Collaborative Pharmaceutical Task Force Advisory Board Meeting

Date:    July 10, 2018
Meeting Convened: 1:30 P.M.
Meeting Adjourned: 3:14 P.M.
Location:  Chicago: JRTC CBD Rooms 14-612; SPI: Stratton CBD 349C

Roll Call:  Philip P. Burgess, MBA, DPh, RPh, Chairperson
Bryan Schneider, Secretary IDFPR
Adam Bursua, PharmD
Helga Brake, PharmD
Scott Meyers, MS, RPh
Scott A. Reimers
Brian H. Kramer, RPh, MBA
Garth Reynolds, RPh
Jerry L. Bauman, Pharm D
Lemrey Al Carter, RPh

Staff Present: Kathleen Alcorn, IDFPR
Lucienne Doler, IDFPR
Anne McKeon, IDFPR

Guests Present: Denise Scarpelli, U of C
Jason True, United Rx
Cindy Li, ICHP
Ryan McCann, Jewel-Osco
Melissa Hogan, Roosevelt University
Laura Licari, IPhA/Roosevelt University
Jan Keresztes, Talent First
Jeff Wadelin, ACPE
Stephanie Hasah, CPhA
Debra Moorman, CPhA
Laura Churns, Albersons Companies
Sheree Speakman, Talent First
Brian Hrad, Symbria Rx Services
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<th>Topic</th>
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<td>Call to Order</td>
<td>• Phil: overview of past meeting. Main focus today is tech duties and what they should be able to do and not be allowed to do.</td>
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| Approval of the Minutes | • June Minutes  
  o Motion-Scott  
  o Second-Brian | • June Minutes unanimously approved as amended | |
| Discussion | • Al-3 things in Act Pharm Techs cannot do (patient counseling, drug utilization review, and clinical conflict resolution), but confusion on some things such as when a pharmacist is on a break. If the pharmacist is on the premises to answer questions, pharm can stay open. If not on premises, pharmacy must close. The way it is currently written, there is not clarification here, but this has been the Board’s interpretation. There needs to be clarity.  
  o Phil to Luci: Is this the Department’s interpretation?  
  o Luci: This is not in the rules  
  o Secretary Schneider: what is creating ambiguity? Is it a lunch break?  
  o Al: when the pharmacist leaves the pharmacy, which could include a lunch break.  
  o Phil: How many breaks, how long those breaks are, etc. if these could be more clearly defined in terms of when the pharmacy can continue to operate.  
  o Brian: What does “off-duty” mean?  
  o Secretary: these things go together-is the pharmacist really on a break if they get called to counsel a patient at that time? These are things to consider.  
  o Discussion re: techs opening pharmacies without pharmacist and remote dispensing (aka not available physically but available through A/V technology  
  o Task Force: wants to recommend to GA that this language re: access to the pharmacist when they are not on the premises be more concrete and requests that Dept. help clarify this language.  
  • Al: Is there anything else from the list of things in the Act techs can/can’t do that we want to change?  
  o Discussion re: patient counseling, including OTC. Issue of store clerks recommending OTC to store patrons.  
  o Secretary: This is a legitimate topic we can consider in this forum.  
  • Phil: In many states, the pharmacist or tech can transfer scripts.  
  o Scott R: For controlled substance, onus is on the practitioner, not the pharmacist. Practitioner’s agent can call in prescription, but agent of the pharmacist cannot accept. Question of whether tech can take controlled substance script  
  o Luci: Reminder that we are not the only regulatory body with control in this area.  
  o Task Force: will consider recommending modification of Act to allow for transfer of scripts.  
  • Tech product verification  
  o Phil: Allowing product verification by techs gives pharmacists more time to interact with patients, which goes to the heart of many of the 16 points the task force has been asked to address. | |
o Scott M: hospitals have been doing this for years. Organizations need to do it correctly, but if doing it the right way studies show this is safe. There is no law that says hospital techs can’t do this.
o Phil: “Advancing tech roles” article—pharmacist is held responsible, so the pharmacist needs to use judgment when delegating.
o Brian: long-term care-techs are not doing product verification because haven’t seen any official statement that it is legal.
o Jason True: with Omnicare, we did the tech verification. The pharmacists would check what has been pre-packaged. The tech would then check the barcode scan from label to card. It has been simplified so much to see if the computer has correctly read everything.
o Denise (U of C): Confusion because law doesn’t say you can or can’t do tech check tech. Law needs to spell this out. Techs should be able to check product since product verification is not listed under the things they can’t do. If doing TCT, need to include process to ensure safety, e.g. certified techs, training, quality assurance, etc.
o Secretary: Key to cleaning this up may be defining appropriate training/certification to be allowed to do TCT.
o Jeff: new educational standard go into effect in Jan. Graduate from advanced program would be qualified to do TCT, just a matter of whether they legally can.
o Task Force: will explore allowing TCT and appropriate training that would be required.
  • Diversion—more likely if allow techs to take verbal prescriptions
    o Stephanie: consider language similar to what is there on physician side—if pharmacist gives agent/tech permission to do this on their behalf, need this language to be clear.
    o Luci: May require change to Controlled Substance Act, which the Dept. of Human Services also has regulatory authority over
    o Al: Like Scott says, no different for pharm tech taking it if pharmacist gives responsibility to tech they trust.
    o Response: Just because you trust someone doesn’t mean they won’t divert.
    o Helga: Problem with verbal orders is anyone can make a mistake. Need read back and other safe guards.
    o Al: PMP is a diversion safe guard.
    o Phil: Controlled drug prescriptions mandated to be electronic in some states.
    o Scott: Exemptions and implementation timing are big issues.
    o Laura: what states have TCT? Answer: AL, MN, CA, WI, ID, TN, TX, OR. A few allow it in a retail setting, more often in hospital setting. IA is doing a study on retail vs. hospital.
    o Jan: Working with ACPE re: pharm techs, talking to employers, trying to define “tech”
      • Seminar re: high school/junior high education changing to competency-based education system, which can set state for setting up system of credentials based on competencies. More credentials= more valuable to employer. Techs should be incentivized to get more credentials. Want career ladder for techs with different competency bases.
  • Universal Electronic Medical Records—what data needed?
• Phil: Many states looking at how to ensure pharmacist in charge (PIC) and pharmacy are creating a safe and effective environment (see OR handout). PIC held responsible for this, but can’t be a PIC without one year of experience. Consider the whistleblower discussion from earlier mtg. Is it fair to hold PIC responsible for everything that happens?
  o Brian: Long-term care—many techs, beds, etc. and only one PIC. Should this level of responsibility be on a PIC? Re-define scope of PIC practice?
  o Phil: PIC in mail service facility faces challenges as well.
  o Laura: OR proposed rules—if require PIC to be responsible for too much, may have negative consequences. Hold the entities and companies responsible.
  o Task Force: will make recommendations as to how to better protect PIC if want to report unsafe environment
• Pharmacy immunizations
  o Al: pharmacist or pharmacy student under supervision of pharmacist only ones who can administer vaccines.
  o ID and RI allow techs to do immunizations. Adam: Should IL techs be allowed to do this? If allow it, need to be prescriptive about training.
  o Issue is immunization quota pharmacists have.
  o Audience comment: profession has been “Amazon’d”—person can be trained to administer vaccine. Pharmacist doing clinical decision making, tech should be able to do the technical task of administering a vaccine.
  o Jan: not enough techs to meet doctor demand. Need to ensure proper training/certification.
  o Phil: Phil: for all things we need to specify training, etc. Required.
  o Comment: If we want to stand the test of time, let accrediting bodies set standards so that Rules/Act don’t become out-dated right away.
  o Phil: want to be broad enough to ensure safety but also flexible.
• Assignments/topics for next meeting:
  o Breaks/work environment-Al, Jerry
  o Tech training-Helga, Brian
  o E-prescribing and e-discontinuation-Adam, Scott
• Phil: Union participant still not present, but will continue to move forward
• Motion to adjourn from Scott, second from Al. Unanimous approval

Adjournment  Adjourned 3:14 p.m.