

July 13, 2021

Anne Sodergren, Executive Officer  
California State Board of Pharmacy  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

*Re: Scope of practice for clinical / advanced pharmacy technicians*

Dear Anne,

It was a pleasure speaking with you last month, thank you for alerting me to the upcoming board agenda item focusing on advanced roles for pharmacy technicians. As discussed, I am directing the California Right Meds Collaborative ([www.calrightmeds.org](http://www.calrightmeds.org)), which brings Comprehensive Medication Management Services (CMM) into the neighborhoods where patients live by building a network of highly-trained community pharmacists. Participating health plans are sending patients with persistently uncontrolled chronic diseases to these pharmacies, and providing value-based payments for CMM services rendered. Other schools of pharmacy across the state are also engaged in this effort (e.g., UCSF, Western, Loma Linda). The collaborative leverages the benefits of community pharmacies: A trusted and highly accessible healthcare professional with staff who are often ethnically aligned with the population served. Early results with 2 major Medi-Cal managed care plan partners responsible for over 3 million lives (Inland Empire Health Plan and LA Care Health Plan) indicate that community pharmacists, even during the pandemic, were highly effective at improving control of multiple chronic conditions including diabetes, hypertension, lipid management, and asthma. For example, with LA Care Health Plan, an interim review of results after only 5 months found that patients with uncontrolled diabetes experienced an average A1C reduction of 2.6 points, systolic blood pressure reduction of 23 mmHg, and statin utilization doubling from 42% to 84%. Two more health plans are in the process of joining (Brand New Day, Blue Shield of California), and we have been connected to half a dozen more plans and health systems spanning the state and beyond: San Diego, Orange, Fresno, Shasta, and Butte Counties as well as locations in Oregon and Washington. In addition, Covered California is introducing the California Right Meds Collaborative to their plan members and is working on incentivizing their participation.

I provide this background to clarify the critical role that pharmacy technicians play in CMM and other high-impact clinical pharmacy services. The value of pharmacy technicians has been well-demonstrated in acute care settings. Studies conducted at Cedars-Sinai Medical Center in Los Angeles laid the foundation for tech-check-tech standards in filling inpatient medication orders. More recently, a landmark study led by Dr. Rita Shane at Cedars-Sinai proved that pharmacy technicians were as effective as pharmacists at reducing admission medication history errors and admission medication order errors by over 80%. This study was part of the evidence base used to support approval of Senate Bill 1254, expanding life-saving medication reviews in hospitals across the state with the help of pharmacy technicians.<sup>1</sup>

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<sup>1</sup> Pevnick JM, Nguyen C, Jackevicius CA, Palmer KA, Shane R, Cook-Wiens G, Rogatko A, Bear M, Rosen O, Seki D, Doyle B, Desai A, Bell DS. Improving admission medication reconciliation with pharmacists or pharmacy technicians in the emergency department: a randomised



In 2012, we received a \$12 million Centers for Medicare and Medicaid Innovation Healthcare Innovation Award (CMMI HCIA) to test the impact of CMM in the largest private Medicaid provider in the nation. We were able to demonstrate significantly better control of common chronic diseases, as well as lower hospitalizations among patients at risk and even lower mortality among patients receiving CMM vs. usual care. A critical success factor was training and enabling pharmacy technicians to serve as clinical pharmacy technicians, providing patient care support services under the supervision of pharmacists.<sup>2</sup> These services were not complex, but were time-consuming and leveraged some unique skills of pharmacy technicians. Examples of these services include:

- Rooming patients for appointments
- Collecting baseline information for medication reconciliation (as in Dr. Shane's study)
- Scheduling follow-up visits
- Contacting patients by phone to administer yes / no check-in surveys regarding medication refills, adherence to monitoring instructions, etc.
- Translation services when needed- Pharmacy technicians are often ethnically aligned with the population served

The program demonstrated that pharmacy technicians were able to reduce the time pharmacists needed to spend with patients to less than half of the total appointment time, allowing pharmacists to see 50% more patients in any given day. Furthermore, our validated patient satisfaction survey found that patients had the utmost respect for their clinical pharmacy technicians, identifying them as core members of the clinical pharmacy team. Our experience with the CMMI HCIA led us to incorporate clinical pharmacy technician training into the California Right Meds Collaborative.

Moving forward, given the widespread prevalence of medication-related problems in the U.S., accounting for the 3rd leading cause of death and costing over \$528 billion annually, the need for pharmacist expertise is more critical than ever.<sup>3,4</sup> With 90% of chronic diseases requiring medications as first-line therapy for optimum control, the major unmet need in the healthcare system is ensuring that every patient receives safe and effective medication therapy. This will prevent consequences of uncontrolled chronic diseases and avoidable adverse drug events while driving down spending on expensive and avoidable healthcare services such as emergency room visits and hospitalizations. In California, the cost of medication-related hospital readmissions is at least \$9 billion per year, and the of harm related to adverse drugs events for Medicare patients is over \$3 billion annually.<sup>5</sup> Without the help of pharmacy technicians providing clinical support services, it is not financially nor operationally feasible to deliver medication management services in the outpatient setting that optimize medication-related quality and safety while reducing overall healthcare costs. Just as the profession of pharmacy has argued, with evidence, that pharmacists need to be given more opportunities to apply their expertise to improve patient health outcomes, expanding the role pharmacy technicians will in turn increase opportunities for pharmacists to improve patient safety and health outcomes that matter to healthcare payers.

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controlled trial. *BMJ Qual Saf.* 2018 Jul;27(7):512-520. doi: 10.1136/bmjqs-2017-006761. Epub 2017 Oct 6. PMID: 28986515; PMCID: PMC5912995.

<sup>2</sup> <https://innovation.cms.gov/innovation-models/participant/health-care-innovation-awards/university-of-southern-california>

<sup>3</sup> <https://ethics.harvard.edu/blog/new-prescription-drugs-major-health-risk-few-offsetting-advantages>

<sup>4</sup> Watanabe J et al. *Ann Pharmacother.* 2018 Sep;52(9):829-37

<sup>5</sup> 2015 OSHPD hospital data for patient discharges based on a 20% risk for adverse events and readmissions in Medicare, MediCal and indigent patients and a 5% risk for other third party patients. <https://www.oshpd.ca.gov/HID/Hospital-Financial-Trends.html>

We ask that the Board of Pharmacy take these facts into consideration when determining what role pharmacy technicians will play in the future of healthcare and our profession. Please feel free to contact us if you have any questions, thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to be 'S Chen', written in a cursive style.

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