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EXPERIENCE

Establishing a clinical pharmacy technician at a United States Army military treatment facility

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ABSTRACT

Objectives: To describe the creation of a clinical pharmacy technician position within the U.S. Army and to identify the personal skills and characteristics required to meet the demands of this role.

Setting: An outpatient military treatment facility located in Maryland.

Practice description: The clinical pharmacy technician position was designed to support clinical pharmacy services within a patient-centered medical home.

Practice innovation: Funding and a position description were established to hire a clinical pharmacy technician. Expected duties included administrative (45%), patient education (30%), and dispensing (25%). Local policy, in accordance with federal law and U.S. Army regulations, was developed to define the expanded technician responsibility to deliver patient medication education.

Results: In the initial 3 months, the clinical pharmacy technician spent 24 hours per week on clinical activities, affording an additional 10–15 hours per week for clinical pharmacists to provide patient care. Completed consults increased from 41% to 56%, and patient-pharmacist encounters increased from 240 to 290 per month. The technician, acting as a clinical pharmacist extender, also completed an average of 90 patient encounters independently each month. As a result of these improvements, the decision was made to hire a second technician. Currently, the technicians spend 28–40 hours per week on clinical activities, offsetting an average of 26 hours per week for the clinical pharmacists.

Conclusion: A patient-centered medical home clinical pharmacy technician can reduce the administrative workload for clinical pharmacists, improve their efficiency, and enhance the use of clinical pharmacy services. Several characteristics, particularly medication knowledge, make pharmacy technicians particularly suited for this role. The results from the implementation of a clinical pharmacy technician at this military treatment facility resulted in an Army-wide expansion of the position and suggested applicability in other practice sites, particularly in federal pharmacies.

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Many advanced opportunities exist for pharmacy technicians, ranging from the expansion of traditional dispensing roles to innovative informatics technician roles.^{1,2} Several published models demonstrate the successful use of pharmacy technicians in a variety of clinical settings, including

technician verification of technician orders (“tech—check—tech”) and technician-centered medication reconciliation.^{3–12} Clinical pharmacy is an additional avenue where technicians can practice in an advanced setting, and build on the patient communication and education skills required for traditional pharmacy dispensing.^{2,13–16}

Clinical pharmacy services within the patient-centered medical home (PCMH) model in a military facility provides a specific example of an opportunity for pharmacists and technicians to establish a partnership in a direct patient care setting. A clinical pharmacy technician can assist with administrative and patient care support tasks, helping to streamline the delivery of clinical pharmacy services, and to allow pharmacists more time for direct patient care.^{2,13} Clinical pharmacy technicians providing patient education as a clinical

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Key Points

Background:

- Pharmacy technician roles are advancing in a variety of practice settings, and clinical pharmacy is one area where technicians can build on the patient communication and education skills required for traditional pharmacy dispensing, assist with streamlining the delivery of clinical pharmacy services, and allow pharmacists more time for direct patient care.
- Clinical pharmacy services within a patient-centered medical home in a U.S. Army military treatment facility created a clinical pharmacy technician position in response to an initiative focusing on high-risk medication evaluation and education.
- As part of the federal system, Army regulations and local policy authorize the delegation of selected low risk and routine patient care tasks from a clinical pharmacist to a technician. This provides an opportunity for clinical pharmacy technicians to serve as clinical pharmacy extenders, a novel role in reinforcing patient education.

Findings:

- The clinical pharmacy technician position at Fort George G. Meade, Maryland consists of 75% clinical activities and 25% traditional dispensing role. Clinical activities include patient care and education (30%), administrative duties (30%), and data management (15%).
- The clinical pharmacy technician spends 28–40 hours per week on clinical activities, offsetting an average of 26 hours per week for the clinical pharmacists. As a clinical pharmacist extender, the technician completed and documented in the electronic health record an average of 90 patient care education encounters independently each month.

pharmacist extender is a novel role. To the best of our knowledge, the use of pharmacy technicians in advanced roles in military clinical pharmacy services within a PCMH model has yet to be described.

Objectives

The purpose of this article is to describe the creation of a civilian clinical pharmacy technician position within a PCMH in the U.S. Army. In addition, the personal skills and characteristics required for a successful candidate to meet the demands of this role will be identified.

Setting

The clinical pharmacy technician position was created at a military treatment facility (MTF) located at Fort George G. Meade in Maryland. The MTF provides ambulatory care for approximately 24,000 beneficiaries, including active-duty

service members, their families, and retirees. The facility is organized as a PCMH and encompasses 5 primary care teams, including family practice, pediatrics, and internal medicine. Pharmacy services at the location include 2 outpatient pharmacies that fill approximately 6000 prescriptions per week and a clinical pharmacy team embedded within the PCMH.

Practice description

The clinical pharmacy technician position was designed to support the clinical pharmacists providing patient care and clinical services within the PCMH at the MTF. Currently, 3 full-time equivalent clinical pharmacists work at the facility, embedded within the family practice and internal medicine clinics. Services provided by the clinical pharmacy team include anticoagulation, medication therapy management, tobacco cessation, and chronic disease-state management. In addition to direct patient care, the clinical pharmacists assist with high-risk medication monitoring (e.g., Polypharmacy Initiative, Warrior Transition Unit, Sole Provider Program) and various formulary and patient safety committees.

As part of the federal system, the clinical pharmacists are credentialed as independent providers privileged to write prescriptions and order laboratory work for adult beneficiaries. In addition to the guidance provided by federal law and regulations, the role and responsibilities of the technicians are also outlined by locally implemented policies, particularly for tasks that are beyond the scope of the traditional dispensing role or state law.^{15,17–20} It is important to note that U.S. Army regulations authorize the delegation of selected and routine patient care tasks from a clinical pharmacist to a clinical pharmacy technician, provided that the task has predictable results, low potential risk, and does not involve complex or multidimensional application.¹⁷ Although some tasks are delegated to the technicians, the clinical pharmacists remain the supervising authority.

Practice innovation

In November 2010, the Office of the Surgeon General released a memorandum policy, referred to as the “Polypharmacy Initiative,” intended to identify U.S. Army soldiers on potentially high-risk medication combinations and mitigate the associated risk using clinical pharmacists to provide targeted education and counseling.²¹ Data, generated as a directive of the policy for all U.S. Army MTFs, can be used to identify and categorize patients using predetermined risk factors: high-risk medication combinations, dispensed opioid prescriptions, and frequent emergency department visits. Funding and a job description for a clinical pharmacy technician position at Fort George G. Meade was established as part of this initiative to provide assistance with verifying the accuracy of the classification of the high-risk patients, report compiling and sorting, and scheduling a comprehensive medication review with a clinical pharmacist.

After demonstrating proficiency at these tasks, it was determined that the technicians could serve as clinical pharmacist extenders, by reinforcing education regarding proper storage and disposal of medications and by scheduling

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