

Practical Information for Today's Pharmacist®

Pharmacy Times®

THE PHARMACY TECHNICIAN EDITION

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**Legislative, Regulatory Changes
Are Occurring Rapidly**

**Diabetes Management
Expertise Is in Demand**

**Will Increase in Need for
Technicians Stick?**

**Help Remove Barriers to
Cost-Related Nonadherence**

**Make an Impact Through
Point-of-Care Testing**



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**Pharmacy
 Times**

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NOVEMBER 2021

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FEATURE

Service-Centered Pharmacies Mean New Roles

Technician Sirena Maxwell Discusses How Nonpharmacist Staff Members Emerging as Key Personnel for a Strategic Shift Toward Revenue Outside Dispensing

By TROY TRYGSTAD, PHARM.D, PH.D, MBA, EDITOR IN CHIEF



TROY TRYGSTAD,
PHARM.D, PH.D, MBA

A huge number of COVID-19 vaccinations are now provided by community pharmacies, and thousands of pharmacies are providing testing services under a clinical laboratory improvement amendment waiver, such as hemoglobin A_{1c}, COVID-19, influenza, and strep.

Many have also started infusion services for monoclonal antibodies. All these new services were possible with a mishmash of advanced practice acts and collaborative practice agreements prior to the pandemic, but COVID-19 compelled the federal government to make these increases in scope of services provided at pharmacies uniform across the country.

NEW TECHNOLOGIES, WORKFLOWS, NEED FOR TRAINED PERSONNEL

With these services came new workflows. Scheduling utilities that create appointments for patients were now needed. Extra hands for looking up immunization registries or screening patients prior to services became in high demand. Medical billing solutions for sending claims for services became essential. Follow-up with patients after testing became the norm. All these things required more personnel and responsibilities and roles that went beyond what used to be required of technicians.

DUVALL DRUGS CHARTS NEW PATH FOR STAFF

DuvalFamily Drugs in Washington jumped on the opportunity early in the pandemic. Owner Kari VanderHouwen, RPh, sought to serve her community in need. Part of rolling out services was to train nonpharmacist staff members and elevate roles among some of them to lead efforts and even supervise the flow and

billing of services, much like a primary care practice. Technician Sirena Maxwell, director of pharmacy operations, jumped at the opportunity. I asked her a few questions about the transition.



SIRENA MAXWELL

When did you first stumble upon pharmacy?

Maxwell: I just fell into pharmacy in 1997. I had just graduated high school and didn't have a set out career path. I was attending com-

munity college and needed a part-time job. My local pharmacy was looking for a cashier, and I was looking for a job.

What work or training best prepared you to function well in a pharmacy environment?

My entire pharmacy career has been organic. I am by nature a caregiver, a seeker of knowledge, and a direction follower. Pharmacy has allowed me to take care of my patients and help my community. I love that pharmacy is always changing and always current. There is always a new medication coming out or new conditions that need to be treated or a new billing platform we need to learn.

What types of tasks did you do in your first year of work in a pharmacy?

I started as a cashier, so it was mostly [interacting] with patients that were coming in after work to pick up their medications, answering phones, counting pills, lots of filing of hard copies, and learning how to exist in the pharmacy workflow.

When did you get the opportunity to advance your role and responsibilities?

I was given the opportunity to go to the on-the-job training program for pharmacy technicians in 1998. I was happy to work in the pharmacy as “just a pharmacy technician” for 20 years. In 2018, the owner of the pharmacy I work at had the opportunity to buy a new pharmacy, so there was a need at my pharmacy for a director. I was honored to take on the role and start down a new, expanded career path. I was asked to coordinate the staffing schedule between the 2 locations for both pharmacists and technicians, [order] drugs and vaccine[s] for both locations, and [help] build the medical billing platforms. I was also asked to help develop intake forms for [COVID-19] vaccines [and to schedule] for [COVID-19] vaccines, [COVID-19] tests, and now monoclonal antibodies.

What is your title now, and what are the pharmacy functions over which you have oversight?

I am now the director of pharmacy operations. Currently, I am overseeing all scheduling for all pharmacy staff, ordering drugs and vaccines for both stores, and [handling] all things [COVID-19] related—ie, scheduling and testing of polymerase chain reaction (PCR), rapid PCR and rapid antigen, administering [COVID-19] vaccinations [and] boosters, [and] the screening and intake of patients for monoclonal antibodies, as well as the administration and medical billing.

What advice do you have for other technicians who wish to advance their roles and responsibilities in the pharmacy?

Love what you do. I have found a passion for community

“When given an opportunity, always say yes, even if you don't know how you are going to do it. The saying, “Where there is a way” is very true. By showing up every day with a desire to excel, you will surpass others who are accepting just being another pharmacy technician.”

pharmacy, which has given me the drive to excel. When given an opportunity, always say yes, even if you don't know how you are going to do it. The saying, “Where there is a will, there is a way” is very true. By showing up every day with a desire to excel, you will surpass others who are accepting just being another pharmacy technician. When we used to think of pharmacy technicians, we used to think of counting pills and typing prescriptions. Now the opportunities for pharmacy technicians are far beyond the pharmacy counter. ■

About the Author

Troy Trygstad, PharmD, PhD, MBA, is vice president of pharmacy provider partnerships for Community Care of North Carolina. He also serves on the board of the American Pharmacists Association Foundation and the Pharmacy Quality Alliance.



FEATURE

Legislative, Regulatory Changes Are Occurring Rapidly

Several States Lead Charge to Update Immunization Protocols, Allowing Vaccine Administration

By DEEB D. EID, PHARM.D, RPH



DEEB D. EID, PHARM.D, RPH

Prior to the COVID-19 pandemic, the legislative and regulatory landscape for pharmacy technician-administered vaccines was in the beginning phase of a push toward change. Since the release of vaccines to help prevent the disease, major legislative and regulatory movement has occurred.

A study in 2019 by Eid et al examined laws in all 50 states and the District of Columbia to categorize findings of the legal landscape at the time.¹ Idaho was the first state, and a pioneer, to enact changes in 2016-2017; almost a year later, Rhode Island followed suit with updates to its administrative code.² Rhode Island created a tiered categorization of technicians within rule 216-40-15-1.12.³ Updates were made to allow “Pharmacy Technicians II” to perform vaccinations with proper training and other prerequisites. Utah reworked its statewide immunization protocol in 2019 to include delegation to technicians, then in 2020 the state promulgated rule changes.^{4,5} The Washington State Pharmacy Quality Assurance Commission discussed issuing waivers through an auxiliary utilization plan in December 2019 and later approved allowances for technician-administered vaccines.⁶ In late December 2019, Illinois ran SB 2104, amending the state’s Pharmacy Practice Act to allow for the delegation to technicians of “any task within the practice of pharmacy if specifically trained for that task.”⁷ The bill passed unopposed and shifted to the state agency for consideration of the adoption of regulations as needed.

During the early stages of the pandemic, movement within legislative and regulatory vectors continued. In late March 2020, Indiana passed HB 1207 unopposed, which included the following within its language: “A pharmacy technician may administer an influenza immunization to an individual under a drug order or prescription...[under] direct supervision of the pharmacy technician by a pharmacist, a physician, a physician assistant, or an advanced practice registered nurse.”⁸ The bill also mentioned that the state pharmacy board would be adopting rules to establish requirements. This language would later prove to be a misstep and a common error made by lawmakers. The inclusion of 1 specific list of allowances for a product or vaccine later creates barriers and limits when expansion is needed. Had Indiana lawmakers included in the bill all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) or approved by the FDA, they would not have needed to add in the COVID-19 vaccine in a time of crisis. The Indiana Board of Pharmacy adopted emergency rules and may work on permanent allowances.⁹

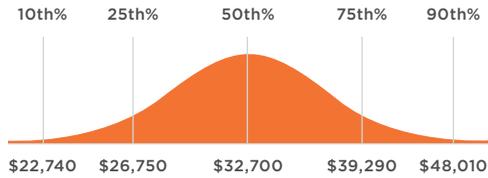
In early March 2020 during a Michigan Board of Pharmacy meeting, board members indicated in a specific discussion that no rules or statutes existed to prohibit the administration of vaccines by technicians.¹⁰ In early fall 2020, prior to the fourth amendment to the Department of Health and Human Services (HHS) Public Readiness and Emergency Preparedness (PREP) Act, stakeholders in Michigan



Pharmacy Technician

n=108

Pharmacy technician salary range

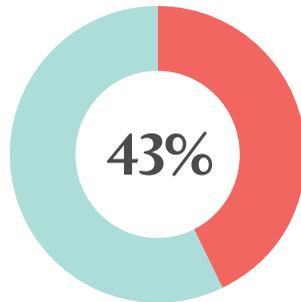


Source: Bureau of Labor Statistics

Most important soft skills Most lacking soft skills

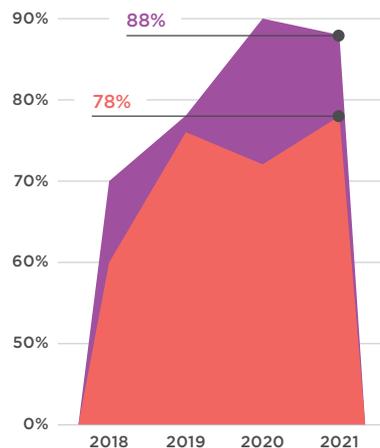
Most important soft skills	Most lacking soft skills
1 Critical Thinking	1 Dependability
2 Professionalism	2 Adaptability
3 Verbal Communication	3 Active Listening

Screening criteria for pharmacy technician applications

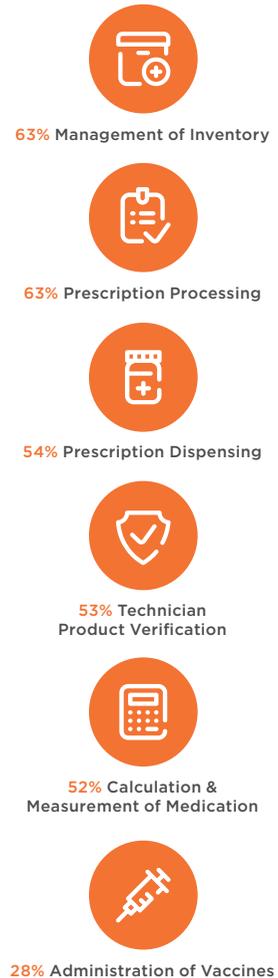


43% of employers report that pharmacy technicians have more responsibility this year compared to last.

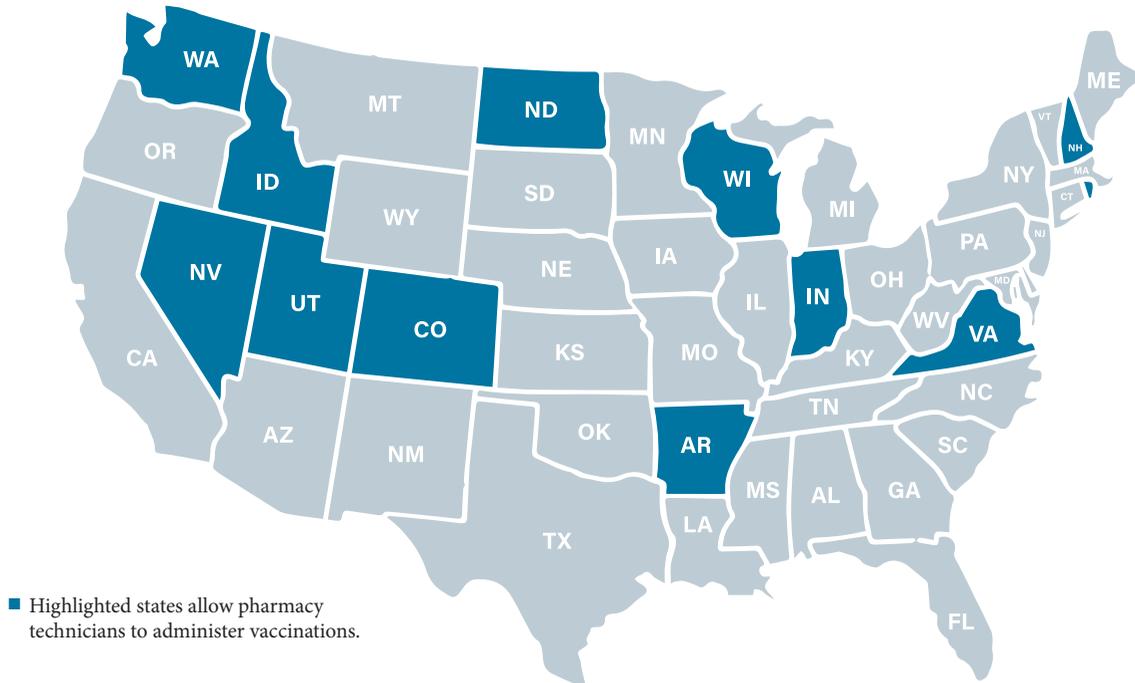
- Institutions that encourage or require certification
- Employers that report newly certified pharmacy technicians are prepared for their job duties



Pharmacy technicians have a number of responsibilities, often requiring advanced skills.



◀ page 4 from "Legislative"



began training technicians to administer vaccines. In accordance with the act, they used statute MCL 333.9204, allowing for “a health professional other than a physician” to administer vaccines “under the direction of a physician,” which in turn allowed for physician delegation.¹¹

Since the multiple amendments that have been made to the PREP Act and the release of a guidance document from October 2020, a multitude of other states have made changes to regulations and statutes or enacted emergency rules with plans to make allowances for technician-administered vaccines permanent after the pandemic ends.¹² The changes mentioned are likely the result of COVID-19 and an increased need to immunize the public, but in addition it is hoped they will have a lasting impact on practice even after the pandemic is over. Colorado worked on a rule change effective March 2021 that added in delegation by pharmacists to a trained technician.¹³ Nevada made permanent changes to its rules proposed in August 2020 and approved later that fall.¹⁴ Missouri and New Mexico enacted emergency guidance and rules,^{15,16} and Missouri has moved to make those rules permanent.¹⁷ Kentucky developed a pharmacy technician committee to discuss technician roles and has enacted emergency rules on the topic.¹⁸ Other states with more recent changes to their rules or statutes include Alabama (rules), Arkansas (statute), New Hampshire (statute), North Carolina (emergency statute), North Dakota (statute/rules), and Wisconsin (statute).¹⁹⁻²⁵ A

few states are working on proposed rule changes, such as Arizona, Iowa, and Louisiana.²⁶⁻²⁸

Overall, since the initiation of this movement for technician-administered vaccines in 2016 with Idaho taking the lead, momentum within the legislative and regulatory space has picked up. Prior to the COVID-19 pandemic, the administration of vaccines by technicians became a hot topic with associations such as the American Pharmacists Association and National Association of Boards of Pharmacy.^{29,30} Slow but sure progress led to the first tide of permanent law or rule changes on the state level following Idaho's lead. With the COVID-19 pandemic causing a need for pharmacies to step up, the HHS removed some legislative and regulatory barriers with the enactment of the PREP Act. The most recent expansion through amendments includes allowances for technicians administering COVID-19 therapeutics and influenza and other ACIP-recommended vaccines, and for lowering the age limits of those who can receive vaccines.¹² Using the PREP Act, technicians across all 50 states and the District of Columbia have stepped up and protected the public by showing compelling evidence that state laws and rules should not limit the administration of vaccines after the pandemic has subsided. ■

About the Author

Deeb D. Eid, PharmD, RPh, serves as a regulatory affairs adviser in pharmacy for CVS Health.

FEATURE

Diabetes Management Expertise Is in Demand

Opportunities Are Continuously Expanding in Screening and Medication Therapy Management Services

By JENNIFER GERSHMAN, PHARM.D, CPH, PACS



JENNIFER GERSHMAN,
PHARM.D, CPH, PACS

The Public Readiness and Emergency Preparedness (PREP) Act has expanded opportunities for pharmacy technicians to administer COVID-19 vaccines and therapies and routine immunizations.¹

This has also paved the way for technicians to play an integral role in diabetes management and it serves as an opportunity to enhance workflow. Technicians can get involved in supporting the National Diabetes Prevention Program (National DPP) to prevent type 2 diabetes by administering testing, performing screening assessments, raising awareness of prediabetes, and recommending patient referral.² Technician roles in diabetes management are expanding, and motivational interviewing is an important component (see [Figure](#)).³⁻⁷

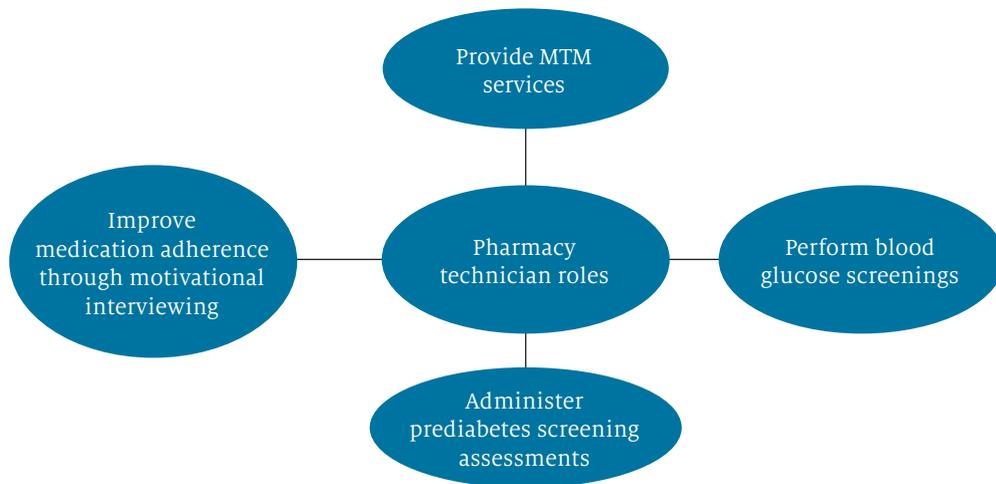
MOTIVATIONAL INTERVIEWING

Technicians can administer the American Diabetes Association prediabetes risk assessment screening as part of the National DPP, which includes questions about family history of diabetes, height/weight information, and physical activity.^{2,3} Technicians can also administer blood glucose testing for patients with a high score on the prediabetes screening.³ Technicians can assist individuals with diabetes on developing a care plan, identifying patients for medication therapy management (MTM) consults, and selecting a blood glucose meter.⁴ Pharmacists have reported barriers to implementing MTM services in the community pharmacy setting.⁴ One study evaluated a technician-driven MTM program in the community pharmacy setting through standardized training and interviews to assess implementation of the services.⁴ Pharmacists and technicians reported that the program expand-

ed pharmacy technicians' roles, improved confidence in providing these services, and provided streamlined MTM workflow.⁴

Technicians can collaborate as part of an interdisciplinary team to improve medication adherence in patients with diabetes. The Community Medication Education, Data, & Safety Program (C-MEDS) identified community-dwelling older adults with potential medication-related problems in Southern California and used an interdisciplinary health care team that included a technician, nurses, and pharmacists to provide medication safety education and perform assessments and interventions in patients' homes at no cost.⁵ Eligible patients must be adults 55 years and older experiencing medication adherence problems or adult caregivers of an individual older than aged 55 years who needs assistance managing medications.⁵ Additionally, C-MEDS increased medication adherence among participants to certain hypertension drugs, diabetes-related medications, and statins ($P < .001$).⁵ Patients enrolled in C-MEDS also were successful at managing their medications ($P < .001$).⁵ This further highlights the integral role technicians play as part of the health care team. Evidence also shows that trained technicians can reduce dangerous drug discrepancies at transitions of care by collecting medication histories.⁶ Technicians can play a critical role in the hospital setting to ensure that home treatments are accurately documented to prevent duplication of therapy and medication errors at discharge for patients with diabetes.⁶

Technicians are usually patients' first point of contact at community pharmacies and can help improve medication adherence through motivational interviewing as an effective

FIGURE. Pharmacy Technician Roles in Diabetes Management³⁻⁷

form of communication. Motivational interviewing typically includes acceptance, collaboration, compassion, and evocation.⁷ Acceptance would involve acknowledging improvement for a patient who was forgetting to take metformin medication frequently but missed only 2 doses last week.⁷ The technician can ask open-ended questions in a nonjudgmental manner about patients' diabetes medications and home blood glucose monitoring to determine their needs as part of the collaboration component.⁷ Technicians can document this information and have a discussion with the patient regarding how to improve adherence even further (eg, a pillbox or timer). Active listening and contributing to the patient's conversation are part of the compassion component, and evocation involves assisting individuals with changing their behavior to improve adherence, such as teaching them how to set the phone timer.⁷ After completing the motivational interview, technicians can convey the information to the pharmacist for targeted diabetes management and patient education.

TRAINING OPPORTUNITIES

There are a variety of opportunities for technicians to enhance their MTM skills in diabetes management and incorporate these programs into their community practice settings. Technicians can play an important role in identifying eligible patients, documentation, and billing for MTM services.⁸ In September, OutcomesMTM had a competition among technicians to emphasize their important role in MTM services.⁸ The OutcomesMTM platform includes free training for technicians that contains MTM claim documentation, MTM services included in OutcomesMTM program, quality assurance measures, and strategies to navigate the platform.⁸

PowerPak has developed the Diabetes MTM Certificate Program for technicians that recognizes the vital role they

play as part of the health care team.⁹ This paid certificate program includes access to 9 continuing education courses on diabetes management with decision making strategies on when to consult a pharmacist.⁹ The program consists of a diabetes overview and pathophysiology, blood glucose monitoring, insulin medication safety practices and therapy management, MTM comprehensive medication reviews and services, noninsulin injectable glucose-lowering medications, nutrition recommendations, oral agent treatment options, and physical activity recommendations.⁹ ■

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FEATURE

Will Increase in Need for Technicians Stick?

In Addition to Escalating Workloads, the COVID-19 Pandemic Has Exposed Understaffing in the Pharmacy Profession

BY RONI BENNETT-SHYE, PHARMD, BCACP, CGP



RONI BENNETT-SHYE,
PHARMD, BCACP, CGP

Any pharmacist will tell you that their technicians are the backbone of the pharmacy.

Pharmacists have increasingly been tasked with duties such as disease state management, mass immunization, and medication therapy management. As the role of the pharmacist has continued to evolve, so has that of the pharmacy technician.

The technician to pharmacist ratio varies depending on the state. It can range from 2 technicians for every 1 pharmacist to 6 technicians for every 1 pharmacist if the technicians are certified.¹ This ratio was established because pharmacists are legally responsible for supervising technicians. However, at times pharmacists need additional help. During the COVID-19 pandemic, many states removed the ratio rule so that pharmacists could hire more technicians to help with increased responsibilities and workload.

Like pharmacists, technicians work in a variety of areas, such as community, hospital, long-term care, mail order, and nuclear pharmacy settings.

Historically, the basic duties of a pharmacy technician have included answering phone calls, gathering patient information, managing inventory, performing basic calculations, and processing, preparing, and distributing prescriptions.^{2,3}

Each state has regulations that may allow for different as well as more complex functions to be performed. For example, some states, such as California, allow a duty known as Tech-Check-Tech, which lets a pharmacy technician perform the final check of medications prepared by another technician.⁴

The pandemic has exposed understaffing in the health care industry, including the pharmacy profession. But many community pharmacies have been operating with unfavorable working conditions since the 1990s.⁵ Until recently, many pharmacies either did not allow or frowned upon employees taking lunch breaks.

As workloads increase, pharmacy employees have been experiencing higher levels of stress. Their already heavy workload during the pandemic was exacerbated by an increase in drive-through window services, implementation of COVID-19 testing, and an increase in COVID-19 and flu vaccinations and daily prescription volume.⁶

In 2013, the American Society of Health-System Pharmacists conducted a pharmacy staffing survey that showed the turnover rate for technicians was approximately 14%.⁷ A company should aim for a turnover rate no higher than 10%, as a higher rate usually indicates that employees are not happy, according to Joshua Stowers of Business.com.⁸

Employees may be unhappy with their jobs for a multitude of reasons, but one of the biggest is compensation. Although technicians are in demand, the median average pay in 2020 was \$35,100 per year, or approximately \$16.87 per hour.³ It is important to keep in mind that compensation can vary depending in which state a technician is employed, as well additional factors such as advanced certifications and credentials. Not all states require technicians to be certified, but obtaining certification can lead to increased wages and promotion opportunities.

Technicians can gain certification through the ExCPT or the PTCE exams.^{9,10}

In the past, many pharmacy settings accepted results only from the PTCE. However, most employers and states now recognize both exams, especially given the increased demand for technicians.

The employment of technicians is projected to grow only by 4% over the next 10 years, which is slower than the average for other pharmacy occupations, despite there being approximately 32,000 openings for technicians projected each year, according to the Bureau of Labor Statistics.³ Most of those openings will be to replace workers who retire, exit the labor force, or change occupations.³

As the role of pharmacists continues to expand, so will that of technicians. Most states have already seen this trickle-down effect, and job boards are flooded with technician postings, some offering sign-on bonuses ranging from \$1000 to \$3000.

Prior to COVID-19, many technicians were supporting pharmacists by providing direct patient care and being allowed to dispense without a pharmacist check.¹¹ The US Department of Health & Human Services helped facilitate the expansion of technicians' roles when it released guidance on how they could assist during the pandemic, including administering COVID-19 tests and vaccinations.¹²

The additional duties, responsibilities, and workforce uptick for technicians borne of the COVID-19 pandemic are likely to continue to expand, especially as pharmacists work toward provider status through medication therapy management and proactive direct patient care. Technicians will continue to be an integral part of ever-expanding health care teams. ■

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Help Remove Barriers to Cost-Related Nonadherence

Work Closely With Insurance Companies to Relieve Financial Assistance Burdens and Prior Authorization Requirements for Patients

By JENNY PEÑA, CPHT



JENNY PEÑA, CPHT

With the cost of prescription medications rising each year, one of the most harmful results is cost-related nonadherence (CRN). Many socioeconomic factors contribute to CRN, including high out-of-pocket costs for medications, lack of health insurance, low income, and minority status.¹ To understand how these factors play a role in CRN, it is critical to first understand the impact each has on patient access to needed treatment. By understanding these factors, pharmacy technicians can play a crucial role in removing some of these barriers for patients initiating treatment with high-cost prescription medications.

A cancer diagnosis, for instance, can represent an incredibly difficult time in an individual's life. The overall treatment plan, as well as adverse effects and cost, is among many considerations a patient and family members may have to work through.

In 2020, an estimated 1.8 million new cases of cancer were diagnosed in the United States, with that number expected to rise in 2021.² In 2020, the national costs for cancer care were estimated at \$208.9 billion, which includes costs for medical services and oral prescription drugs.³ Some of the most expensive prescription costs by cancer type were breast cancer at \$3.5 million, leukemia at \$3.2 million, lung cancer at \$1.8 million, prostate cancer at \$1.7 million, and renal cancer at \$1.3 million.³ The national costs are projected to increase to \$246 billion by 2030, based on population growth.⁴ These high out-of-pocket costs are unattainable for most patients, even for families with 2 incomes. Whether the cause is related to inadequate

or no insurance coverage or insufficient funding, these barriers often make it difficult for patients to begin treatment.

In addition to cost, ethnic and racial disparities play a role in CRN. The results of a National Health Interview Survey from 2006 to 2012 showed that among 10,998 cancer survivors, 1397 reported CRN. Among those older survivors, Black individuals were 2.64 times more likely and Hispanic individuals 2.07 times more likely than White individuals to report CRN. Younger, Hispanic survivors of cancer were 1.61 times more likely than White survivors of cancer to report CRN. Based on continual increases in the cost of prescription drugs, these findings support the importance of closely monitoring CRN in high-risk subgroups and offering them support services to promote medication adherence.⁵

Most drugs, as indicated by the third-party payer (TPP) in the specialty tier of a prescription benefit plan, may require prior approval—commonly referred to as prior authorization (PA)—that may be a drug access barrier for patients. PA is a therapy utilization management process employed by TPPs, aimed at controlling costs and managing drug safety.⁶ Select oral oncology medications may be alternatively billed through a patient's Medicare Part B plan. There are 2 types of services covered under Part B: medically necessary and preventive services.⁷ In consideration of these factors, technicians often play a crucial role in obtaining PAs and securing other forms of financial assistance available to patients.

Technicians can submit PAs effectively and efficiently by providing clinical docu-

mentation—such as evidence-based literature and genetic testing, laboratory, and pathology results—to the TPPs to facilitate a successful, timely outcome. It is also important that technicians be trained to determine when parts of the submission process are not within their scope of practice and to seek further guidance from a practitioner. Additionally, there may be instances when a PA is denied and a technician trained in PAs can seek an appeal via the standard process outlined by TPPs, which may include an option for a peer-to-peer encounter between the health plan medical director and the prescribing physician.

In addition to assisting with the insurance portion of a patient's treatment, technicians can help with removing the financial burden brought on by many prescribed treatment plans. There are many resources available to assist with these financial concerns, including commercial copay cards, foundation grants, free trials, manufacturer free drug programs, and voucher programs.

Co-pay assistance cards can only be used with patients who have commercial insurance. The cards do not have income requirements and typically cover most of or all the co-pay. However, there may be annual benefit limits. Trial cards or voucher programs are limited to 1 use per lifetime and do not have restrictions on whether a patient is insured or uninsured. They also have no income requirements and provide the patient with free medication to begin treatment immediately.

Technicians may also tap various foundations to assist on a patient's behalf and obtain grants specific to a disease state. A patient's eligibility largely depends on disease diagnosis and financial need, which typically is measured by national poverty levels. In addition, some foundations or grants may be closed for enrollment because of insufficient funding. Finally, when all options are exhausted, technicians may attempt to assist patients by obtaining free medications from the manufacturer. This scenario typically happens when available funds obtained are insufficient to cover the coinsurance or co-pay; no grants are available; the

patient does not qualify for foundation or grant assistance; the patient does not have prescription drug coverage; the PA is denied; or it is required for compassionate, off-label use for a disease state.

Not all patients are approved for free medication through a manufacturer's patient assistance program, because of eligibility being largely based on income. This should not deter technicians from pursuing assistance. They can further advocate for patients who have been denied an appeal by submitting a letter of financial hardship; providing financial documents including expenses, medical bills, and receipts; and including a letter of medical necessity from the provider.

CONCLUSION

Financial burdens and insurance barriers can be managed by skilled pharmacy patient advocates, often technicians, who work closely with insurance companies and understand the criteria required to obtain approvals. They can use resources available to them, such as co-pay cards, foundations, or grants, as well as free trial cards or medication from the manufacturer. ■

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FEATURE

Make an Impact Through Point-of-Care Testing

Technicians Are Instrumental in Test Processing and Have Proved Capable of Direct Patient Care Under Supervision

By KATHERINE S. COPELAND, PHARM.D, RPH



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Pharmacists have long been the most accessible health care professionals, especially in rural areas. But behind every great pharmacist stands a team of amazing and often greater pharmacy technicians.

As the role of community pharmacists has continued to expand, technician roles are similarly changing and growing. No longer simply aides in prescription order preparation and dispensing, technicians have increasingly become directly involved in patient care, largely because of the COVID-19 pandemic.

As of October 8, 2021, and since January 23, 2020, case reports to the CDC of the novel SARS-CoV-2 in the United States totaled nearly 44 million.¹ In their effort to help slow the spread of infection, community pharmacies have experienced a large impact on their workflow from COVID-19 testing and immunizations.

More than 400 million doses of COVID-19 vaccine have been delivered in the United States since the first emergency use authorization was issued on December 11, 2020.¹ Technicians have played a significant role in this distribution as team members supporting the Federal Retail Pharmacy Program.

Over the first 7 months of the collaboration between the federal government and retail pharmacies to distribute COVID-19 vaccines more quickly, the pharmacies reported more than 133 million doses as having been administered.² Community pharmacies have additionally seen a marked increase in demand to participate as testing locations, both for samples to be collected for laboratory testing and as testing facilities to receive rapid results. Technicians have been instrumental in test processing and

In their effort to help slow the spread of infection, community pharmacies have experienced a large impact on their workflow from COVID-19 testing and immunizations.

can provide direct patient care under supervision. Point-of-care tests (POCTs) have long been widely available as at-home testing kits for drug detection and pregnancy, and now even for COVID-19 detection. Additionally, multiple POCT options are available to provide rapid, reliable results for chronic disease screening and monitoring, as well as acute infection diagnosis. With proper planning, setup, and execution, these testing devices in community pharmacies could provide a great, easily accessible service for patients. Fast results available from POCT can aid in limiting the spread of infectious diseases, faster treatment, shorter recovery times, and improved outcomes.

Implementing POCT opportunities within community pharmacies is not novel. Large chain pharmacy clinics and independent pharmacy options such as IndyCare in Hillsborough, North Carolina, already offer accessible, cost-effective, and quick care via midlevel practitioners.

However, many of these businesses are more common in suburban or urban areas, and rural community locations may have a growing need for similar health care options. POCTs have traditionally been more widely available in hospitals and primary care offices but are not limited to these set-

tings. In community pharmacies without clinics, properly trained technicians could have a significant impact, especially in rural areas, by offering POCT. Advanced certificate training programs for technicians are available through many continuing education avenues and pharmacy associations, including the American Society of Health-System Pharmacists and the National Alliance of State Pharmacy Associations. Locations staffed by pharmacists with advanced prescribing authority or with an established collaborative practice agreement can use test results administered by technicians to provide fast treatment options or, if needed, referrals for further care. Additionally, statewide protocols may be issued by a state board or agency that authorizes pharmacists to prescribe medication under guidelines.³

Glycated hemoglobin A_{1c} monitoring, cholesterol screenings, hepatitis or HIV diagnosis, and international normalized ratio levels are examples of disease state POCT options. However, the greatest effect on POCT by technicians is in acute infection management. Rapid test results available at community pharmacies for some of the most common illnesses, which may require simple treatments, could decrease infection spread and limit unnecessary antibiotic prescribing through protocol limitations; they could also increase access to quick and safe care. Medical technology companies, such as Abbott and BD, manufacture and distribute POCT devices used in numerous health care settings. Some testing units are specifically tailored to a single test result, whereas others can test for multiple findings.

The BD Veritor Plus System is a handheld device that allows testing for SARS-CoV-2, influenza A and B, group A *Streptococcus*, and respiratory syncytial virus (RSV).⁴ The Abbott ID Now is a rapid, instrument-based, isothermal system for the qualitative detection of infectious diseases,⁵ including influenza A and B, group A *Streptococcus*, and RSV. A similar unit is available for the testing for SARS-CoV-2. These devices would be ideal for technicians administering POCT in rural communities for acute infection management.

Amber Mizelle, lead technician at CVS in Elizabeth City, North Carolina, has found her time as a certified vaccinator rewarding. She believes that increasing her patient care interactions through POCT would be even more fulfilling.

“I believe it would be beneficial if technicians were in the position to more widely offer POCT for things like strep, COVID-19, and flu. Our availability would help relieve the overworked personnel and nurses at primary care offices and urgent care centers,” Mizelle said. “Health care in gen-

eral is currently overwhelmed, and this opportunity could help out tremendously,” she added.

Community pharmacies nationwide are experiencing increased demands, limited space, and staffing shortages. Although more testing opportunities at pharmacies would be a tremendous benefit, proper execution is crucial so as not to create more burden on community pharmacy staff members. In addition, greater pharmacy demands through these much-needed offerings to patients could ultimately become a safety hazard if not well implemented.

Each POCT site in the United States must apply for and maintain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver and CLIA license.⁶ Congress passed CLIA in 1988 to federally regulate standards for laboratory testing on humans. The application and maintenance of the waiver enables pharmacies to perform, analyze, and use POCT. The amount of paperwork that is necessary to become an authorized testing facility could pose an issue by further limiting accessible and quick health care options in rural areas. ■

CONCLUSION

Technicians are great assets in rural communities and help create access to quick, safe health care. It is not uncommon for individuals suffering from acute infectious diseases to fail to seek immediate or necessary care because of inconvenience, increased health care costs, or simple accessibility issues, including wait times. Broadening the scope of practice of properly trained technicians who assist pharmacists in direct patient care through POCT could have a profound effect. ■

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