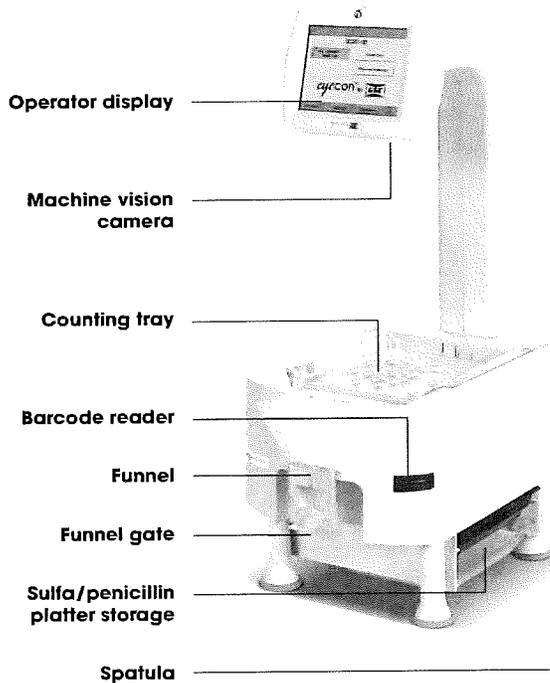
Visit our website to see a growing list of endorsements from pharmacists across the country:

www.eyeconvpc.com/endorsements



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How Eyecon works



Counting Errors – If Eyecon detects objects on the tray that are sufficiently different in size or shape than the pills being counted, a counting error screen is shown. A pill tray photo displays the object(s) in question identified by a red plus sign.

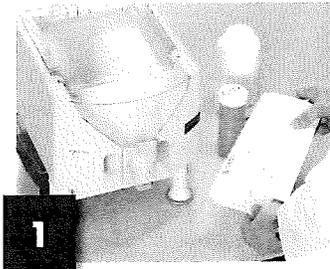
Eyecon is a unique machine vision counting system. A camera mounted above the counting platter captures photo images used to count pills five times per second.

- **Safety** – Validation mode ensures customer safety with proper dispensing. Separate sulfa and penicillin platters prevent cross-contamination.
- **Speed** – Counts poured pills in 200 ms, updating pill count up to 5 times per second.
- **Accuracy** – Field-tested approaching 100%.
- **Quality** – Recognizes and identifies foreign matter and tablet fragments of dissimilar size and shape.
- **Confidence** – The open design allows quick and easy inspection of the medication being dispensed.
- **Versatility** – Counts all sizes and shapes of capsules and tablets. Can also be used for validation and inventory of ointments, creams, solutions and pre-packs.
- **Longevity** – Regular updates to drug database and user interface.
- **Cleaning** – No hidden compartments or disassembly required.
- **Photographic Documentation** – An annotated pill tray photograph with individually numbered pills is saved for every Rx transaction.
- **On-Screen Reports** – Various transaction reports can be viewed on the Eyecon's screen and exported when needed. The pill tray photo(s) associated with any selected transaction can be viewed and easily transferred to your pharmacy computer.

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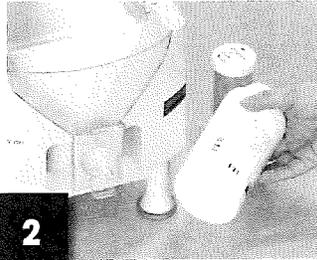
Rx validation mode

Eyecon helps ensure that the medication dispensed into the vial matches what is on the prescription.



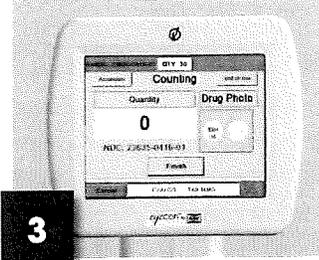
1

Scan Label – Scan barcode containing NDC, quantity, and Rx number.



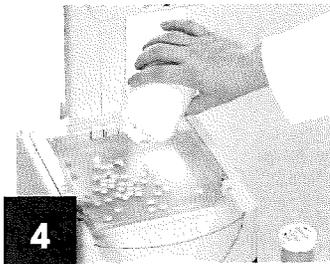
2

Scan Bottle – Scan barcode on stock bottle to validate that you've pulled the correct medication.



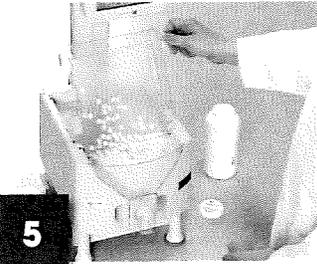
3

Verify – Eyecon will proceed to count mode if Rx label matches the stock bottle. Eyecon will display error if mismatch is detected.



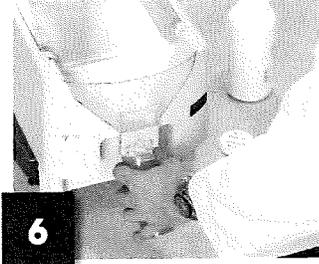
4

Count Pills – Pour pills onto tray until display turns green, indicating match between required number of pills and number of pills on the tray (see below).



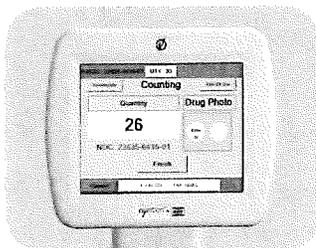
5

Dispense – Press Finish button to record the transaction, then lift platter to slide pills into funnel.



6

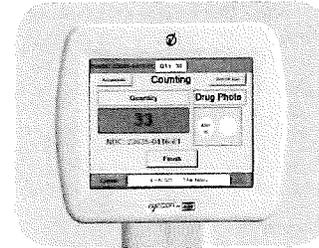
Fill Vial – Use vial to lift funnel gate and allow pills to flow into vial.



Yellow indicates under count.



Green indicates correct count.



Red indicates over count.

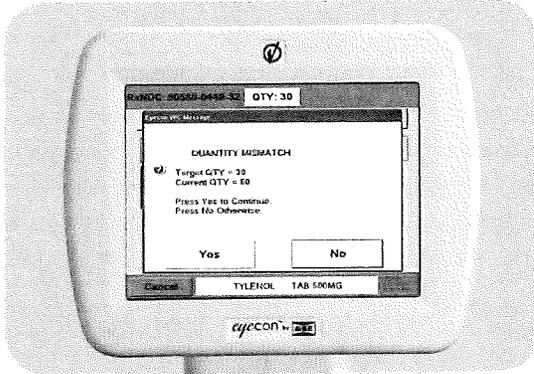


Eyecon includes a database of over 180,000 NDCs from Medi-Span, of which over 50,000 NDCs have color photos. When counting a drug with a photo stored in this database, the photo is displayed, providing visual confirmation that the correct drug is being dispensed.

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Counting features



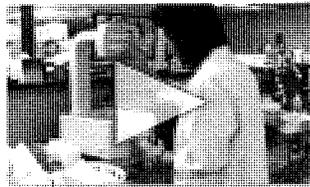
Alert Screens

When various error conditions occur, an alert screen is displayed, notifying the operator of the problem.

- Wrong Fill Quantity Warning** - When finishing a fill in validation mode, if the displayed quantity does not match the prescription quantity, a warning is displayed allowing the operator to correct the fill amount. This prevents a common cause of fill errors when the operator unintentionally dispenses the incorrect quantity.
- Partial Fills** - Eyecon tracks partially filled prescriptions. When stock is replenished and the Rx label barcode is scanned, a notice of the prior partial fill is provided to the operator. A tray photo is saved for each dispensed amount.
- Generic Substitutions** - Allows the operator to dispense a generic equivalent of the NDC that was specified in the data sent to Eyecon. An alert screen is shown allowing the operator to accept or refuse the substitution. This feature can be disabled if desired.

Eyecon in Action

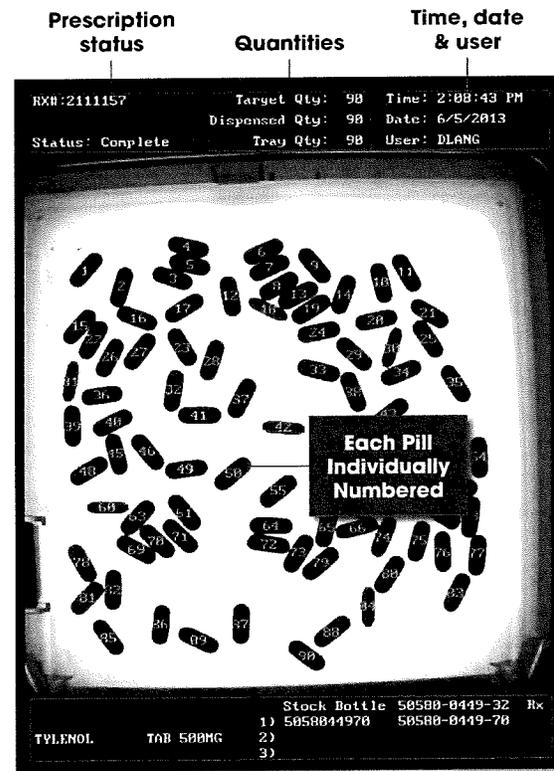
Get a sense of the true speed of Eyecon counting by viewing a testimonial video. The video shows an experienced operator using Eyecon to fill prescriptions, as well as an interview with the pharmacy owner.



Visit: www.youtube.com/EyeconVPC

Annotated Tray Photo

Eyecon is the first vision-based validation and pill counting system that also saves a photo of every transaction. If a count is questioned, the photo can be viewed and/or printed. Every pill is sequentially numbered and all of the prescription data is annotated onto the photo as shown in the sample below.

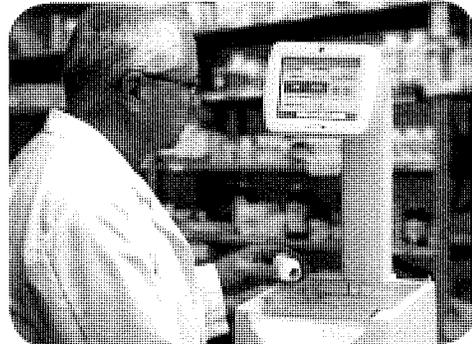


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Physical inventory mode

Use Eyecon to periodically perform a physical inventory or cycle count. Using a similar process as prescription filling, Eyecon quickly counts all medications within the pharmacy and records the results in a database.

- 1. Scan the stock bottle at Eyecon.**
- 2a. For discrete pills, pour the pills onto the tray.** Eyecon counts the pills just as if it were counting them to fill a prescription. If the stock bottle contains more than what the tray will hold, use the accumulate function to empty the tray and resume counting.
- 2b. For full bottles, blister packs, liquids, or other non-countables, press Unit of Use to display the full package quantity.** Press the Ok button to accept or edit as necessary.
- 3. Store records.** Press the Finish button to store the results.
- 4. Download results.** After counting inventory, go to the settings menu and press the Download Report Data button to convert data into a format suitable for importing.



- Reduce carrying costs by increasing inventory turns and eliminating excess inventory.
- Free up staff to conduct more patient consultations by minimizing time spent on ordering and receiving product.
- Reduce inventory variances and conduct fewer physical inventories due to increased prescription filling accuracy.
- Significantly reduce time spent conducting physical inventories.

Unit of use

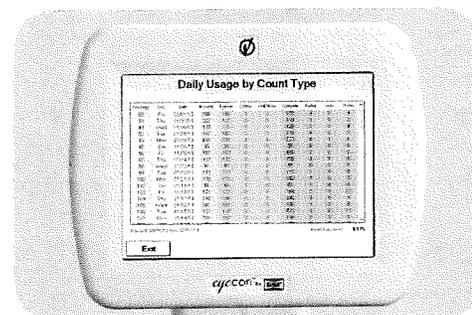
Unit of Use allows the operator to dispense a full bottle or manually entered quantity and record that in the Report Database. Also allows the combining of Eyecon counted pills with the full bottle or manually entered quantity.

Within inventory mode, Unit of Use allows multiple full bottles to be scanned and counted and then added to the quantity in the open bottles for faster, more accurate physical inventory counts.



Audit reports

Audit reports allow staff to analyze various aspects of prescriptions filled by Eyecon. Using filters, you can choose to view only C-II prescriptions, only fills of a specific NDC #, all fills performed by specific user, all open partial-fills, or a summary of the types and number of prescriptions filled per day, and more.



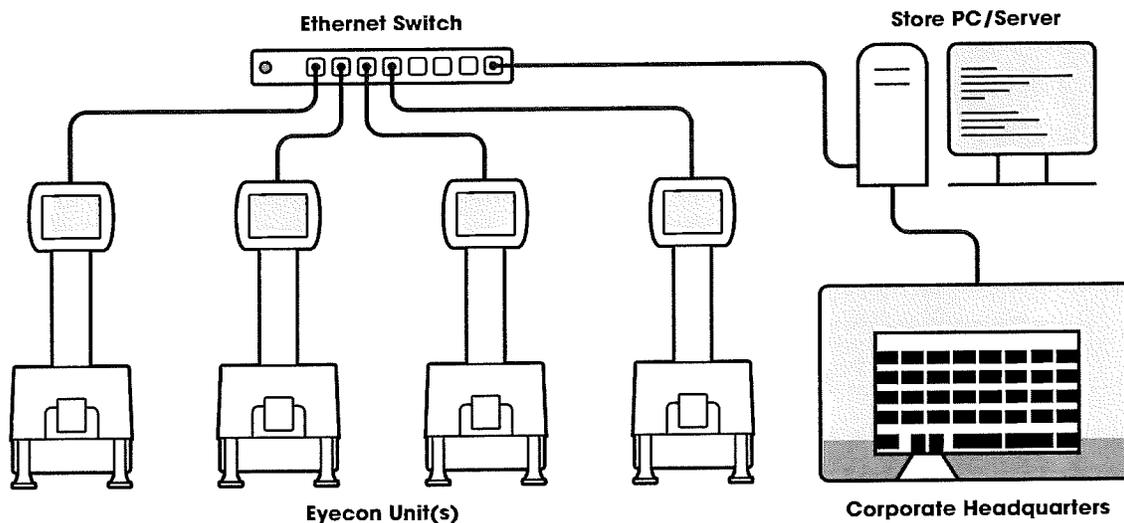
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Connectivity

Every Eyecon unit includes a built-in Ethernet interface to connect with a variety of pharmacy management software systems. After data entry, the prescription record is sent to the Eyecon where it is held until the associated Rx# or Order ID barcode is scanned. Next, the prescribed NDC is validated against the stock bottle to ensure the correct drug is dispensed. After the

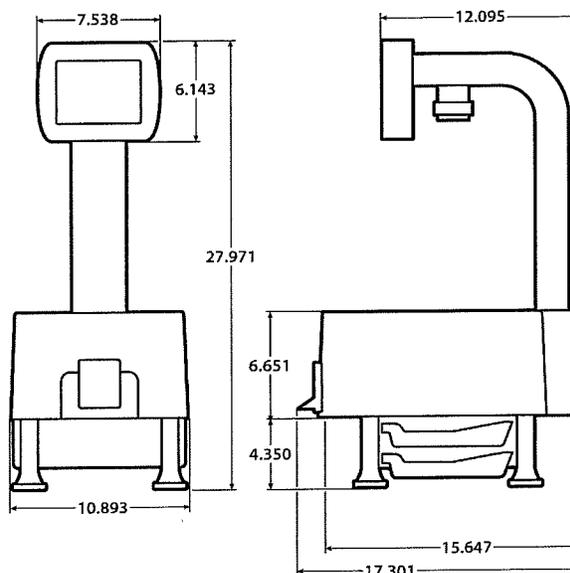
prescription has been filled, data can be transmitted back to the pharmacy system to record data about the fill.

Eyecon can also transfer a summary of all physical inventory counts to more quickly and accurately update perpetual counts in an inventory management system.



Specifications

- **Platter Surface Area:** 48" sq
- **Dimensions:** 28" H x 11" W x 17.5" D
- **Weight:** 18 lb (30 lb ship weight)
- **Screen:** 6.5" Color LCD flat panel touchscreen
- **Integrated Barcode Scanner:** Class I Laser, Standard symbologies
- **Warranty:** Two year limited
- Pill database updates provided regularly.
- Interfaces to numerous pharmacy management software systems.
- Two (2) USB Ports
- Ethernet Port
- **Power:** 100-240 VAC, 47-60 Hz
- **Approvals:** FCC, ETL safety approvals for USA and Canada
- US Patent Pending



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Return on investment

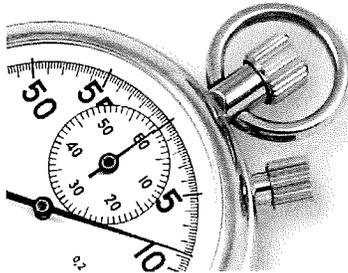
For most pharmacies, Eyecon pays for itself very quickly. For new pharmacies, Eyecon can delay the need to hire additional staff while providing the reassurance that your prescriptions are being filled correctly. Established pharmacies will discover increased throughput and accuracy.

- Eliminate over-dispensing and giving away pills.
- Fill prescriptions more quickly for reduced patient wait-time.
- Reduce customer frustration by avoiding under-fills.
- Ensure the correct drug is dispensed.
- Fewer short-fills due to more accurate inventory.

- Reduce time spent on physical inventories.
- Reduce the number of nuisance claims of under-filled prescriptions for narcotics.
- Many false claimants cease attempts to obtain more pills once they are shown the annotated tray photo.
- Reduce legal liability through stock bottle validation and enhanced record-keeping.
- Save time and improve the accuracy of keeping track of partial fills.
- Produce reports for external auditors to document prescription filling activity.
- Be confident placing higher price and narcotic NDCs into robotics by using Eyecon to double-count.

Testing shows Eyecon is fastest.

Prescription filling process was timed from stock bottle (start) to patient vial (finish). Process was performed 5 times to calculate average Rx fill time. Individual results may vary.



Pill Count	Product	Avg. Fill Time
30 pills	GSE Eyecon®	13.6 sec
	GSE Model 664 Scale	15.6
	Competitive brand	17.1
	Hand counting	26.9
60 pills	GSE Eyecon®	14.1 sec
	GSE Model 664 Scale	16.9
	Competitive brand	21.9
	Hand counting	47.7
90 pills	GSE Eyecon®	15.9 sec
	GSE Model 664 Scale	17.0
	Competitive brand	26.8
	Hand counting	66.6

Your distributor:

eyecon

www.eyeconvpc.com
Eyecon@awtxglobal.com
866-260-6540

Avery Weigh-Tronix

www.averyweigh-tronix.com

Avery Weigh-Tronix is an ITW company



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From: [Megan Myers](#)
To: [Funk, Andrew \[IBPE\]](#)
Cc: [Jorgenson, Debbie \[IBPE\]](#)
Subject: FW: New Practice Model Phase 3
Date: Tuesday, June 14, 2016 3:41:08 PM
Attachments: [NPM Phase 3 proposal - site 14.pdf](#)
[NPM Phase 3 proposal - site 16.pdf](#)

This contains site 14 and 16.

Again, so sorry for the multiple emails!!!!

Have a great day,
Megan

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 Wester Drug

Primary Contact:

Michelle Garvin
Pharmacy Owner
Registration #2106
Wester Drug
315 East 2nd Street
Muscatine, IA 52761
Pharmacy License #399
563-263-7044 (phone)
563-263-5942 (fax)
mgarvin@westerdrug.com

Submitted to the Iowa Board of Pharmacy

June 30, 2016

BACKGROUND

Since 2009, members of Wester Drug 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 allowed growth of our patient care services and has allow our pharmacist to spend more time with the patient. We have been able to expand our compliance packaging and medication synchronization services as well as our Health and Wellness Consults.

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: Wester Drug, INC

Pharmacist-In-Charge:

Cory Garvin

License #18215

College: University of Iowa Pharm D, 1996

Number of Years Licensed: 20

Number of Years at Site: 15

Other Certifications/training: Immunization Training, CPR Certified, Advanced training in Compounding, Hormone Therapy, Wellness Consultations, completed 2 years Residency and 2 years Fellowship training, University of Iowa Preceptor.

Staff Pharmacist:

Lucinda Harms

License #17418

College: University of Iowa, BS Degree 1983

Number of Years Licensed: 33

Number of Years at Site: 1

Other Certifications/training: Immunization Training, CPR Certified, University of Iowa Preceptor

Staff Pharmacist:

Annie Springsteen

License #21941

College: University of Iowa PharmD, 2013

Number of Years Licensed: 3

Number of Years at Site: 3

Other Certifications/Trainings: Immunization Training, CPR Certified

Staff Pharmacist:

James Wester

License#14112

College: University of Iowa, BS 1972

Number of Years Licensed: 49

Number of years at Site: 50

Other Certifications/trainings: Immunization Training, CPR Certified

Certified Pharmacy Technician:

Lizabeth Maurer

Registration #16731 Certification # 560107010214298

Highest Level of Education: Associates of Science Degree, Kirkwood Community College
Graduation 2004

Number of Years Registered as Tech: 6

Years at Site: 6

Certified Pharmacy Technician:

Breanna Maurer

Registration # 9491 Certification #440101080557137

Highest Level of Education: Associates degree, Muscatine Community College Year of
Graduation 2006

Number of Years Registered as Tech:14

Years at Site: 9

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:

- 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. 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 Wester Drug, INC

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 Foundation¹
2. Immunization services: Provide all ACIP recommended immunizations per protocol for adults. Provide flu vaccination per collaborative practice agreement for ages 48 months and up. Provide all vaccines per administration guideline with prescription for all ages.
3. Clinical screenings and disease state monitoring - Currently blood pressure screenings, and Saliva testing Clinical screenings.
4. Wellness Consultations - focus on helping people evaluate their lifestyle and make life style changes that will positively impact their overall health and well-being. Follow-up appointments and counseling provided as well as helping individuals choose the right natural product or supplement.
5. Compliance/Adherence drug packaging
6. Compounding

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

1. Provide 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 Foundation²
2. Expand Immunization services
3. Expand Clinical screenings and disease state monitoring
4. Compliance/Adherence packaging
5. Expand Wellness Consultations

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.

² 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.