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Improving Pharmacy Workflow Efficiency

CENTRAL PROCESSING AND PHARMACY PRACTICES

Central prescription and order verification is the concept that has been gaining steam and increasingly been employed in recent years as a method of improving the pharmacy's workflow efficiency, which in turn leads to a host of questions. Does it impact patients and prescribers?, how does it improve pharmacy efficiency?, and perhaps most importantly what is central order and prescription processing in the first place? You are listening to ReachMD XM 157, The Channel for Medical Professionals. Welcome to Focus On Pharmacy. I am your host, Dr. Charles Turck, PharmD. Our guest is Dan Luce, RPh, Corporate Manager of Pharmacy Affairs for the Walgreen Company. Dan spent 11 years as a pharmacy supervisor with advanced companies is Walgreen and he has also served on the American Pharmacist's Association Board of Trustees. Presently, his activities are directed at advancing the practice of pharmacy through new technologies that allow pharmacists to focus on direct patient care. By virtue of his job, Dan has been a leading advocate for the adaption of central processing as an integral part of pharmacy practice over the last several days.

DR. CHARLES TURCK:

Dan, welcome to the program.

DAN LUCE, RPH:

Well, thank you very much, I am glad to be here.

DR. CHARLES TURCK:

We are discussing the concept of central processing and pharmacy practice and how it might improve the pharmacy workload burden while at the same time improving patient care. So, I suppose it makes sense to start with the question of what is central processing and what does it entail?

DAN LUCE, RPH:

Well Charles, the whole concept really focuses on one or two major pieces and I will kinda of break them down by this. As a prescription

is presented to a pharmacy in the case of Walgreen and many other pharmacies across the country, we create an image of that prescription. That image then becomes the working document whereby the prescription is data entered usually by the pharmacy technician, that data is reviewed by a pharmacist. Once that data is reviewed, the label prints out, the actual product is filled, another pharmacist does the verification if the product is correct, then it is dispensed to the patient with a consultation. Well in a given store, although the activities occur within the four walls of a Walgreen Pharmacy, with central processing, because you now have an image in workstations potentially in different locations, you can do central processing or have different people in different locations, perform each of those steps, so for an example, if the technician were to scan the prescription, a technician at another location or a central facility, could do the data entry. A pharmacist at another location could do the data review, then the pharmacist who is actually at the store where the patient dropped off the prescription, would be able to verify the contents of the prescription and then give that to the patient. So, central processing really is just splitting up the process and then allowing different people at different locations to perform each of those steps in that process.

DR. CHARLES TURCK:

Across different states?

DAN LUCE, RPH:

Right now, we are doing a lot with the in-states. We certainly will talk about a little bit today as we continue to move the pendulum in the direction of sort of a national model. We certainly would like to do that. Right now, though most states, as each state has its own state board, focus really on allowing that activity within a state, but certainly I think if you look down the pipeline for the next, you know, 2 to 3 to 5 years crossing state lines, there is certainly something, we think that makes a lot of sense.

DR. CHARLES TURCK:

Do you have any ways of measuring the impact on the practicing pharmacists as far as workload burden is concerned?

DAN LUCE, RPH:

Well, what happens is, in a model like central processing is that, if you think about it, you now have the ability to put this work that needs to be done in a cue if you will and that cue can be viewed by not just the pharmacists sitting in the store that I am at today, but by potentially all the pharmacists in my state. So, If I am busy or I really need to spend some time consulting with the patient, If I am by myself, I am thinking to myself why I am getting backed up and I have got a lot to do so I need to make this consultation fairly quick. If, however, I have got the virtue of central processing, I know that someone somewhere who is caught up, is able to help me with this process and do that data review, do some other steps in the process, do the drug utilization review, so that I can really focus on patient care, and to answer your question, what we really discovered is that, if this model works and is used by all the players in the process, that our pharmacist can truly spend much more time with patient because they are getting help when they needed in those peak times and that really affects the, you know, complies that patient with the medication, the understanding of that patient to take that medication and then adhering to that medication therapy.

DR. CHARLES TURCK:

How long has it been since Walgreen has adapted this technology?

DAN LUCE, RPH:

We started doing some central processing work back in 2005, and started that down in Florida. Here, we work with boards of pharmacy across the country, some are very progressive, they are looking 3 to 5 to 10 years ahead, others look in the rear-view mirror. So, there are certain states that we find are very thoughtful in their rule making and thoughtful about what are the best things to do for pharmacy going forward.

DR. CHARLES TURCK:

Can benefits of central processing in the workflow associated would it be extended practice in settings other than community pharmacy?

DAN LUCE, RPH:

Oh, I think so absolutely, and I think even within the pharmacy community, others have done that. If you look at some of the hospitals who would normally have a pharmacist do order review overnight, well at the small rural hospital that cannot find a pharmacist, they are using the central processing technology to let a pharmacist that may be a metro hospital do those order reviews on the overnight shift or even long-term care is applicable to all pharmacy practice settings. Again, as long as all the steps are done the same way whether it is in one location or using central processing as long as you can track all those steps, it really provides sort of virtual network of people to help and allow the people who are least busy at the moment to help do the work, help out those people who are behind or busy at that moment and if you take that even further from the nursing community or the physician community, I mean, I think that also has applications as well and I think the medical community has done a good job at that using some or the other experiences with reading x-rays or other things. If you do not have a expert on hand, but you have one in other locations, you could help move that information back and forth and really get the benefit of you call it just in time personnel that will unable to do whatever test needs to be done.

DR. CHARLES TURCK:

And is the concept also called central filling that goes hand in hand with central processing in the community setting, what is central filling exactly?

DAN LUCE, RPH:

Well, the difference is, central processing means I am performing all the cognitive steps in the process be it the data review, drug utilization review, or the product review. I am doing all those things in pieces, but as a patient perspective, I drop my prescription off at my local pharmacy in the corner near my home, I pick it up there. In all, even though part of the processing be done at remote locations, the medicine comes from that store, the pharmacist I know handed to me, so that is all there. With central fill, as the prescription starts to be processed, once the data review and drug utilization review is done, then the actual prescription is sent to a facility at central fill site. That central fill site then has products and actually puts the prescriptions together if you will. It is used mainly for refills. It is used mainly to help offload work. There have been some very successful companies out there, HEB down in Texas who said okay. Anytime I as a patient call in a refill, that refill will go to my central fill facility, will be filled there and then shipped back to the pharmacy in the morning. Again, with the goal that I will be able to take work out of the pharmacy today, moving into a central facility, which probably has limited phone access, limited interruptions, let those refills be done, and bring those completed refills back to the store. That way, the pharmacist who remains in the store, is able to really focus on patients.

DR. CHARLES TURCK:

So, it almost sounds like you are taking some of the benefits of what would traditionally be gotten from going through mail order and applying them to the community practice setting?

DAN LUCE, RPH:

Well, it really is I think the mail has its utilization, what we see and what we do customer service, and you know, patient focus groups, is that they like talking face to face with the pharmacist, and yes, if we are able to provide that economy of scale, if you are able to provide that service where you actually move some of the work out, fill those most prescriptions and bring them back and now you can take care of all the things that normally provide interruptions for pharmacist, it is a huge benefit, not only from the patient's perspective because now they are having time to actually spend and talk with the pharmacist, but from the pharmacist's perspective, because it is a lot less interruption and that has been a key to retention of our good folks.

DR. CHARLES TURCK:

And how does this get to our goal in the Walgreen Company, could you take a moment to describe it?

DAN LUCE, RPH:

As the manager of pharmacy affairs, I have responsibility for boards of pharmacy across the country, all 50 states. We maintain a relationship with those boards. We review all the rules that they put together and they promulgate and again you have everything all over the map from boards of pharmacy that are very progressive, always thinking ahead to those boards that are, you know, still trying to get rules, re-written that were originally written in the 60s or 70s. So, there is a great divergence of process out there and of course, we work with all those folks trying to help with that process and in my role, since I have all 50 states, I often offer to each board and say, hey look, you are going to work on this new rule about central processing. Do not reinvent the wheel, here is the best in my opinion language from these 5 states, take it, look at it, use what is there, and that way, the rule will become, you know, in place much faster and I think these are some really good ideas for you to use. The other part of what I do of course is you have two ways that a rule sort of comes through the process. It is either statutory, which means it is done by a state legislature or it is a rule, which is done by board of pharmacy and again the legislature, put statutes together what, you know, sort of brought guidelines or what they want to see, then the board of pharmacy gets it and writes a rule to help give the profession some direction about what the statute means and how to interpret that, so while my main focus is the boards of pharmacy, we clearly work many times with state legislatures well.

If you are just joining us, you are listening to Focus On Pharmacy on ReachMD XM 157. I am your host, Dr. Charles Turck, our guest is Dan Luce, corporate manager of pharmacy affairs for the Walgreen Company and we are discussing the implementation and efforts that widespread adoption of central processing and pharmacy practice across the country.

DR. CHARLES TURCK:

What experience do you have in the past that makes you uniquely qualified for your current position at Walgreen?

DAN LUCE, RPH:

Well, I think one of the things that certainly gets some buy in for boards of pharmacy across the country is the fact that I served two terms in the Wisconsin board of pharmacy. I served 8 years there, served the chair for couple of years, and I think that most pharmacists listening to the show today, will say or ask to themselves, how in the world did that rule get pushed through. That just does not make any sense. Well, I was one of those folks that said what is the board of pharmacy doing, so I decided okay I am going to become a member of the board of pharmacy and then you realize the complexity of all the rules, the complexity of all the different, and you know, whether it is a hospital pharmacy, whether it is community pharmacy, whether it is long-term care, whether it is nuclear. As a board of pharmacy member, you have to be thinking about how each rule affects almost different practice settings and so that experience of 8 years in the board of pharmacy, I think, helped me to get a very broad perspective, a national perspective if you will on the issues and of course, during that time, you get a chance to network with all the other states and all the other boards and all the other executive directors of those boards and I think that is what allows me to go out and make those contacts today to have those relationships with those folks who are making the rules and what I do comment as I mentioned earlier with information from other states, they accept that is they understand what we have been through. The boards of pharmacy as they are to really protect the consumers of their given state. Their mission is to regulate pharmacist, but that is a byproduct of making sure that patients of their state are protected. That they are really there about patient's safety and the consumers and then regulating pharmacy practice is what is secondary, and I think that mindset is quite different than what most pharmacists think, but really that is what is all it is all set up to be. In addition, I did serve 3 year term in American Pharmacist's Association Board of Trustees, so I know I have a state perspective state by state, but also a little national perspective and to answer your question, I think that has helped greatly in this pursuit to sort of move the needle on all new technology.

DR. CHARLES TURCK:

We had been talking with Dan Luce about central processing and pharmacy practices. Dan, thank you so much for joining us.

DAN LUCE, RPH:

It has been a pleasure, Charles, anytime.

DR. CHARLES TURCK:

I am Dr. Charles Turck and you have been listening to Focus on Pharmacy on ReachMD XM 157, The Channel for Medical Professionals. Please be sure to visit our website at www.reachmd.com featuring on-demand broadcasts of our entire library. For comments and questions, please call use toll-free at 888 MD XM 157, and thanks for listening.

This is colonel Rob Rush with Madigan Army Medical Center in Tacoma Washington, and you are listening to ReachMD XM 157, The Channel for Medical Professionals.