Commission SBAR Communication

Agenda Item/Title: Family Health Centers

Date SBAR Communication Prepared: 8/29/2019

Reviewer: Irina Tiginyanu

Link to Action Plan:

☐ Action
☐ Information
☐ Follow-up
☐ Report only

Situation:

Pharmacy is seeking approval for their technician and assistant AUP

Background:

Assessment:

Pharmacy assistants and technicians are performing within their scope of practice

Recommendation:

Recommendation to approve the ancillary utilization plan

Follow-up Action:
### Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to the next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

**Select One:**  
- [ ] New  
- [x] Update

#### 1. Demographic Information

<table>
<thead>
<tr>
<th>UBI #</th>
<th>Federal Tax ID (FEIN) #</th>
</tr>
</thead>
<tbody>
<tr>
<td>6006 25131</td>
<td>91-1275011</td>
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**Legal Owner/Operator Name**

**Family Health Centers**

**Pharmacy License #**

**CF. 00057266**

**Pharmacy Name**

**Family Health Centers**

**Physical Address**

**525 W. Jay St**

**City**

**Brewster**

**State**

**WA**

**Zip Code**

**98812**

**County**

**Okanogan**

**Facility Phone (enter 10 digit #)**

**509-422-7637**

**Fax (enter 10 digit #)**

**509-422-7692**

#### 2. Facility Specific Information

**Number of Employees:**

- Pharmacists: 1
- Technicians: 2
- Assistants: 2

#### 3. Key Individuals

**Responsible Pharmacist**

**Britni Riley, PharmD**

**License #**

**60869198**

**Signature**

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

**Signature of Owner/Authorized Representative of Pharmacy**

**Amy Helmkamp, PharmD**

**Date**

**1/23/19**

**Pharmacy Manager**

**Tracy Zelek, PharmD**

**Print Name**

**Pharmacy Manager**

**Print Title**

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Revenue: 0252010000

DOH/HSQA/OCAS

DOH 660-056 April 2016

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Family Health Centers (FHC) is a Community Health Center clinic system with 6 medical clinics and 5 dental clinics located across Okanogan County. FHC operates two pharmacies, one located within our Omak medical clinic site and the other within our Brewster medical clinic located on Jay Avenue. Both FHC pharmacies operate as 340B-only sites, which requires that we only serve patients of Family Health Centers.

Family Health Centers’ pharmacies use McKesson’s EnterpriseRx as our pharmacy management system. We use Cardinal as our wholesaler and Guaranteed Returns as our reverse wholesaler.

In Fiscal Year 2019, which ended 3/31/19, our Brewster location dispensed 29,282 prescriptions. Our Brewster location is open Monday – Friday, 8am to 5pm, which matches the clinic hours.

This location has one pharmacist, two technicians, and two assistants. All staff are scheduled Monday – Friday, 8am to 5pm.

TECHNICIANS

The primary responsibility for technicians is to process new and refill prescriptions. Activities related to this responsibility include:

- Review refill requests and new prescriptions for appropriateness
- Process refills and new prescriptions in the pharmacy management system
- Problem solve issues with prescription or third party payer
- Maintain patient profiles
- Access the clinic Electronic Health Record to verify information

Secondary responsibilities for technicians include:

- Product dispensing, i.e., counting dosage units, labeling vials or unit of use products, bundling prescriptions and paperwork for pharmacist verification
- Inventory Management, i.e., assessing daily order needs, managing outdates and returns to reverse supplier, maintaining order levels in the pharmacy management system, adding or deactivating products in the pharmacy management system
- Backing up assistants at the point of sale, answering phones, pharmacy maintenance

ASSISTANTS

Our assistants have several responsibilities unique from those of the technicians:

- Staffing the point of sale pick up window
- Cash register reconciliation
- Processing the daily order
- Translating for our Spanish-speaking patient population. Bilingual ability in English/Spanish is a requirement of the Assistant job description.

Additionally, other Assistant responsibilities include answering phones, maintaining pharmacy cleanliness, processing refill prescription in the pharmacy management system, assisting in product dispensing, ordering pharmacy supplies.
Pharmacy Technician Training Checklist

Primary Accountability Overview

☐ Discuss responsibilities & priorities based on scheduled position

Intake of New and Refill Prescriptions

☐ Review refill requests for appropriateness
☐ Process refill requests in the pharmacy management system
☐ Request new prescription through EHR when patient is out of refills or prescription is expired
☐ Maintain patient profiles
  ☐ Allergy and disease states
  ☐ Patient Groups
  ☐ Insurance
  ☐ Deactivating Prescriptions
  ☐ Linking Prescriptions
  ☐ Profiling Prescriptions
  ☐ Scanning relevant documents into profile (Easy Open signatures etc.)
  ☐ Notes
☐ Use the EHR to verify compliance with 340B regulations
☐ Use the EHR to communicate information to clinic care team

Billing Prescriptions

☐ Assess the correct billing type
☐ Process prior authorizations
☐ Resolve issues when they arise (e.g. third-party claim denials) and reprocesses billing as needed

Prepares Prescriptions for Filling

☐ Responsible for a second assessment of prescriptions for accuracy
☐ Select appropriate medication, verifying NDC and expiration date
☐ Accurately re-package and label medications
☐ Consolidate prescriptions using “Ctrl-O”
☐ Reconstitutes a prepared product that does not require calculation under direct supervision
☐ Ensure opened stock bottles are appropriately marked
☐ Restock stock bottles after use
☐ Appropriately stage completed prescription for will-call or mailing
☐ Count and pour from a stock bottle

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Point of Sale (POS)

- Ensure Pharmacist is notified when prescription requires counseling.
- Fluent in cash handling processes and register reconciliation.
- Assure the accuracy of prescriptions released through reconciliation of release to patient functionality within pharmacy management system.
- Assure appropriateness of releasing the prescriptions to the person presenting for pick up (i.e., using a double identifier for patient or patient’s agent).

Mail Service Management (Omak site only)

- Assess the accuracy and completeness of an order for mailing.
- Ensure payment is received and recorded prior to mailing.
- Maintain the accuracy of the legal dispensing record of mailed prescriptions.
- Process package through postal metering and record system.
- Place postage on envelope and seal it using double check process.
- Delivers processed packages to the post office on a daily basis.
- Check, sort, and deliver incoming mail daily.
- Courier medications, prescriptions and other items as necessary to other clinic locations.

Management of Medication Inventory & Supplies

- Assess inventory needs.
- Add new and adjust current medication information in the pharmacy system.
- Adjust inventory counts as needed in the pharmacy system.
- Receives processes and organizes stock medications.
- Receive and process clinic orders.
- Processes outdates and returns per procedures.
- Check Distributor for product adjustments as needed.
- Process Return to Stock prescriptions through the pharmacy management system and return stock to physical inventory.
- Order, receive, process and organize pharmacy supplies.

Maintaining Work Area & Equipment

- Garbage and shredding.
- Floors are swept/vacuumed.
- Countertops are cleaned.
- Pill counter is cleaned.
- Maintain daily temperature logs.
- Vials and lids are kept stocked.

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Handling Non-Professional Phone Calls

- Patient requesting refills of the prescription with a number or medication name
- Patient or clinic staff regarding pricing information
- Patient regarding hours of operation
- Patient or clinic staff regarding goods and services
- Patient asking if their prescriptions are refillable or number of refills
- Wholesaler dealing with the ordering of drugs or supplies

Attendance

- Is on time for work and when returning from lunch
- Ensure attendance and hours worked are accurately recorded in a computerized time management system
- Time off requests

Other Training

- Gmail & Google Hangouts Overview
- Nextgen Overview
  - Information Lookup
  - Telephone communication
- Prepare daily reports as assigned
- Enterprise – Other queues
  - Contact Manager
  - Inbound Communication
  - BAR Exception
  - Payment Exception
Pharmacy Assistant Training Checklist

Primary Accountability Overview

☐ Discuss responsibilities & priorities based on scheduled position

Data Entry (Refills)

☐ Review refill requests for appropriateness
☐ Process refill requests in the pharmacy management system
☐ Request new prescription through EHR when patient is out of refills or prescription is expired
☐ Maintain patient profiles
  ☐ Allergy and disease states
  ☐ Patient Groups
  ☐ Insurance
  ☐ Deactivating Prescriptions
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  ☐ Profiling Prescriptions
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☐ Use the EHR to communicate information to clinic care team

Billing Prescriptions

☐ Assess the correct billing type
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Prepares Prescriptions for Filling

☐ Responsible for a second assessment of prescription accuracy prior to filling
☐ Verify the correct NDC and expiration date of product
☐ Accurately re-package and label medication
☐ Consolidate prescriptions using “Ctrl-O”
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Point of Sale (POS)

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**Request for Consideration by the Pharmacy Quality Assurance Commission**

**NOTICE**

Documents submitted to the Pharmacy Quality Assurance Commission (Commission) are public records, subject to the Public Records Act, chapter 42.56 RCW, and presumptively open to public inspection and copying. The Commission will make meeting materials available for public inspection and copying on the Commission’s website, including records submitted by you concerning your requests for review or approval to the Commission. If you believe any of these records may be exempt from disclosure under RCW 42.56.270(1)(b) (“Proprietary data, trade secret, or other information that relates to (a) . . . unique methods of conducting business; (b) data unique to [your] product or services”), then do not submit the records. Instead, you may seek a court order protecting those records as authorized in RCW 19.108.020(3), providing notice of the proceeding to the Commission. The materials may be submitted to the Commission in a manner consistent with an order of the court when the legal proceeding has concluded.

<table>
<thead>
<tr>
<th>Requester/Title/Credentials:</th>
<th>TRACY ZELENKA, PHARM D, PHARMACY MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email/Phone #:</td>
<td><a href="mailto:TZELENKA@PHC.US">TZELENKA@PHC.US</a>, 509-422-1913</td>
</tr>
<tr>
<td>Affiliation:</td>
<td>FAMILY HEALTH CENTERS</td>
</tr>
</tbody>
</table>

Complete the following fields if this request applies to an active or pending license (includes registration, or certification). If needed, include additional information on separate paper.

| License Name:                | FAMILY HEALTH CENTERS                      |
| License/site Address:        | 525 W JAY AVE, BELLINGHAM WA 98225         |
| License Number:              | CF 00057266                                 |

What is your preferred date to have your request considered by the Commission:  
<table>
<thead>
<tr>
<th>1st Date</th>
<th>2nd Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/21/19</td>
<td>8/2/19</td>
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</tbody>
</table>

What is your expected outcome by the Commission?  
- [X] Action  
- [ ] Information  
- [ ] Follow-up  
- [ ] Report only

Please attach any policies, procedures or other documents deemed necessary to support your proposal. Visit the commission’s webpage for approved guidelines, review forms or current laws and rules.

This completed form should be no longer than two pages, front to back.

**Situation:** (Briefly describe the current situation. Give a clear, succinct overview of relevant issues)

**Background:** (Briefly name any laws, rules, or guidelines relevant to the request):

**PLEASE SEE REQUEST, PAGE 2.**

**APPLICATION PLAN, AND TECHNICIAN AND ASSISTANT TRAINING CHECKLISTS ATTACHED.**

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**MAY 10 2019**

**DOH/HSQA/OCS**
Assessment: (If approved, what would be the expected outcome for patient safety? What is the consequence if this request is not approved?)

Request: (What action(s) are you asking the commission to take? What do you want to happen next?)

APPROVAL OF ANCILLARY UTILIZATION APPLICATION

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