

# ALASKA'S PHARMACISTS

## IMPROVING THE HEALTH OF COMMUNITIES



Pharmacists are essential members of the healthcare team and evidence clearly shows the growing need for pharmacist-provided patient care services. To guarantee equitable access to this vital care, both public and private health plans must cover pharmacists' patient care services.



### QUALIFIED

#### HIGHLY QUALIFIED HEALTHCARE PROVIDERS



##### EDUCATION

6-8 years of education including pharmacotherapy, disease management, and clinical decision-making



##### CLINICAL TRAINING

At least 1,740 hours of clinical practice experience focused on high-quality patient care in a variety of healthcare settings



##### ADDITIONAL TRAINING

Many complete post-graduate residencies, fellowships, and/or board certifications in various specialty areas

All current pharmacy school graduates earn the PharmD degree, a doctorate degree reflecting the advanced pharmacotherapy knowledge and comprehensive patient care training essential for providing high quality pharmacist services, a requirement that has been in place since 2004.

### ACCESSIBLE

#### MOST ACCESSIBLE HEALTHCARE PROFESSIONAL

**520**  
Pharmacists  
in Alaska <sup>1</sup>

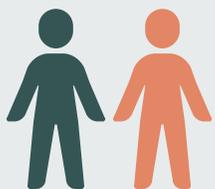
**860**  
Pharmacy  
Technicians  
in Alaska <sup>1</sup>

**89%**  
Americans live within 5 miles  
of a community pharmacy. <sup>2</sup>

Number of pharmacies is  
**15% higher**  
than number of  
provider's offices  
in communities where more than  
30% of households live in poverty. <sup>3</sup>

### PUBLIC HEALTH IMPACT

#### VITAL TO IMPROVING PUBLIC HEALTH



Approximately 50% of  
all adults in the U.S.  
have one or more  
chronic disease  
conditions. <sup>4</sup>



Chronic conditions  
account for over 85%  
of total U.S. health  
care costs. <sup>4</sup>



Saved for every \$1  
spent on pharmacist  
service. <sup>5</sup>

# COVERAGE OF SERVICES

Pharmacists' clinical services are **rarely** covered under the medical benefit by **health plans**. This creates **barriers** to patients using their health insurance to receive care from pharmacists.

**\$9.64** return on investment for every \$1 when pharmacists are paid for providing various patient care services.<sup>6</sup>

All health plans, public and private, **must** cover the services pharmacists provide to ensure patient access.

## TEST & TREAT

**Pharmacy-based point-of-care testing and treatment services provide prevention and early detection for minor health conditions.**

**30**

States now authorize pharmacists to directly order and administer CLIA-waived tests.

States now authorize pharmacists to directly prescribe treatment pursuant to a CLIA-waived test.

**13**

### Common Pharmacy-Based CLIA-Waived Tests\*

COVID-19	Flu	UTI	HIV
Strep	RSV	STI	& more

\*Abbreviation details available on references page.

## IMMUNIZATIONS

Alaska pharmacists are independently prescribing vaccines.

Pharmacies offer **TWICE** the operating hours for giving immunizations vs. provider's offices<sup>7</sup>

### 2023-24 Flu Season

Pharmacies gave **37.6 Million** flu shots

vs

**25.5 Million** given at provider's offices<sup>8</sup>

**27**

States now authorize pharmacists to **directly prescribe** and administer vaccines to patients.

## OPIOID USE DISORDER

**81,000 Americans** died from an opioid overdose in 2023.<sup>9</sup>

**222** average deaths per day<sup>9</sup>

**13**

States authorize pharmacists to prescribe medications for opioid use disorder.

**Naloxone access laws that grant pharmacists direct authority to prescribe are associated with significant reductions in fatal overdoses.**

## HIV PREVENTION

**Pharmacists have been identified by the White House as key professionals in achieving one of the CDC's goals of ending the HIV Epidemic in the U.S. by preventing HIV infection.**

States authorize pharmacists to directly prescribe HIV pre-exposure prophylaxis (PrEP) medications.

**16**

**19**

States authorize pharmacists to directly prescribe HIV post-exposure prophylaxis (PEP) medications.

This information was developed through a collaboration between NASPA and APhA, with generous support from the Community Pharmacy Foundation.



Access our references at [tinyurl.com/2024factsheet](https://tinyurl.com/2024factsheet)  
Or scan this QR code



# REIMBURSING U.S. PHARMACISTS TO TEST AND TREAT COMMON ILLNESSES

Prepared for:  
State of Alaska  
7/10/2024



Can speed up treatment, increase convenience, improve access to care and decrease costs for Alaska and its residents

## HEALTHCARE WORKERS ARE IN SHORT SUPPLY

The national shortage of U.S. healthcare workers (**more than 3.2 million by 2026**<sup>2</sup>) leaves many individuals without timely access to diagnosis and treatment services for low acuity respiratory symptoms.

Pharmacist test and treat services can help free up specialized medical technologists across the health system for priority testing and treatment of life-threatening illness.

## "HEALTHCARE DESERTS" COMPOUND THE PROBLEM

Nearly **75 million people**, or almost one-third of the population, reside in one of the **7,475** Primary Care Health Professional Shortage Areas (HPSAs) across the U.S.<sup>1</sup> HPSAs can be both rural and urban, and have limited access to basic medical services.

## IN ALASKA THERE ARE

**287.7 THOUSAND**

people living in

**333**

Healthcare Primary Care Professional Shortage Areas (HPSAs)<sup>1</sup>

**112.9 THOUSAND**

Medicare enrollees, or

**15.0%**

of the population<sup>3</sup>

**44 THOUSAND**

Estimated Medicare enrollees experiencing challenges to access care in HPSAs\*

## PHARMACISTS ARE FILLING THE VOID, ESPECIALLY IN RURAL AND UNDERSERVED COMMUNITIES



**89%**

of Americans live within **5 miles** of a pharmacy<sup>4</sup>



**62**

Alaska pharmacies with CLIA-waivers to perform diagnostic tests<sup>5</sup>

Since 2020, pharmacists have delivered over

**42 MILLION**

respiratory illness tests, establishing a **nationwide network for rapid testing**<sup>6</sup>

## PHARMACY TEST AND TREAT SERVICES CAN REDUCE HEALTHCARE COST

### UPPER RESPIRATORY TRACT INFECTIONS

### PATIENT OUT-OF-POCKET (COST SHARING)

### HEALTH SYSTEM PAYMENT

Average visit cost -  
Emergency Department

\$523<sup>7</sup>

\$1,535<sup>7</sup>

Pharmacy test and treat  
(assumes 20% co-pay)

\$28.70

\$143.50<sup>8,9</sup>

If 1% of Medicare enrollees in Alaska visited a pharmacy instead of an emergency department,

**\$1 MILLION**

in **health care system savings** could be achieved\*\*  
**reducing patient out-of-pocket costs**\*\*\*

**95%**

Estimates shown are for illustrative purposes only. There is no guarantee of the potential savings indicated.

\*% of state population living in HPSA (287,657 people in HPSA<sup>1</sup> / 733,406 census population<sup>10</sup>) x 112,886 Medicare enrollees<sup>3</sup>.

Assumes distribution across HPSAs consistent with general population.

\*\* (ED Health System Payment (\$1,535-\$523<sup>7</sup>) - Pharmacy test and treat (\$143.50-\$28.70<sup>8</sup>)) x (112,886 Medicare enrollees<sup>3</sup> x .01)

\*\*\*\$523 out-of-pocket cost for ED visit<sup>7</sup> vs. \$28.70 out-of-pocket cost for pharmacy test and treat<sup>8</sup>

## TEST AND TREAT AT THE LOCAL PHARMACY CAN REDUCE COST AND OFFER HIGH-QUALITY, CONVENIENT CARE



### REDUCED COST

Pharmacy test and treat services have the potential to reduce health system costs as well as out-of-pocket expenses for patients. These services, if reimbursed at current cash pay prices, would be **similar to costs for low acuity urgent care or primary care office visits**.

Patients who do not have access to a primary care doctor will have the opportunity to be quickly diagnosed and treated, so their respiratory **symptoms do not progress into a more serious and costly health care condition** such as bronchitis or pneumonia.<sup>11-13</sup>

Patients and insurers will receive the full clinical benefit of money spent on COVID-19 and influenza **treatments which are only effective if started within 2-5 days of symptom onset**.<sup>14-16</sup> Studies have shown that treatment within 48 hours for the Flu can shorten the duration, severity and cost of the illness.<sup>17</sup>

Individuals who live in medical provider shortage areas will have an **alternative to using the ER for respiratory infections** which are common and generally uncomplicated if diagnosed and treated early.<sup>18</sup>



### HIGH QUALITY CARE

Pharmacist education includes the **extensive study of diseases, their diagnosis, and corresponding treatments**.<sup>19</sup>

All states **mandate that pharmacists maintain their clinical expertise** through continuing education credits, and many states require pharmacists providing test and treat services to complete additional training.<sup>19, 20</sup>



### CONVENIENCE

Pharmacies are often located near homes, along bus lines or within locations people already frequent daily, like grocery and convenience stores. Reimbursing pharmacists to test and treat will **empower patients to seek care** at drug stores nearby, making convenience even greater.

Pharmacists can **speed up diagnosis and treatment** of common illnesses by offering both services in a single location. Immediate treatment can help patients get well sooner, allowing them to **return to work or school more quickly**.

Pharmacies have **flexible hours** beyond just the traditional workday, with many open on weekends or even 24/7. They can provide test and treat services during hours other care may not be available, **especially in parts of the country that lack other flexible options** (e.g. urgent care, after hours clinics).

# LEGISLATIVE ACTION IS NEEDED

| Respiratory testing access with pharmacists nationwide is at risk

Without action, pharmacies will lose their incentive to maintain their testing infrastructure, causing a **significant loss in availability of test and treat services needed during respiratory illness seasons** when preventing the spread of infection is most important for seniors. Ultimately, patient outcomes may suffer.<sup>21, 22</sup>

**Across the U.S., more than 7,000 pharmacies have closed since 2019.** Experts say they can leave behind communities that have come to depend on them as trusted sources of care and advice - both of which can be hard to find in many urban and rural areas.<sup>23</sup>

Reimbursement of pharmacy test and treat services can help offset losses from reduced dispensing reimbursement and DIR (direct and indirect remuneration) reform.<sup>24</sup>

## H.R. 1770 / S. 2477 EQUITABLE COMMUNITY ACCESS TO PHARMACIST SERVICES ACT

Authorizes pharmacists to **receive reimbursement for low-acuity respiratory illness** services for seniors and others receiving Medicare<sup>25</sup>

- Does not provide Medicare reimbursement for all services such as medication, chronic disease management, health and wellness screening, and education
- Does not recognize pharmacists as health care providers for all Medicare patients
- **Does not supersede state scope of practice laws**<sup>26</sup>

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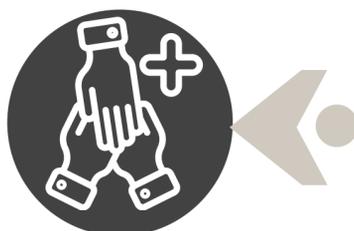
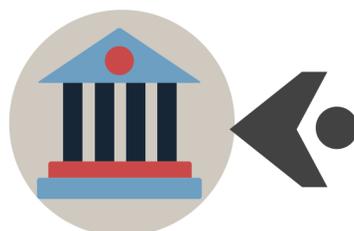
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# SB 147

## PHARMACIST PROVIDED PATIENT CARE SERVICES / STANDARD OF CARE



The goal of this bill is to increase access to pharmacist-provided patient care services, allowing healthcare practitioners in Alaska to practice at the top of their education, training, and experience.



### ALIGNMENT WITH THE STANDARD OF CARE

The Alaska Board of Pharmacy already regulates pharmacists under the standard of care, this bill aligns the statute with this model.

### ESTABLISHED FEDERALLY

Expanded pharmacist services have been established federally. MAT Act allows pharmacists to prescribe for opioid use disorder. Nearly 100 years of evidence based practice at federal healthcare settings show improved patient outcomes.

### INTERDISCIPLINARY COLLABORATION

The bill encourages interdisciplinary collaboration & patient referral to higher levels of care as needed.

### INCREASED ACCESS TO TIMELY CARE FOR ALASKANS

Pharmacists are uniquely positioned to help manage chronic diseases and minor ailments, decrease unnecessary emergency department visits, and deliver preventative health outcomes.

### DOCTOR OF PHARMACY EDUCATION

Pharmacists complete a standardized Doctor of Pharmacy (PharmD) degree nationwide, accredited by Accreditation Council Pharmacy Education, with 1,740 hours of clinical training.

State Boards of Pharmacy help ensure safe care through participation in accreditation reviews.



Communities trust their pharmacists. With pharmacists permitted to practice at the top of their education, training, and experience, a pharmacist can better triage a patient for referral to more acute care when needed.

Alaskans Strongly Support Expanded Pharmacist Care. A recent national poll, including Alaska-specific data, reveals that Alaskans overwhelmingly support expanded roles for pharmacists in testing, treatment, and prevention of common and chronic conditions at their local community pharmacies.

Alaska's healthcare system in general has limited hospital beds, emergency department space, and other services in general. Utilizing every provider at the top of their education, training, and experience can increase access to timely and appropriate care

SUPPORTED BY THE ALASKA BOARD OF PHARMACY & THE ALASKA PHARMACY ASSOCIATION



## Press Releases Published on Tuesday, December 10, 2024

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# HHS extends federal authority consistent with APhA request for pharmacy personnel to independently administer vaccines and test to treat services through 2029

WASHINGTON, DC — The American Pharmacists Association (APhA) released the following statement regarding the U.S. Department of Health and Human Services (HHS) response to APhA’s request to issue a [twelfth amendment](#) to the declaration under the federal Public Readiness and Emergency Preparedness (PREP) Act for medical countermeasures.

“Today’s necessary actions by HHS will continue to [save lives and lower health care costs](#), particularly in rural and underserved areas where the local pharmacy may be the only health care provider for miles,” said Michael D. Hogue, PharmD, FAPhA, FNAP, FFIP, executive vice president and CEO of APhA. “As a vital part of our nation’s health care infrastructure, pharmacy teams serve as the front line of defense against infectious disease. APhA applauds HHS for extending these federal authorities until [legislation](#) is passed by the U.S. Congress to make them permanent.”

Key changes finalized in the amendment include:

- **Extends PREP Act coverage and authority for COVID-19 and seasonal influenza vaccines and COVID-19 tests.** PREP Act immunity from liability is extended through December 31, 2029, to pharmacists to order and administer and pharmacy interns and pharmacy technicians to administer COVID-19 and seasonal influenza vaccines (three and over), and COVID-19 tests.

Since 2020, licensed pharmacists in all 50 states have been able to utilize federal PREP Act authority to provide vaccination, and testing and treatment services, specifically to children ages 3 to 18 years, where they previously had not been permitted in certain states. Several states have taken action ([see map](#)) to make these federal PREP Act authorities permanent.

## The Community Pharmacy Technician's Role in the Changing Pharmacy Practice Space

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### Abstract

**Purpose:** The practice of pharmacy and role of pharmacists has evolved over the decades but markedly since the introduction of the Affordable Care Act (ACA) in 2010. The ACA allowed patients to have increased access to community pharmacy services, such as medication therapy management, leading to an increase in the clinical services provided by pharmacists. This expansion of pharmacist's roles has led to pharmacists to feel an increase in workload which negatively impacts the time spent with patients. One way for this shift to occur without continuing to increase the pharmacist's workload is by using technicians as pharmacist extenders to take on more technical tasks.

**Summary:** The role of pharmacy technicians has been slow to expand from fear of public safety due to the lack of required education and training. Today, state requirements to practice as a pharmacy technician have become stricter with state requiring licensing, registration or certification. This increase in requirements as led to the expansion of pharmacy technician duties. Studies show that pharmacy technicians are able to perform technician accuracy checking, provide immunization and perform Clinical Laboratory Improvement Amendments (CLIA)-waived screenings. In addition to these duties, pharmacy technicians are being utilized in more novel ways such as collecting medication information in primary care and telepharmacy settings.

**Conclusion:** In order for pharmacy to continue to grow as a profession, pharmacists need to use pharmacy technicians as extenders. As pharmacy technicians begin to take on more of the technical duties, pharmacists are able to increase the time spent with patients.

**Key Words:** Pharmacy technicians, expanding roles, community pharmacy

### Introduction

Community pharmacists are seeing an evolution in their role with the shift in healthcare focusing on quality of care, brought on by the Affordable Care Act. The act signed into law in 2010, helped to expand pharmacists' roles in coordinating care for patients and medication therapy management. While this was a great advancement for the profession of pharmacy, pharmacists feel an increased workload on a daily basis to provide their traditional dispensing services in addition to clinical services. According to the 2014 American Association of Colleges of Pharmacy's (AACP) National Pharmacists Workforce Survey, 66% of community pharmacists reported an increase or great increase in workload compared to a year ago.<sup>1</sup> In addition to the increase in workload, 54% of community pharmacists stated that their workload negatively impacted the time spent in contact with patients and 35.5% of community pharmacists felt that their workload negatively impacted the quality of care provided to patients.

On average community pharmacists spend 75% of their time on patient care services associated with dispensing which includes calling providers, counseling on medications and preparing medications.<sup>1</sup> The traditional role of a pharmacy technician is to aid the pharmacist in providing patient care services associated with dispensing that do not require professional judgement. The other 25% of the community pharmacist's day

is spent on patient care services not associated with dispensing and business management at 13% and 12%, respectively. Patient care services not associated with dispensing contain services billable by pharmacists such as completing comprehensive medication reviews, assessing medication needs, and adjusting medication dosages. Providing more patient care services not associated with dispensing can help close the gap between the actual dispensing cost and reimbursement received through the additional revenue. This shift in focus on clinical services to make revenue means that pharmacist's need to spend less time in the dispensing role and more time providing more clinical services. One way for this shift to occur without continuing to increase the pharmacist's workload is by using technicians as pharmacist extenders to take on more technical tasks. These technical tasks should include both traditional dispensing roles as well as novel non-traditional roles, such as vaccination administration and administration positions. To justify the expansion of pharmacy technician's role, pharmacists must recognize the history and development of pharmacy technician roles, understand pharmacy technician laws and regulation, and utilize technicians as pharmacist extenders.

### History of Pharmacy Technician Roles

Pharmacy technicians have a long history in the pharmacy profession. The first formal pharmacy technician role dates back to approximately 1939 during World War II.<sup>2</sup> Much like many pharmacy technicians today, technicians during this time were high school graduates without any formal training beyond employer-based training programs and their main duty was to assist the pharmacists in their daily tasks. For many years pharmacists were reluctant to increase the numbers of pharmacy technicians within pharmacies as they were hesitant

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to pay additional personnel and feared that they would take their careers.<sup>3</sup> In the 1960s and 1970s health-system pharmacists began to shift to more of a clinical role and automation became more common in pharmacies.<sup>2</sup> These innovations led to more formalized roles of pharmacy technicians, particularly in the hospital setting.

Community pharmacists, on the other hand, were reluctant to the idea of utilizing pharmacy technicians out of concern for public safety. Due to this fear and increased number of pharmacy technicians, the U.S. Department of Health, Education and Welfare in 1968 recommended that pharmacy technicians have formal training in junior colleges and other institutions. While the creation of training guidelines and programs for health-system pharmacy technicians began by the mid-1970s, it wasn't until 1990s when community pharmacy technician roles become better defined, which in turn brought the development of national certifications and implementation of training for community pharmacy.

**Pharmacy Technician Rules and Regulations**

Today, the requirements and roles of community-based pharmacy technicians vary from state to state. Many states now require pharmacy technicians to become registered, certified or licensed but the requirements to obtain these designations is not uniform across the country. According to the Pharmacy Technician Certification Board (PTCB), registration is defined as “making a list of pharmacy technicians in the state or of being enrolled in an existing list” and licensure is defined as “the process by which an agency of government grants permission to an individual to engage in a given occupation upon recognizing that the applicant has attained the minimum competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected”.<sup>4</sup> While these definitions help distinguish between registration and licensure nationally, the specific requirements and terminology to hold these designations still vary by state. Variability among states include roles such as registered technician, certified technicians, licensed technicians, as well as entry-level and advanced technicians. Many states that require pharmacy technicians to become registered have education or training requirements making it similar to a license. For example, in Indiana and Ohio all pharmacy technicians must be 18 years of age or older, obtain a high school diploma or GED, submit a criminal background check and complete an approved education program, however Indiana pharmacy technicians are termed to be “licensed technicians” while Ohio pharmacy technicians are considered “registered technicians” even though the requirements are the same. Currently, 73% of the United States require training of pharmacy technicians, however 35% of states require board approved training programs and only North Dakota requires an ASHP accredited program.<sup>5</sup>

Certified pharmacy technicians are the only subset with a very defined set of requirements. In order for technicians to become

nationally certified as a technician they must pass an examination approved by the Pharmacy Technician Certification Board (PTCB) or National Pharmacy Technician Association (NPTA) which attests the status of their education. In addition, pharmacy technicians must possess a high school diploma, disclose criminal and State Board of Pharmacy actions, complete an accredited education program and receive a passing score on the PTCB or NPTA examination.<sup>6,7</sup>

**Table 1: Pharmacy Technician Requirements**

Required Status	Number of States*
Licensed	11
Registered	33
Certified	24
Training	38
*includes Washington D.C., Guam, and Puerto Rico	

In addition to the variation in requirements to become a pharmacy technician there are variations in pharmacy technicians' roles. The traditional role common in all states include entering prescriptions into a pharmacy computer, counting medications, and affixing labels.<sup>5</sup> As pharmacy expands the role of the pharmacy technician, they are given responsibilities in non-traditional roles such as accepting called-in prescriptions, checking the work of other technicians and administering immunizations. By allowing pharmacy technicians to take on these non-traditional roles, it will allow pharmacists to have more time to complete patient care services not associated with dispensing and allow for increased revenue.

**Table 2: Pharmacy Technician Roles**

Technician Role	Number of States*
Accept Called-in Prescriptions	14
Administer Immunizations	2
Call Physician for Refill Authorization	41
Check Work of Other Technicians	12
Compound Medication for Dispensing	52
Enter prescriptions into Pharmacy Computer	53
Transfer Prescriptions	12
*includes Washington D.C., Guam, and Puerto Rico	

**Pharmacy Technicians as Pharmacist Extenders**

In order for the scope of pharmacists' practice to continue to grow, pharmacists should utilize their pharmacy technicians as extenders. As community-based pharmacists develop new roles, they are expected to do more with less time by providing an increase number of clinical services while performing traditional dispensing for more patients. By utilizing pharmacy technicians to their full potential, pharmacists can increase time spent with patients and conducting clinical services. The

term technicians as pharmacist extenders means that pharmacy technicians are used based on their full scope of practice to help pharmacists reach more patients, improve clinical outcomes and increase revenue. The full scope of pharmacy technicians includes the traditional roles of support for dispensing but also includes non-traditional roles of administering immunization, technician accuracy checking, and facilitation of Clinical Laboratory Improvement Amendments (CLIA)-waived screenings. Studies have shown that pharmacy technicians are capable of performing these non-traditional tasks by being just as safe and accurate as pharmacists and it allows pharmacist to spend more time in the clinical role.<sup>8-11</sup>

Pharmacy technician provided immunizations and technician accuracy checking are two areas that pharmacy technicians have recently been given more responsibility to complete. Currently only three states, Rhode Island, Idaho and Utah, allow pharmacy technicians to administer all United States Centers for Disease Control and Prevention (CDC) recommended vaccinations to patients. In these states, technicians must complete a 6-hour training program from the Accreditation Council for Pharmacy Education (ACPE) that contains 2 hours of home study material and a 4-hour live training or American Pharmacists Association (APhA) Pharmacy-based Immunization Delivery training. In addition to the training, technicians must be PCTB or NPTA and basic life support (BLS) certified. While there have been no randomized controlled trials conducted on technician administered vaccinations, Idaho collected anecdotal data from the 6-month pilot period before it became a law. During this 6-month period, 25 technicians administered 935 vaccines to patients that were 6 years or older and no adverse events were reported.<sup>8</sup> Currently there are no studies showing the direct benefit of pharmacy technicians administering vaccinations, however the profession of pharmacy can extrapolate anecdotal data from physician and other medical practice models. In these practice models, physicians often delegate vaccination administration to medical assistants and nurses whom have similar or less training as pharmacy technicians. While more studies need to be conducted to show the true economic and clinical benefit of pharmacy technicians administering vaccinations, with millions of immunizations provided to patients each year the pharmacists' time saved is the largest benefit.

Technician accuracy checking is another role that is becoming more common as part of pharmacy technician's full scope of practice. Technician accuracy checking (TAC) is defined as utilizing technology to check the work of someone else, an automated dispensing system or other technology assisted filling equipment. An example of accuracy checking includes having a technician ensure that the current product and quantity was dispensed by an automated dispensing machine. Currently, 20 states allow TAC either through a pilot program or is board approved but 10 states only allow it in the outpatient setting. In the inpatient setting, there have been 11 studies on TAC in which all show that technicians were just as accurate, if

not more accurate, than pharmacists at checking the accuracy of dispensed medication. In the community setting four studies have been conducted and found similar results to the inpatient studies; that technicians are just as accurate as pharmacists at accuracy checking.<sup>9-10</sup> In a study conducted by the University of Wisconsin researchers found that technicians are 99.95% accurate compared to pharmacist whom are 99.74% accurate.<sup>9</sup> In another study that looked at overall errors as well as administrative and patient safety errors found no statistically significant difference between pharmacists and pharmacy technicians.<sup>10</sup> In addition to technicians being equally accurate as pharmacists, two studies showed that by allowing technicians to check medications it allowed the pharmacists to have more time, equivalent to approximately 23 days a year, to complete other direct patient care tasks in the day. The increase in time in direct patient care allowed the pharmacist to spend significantly more time providing counseling to patients on medications and determining proper drug utilization.<sup>9</sup>

#### Novel Technician Duties

In pharmacy, there has been an increase in the number of point of care testing (POCT) services provided to patients. CLIA-waived POCTs, which are defined as simple tests with a low risk for an incorrect result, are quick tests that may be performed by pharmacists and pharmacy technicians. Some common POCT performed by pharmacists and pharmacy technicians include cholesterol, blood glucose and International Normalized Ratio (INR) testing. Patients want quick and easy clinical services, and many pharmacies and ambulatory care clinics have shorter wait times than a traditional emergency room or acute care clinic leading to increased demand for POCTs and services. One practice model that would utilize pharmacy technicians would be having the technician set up appointments for patients, gather patient information when rooming patients for appointments and perform the CLIA-waived point of care test. This model would allow the pharmacist to see an increase number of patients since the pharmacy technician would be obtaining the laboratory value leaving the clinical decision making to the pharmacist. Some common CLIA-waived point of care tests performed by pharmacies include blood glucose, cholesterol, influenza, group B streptococcus, human immunodeficiency virus (HIV) and human papillomavirus (HPV) tests. As the scope of point of care testing completed in a community pharmacy and ambulatory care setting grows, the more pharmacists will need to rely on their pharmacy technicians.

Another novel role for pharmacy technicians would be when patients are admitted to an urgent care clinic or present to a community pharmacy either in person or virtually though telehealth to obtain patient information such as a medication history. The practice model would be similar to the point of care testing and would mirror that of a medical assistant or nurse and physician or physician assistant during a doctor's appointment. The pharmacy technician would collect all

background information then the pharmacist would see or talk to the patient. Again, this model would allow the pharmacist to focus on the medication related problems and clinical recommendations by having all needed information collected before seeing the patient. In rural areas, telepharmacy could be used to allow the pharmacist to access a larger patient population and allow patients to stay close to home for their care if done virtually. The practice model would work the same as in person appointments but would be done through a computer or phone.

Point of care testing and medication management services can provide additional revenue to ambulatory care clinics and community pharmacies when provided in person or virtually. At many community pharmacies, point of care testing is an out of pocket service for patients providing direct revenue to the pharmacy and the cost of these services vary by location. In ambulatory care clinics, pharmacists can bill incident-to a physician for services as a source of revenue. The reimbursement for pharmacy services billed incident-to a physician depends largely on the complexity of the appointment but could range from approximately \$20 to \$100 and depending on state regulations telepharmacy services may be billed similarly to in-person pharmacy services with similar reimbursement. The benefit of utilizing pharmacy technicians to help provide these services is the amount of time saved to pharmacists. In a study coordinated by the Pittsburgh Regional Health Initiative (PRHI), pharmacy technicians performed tasks such as obtaining patient medication, retrieving laboratory information from the patient's chart and gathering patient education materials which allowed for a 40.5% increase in the number of CMRs completed by pharmacists.<sup>11</sup>

Lastly, pharmacy technicians could be utilized in management roles needed to ensure the pharmacy runs efficiently such as inventory management, 340B coordination, informatics, and billing and finance integrity. These roles are very important to make sure that the pharmacy has sufficient inventory, reimbursed properly, and meeting compliance standards of the many regulatory bodies; and can take a lot of time to be done properly. While some health-systems utilize their pharmacy technicians in management roles, there is a great opportunity in the outpatient space. As frontline staff, pharmacy technicians are knowledgeable in possible workflow enhancements that need to be made, inventory management strategies and education and training of other technicians. Utilizing pharmacy technicians in these roles, once again allows pharmacist to spend more time performing clinical duties.

### Conclusion

As the world of healthcare continues to evolve so does the profession of pharmacy. While stagnant for many years, the role of the pharmacy technician has begun to evolve since 1939 when pharmacy technicians had minimal assistant duties. This movement is in large part due to more regulated training and registration or licensure requirements to be a pharmacy

technician. As pharmacy technician's roles begin to expand, registration or licensure requirements need to become more standardized. This standardization will not only help pharmacist feel more comfort allowing technician to take on more tasks but allow boards of pharmacy more oversight of technicians.

In order to be able to provide the services necessary to create a sustainable profession, pharmacy cannot get complacent and must utilize our pharmacy counterparts. By allowing pharmacy technicians to take on non-traditional roles such as administering immunizations, technician accuracy checking and point of care testing it allows pharmacists to provide more clinical services and increase the time spent with patients. While more studies need to be done to investigate the direct economic and clinical impact of these non-traditional roles of pharmacy technicians, the impact of pharmacists provided clinical services has shown a direct correlation to better health outcomes, increased patient satisfaction and positive economic impact.

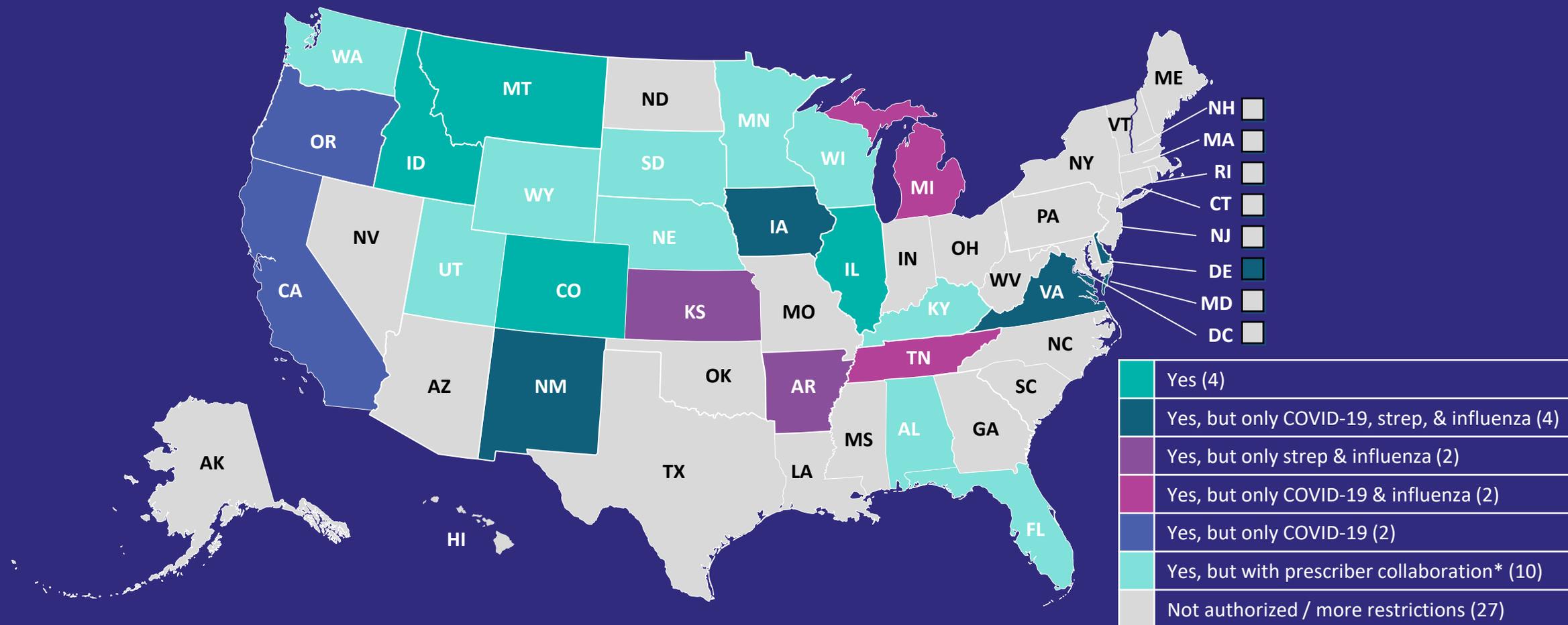
**Conflicts of Interest:** None

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# Can pharmacists test and treat for COVID-19, influenza, respiratory syncytial virus, or streptococcal pharyngitis via prescriptive authority, statewide protocol, or other means?\*



\*Limited to collaborative practice agreements or prescriber protocols that allow multiple patients and do not require past prescriber-patient relationship