1

Financial Disclosures

Our speakers declare that they do not have a current affiliation or financial arrangement with any ineligible companies that may have a direct interest in the subject matter of this continuing pharmacy education (CPE) activity within the past 24 months.

Additionally, NABP staff involved in the planning of this activity do not have a current affiliation or financial arrangement with any ineligible companies that may have a direct interest in the subject matter of NABP's CPE Program within the past 24 months.

All relevant financial relationships have been mitigated.

NABP

2

Q&A

You may use the Questions tool on your screen to submit questions to the presenters.

After each presentation, our host will read the questions out loud
in the order they are received.

Our presenters will also answer questions via the Questions tool.

NABP

3

NABP
National Association of Boards of Pharmacy

Pharmacist's Role in Addressing the Rising Insulin Prices

Katelyn Ewer
PharmD Candidate, Class of 2025
North Dakota State University School of Pharmacy

Amy Drummond, PharmD
Lecturer, Department of Pharmacy Practice
North Dakota State University School of Pharmacy

4

Pharmacist's Role in Addressing Rising Insulin Prices

Katelyn Ewer PharmD Candidate 2025
Rachel Grande PharmD Candidate 2024
Dr. Amy Drummond Faculty Mentor, NDSU

5

Agenda

- Introduction
- Active Learning
- Effect of Insulin Prices
- Trends in Insulin Prices
- Pharmacist's Role
- Conclusion

6

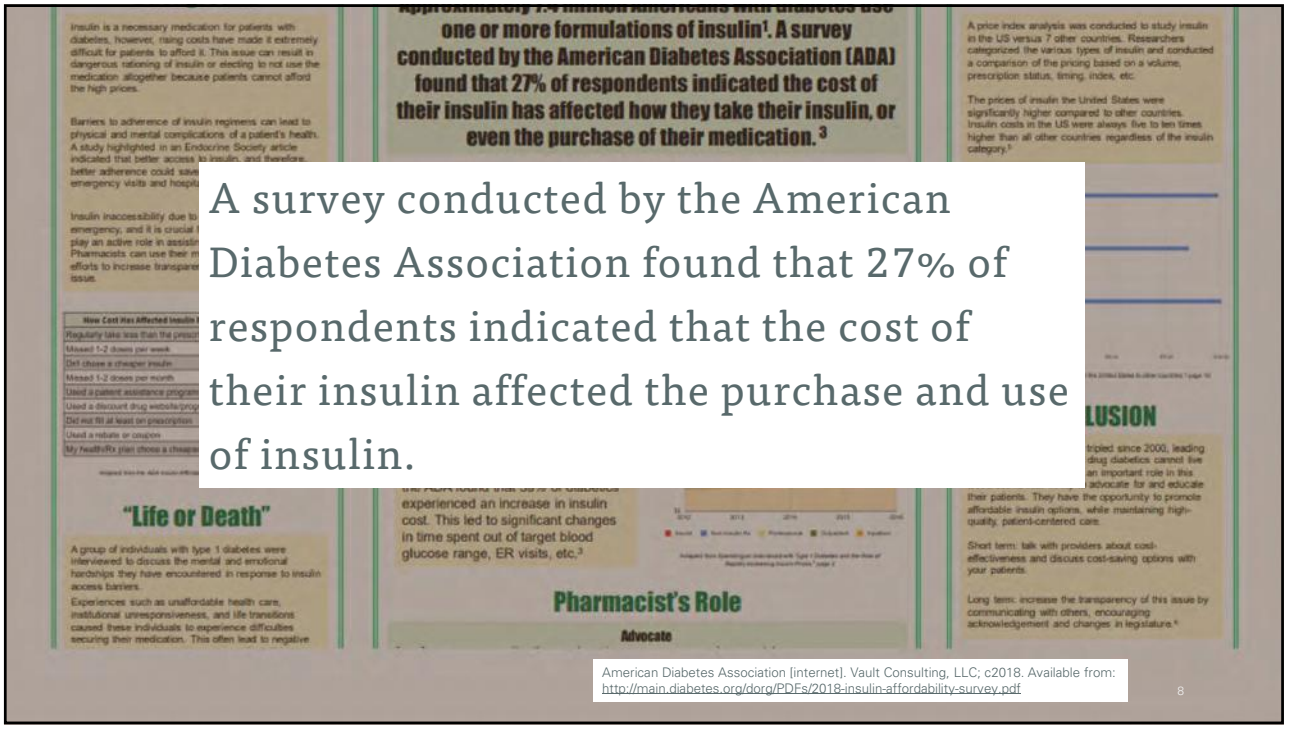
6

Learning Objectives

- Discuss the current status of insulin prices and how this issue affects pharmacy practice
- Identify unique opportunities for pharmacy professionals to educate the public about the causes and solutions of rising insulin costs

7

7



8

Active Learning

How many people with diabetes in the U.S. are insulin-dependent?

a. 1.2 million

b. 5.4 million

c. 7.4 million

d. 9.2 million

What percentage of the U.S. population is uninsured?

a. 4.1%

b. 9.7%

c. 13.4%

d. 20.9%

The Endocrine Society. Addressing insulin access and affordability: an Endocrine Society position statement. J Clin Endocrinol Metab. 2021 Jan 12;106(4):935-941.
National Health Statistics Reports. *Demographic Variation in Health Insurance Coverage: United States 2020.* February 11, 2022. Number 169. Accessed August 12, 2023. https://www.cdc.gov/nchs/data/nhsr/nhsr169.pdf

9

9

Effects of Cost

- Insulin-dependent individuals require insulin
- Inaccessibility leads to both a physical and mental toll
- ADA's 2018 Insulin Affordability Survey

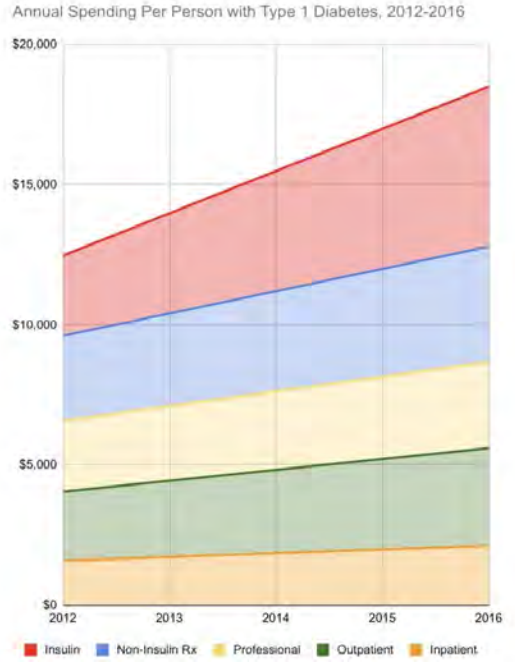
How Cost Has Affected Insulin Purchase/Use In The Past Year	
Regularly take less than the prescribed dose	26%
Missed 1-2 doses per week	23%
Dr/I chose a cheaper insulin	23%
Missed 1-2 doses per month	20%
Used a patient assistance program	20%
Used a discount drug website/program	20%
Did not fill at least on prescription	18%
Used a rebate or coupon	17%
My health/Rx plan chose a cheaper insulin	14%

Adapted from the ADA Insulin Affordability Survey 2018[3], slide number 17

The Endocrine Society. Addressing insulin access and affordability: an Endocrine Society position statement. J Clin Endocrinol Metab. 2021 Jan 12;106(4):935-941.
American Diabetes Association [internet]. Vault Consulting, LLC; c2018. Available from: http://main.diabetes.org/dorg/PDFs/2018-insulin-affordability-survey.pdf

10

10



Adapted from *Spending on Individuals with Type 1 Diabetes and the Role of Rapidly Increasing Insulin Prices*[4], page 2

Trends in Cost

- Insulin accounted for 31% of total spending, $5,700 per year
- Spending on insulin doubled from 2012 to 2016
- ADA's 2018 Insulin Affordability Survey found that 38% of insulin-dependent individuals experienced an increase in cost

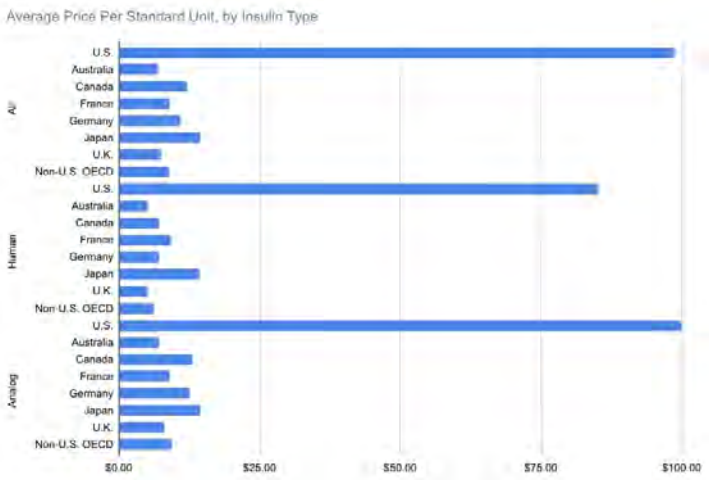
Biniek JF, Johnson W. Spending on individuals with type 1 diabetes and the role of rapidly increasing insulin prices. Health Care Cost Inst. 2019 Jan;1-14. American Diabetes Association [internet]. Vault Consulting, LLC; c2018. Available from: http://main.diabetes.org/dorg/PDFs/2018-insulin-affordability-survey.pdf

11

11

Comparing Countries

- Price index analysis comparing the U.S. to 7 similar countries
- Prices of insulin were always 5 to 10 times higher regardless of category



Adapted from *Comparing insulin prices in the United States to other countries*[5], page 10

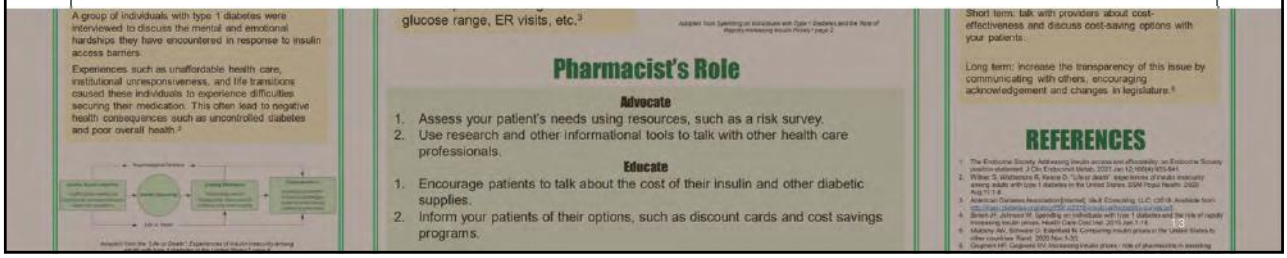
Mulcahy AW, Schwam D, Edenfield N. Comparing insulin prices in the United States to other countries. Rand. 2020 Nov;1-33.

12

12

Pharmacist's Role

- Be open and encourage patients to share concerns
- Talk with other health care providers to provide the best option for mutual patients
- Share information about discount card and cost saving programs



13

Self-Assessment Question

Which of the following is true regarding prescription savings programs?

a. Savings programs are no cost to the providing pharmacy
b. Patients are already aware of savings programs if they are available
c. Some savings programs can be state specific
d. Savings programs can only be used in conjunction with insurance

14

Conclusion

- Short term: advocate for and educate patients, look for opportunities to promote affordable options while maintaining high-quality care
- Long term: increase transparency via open communication, small steps can snowball into significant change

Gogineni HR, Gogineni RV. Increasing insulin prices – role of pharmacists in assisting patients with diabetes to enhance access. Biomed J Sci Tech Res. 2018 Aug 14;8(2):1-4. 15

15

References

American Diabetes Association [internet]. Vault Consulting, LLC; c2018. Available from: http://main.diabetes.org/dorg/PDFs/2018-insulin-affordability-survey.pdf

The Endocrine Society. Addressing insulin access and affordability: an Endocrine Society position statement. J Clin Endocrinol Metab. 2021 Jan 12;106(4):935-941.

National Health Statistics Reports. *Demographic Variation in Health Insurance Coverage: United States 2020*. February 11, 2022. Number 169. Accessed August 12, 2023. https://www.cdc.gov/nchs/data/nhsr/nhsr169.pdf

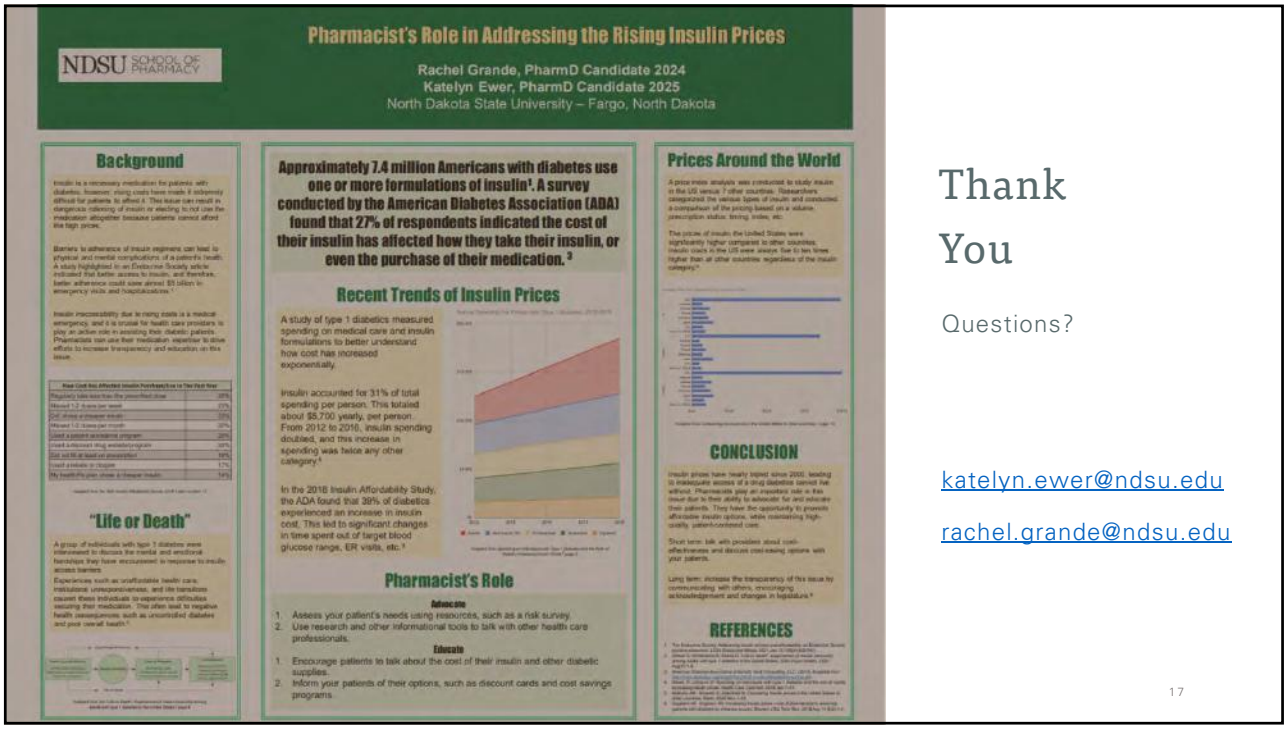
Biniek JF, Johnson W. Spending on individuals with type 1 diabetes and the role of rapidly increasing insulin prices. Health Care Cost Inst. 2019 Jan;1-14.

Mulcahy AW, Schwam D, Edenfield N. Comparing insulin prices in the United States to other countries. Rand. 2020 Nov;1-33.

Gogineni HR, Gogineni RV. Increasing insulin prices – role of pharmacists in assisting patients with diabetes to enhance access. Biomed J Sci Tech Res. 2018 Aug 14;8(2):1-4.

16

16



17

NABP National Association of Boards of Pharmacy

Framing a New Mindset About Drug Interactions Associated With Cannabis

Christina Tarasidis
PharmD Candidate, Class of 2026
East Tennessee State University
Bill Gatton College of Pharmacy

Sarah T. Thomason, PharmD, BCPP, BCACP
Professor of Pharmacy Practice
East Tennessee State University
Bill Gatton College of Pharmacy;
Member, Virginia Board of Pharmacy

18

Framing a New Mindset About Drug Interactions Associated With Cannabis

Sarah T. Thomason, PharmD, BCPP, BCACP and
Christina Tarasidis, PharmD Candidate

Virginia Department of Health Professions

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

19

Learning Objectives

1. Discuss the role of the Virginia Board of Pharmacy as designated by legislation regarding medicinal cannabis.
2. Describe the purpose of the guidance document issued by the Virginia Board of Pharmacy regarding drug interactions with cannabis.
3. Identify key drug interactions with commonly dispensed medications and cannabis.

BILL GATTON COLLEGE of PHARMACY

20

History of Cannabis in Virginia

1979

- The Virginia General Assembly (GA) eliminated prosecution for possession of marijuana if a written prescription was provided by a doctor for the treatment of cancer or glaucoma
- The law did not create a legal process for patients to obtain medical marijuana

2002

- Federal circuit court ruled doctor "recommendations" are protected by the First Amendment as a form of speech

2015

- The GA authorized possession of marijuana based on a doctor's recommendation and prohibited prosecution of patients with epilepsy who possessed cannabidiol (CBD) with a doctor's certificate for treatment

2018

- The GA broadened the authorization of medical marijuana use for any medical condition
- The law authorized the Virginia Board of Pharmacy (VBOP) to license pharmaceutical processors and established procedures for dispensing medical marijuana by a pharmacist
- The VBOP issued one pharmaceutical processor permit in each of Virginia's five health regions
- Patients were required to obtain a registered physician's recommendation and register with the VBOP

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

21

History of Cannabis in Virginia

2019

- The GA passed three laws clarifying the right to use CBD and THC oils
- Physician assistants and nurse practitioners were authorized to register with the VBOP to write certifications for patients desiring medical marijuana
- The GA expanded the right to sell marijuana in edibles and other packaged forms

2020

- GA authorized the five authorized processors to establish five additional off-site cannabis facilities within their service area
- The GA decriminalized marijuana use

2021

- The GA legalized possession of up to one ounce of marijuana and authorized sales for non-medical use (2024)
- The Virginia Cannabis Control Authority (CCA) was created
- The GA enacted legislation allowing Virginians to grow up to four marijuana plants per household

2022

- The GA did not reenact the legislative framework for a retail market
- The GA eliminated the requirement for patients who had been certified by a registered practitioner to register with the VBOP

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

22

The "Why" Behind the Guidance Document

- Document developed by a state agency or staff that provides guidance of general applicability to the staff or public to interpret or implement statutes or the agency's rules or regulations
- The BOP enlisted board member Dr. Sarah Thomason and students with Operation Substance Use Disorders (American Pharmacists Association – Academy of Student Pharmacists) at the East Tennessee State University Bill Gatton College of Pharmacy to develop a guidance document regarding drug interactions with Cannabis

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

23

The "Why" Behind the Guidance Document

- Virginia Code § 54.1-3319(A) requires a pharmacist to conduct a prospective drug review before each new prescription is dispensed or delivered to a patient or a person acting on behalf of the patient
- Review must include screening for potential drug therapy problems from drug-drug interactions
- As legal allowances for the use of cannabis increase, the approved guidance document will assist pharmacists performing prospective drug reviews, including the screening for drug-drug interactions

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

24

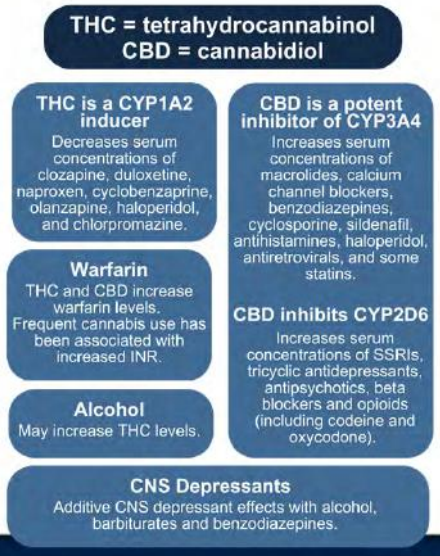
The Guidance Document

- Download the Guidance Document and references by scanning here:

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

25

Focus on Drug Interactions



BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

26

Framing a New Mindset

- ✓ Educate pharmacists and the public on drug interactions with Cannabis
- ✓ Promote a change in mindset of pharmacists to ensure patients are screened for cannabis use and educated on potential drug interactions is key to preventing drug-related harm
- ✓ Change the mindset and raise awareness for the general public regarding potential consequences for prescribed and recreational use of cannabis when used with other medications

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

27

Self Assessment Question

A patient presents to the pharmacy with a new prescription. You are aware that the patient uses medical marijuana to treat chronic pain. After reviewing the Virginia Board of Pharmacy guidance document on drug interactions with cannabis, you tell the patient you must call the prescriber because there is a major drug interaction with this new prescription and the Cannabis that might cause harm. Which of the following is most likely the new medication?

A. Topiramate

B. Duloxetine

C. Warfarin

D. Metformin

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

28

Questions and Discussion

Sarah T. Thomason, PharmD, BCPP, BCACP
meltonst@etsu.edu

Christina Tarasidis
tarasidisc@etsu.edu

BILL GATTON COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY

29

NABP National Association of Boards of Pharmacy

Student Observations and Analysis of Medication Errors in Community Pharmacy Settings

Mary Douglass Smith, PharmD
Director of Experiential Education
Presbyterian College School of Pharmacy

30

Student Observations and Analysis of Medication Errors in Community Pharmacy Settings

Martine Abouchabki, PharmD Candidate
Kyli Latimer, PharmD Candidate
Kathryn Ware, PharmD Candidate
Mary Douglass Smith, PharmD

31

Learning Objectives: At the conclusion of this webinar, participants will be able to:

1. Describe the regulation related to error reporting in community pharmacy settings.
2. Explain student observations of error reporting.
3. Discuss how to evaluate the potential patient harm and error percentages relevant to the community pharmacy setting.

32

Medication Errors

NCCMERP
National Coordinating Council for Medication Error Reporting and Prevention

ISMP
Institute for Safe Medication Practices
An ECRI Affiliate

33

Study Objectives

- Describe student-reported medication errors in the community pharmacy setting
- Measure the potential harm to patients due to the medication error and determining plausible strategies to reduce medication errors

34

Methods

Student's Name ☐ Spring-1 ☐ Spring-2 Name of Site

Standardization of Common Medication Errors in a Community Setting

	Rx #1	Rx #2	Rx #3	Rx #4	Rx #5	Rx #6	Rx #7	Rx #8	Rx #9	Rx #10	Rx #11	Rx #12	Rx #13	Rx #14	Rx #15	Rx #16	Rx #17	Rx #18	Rx #19	Rx #20
Incomplete Directions																				
Route of administration	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
PRN	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Indication	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Duration of therapy (specific course of therapy)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Typo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Max/Day	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other prescriber instructions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medication Specific																				
Wrong drug	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dosage form	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strength	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Quantity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Prescriber Information																				
Wrong prescriber	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other Errors																				
Original date	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dose frequency	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Refills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Duplicate fills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Early fill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wrong patient	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Type Medication																				
Controlled substance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Antibiotic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neither	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
No Error Found	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

35

Methods

Standardization of Common Medication Errors in a Community Setting

	Potential Patient Harm	Potential Patient Harm - Controls	Potential Patient Harm - Abx
Incomplete Directions			
ROA	1	2	1
PRN	2	3	2
Indication	1	2	1
DOT (specific course of therapy)	2	2	2
Typo	1	1	1
Max/Day	1	2	1
Other prescriber instructions	1	1	1
Medication Specific			
Wrong drug	4	4	4
Dosage form	2	2	1
Strength	3	3	2
Quantity	2	2	2
Prescriber Information			
Wrong prescriber	0	1	0
Other Errors			
Original Date	0	1	0
Dose Frequency	1	2	1
Refills	1	1	1
Duplicate Fills	1	3	1
Early Fill	N/A	2	N/A
Wrong patient	4	4	4

Key: ROA = route of administration, DOT = duration of therapy

Gates, P.J., Baysari, M.T., Mumford, V. et al. Standardizing the Classification of Harm Associated with Medication Errors: The Harm Associated with Medication Error Classification (HAMEC). Drug Saf 42, 931–939 (2019). https://doi.org/10.1007/s40264-019-00823-4

36

Methods

Potential Patient Harm due to Medication Errors in a Community Setting

Level	Reference	Description
0	No Harm	No potential for patient harm or change in patient level or length of care. No additional actions necessary from prescriber.
1	Minor	There was a potential for minor, non-life threatening, temporary harm that may or may not require additional communication or medication adjustments from prescriber. Increase in care/treatment is expected to be < 1 day.
2	Moderate	There was a potential for minor, non-life threatening, temporary harm that would require additional communication or medication adjustments from prescriber. Increase in care/treatment is expected to be < 1 day.
3	Serious	There was a potential for major, non-life threatening, temporary harm, or minor permanent harm that would require prescriber intervention, additional medications, emergency care, and/or administration of an antidote. Increase in care is expected to be > 1 day.
4	Severe	There was a potential for life threatening or mortal harm, or major permanent harm that would require emergency care and hospitalization, and/or administration of an antidote. Increase in care is substantial and expected to be > 1 day.

Scoring for Multiple Areas Hit:
If 1 and 2 then it would be a 2^1
2 and a 2 then it would be a 2 Squared or 2^2

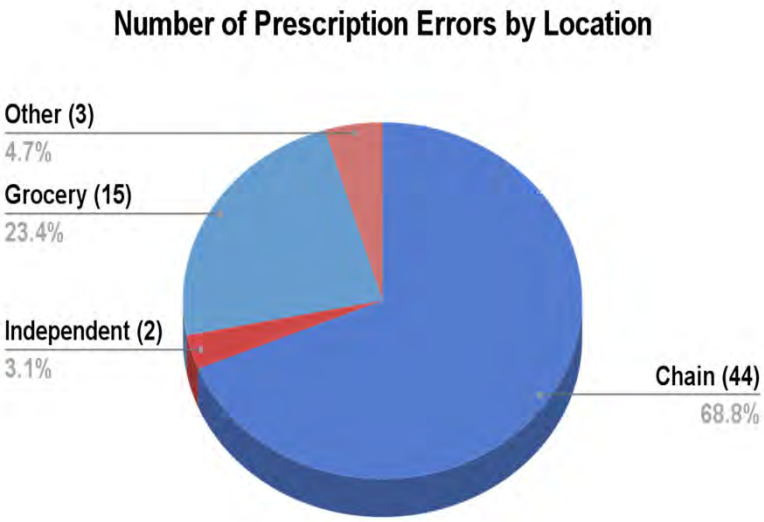
37

Results

- 445 prescriptions were evaluated from 23 different community pharmacies
- 47 prescriptions had at least one or more errors
- A total of 64 errors were found from the 47 prescriptions
- The most common types of errors overall were a result of incorrect typing (17%), wrong indication (13%), wrong drug (13%), and wrong quantity (11%)

38

Results



39

Results

Top 5 Errors in Each Setting and Average Harm Rating		
Chain	● Incorrect typing (n=7) ● Incorrect drug (n=6) ● Incorrect quantity (n=6) ● Incorrect strength (n=5) ● Incorrect refills (n=4) ● Incorrect early fills (n=4)	Average Harm Rating (per prescription with error) = **2.3**
Independent	● Incorrect typing (n=1) ● Incorrect dosage form (n=1)	Average Harm Rating (per prescription with error) = **1.5**
Grocery	● Incorrect indication (n=7) ● Incorrect max drug/day (n=6) ● Incorrect typing (n=2) ● Incorrect drug (n=1) ● Wrong prescriber (n=1)	Average Harm Rating (per prescription with error) = **1.1**
Other	● Incorrect typing (n=1) ● Incorrect drug (n=1) ● Incorrect quantity (n=1)	Average Harm Rating (per prescription with error) = **2.3**

40

Analysis

Average Harm Comparison with Chain Pharmacies	
Independent	P-value: **0.19**
Grocery	P-value: **< 0.01**
Other	P-value: **0.47**

41

Conclusions

- The majority of errors were observed and recorded in chain pharmacies making this the comparator.
- The highest potential harm rating was recorded for chain and other pharmacies.
- Statistical significance was achieved for the comparison of the average harm ratings between chain and grocery pharmacies.
- Limitations of the study include a small sample size for independent and other pharmacies causing a lack of power to be able to reach a statistical significance. Additional limitations of this study include that data was primarily collected from the upstate region of South Carolina and may not represent community practices across the entire state.

42

Conclusions

- Factors that can influence medication dispensing errors in the community setting include:
  - Pharmacist and technician overload/burnout
  - Look-alike and sound-alike medications
  - Lack of staff and interruptions
  - Illegible handwritten prescriptions
- Further education and training development, sufficient staffing, and ideal working conditions should be considered in order to protect patient safety and reduce error rates in community pharmacy.

43

Assessment

What setting had the lowest potential harm rating?

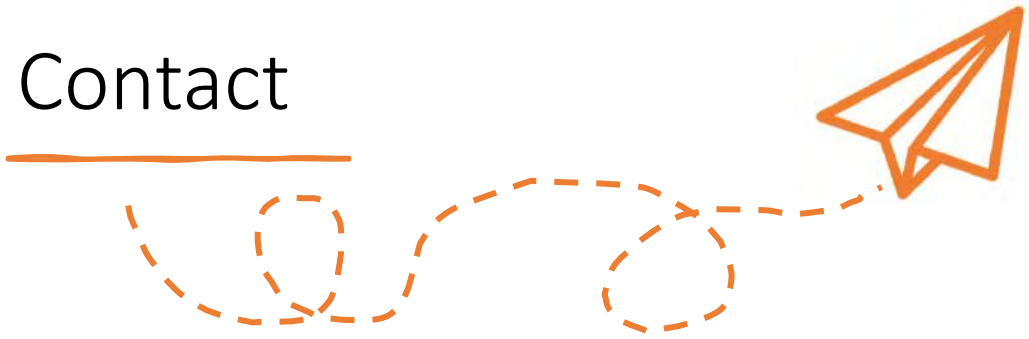
A. Independent
B. Chain
C. Grocery
D. Other

44

Mary Douglass Smith, PharmD

mdsmith@presby.edu

Contact



45

NABP National Association of Boards of Pharmacy

Evaluation of Pharmacist and Patient Perspectives on Pharmacist-Prescribed Hormonal Contraceptives in South Carolina

Tate Owens, PharmD
PGY1 Community-Based Pharmacy Resident
Hawthorne Pharmacy
University of South Carolina College of Pharmacy

46

Evaluation of Pharmacist and Patient Perspectives on Pharmacist-Prescribed Hormonal Contraceptives in South Carolina

Presenter: Tate Owens, PharmD
Authors: Tate Owens, PharmD; Patricia H. Fabel, PharmD, BCPS, FAPhA; Tessa Hastings, PharmD; Abby Davies, PhD Student; Gene Reeder, PhD

University of South Carolina College of Pharmacy
KENNEDY PHARMACY INNOVATION CENTER

47

Objectives

- Identify potential barriers to implementing pharmacist prescribing of hormonal contraceptives into practice in South Carolina from the pharmacists' perspective.
- Describe processes related to hormonal contraceptive prescribing that pharmacists may feel uncomfortable with performing.
- Discuss potential barriers that patients in South Carolina believe they may encounter when accessing their health care related to hormonal contraceptives.

KENNEDY PHARMACY INNOVATION CENTER
College of Pharmacy UNIVERSITY OF SOUTH CAROLINA
Good Practice. Good Science. Good Business.

48

Disclosures

Tate Owens, PharmD, Patricia Fabel, PharmD, BCPS, FAPhA, Tessa Hastings, PhD, Abby Davies, PhD Student, and Gene Reeder, PhD declare no relevant financial relationships or commercial interests in any product or service mentioned in this activity, including grants, employment, gifts, stock holdings, honoraria.

KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

49

Background

In May 2022, Governor Henry McMaster of South Carolina signed the Pharmacy Access Act allowing pharmacists to prescribe hormonal contraceptives pursuant to a statewide protocol.

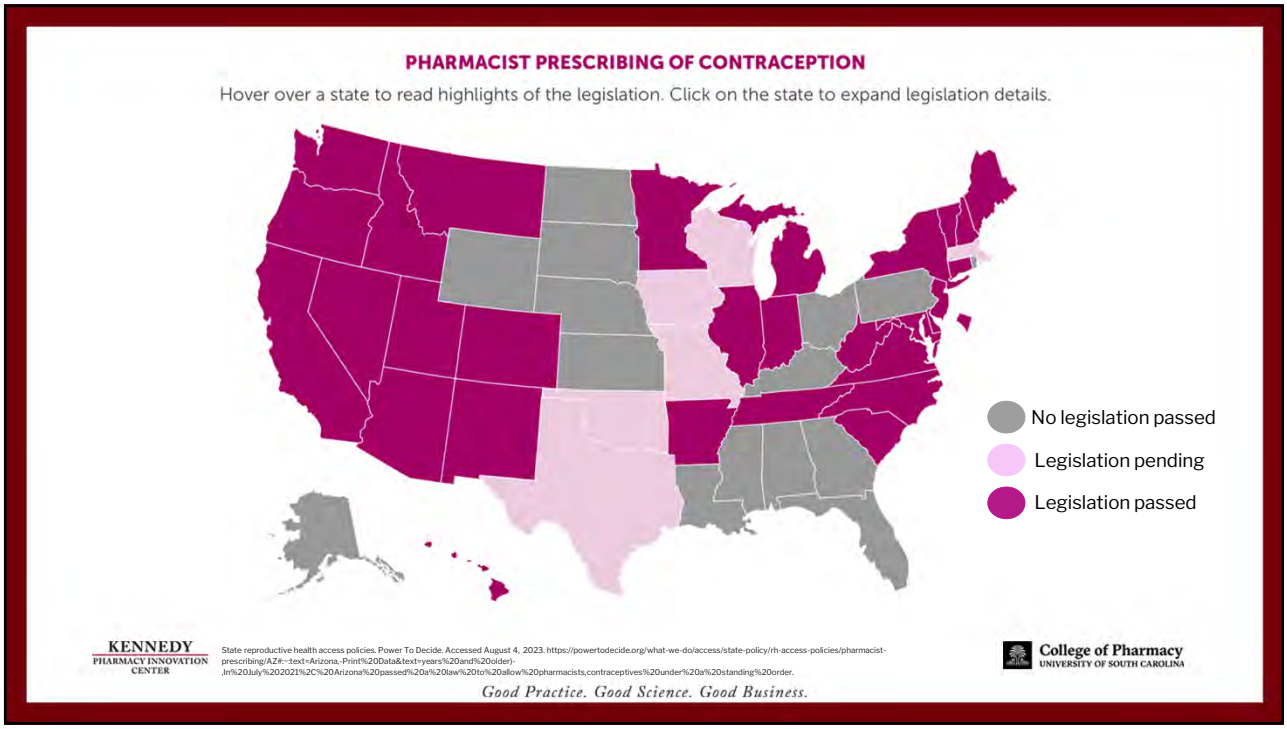
The Boards of Pharmacy and Medical Examiners issued the joint protocol in November 2022.

KENNEDY PHARMACY INNOVATION CENTER

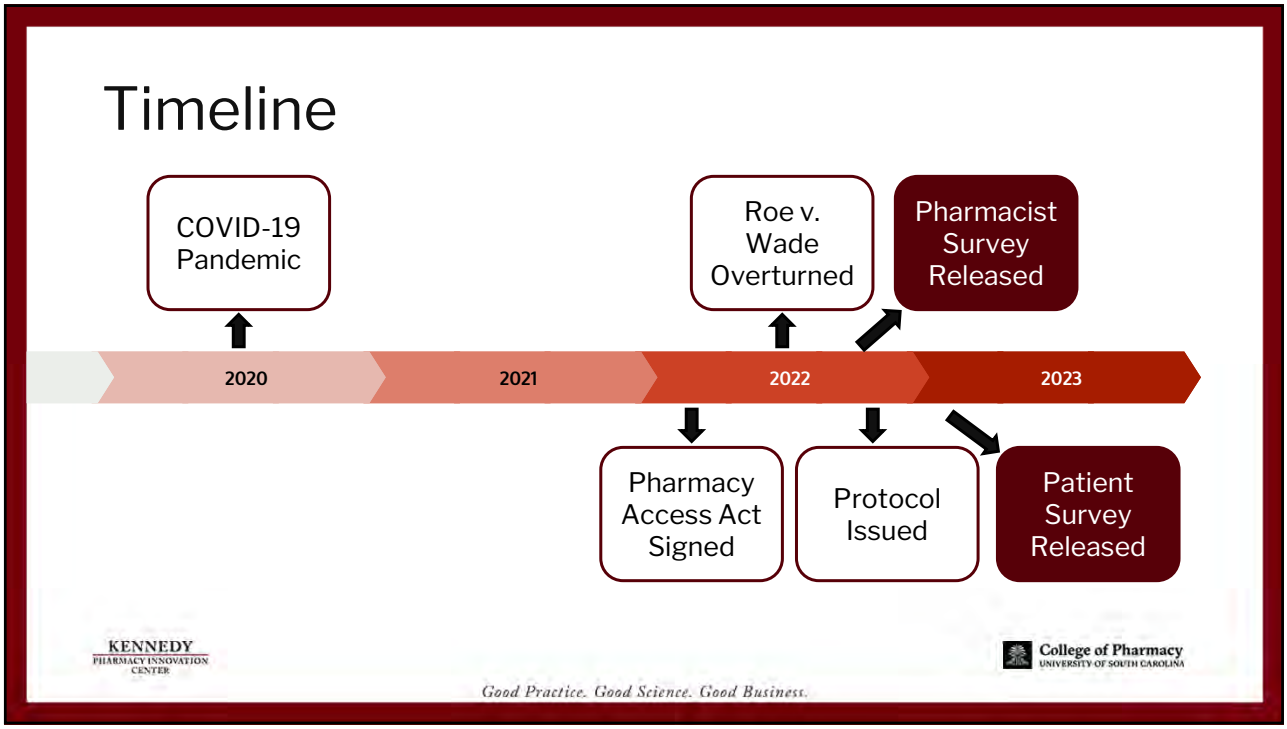
College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

50


PHARMACIST PRESCRIBING OF CONTRACEPTION
Hover over a state to read highlights of the legislation. Click on the state to expand legislation details.
No legislation passed
Legislation pending
Legislation passed
KENNEDY PHARMACY INNOVATION CENTER
College of Pharmacy UNIVERSITY OF SOUTH CAROLINA
Good Practice. Good Science. Good Business.

51


Timeline
COVID-19 Pandemic
Roe v. Wade Overturned
Pharmacist Survey Released
2020
2021
2022
2023
Pharmacy Access Act Signed
Protocol Issued
Patient Survey Released
KENNEDY PHARMACY INNOVATION CENTER
College of Pharmacy UNIVERSITY OF SOUTH CAROLINA
Good Practice. Good Science. Good Business.

52

Study Objective

To determine patient and pharmacist perceptions of pharmacist-prescribed hormonal contraceptives after the passing of the South Carolina Pharmacy Access Act in May 2022.

KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

53

Pharmacist Survey

KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

54

Pharmacist Survey: Methods

All pharmacists registered with the South Carolina Board of Pharmacy (SC BOP)

Distributed via **email** through the **SC BOP.** Data was collected from November 1, 2022, to January 31, 2023.

Collected pharmacist **demographics, interest/comfort** in prescribing hormonal contraceptives, and potential **barriers** to implementation

KENNEDY PHARMACY INNOVATION CENTER

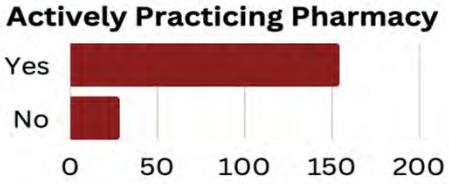
College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

55

Pharmacist Survey: Demographics

N = 188 people

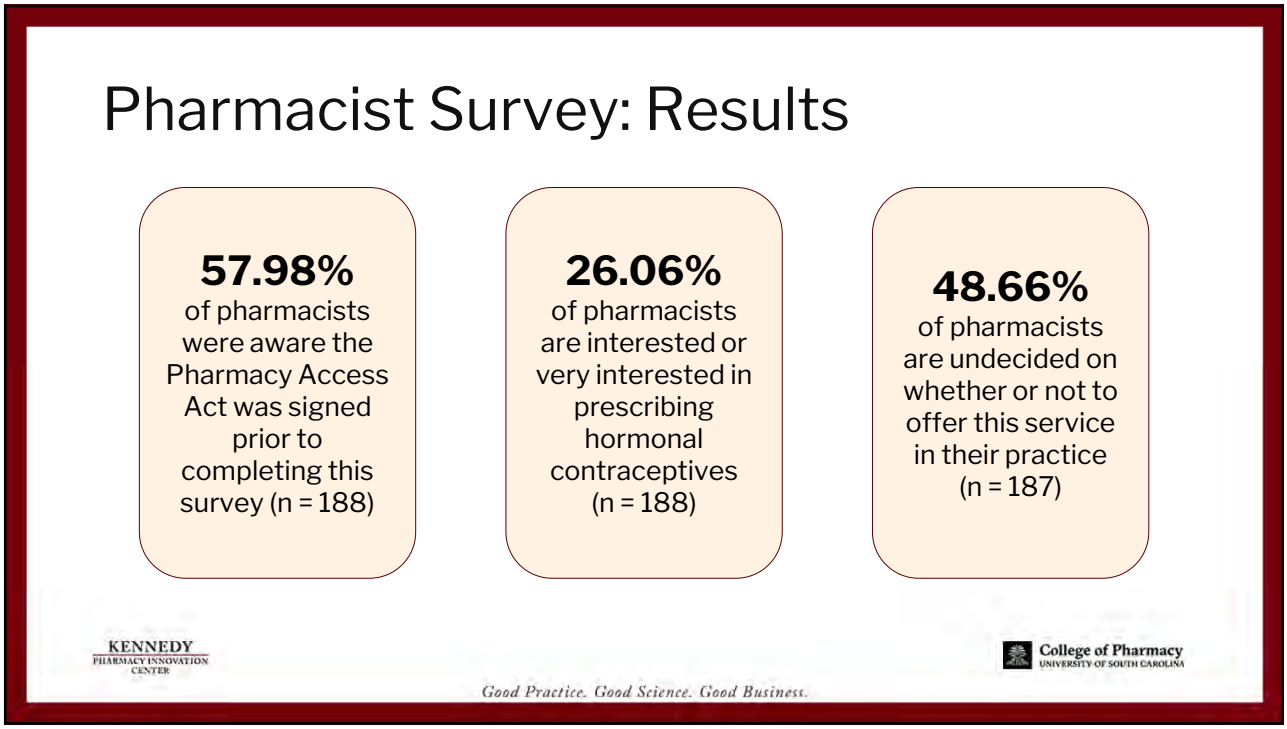


KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

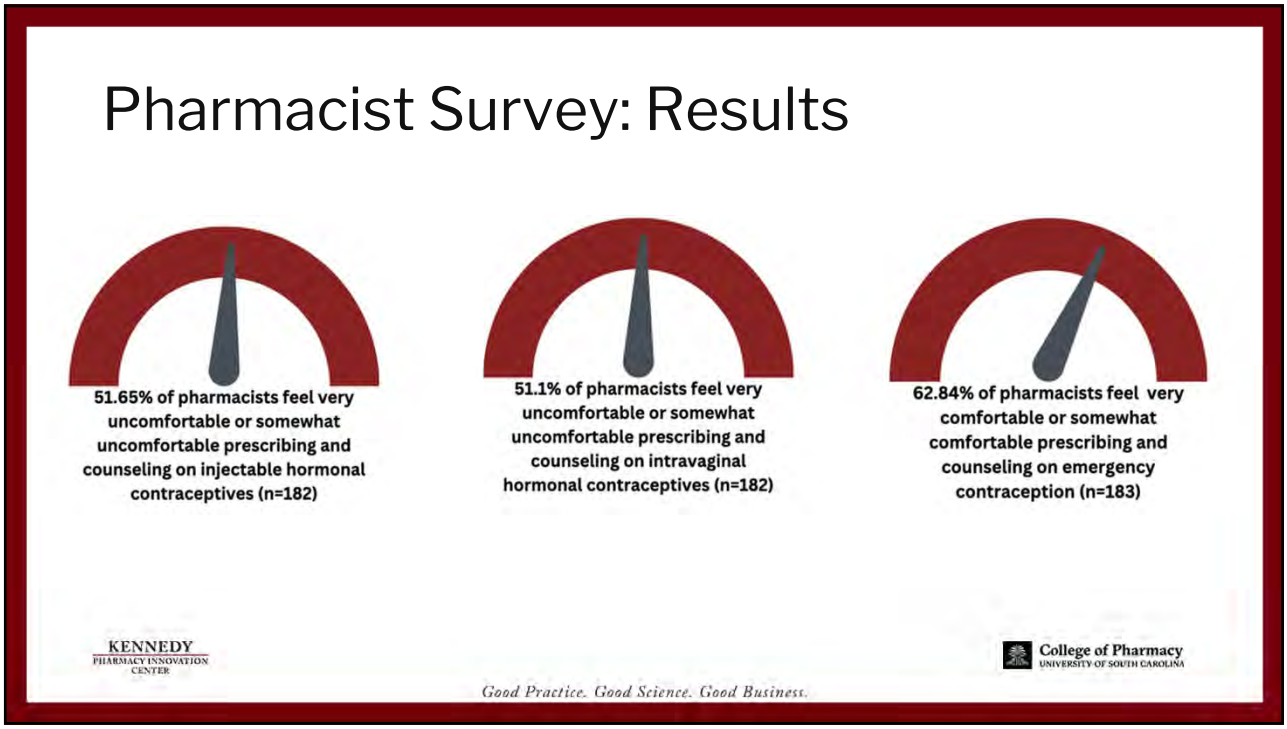
56



57

Question	Not at all	A Little	Moderate	Very	Extremely
Lack of education and training prescribing hormonal contraceptives	14.05%	18.38%	27.57%	**17.84%**	**22.16%**
Limited access to the patient's electronic health record	13.04%	7.07%	19.02%	**24.46%**	**36.41%**
Lack of privacy in my practice setting	**38.04%**	**11.41%**	21.74%	11.96%	16.85%
Personal or religious beliefs	**69.95%**	**12.57%**	8.74%	3.28%	5.46%
Lack of time	15.14%	10.81%	18.38%	**22.70%**	**32.97%**
Contraception is a sensitive topic	**42.86%**	**21.98%**	20.88%	4.95%	9.34%
Lack of drug information resources and clinical decision support tools specific to hormonal contraceptives that are readily available during patient consults	**21.86%**	**25.14%**	23.50%	13.11%	16.39%
Lack of (sufficient) reimbursement	10.99%	9.34%	26.37%	**19.23%**	**34.07%**
Patient's ability of pay or their lack of insurance coverage	**20.44%**	**19.34%**	29.83%	16.02%	14.36%
Insufficient support staff to prescribe hormonal contraceptives	11.48%	10.93%	24.59%	**19.67%**	**33.33%**
Uncertainty regarding scope of practice and liability	8.33%	14.44%	25.00%	**18.33%**	**33.89%**
Limited support from medical providers in the community	9.29%	14.75%	30.06%	**22.40%**	**22.95%**
Patients do not want a pharmacist to prescribe their birth control	**28.33%**	**26.11%**	24.44%	10.00%	11.11%
Decision maker at my practice site is not supportive	**50.00%**	**15.73%**	21.91%	5.62%	6.74%
Unclear information regarding the law and its requirements	**12.71%**	**30.39%**	23.20%	13.81%	19.89%
Fear of women neglecting recommended health care (i.e. pap smear)	16.02%	15.47%	27.62%	**16.57%**	**24.31%**

58



59

Question	Very uncomfortable/ Somewhat uncomfortable	Very comfortable/ Somewhat comfortable
Utilizing a patient self-screening risk assessment prior to prescribing hormonal contraceptives to patients	42.86%	**57.14%**
Identifying and referring patients who may be subject to abuse to the appropriate social services agency	**57.69%**	42.30%
Administering injectable hormonal contraceptives	**52.19%**	47.81%
Applying the United States Medical Eligibility Criteria for Contraceptive Use to determine patient eligibility for hormonal contraceptives	**63.88%**	36.11%
Counseling patients on recommended annual medical visits, health tests, and screenings	26.37%	**73.62%**
Counseling patients on the effectiveness and availability of long-acting reversible contraceptives as an alternative to self-administered hormonal contraceptives or injectables	38.66%	**60.99%**
Providing a patient with a written explanation as the why you did not dispense a hormonal contraceptive	50.00%	50.00%
Providing patients with information on the SC Medicaid Program and how to apply for benefits	**60.77%**	39.23%
Counseling patients on the effectiveness of abstinence in preventing pregnancy and contracting a sexually transmitted infection or disease	37.02%	**62.98%**
Counseling patients on the need for backup contraception	28.49%	**71.51%**
Counseling patients on when to seek emergency medical attention related to the use of hormonal contraceptives	32.60%	**67.41%**
Counseling patients on the risk of contracting a sexually transmitted infection or disease, along with ways to reduce the risk of contraction	27.48%	**72.52%**

60

Patient Survey

KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

61

Patient Survey: Methods

Female patients **<50 years old** with a **prescription for birth control** at Hawthorne Pharmacy

Distributed via **survey flyer or Hawthorne's mobile application** between January 12, 2023, and February 20, 2023.

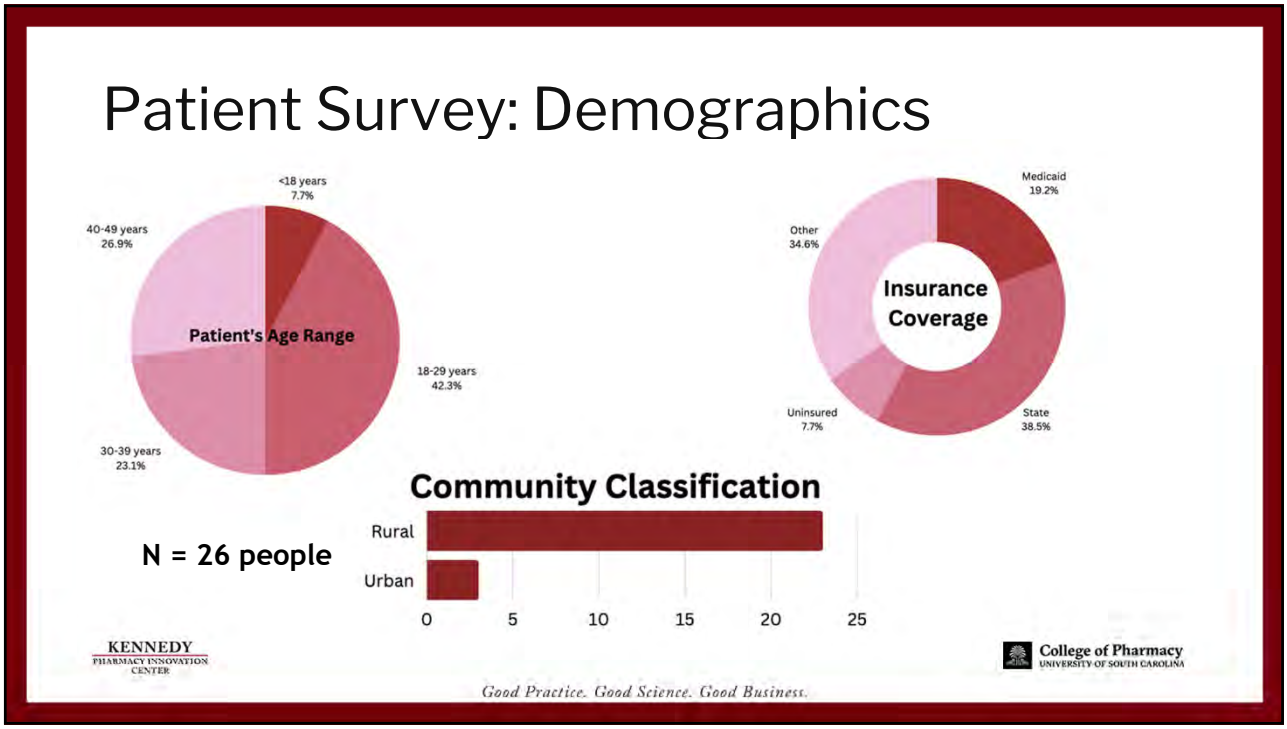
Collected patients' **demographics, interest**, **willingness to pay, and reasons** for seeing a pharmacist to prescribe their birth control

KENNEDY PHARMACY INNOVATION CENTER

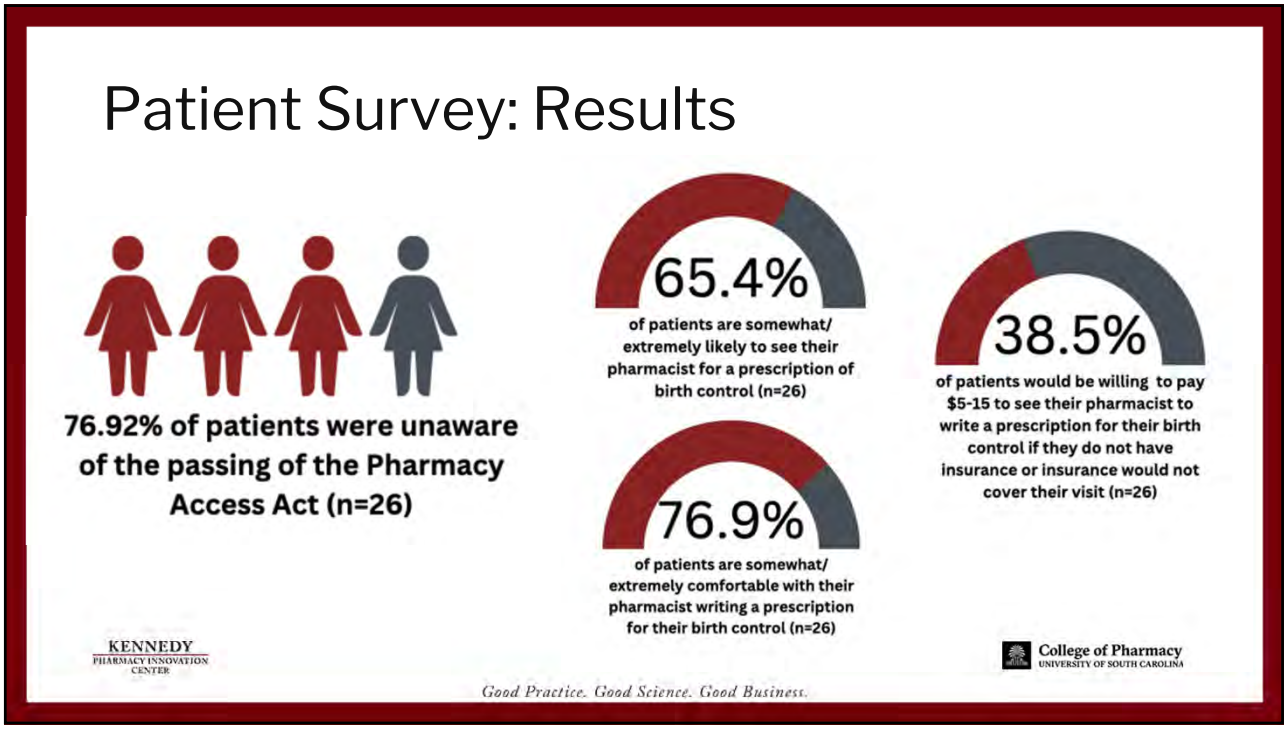
College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

62


Patient Survey: Demographics
<18 years
7.7%
40-49 years
26.9%
Patient's Age Range
18-29 years
42.3%
30-39 years
23.1%
Medicaid
19.2%
Other
34.6%
Insurance Coverage
Uninsured
7.7%
State
38.5%
Community Classification
N = 26 people
Rural
Urban
0
5
10
15
20
25
KENNEDY
PHARMACY INNOVATION CENTER
College of Pharmacy
UNIVERSITY OF SOUTH CAROLINA
Good Practice. Good Science. Good Business.

63


Patient Survey: Results
76.92% of patients were unaware of the passing of the Pharmacy Access Act (n=26)
65.4%
of patients are somewhat/ extremely likely to see their pharmacist for a prescription of birth control (n=26)
38.5%
of patients would be willing to pay $5-15 to see their pharmacist to write a prescription for their birth control if they do not have insurance or insurance would not cover their visit (n=26)
76.9%
of patients are somewhat/ extremely comfortable with their pharmacist writing a prescription for their birth control (n=26)
KENNEDY
PHARMACY INNOVATION CENTER
College of Pharmacy
UNIVERSITY OF SOUTH CAROLINA
Good Practice. Good Science. Good Business.

64

Question	Strongly disagree/ somewhat disagree	Neither agree nor disagree	Strongly agree/ somewhat agree
I have trouble obtaining my birth control due to the cost of visiting my physician.	**69.23%**	7.69%	23.08%
Pharmacists are easier to access.	3.85%	23.08%	**73.08%**
I do not currently have or see a primary care provider/OBGYN/nurse practitioner/physician's assistant.	**84.61%**	0.00%	15.39%
Pharmacists have the knowledge to write prescriptions for medications.	0.00%	7.69%	**92.31%**
I do not currently have prescription drug insurance.	**84.61%**	0.00%	15.39%
My prescription insurance does not cover my birth control.	**84.62%**	0.00%	15.38%
I have transportation issues.	**96.16%**	3.85%	0.00%
I have trouble getting an appointment to see my doctor.	**53.84%**	15.38%	30.77%
Pharmacists should be allowed to write prescriptions for other medications besides birth control.	7.69%	15.38%	**76.93%**

Good Practice. Good Science. Good Business.

65

Conclusions

- Based on the pharmacists' survey results, half of pharmacists remain undecided on whether or not to offer this service in their pharmacy. Majority of concerns mentioned included lack of time, insufficient support staff, liability, and the need for additional training.
- Based on the patients' survey results, majority of patients feel comfortable seeing their pharmacist to prescribe their birth control, and they believe pharmacists have the knowledge to write prescriptions for medications.
- Only 26 participants completed the patient survey; therefore, additional data collection is needed to provide a more accurate representation of the patient population in South Carolina.

KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

66

Question

Which of the following do the majority of pharmacists in South Carolina feel comfortable doing as it relates to prescribing hormonal contraceptives?

A. Counseling patients on recommended annual medical visits, health tests, and screenings
B. Administering injectable hormonal contraceptives
C. Providing patients with information on the South Carolina Medicaid program and how to apply for benefits
D. Identifying and referring patients who may be subject to abuse to the appropriate social services agency

KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

67

Acknowledgements

LLR LABOR LICENSING REGULATION

HAWTHORNE PHARMACY & MEDICAL EQUIPMENT

KENNEDY PHARMACY INNOVATION CENTER

College of Pharmacy UNIVERSITY OF SOUTH CAROLINA

Good Practice. Good Science. Good Business.

68

Questions?

Tate Owens
ltcook@email.sc.edu

UNIVERSITY OF South Carolina College of Pharmacy

KENNEDY PHARMACY INNOVATION CENTER

69

NABP National Association of Boards of Pharmacy

Partnering Together to Expand Team-Based Care in Rural South Carolina

Kayce M. Shealy, PharmD, BCPS, CDCES
Associate Dean
Presbyterian College School of Pharmacy

70

Partnering Together to Expand Team-Based Care in Rural South Carolina

Patricia H. Fabel, PharmD, FAPhA, BCPS
University of South Carolina College of Pharmacy

Kayce M. Shealy, PharmD, BCPS, CDCES
Presbyterian College School of Pharmacy

Cecily DiPiro, PharmD
South Carolina Pharmacy Association

Michele D. James, MSW
Courtney L. Brightharp, DHSc
Kristian G. Myers, MPH, CHES®
Rhonda L. Hill, PhD, MCHES®
South Carolina Department of Health and Environmental Control

Gene Reeder, PhD
University of South Carolina College of Pharmacy

71

Objectives

- Identify services that a pharmacist may provide within primary care settings.
- Describe the clinical impact of integrating pharmacists into rural South Carolina primary care practices.
- Describe the value of integrating pharmacists into rural South Carolina primary care practices.

72

Methods

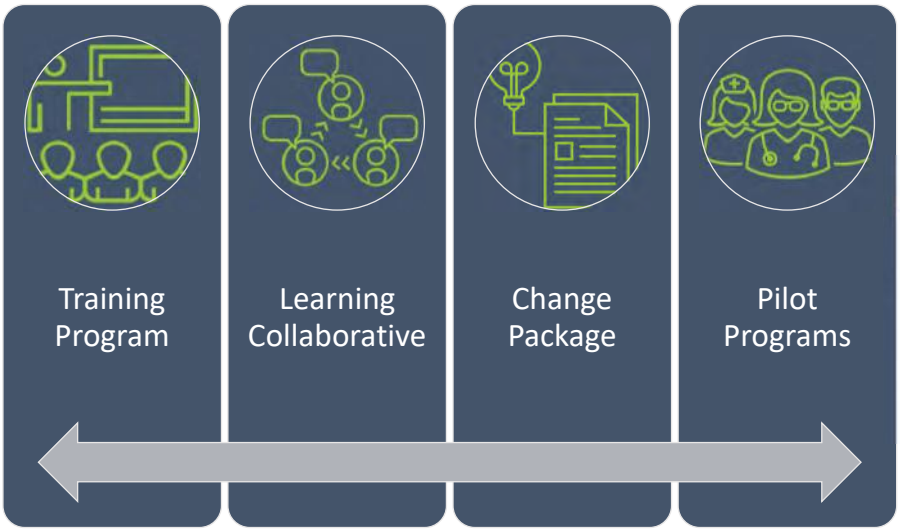


FIGURE 1: Location of Pilots/Demonstration Projects

73

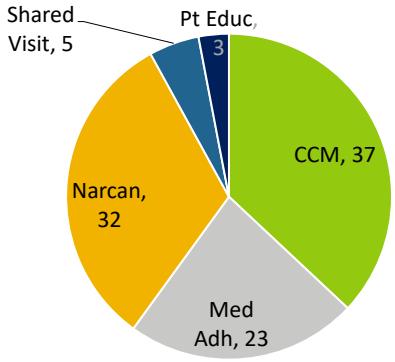
Methods – 12-Week Pilots

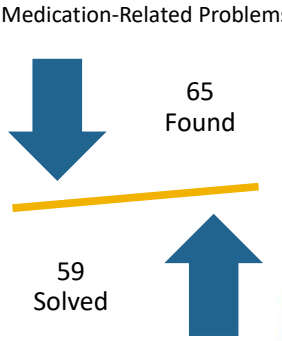
Practice Identification	Pharmacist Services	Data Collection
• Rural Health Center & Community Pharmacy • FQHC & Pharmacy • Independent Practice & Community Pharmacy	• AWV • CCM • CMR • Diabetes education • Drug information • Immunizations • Other	• RPh Time & Salary • Type of Visit • Billing Codes • MRPs • Immunization Rates • Quality Metrics • Patient Clinical Status

AWV = annual wellness visit; CCM = chronic care management; CMR = comprehensive medication review; RPh = registered pharmacist; MRPs = medication-related problems

74

Results: RHC & Community Pharmacy





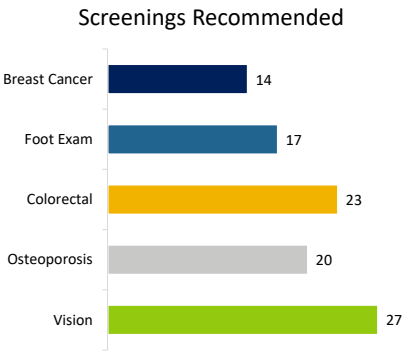
Practice Hired TWO Full-Time Pharmacists Post-Pilot

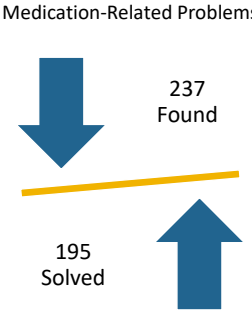
47% Immunizations Scheduled

- 92 patient visits with 79 unique patients
- 37% of Pharmacist Salary Generated

75

Results: FQHC & Pharmacy





Pharmacist Moved into the Clinic Full Time & added a PT Pharmacist Post-Pilot

46.3% Immunizations Scheduled

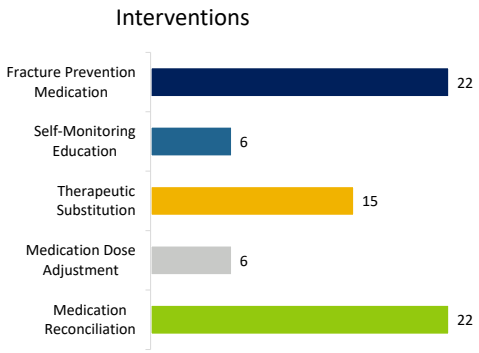
% Controlled HTN ↑ 4.3%

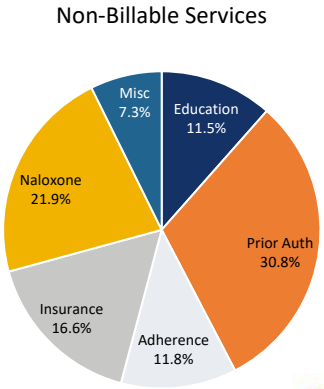
% A1C > 9% ↓ 8.7%

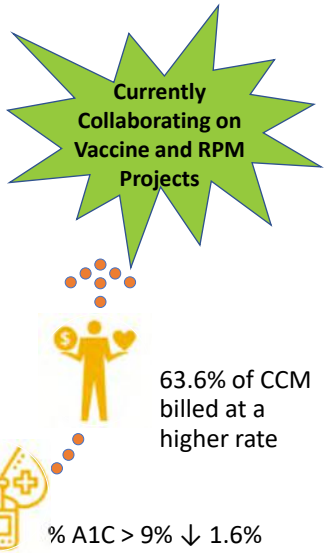
- 68 patient visits – 85.3% (58) were AWV
- 42% of Pharmacist Salary Generated

76

Results: Independent Practice & Community Pharmacy







- 89 CCM Visits
- > 20 hours spent on Non-Billable Services

77

Recommendations

- Integrating a pharmacist into primary care may close gaps in care for patients with chronic disease in rural SC.
- Funding to support the start-up expenses incurred from both rural practices and community pharmacies may be necessary.
- Clarity is needed regarding pharmacist's scope of practice and collaborative services in SC.
- Revenue-generating services are currently limited to the Medicare population due to existing health care reimbursement policies and state practice laws.

78

Pre/Post-test Question

Integrating a pharmacist into primary care may _____ the number of patients with an A1C >9%.

a) decrease
b) increase
c) not change

79

Acknowledgements

- Carrie Lynch, PharmD, and Liz Mann
- Paul Edwards, PharmD, and Courtney Kaye, PharmD
- Carmon Monts, PharmD, and Sara Ballentine, MHA

80

Contact Information

- Kayce Shealy: kmshealy@presby.edu

81

NABP National Association of Boards of Pharmacy

Impacts of Active Learning in a Pharmaceutical Calculations Course

Olgaaurora Rodriguez
PharmD and MPH Candidate, Class of 2025
University of Arkansas for Medical Sciences

Marty Perry, PhD
Associate Professor, Pharmaceutical Sciences
University of Arkansas for Medical Sciences
College of Pharmacy

82

Impacts of Active Learning in a Pharmaceutical Calculations Course

University of Arkansas for Medical Sciences

Presented By: Olgaaurora Rodriguez
Advisor: Dr. Martin D. Perry - Associate Professor

83

Learning Objectives

01 Describe the types of questions and the order of these questions in an activity that follows the learning cycle.

02 Describe the benefits students experience when engaged in active learning during class.

03 Discuss the statistical data collected from students who were engaged in active learning and from those who received traditional lecture.

84

Table of contents

01 Abstract

02 Materials

03 Results

04 Discussion & Conclusions

05 Acknowledgements

06 References

85

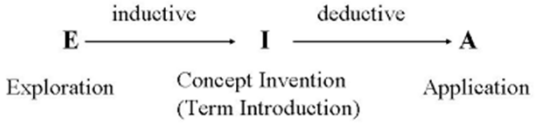
01 Abstract

86

Introduction to Active Learning

"Evidence-based strategies require learners to construct knowledge and meaning, resulting in long-term retention as opposed to short-term memorization and superficial understanding. "

- 3 types of activity questions based on learning cycle:
  Exploration, Invention, & Application



87

02 Materials

88

Active Learning Materials

Active learning materials were created in an active learning format on the following Pharmaceutical Calculations topics:

- Aliquots, % Error
- Conversions, Metric
- Dimensional analysis
- Isotonicity
- Osmolarity, mEq, mmol
- Percent strength, % W/V, % W/W

89

03

Results

90

Results

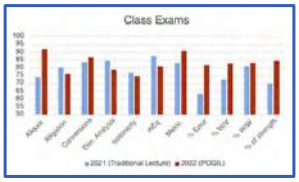


Figure 1:
Class averages of 2022 cohort vs. the 2021 cohort that learned the topics in a standard lecture style.

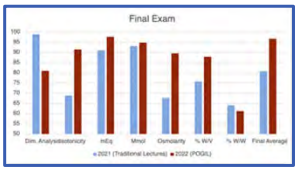


Figure 2:
Student performance in subject areas on the final cumulative exam represented as a percentage.

Figure 3:
Differences in student performance on class exams and overall class scores before and after the implementation of active learning activities represented as a percentage.

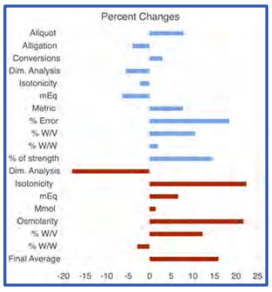


Figure 4:
Percent changes between student performance in specific domains after implementation of the active learning activities into the curriculum.

91

04

Discussion & Conclusions

92

Discussion & Conclusions

- Substantial improvements were noted in several topics of pharmaceutical calculations.
- Some topics showed no improvement.
- Cumulative final exam yielded higher scores than the previous year.
- One data, outlier: dimensional analysis. The instructional activity on this topic occurred on the second day of class for the new P1 cohort.
- Performance shows a clear positive trend, notably in better long-term retention and improved understanding and application of the material, with a large improvement on the cumulative final exam.

93

05

Acknowledgements

94

Acknowledgements

Dr. Martin D. Perry
Associate Professor

Dr. Melanie Reinhardt
Associate Professor

Facilities and funding were provided by the College of Pharmacy 2022 Summer Research Program.

95

06 References

96

References

- Zatz, J.L., Teixeria, M.G. (2005). *Pharmaceutical Calculations, 4th Edition*. Wiley-Interscience.
- Stockton, S.J. (2021). *Stoklosa and Ansel's Pharmaceutical Calculations, 16th Edition*. Wolters Kluwer.
- Brown, P. (2021). *Anatomy and Physiology A Guided Inquiry*. Kendall Hunt.
- Moog, R., Farrell, J., Webster, G. (2021). *Chemistry: A Guided Inquiry, Part 1*. Kendall Hunt.

97

Pop Quiz!

98

What is the first type of question that should occur in an activity that follows the learning cycle?

01 Application

02 Evaluation

03 Exploration

99

Thanks!

Do you have any questions?
orodriguez2@uams.edu

CREDITS: This presentation template was created by **Slidesgo**, and includes icons by **Flaticon**, and infographics & images by **Freepik**

100

NABP National Association of Boards of Pharmacy

Board Authorized Protocols: Framing a New Practice Mindset in Kentucky

Eric Mackin
PharmD Candidate, Class of 2025
University of Kentucky College of Pharmacy

Kyle Bryan, PharmD
Adjunct Assistant Professor/
Practice Implementation Pharmacist
University of Kentucky College of Pharmacy

101

BOARD AUTHORIZED PROTOCOLS: FRAMING A NEW PRACTICE MINDSET IN KENTUCKY

Eric Mackin, PharmD Candidate 2025; Kyle Bryan, PharmD; Bailey Conley, PharmD; Brooke Hudspeth, PharmD, CDCES; Adrienne Matson, PharmD, BCPS; Patricia R. Freeman, RPh, PhD, FAPhA, FNAP

102

OBJECTIVES

- Describe the current state of Board Authorized Protocol Implementation in Kentucky
- Identify the most widespread Board Authorized Protocols in Kentucky
- Identify the practice settings in which Board Authorized Protocols are most commonly implemented in Kentucky

103

BACKGROUND

- Population-specific collaborative practice agreements known as Board Authorized Protocols authorize Kentucky pharmacists to provide protocol-driven care for a wide variety of conditions
- A protocol must be fully executed before a pharmacist can utilize it to provide care and initiate the dispensing of prescriptions
- This study seeks to describe:
  - The extent to which protocols are implemented in Kentucky
  - The relationship between implemented protocols and medically underserved areas (MUAs)

Authorized Conditions under 201 KAR 2:380	
Alcohol Use Disorder – Naltrexone	Anaphylaxis Treatment with Epinephrine
Acute Influenza Infection	Tobacco Cessation
Opioid Use Disorder - Naltrexone	Acute Uncomplicated Urinary Tract Infection
Nirmatrelvir/Ritonavir COVID-19 Treatment	Acute Group A Strep Pharyngitis Infection
Travel Health Therapies	Self-Care: Probiotics
Colorectal Cancer Screening	Allergic Rhinitis Therapies
Influenza Chemoprophylaxis	Tuberculosis Skin Testing
Self-Care: Diabetes Testing Supplies	Self-Care: Emergency Contraception
Self-Care: Diabetes Testing & Injection	Self-Care: Nutritional Supplements
Self-Care: Dietary Supplements	

104

METHODS

- Kentucky Board of Pharmacy staff disseminated a survey in fall 2022
- Protocol utilization data were collected and entered into Excel by Board staff, who provided the data to our team for analysis

105

RESULTS

64% Response Rate	16% With a Protocol	50% of Counties
• 857 Pharmacies returned survey to Board	• 134 Pharmacies reported at least 1 fully executed protocol	• Pharmacies in 60 of Kentucky's 120 counties reported having an executed protocol

106

RESULTS

Table 1: Specific Protocols Reported as Being Fully Executed (n = 134)

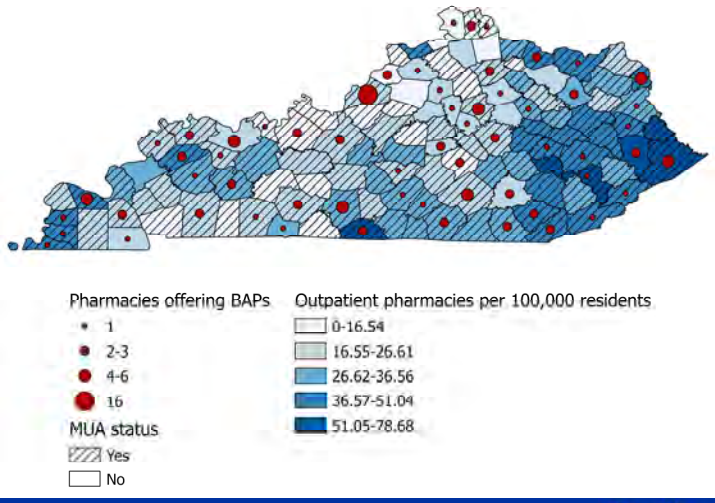
Nirmatrelvir/Ritonavir COVID-19 Treatment	64%	Self-Care: Diabetes Testing Supplies	17%
Opioid Use Disorder – Naltrexone	32%*	Self-Care: Dietary Supplements	17%
Acute Influenza Infection	29%	Allergic Rhinitis Therapies	17%
Acute Group A Strep Pharyngitis Infection	28%	Self-Care: Probiotics	15%
Tobacco Cessation	28%	Travel Health Therapies	14%
Anaphylaxis Treatment with Epinephrine	22%	Alcohol Use Disorder – Naltrexone	14%
Influenza Chemoprophylaxis	21%	Tuberculosis Skin Testing	14%
Self-Care: Diabetes Testing & Injection	20%	Self-Care: Emergency Contraception	10%
Self-Care: Nutritional Supplements	18%	Colorectal Cancer Screening	10%
Acute Uncomplicated Urinary Tract Infection	19%		

107

RESULTS

- 96 (80%) of Kentucky's 120 counties are designated as Medically Underserved Areas
- 48% of Kentucky counties designated as MUAs have a pharmacy reporting an executed protocol

Figure 1. Availability of Pharmacist Care Services in Medically Underserved Areas (MUAs) in Kentucky via Board Authorized Protocols (BAPs)



108

DISCUSSION

- Board Authorized Protocols have existed for over 5 years but few pharmacies are utilizing protocols in practice
- Despite there being a pharmacy in almost every county in KY, 50 counties identified as MUAs have no reported use of executed protocols
- The nirmatrelvir/ritonavir COVID-19 treatment protocol had only been approved for 10 weeks at the time of survey conclusion, yet it was the most executed protocol
    - Likely due to HHS mandate that ensured payment for services

109

CONCLUSION & FUTURE DIRECTIONS

- Limited widespread protocol implementation
- Payment for services often cited as barrier
- Future studies should explore implementation strategies for sustainable care

110

ACCORDING TO THE SURVEY DISTRIBUTED BY THE KENTUCKY BOARD OF PHARMACY, WHICH BOARD AUTHORIZED PROTOCOL WAS MOST WIDESPREAD?

A. Tuberculin Skin Testing
B. Nirmatrelvir/Ritonavir for COVID-19 Treatment
C. Colorectal Cancer Screening Protocol
D. Tobacco Cessation Protocol

111

THANK YOU

WWW.PHARMACY.UKY.EDU/CAPP
KYLE.BRYAN@UKY.EDU ERIC.MACKIN@UKY.EDU

112

NABP
National Association of Boards of Pharmacy

Effective CDS Data Collection and Use: A Health Data Collaboration Model Using Relationships Between the State Pharmacy Regulatory Board, Independent Pharmacy Providers, State Data Collection Programs, and Electronic Service Connectors

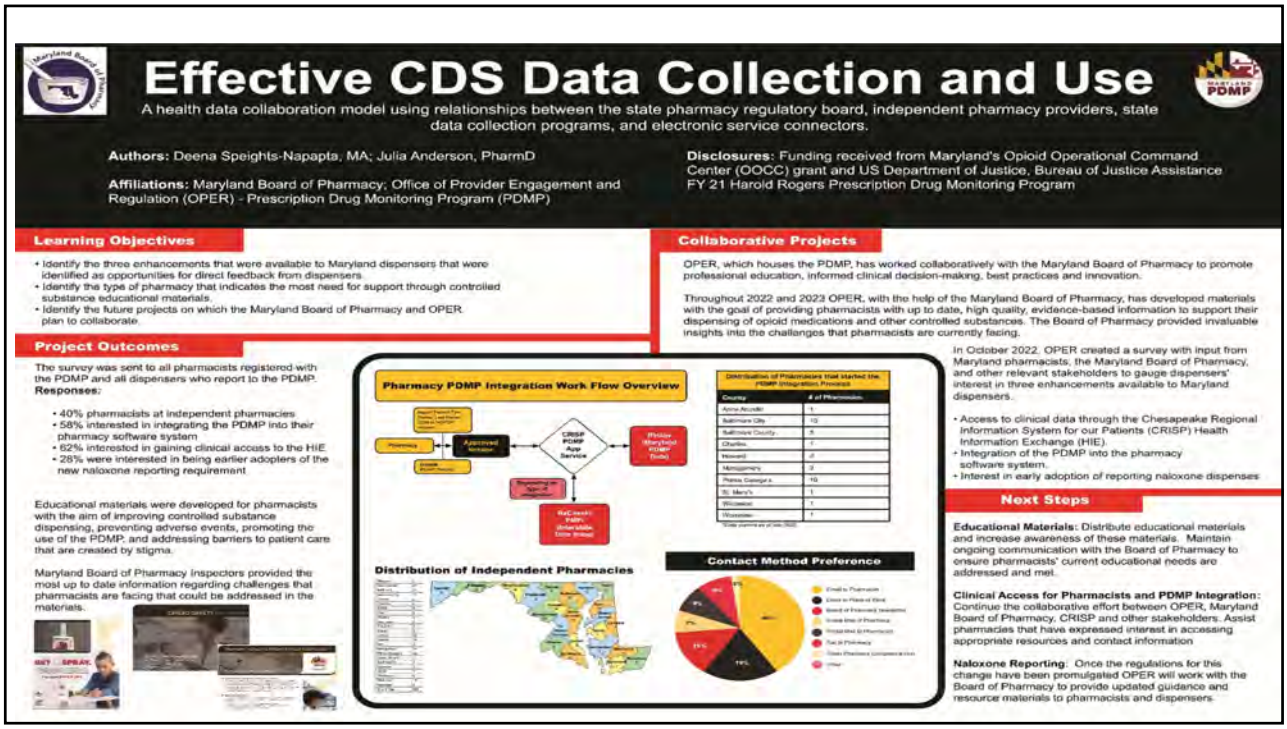
Deena Speights-Napata, MA
Executive Director
Maryland Board of Pharmacy

113

Effective CDS Data Collection and Use
Deena Speights-Napata, Executive Director
Maryland Board of Pharmacy

A health data collaboration model using relationships between the state board of pharmacy, independent pharmacies, state data collection programs, and electronic service connectors

114



115

Learning Objectives

1. Identify the three enhancements that were available to Maryland dispensers that were identified as opportunities for direct feedback from dispensers.
2. Identify the type of pharmacy that indicates the most need for support through controlled substance educational materials.
3. Identify the future projects on which the Maryland Board of Pharmacy and the Maryland Department of Health – Office of Provider Engagement and Regulation plan to collaborate.

116

PDMP Program Development

- The MD PDMP program developed a survey to distribute to Maryland pharmacies to get an idea of pharmacist dispenser interest in proposed PDMP enhancements. The MD Board of Pharmacy identified MD pharmacies and distributed the survey to MD pharmacists.
- The Chesapeake Regional Information System for our Patients (CRISP) is the PDMP database vendor that allows pharmacists access to patient data in the state Health Information Exchange (HIE). A credentialing process is required to verify provider status and obtain access.
- Survey Results:

40% of Maryland pharmacies are independent pharmacies

Almost 60% expressed interest in integration with PDMP

62% expressed interest in gaining access to CRISP and the HIE

117

Poster Focus

- Identify Maryland pharmacies in most need of support
- Identify prescription drug monitoring program features and enhancements
- Identify future program goals

118

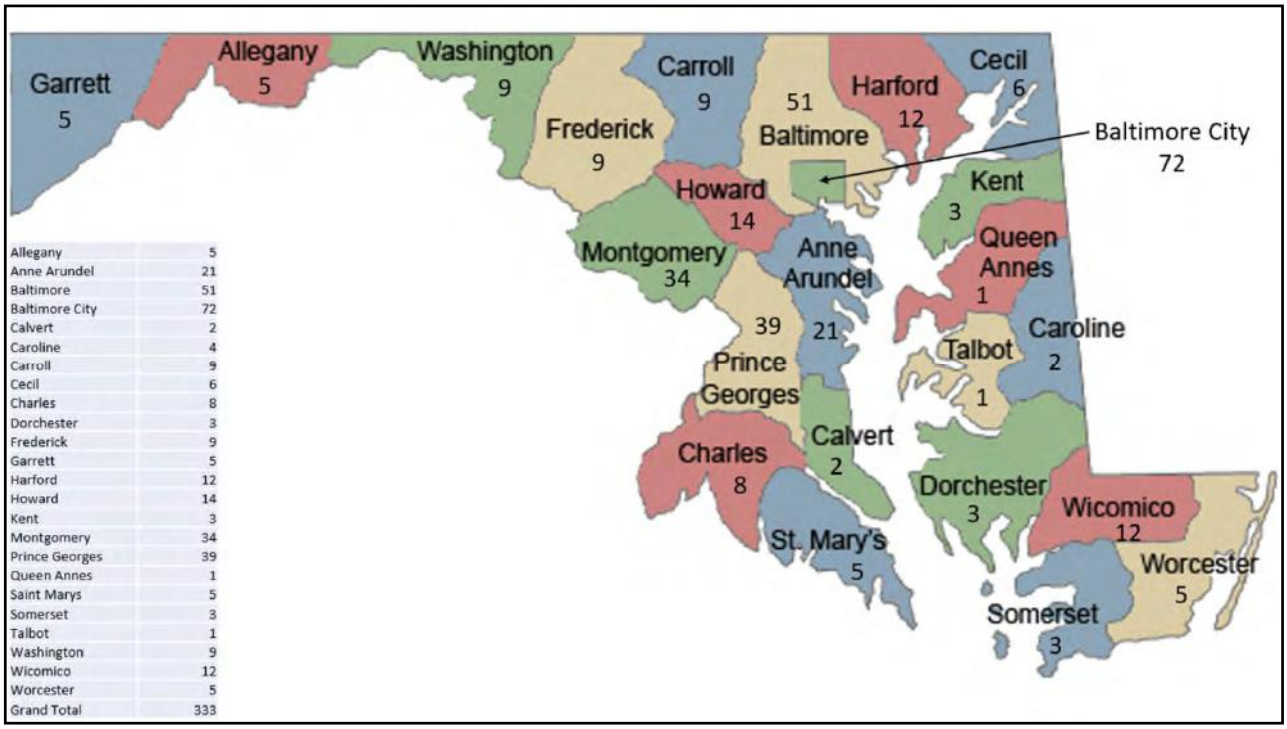
Maryland Pharmacies in Most Need of Support

119

- There are 24 counties in Maryland, each represented by a local health department.
- The largest number of independent pharmacies are located in jurisdictions that experience a high number of pharmacy robberies and pharmacy closures, and also have the largest African American, African, and Latino populations. These populations also include the largest number of citizens that are economically below the national poverty level. The total number of independent pharmacies in these jurisdictions is 196.

  Baltimore City and County – 123
  Prince Georges County – 39
  Montgomery County – 34

120



121

Program Features and Enhancements

122

New Tools for Prescribers

- Prescriber Insights and Buprenorphine Comparison Report. The PDMP is working to ensure that these new tools are as accurate as possible and user friendly.
- Personal CDS Prescribing History
- Prescriber Insights

123

Comparison Reports

- The comparison report is newly developed and provides data on prescribing patterns and product of the individual pharmacy. The report also provides data from other pharmacies that allows the pharmacy to compare their individual prescribing patterns to other pharmacies.

124

Personal CDS Prescribing History

125

- Includes individual prescriptions dispensing history
- Allows the prescription drug monitoring program access to the prescription dispensing history and the ability to identify red flags

126

Buprenorphine Comparison Report

127

- Includes a summary of the past 60 days of PDMP dispense data for prescriptions written for formulations of buprenorphine that are approved by FDA to be used to treat opioid use
- Prescribers can view the number of patients for whom they prescribe buprenorphine compared to their peers as well as the number of patients

128

Future Program Goals

129

By focusing on these pharmacies, our state prescription drug monitoring program will continue to focus on several key areas:

1. Development of a pharmacy opioid dispensing and misuse algorithm
2. Education about the state prescription drug monitoring program
3. Training on the role of the pharmacist in prescription drug dispensing
4. Removal of administrative barriers
5. Clinical access for more pharmacists to PDMP
6. Naloxone reporting

130

Self-Assessment Question

Which type of pharmacy indicated that it had the most need for supportive educational materials?

A. Hospital pharmacies
B. Chain pharmacies
C. Independent pharmacies
D. Long-term care pharmacies

131

Questions

Deena Speights-Napata
deena.speights-napata@maryland.gov

132

NABP National Association of Boards of Pharmacy

Snapshot of Current Pharmacy Technician Practice

Kristen Snair, CPhT, MSJ
Member
Arizona State Board of Pharmacy

133

Snapshot of Current Pharmacy Technician Practice

by Kristen Snair, CPhT, MSJ, and Cyndi Vipperman, CPhT

Fast Facts

Pharmacy technicians impact health equity through roles in:

- Remote dispensing pharmacies
- Immunization administration
- Medication therapy management

State-level COVID-19 waivers and the PREP Act have enabled pharmacy technicians to:

- Administer immunizations
- Perform point-of-care testing
- Work from home

Learning Objectives

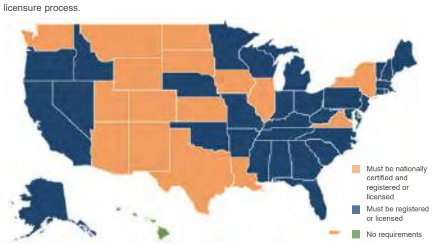
- Identify opportunities to "reframe" a new practice mindset for pharmacy technicians through representation on boards of pharmacy, standardizing minimum competency, licensure transfers, and job titles.
- Compare and contrast state-to-state variances of pharmacy technician standards.
- Describe how the COVID-19 pandemic gave rise to advanced pharmacy technician roles.

Pharmacy Technician Representation on Boards of Pharmacy

There are 16 pharmacy technician seats on boards of pharmacy per statute/rule, representing approximately 447,000 total technicians nationwide.

Pharmacy Technician Registration/Licensure Requirements

There are 17 states/jurisdictions that require national certification as part of the registration and licensure process.



Points of Entry for Pharmacy Technicians

Board Regulation	Employer Training	Formal Education	Board-Approved Exams
Registration Licensure Certification	Community-based Hospital-based	Accredited programs Nonaccredited programs	PTCE ExCPT State/Employer exam

Advanced Pharmacy Technician Role Examples

- IDS Technician Specialist
- Compliance Coordinator/Regulatory Specialist
- Immunizing Pharmacy Technician
- Lead Pharmacy Technician
- Pharmacy Purchaser/Inventory Specialist
- Medication History Technician
- Technician Product Verifier
- Medication Reconciliation Technician
- Informatics Pharmacy Technician
- MTM Pharmacy Technician
- Medication Access Service Advocate
- Sterile Compounding Coordinator

Conclusion

For more than 110 years, NABP has assisted boards of pharmacy in creating uniform education, ensuring minimum competency, developing licensing standards, and facilitating licensure transfer services for pharmacists. That same uniformity used for pharmacists can be applied to pharmacy technician licensure to achieve the shared goal of protecting public health.

References

Innovations Magazine, Nov/Dec 2022, Volume 51, pg. 5, "NABP Marks 110 Years of Licensure Transfer Services for the Boards of Pharmacy"
U.S. Bureau of Labor Statistics. (2022, September 8). Pharmacy technicians : Occupational Outlook Handbook. U.S. Bureau of Labor Statistics. Retrieved February 22, 2023, from https://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm
Bula FAQ. Technicians - licensing: Do pharmacy technicians need to be licensed/ registered/ certified by the Board of Pharmacy? Bula Law. Retrieved March 31, 2023, from https://https://in.bulalaw.com/Faq/View?q=s76mgmxx
National Association of Boards of Pharmacy. (2022). Survey of Pharmacy Law.

Acknowledgments

The authors would like to thank Keith Binion and Julie Lanza, and the PTCB team for their contributions to this poster presentation.

134

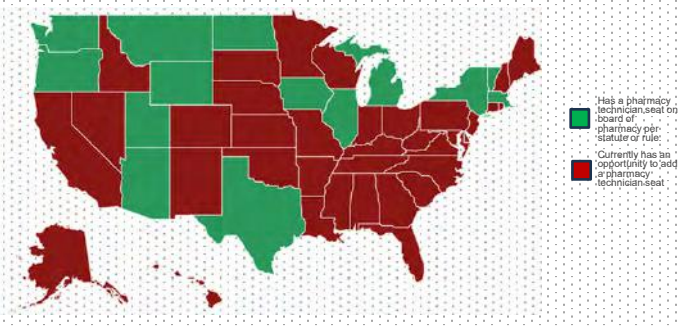
Learning Objectives

- Identify opportunities to "reframe" a new practice mindset for pharmacy technician representation on boards of pharmacy, standardizing minimum competency, licensure transfers, and job titles.
- Summarize state-to-state variances of pharmacy technician standards.
- Describe how the COVID-19 pandemic provided opportunity to expand pharmacy technician scope of practice.

135

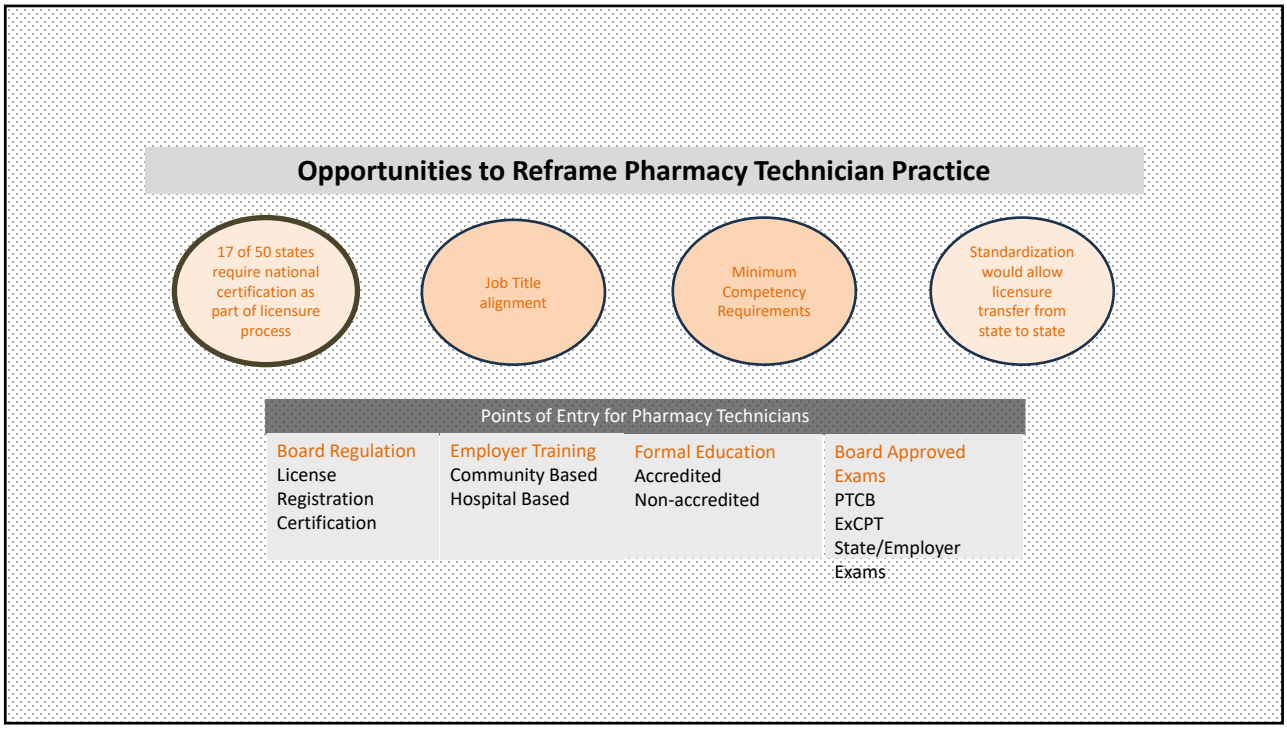
Pharmacy Technician Representation on Boards of Pharmacy

- There are currently 16 pharmacy technicians that serve on boards of pharmacy in a pharmacy technician dedicated board member seat.*
- This means the unique perspective of 16 pharmacy technicians are representing approximately 447,000 pharmacy technicians nationally.

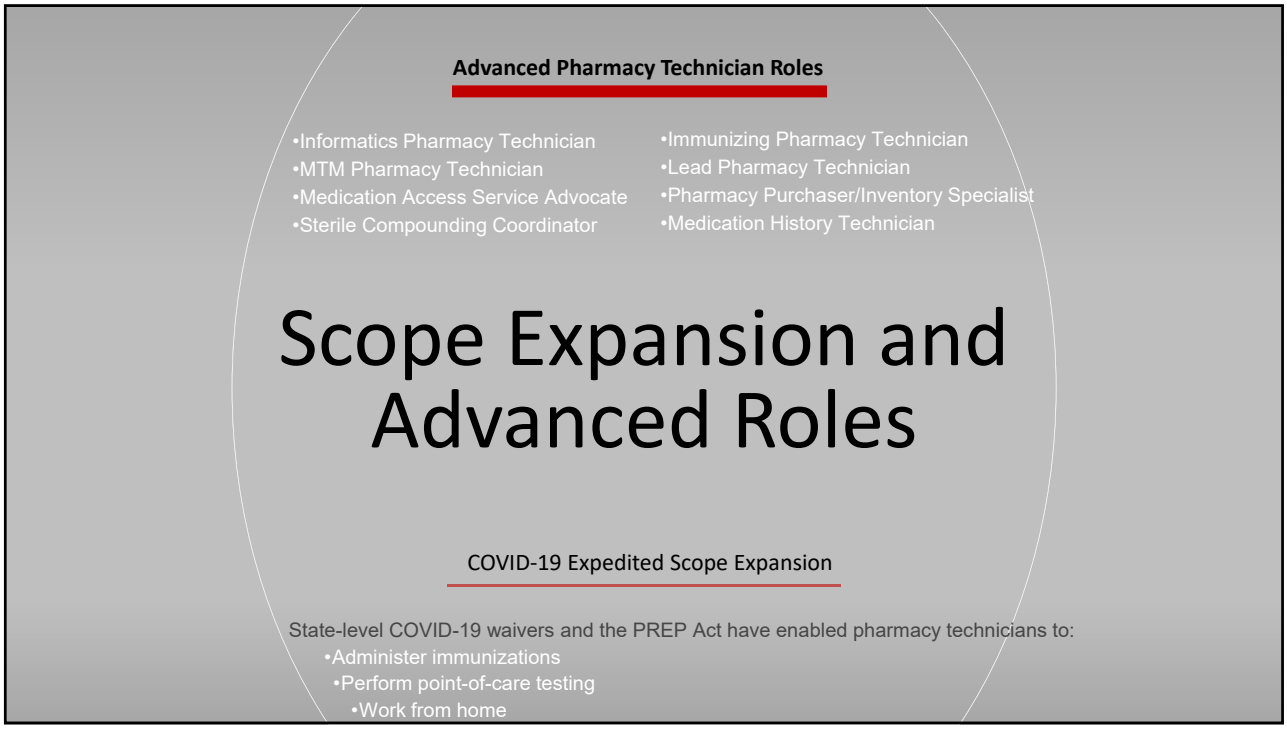


***Good News**: since the educational poster presentation at least 2 more states have added a pharmacy technician seat on their boards of pharmacy.

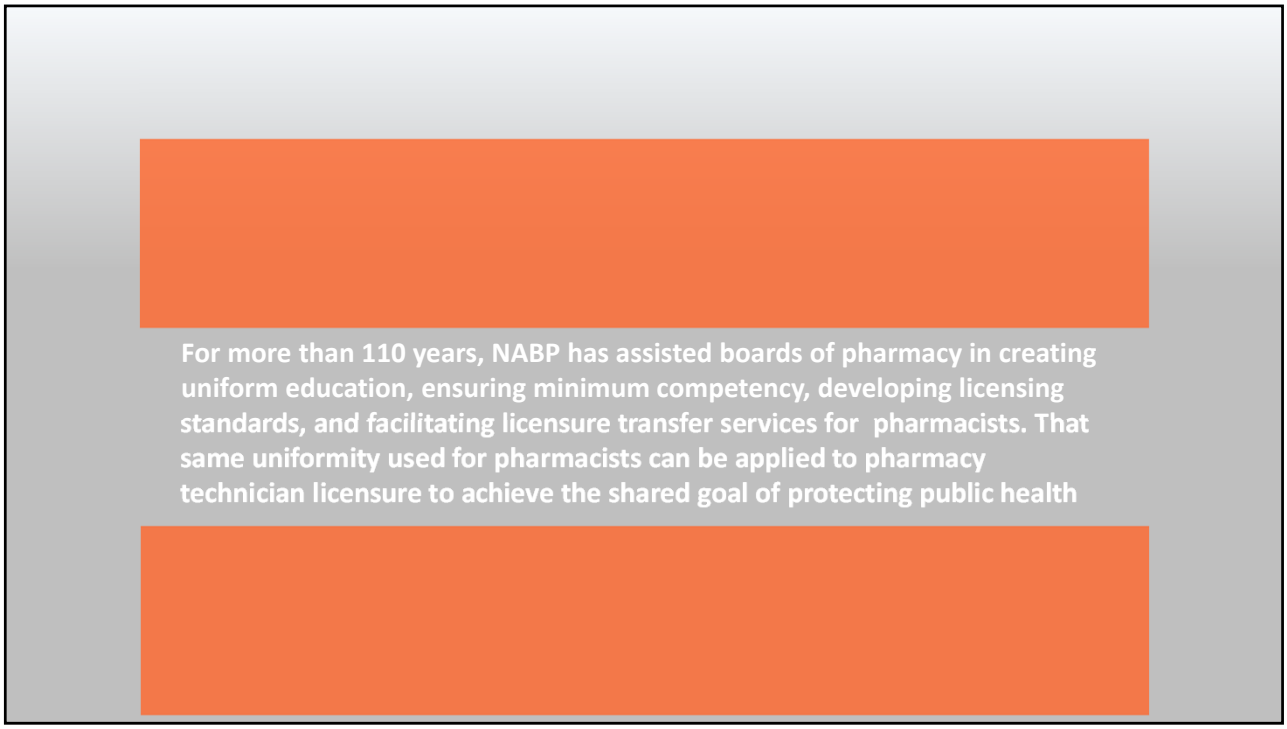
136


Opportunities to Reframe Pharmacy Technician Practice
17 of 50 states require national certification as part of licensure process
Job Title alignment
Minimum Competency Requirements
Standardization would allow licensure transfer from state to state
Points of Entry for Pharmacy Technicians
Board Regulation
License
Registration
Certification
Employer Training
Community Based
Hospital Based
Formal Education
Accredited
Non-accredited
Board Approved Exams
PTCB
ExCPT
State/Employer Exams

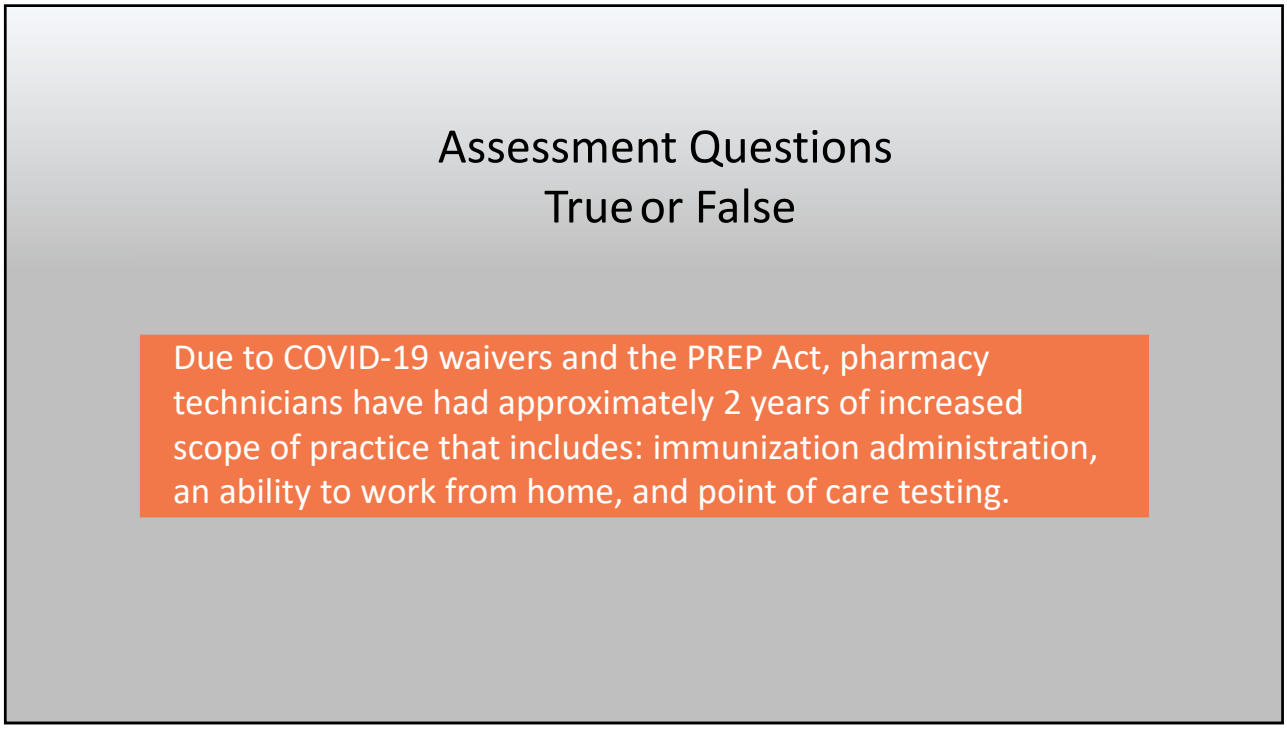
137


Advanced Pharmacy Technician Roles
•Informatics Pharmacy Technician
•MTM Pharmacy Technician
•Medication Access Service Advocate
•Sterile Compounding Coordinator
•Immunizing Pharmacy Technician
•Lead Pharmacy Technician
•Pharmacy Purchaser/Inventory Specialist
•Medication History Technician
Scope Expansion and Advanced Roles
COVID-19 Expedited Scope Expansion
State-level COVID-19 waivers and the PREP Act have enabled pharmacy technicians to:
•Administer immunizations
•Perform point-of-care testing
•Work from home

138


For more than 110 years, NABP has assisted boards of pharmacy in creating uniform education, ensuring minimum competency, developing licensing standards, and facilitating licensure transfer services for pharmacists. That same uniformity used for pharmacists can be applied to pharmacy technician licensure to achieve the shared goal of protecting public health

139


Assessment Questions
True or False
Due to COVID-19 waivers and the PREP Act, pharmacy technicians have had approximately 2 years of increased scope of practice that includes: immunization administration, an ability to work from home, and point of care testing.

140

Questions

Kristen Snair
kristen_onnen@hotmail.com

141

Submit Your CPE Claim

1. Claim your CPE credit by signing in to NABP's submission site: ***https://nabp.pharmacy/claimcpe*** (case-sensitive)
   If you do not have a login for NABP's CPE submission site, you will need to create an account.
2. Click on the "Live CPE" tab
3. Select the webinar from the Live Meetings and Conferences list
4. Enter the session code provided at the end of the webinar
5. Complete the course and speaker evaluations
6. Select the appropriate credit (pharmacist or pharmacy technician)
7. Enter your NABP e-Profile ID and date of birth and certify that the information is correct
8. Click the claim button

Claims must be submitted by noon on October 30, 2023.

NABP does not submit CPE credit claims on participants' behalf. Attendees must follow the steps above by October 30, 2023, in order for the credit to appear in CPE Monitor®.

NABP® and NABP Foundation® are accredited by the Accreditation Council for Pharmacy Accreditation (ACPE) as providers of continuing pharmacy education (CPE). ACPE provider number: 0205.

1.5 contact hours (0.15 CEU)
0205-0000-23-058-L99-P
0205-0000-23-058-L99-T

The handouts for today's presentation can be found at:
www.nabp.pharmacy/webinar

Questions about submitting your claim? Please contact CPE@nabp.pharmacy.

NABP

142