

Kristina Faucher, CPhT; Joseph Holton, PharmD, BCPS; Joseph Favatella, PharmD, BCPS; Donna Capozzi, PharmD, BCOP; Richard Demers, MS, RPh, FASHP
 Department of Pharmacy, Hospital of the University of Pennsylvania, Philadelphia, PA, Department of Dermatology, Hospital of the University of Pennsylvania, Philadelphia, PA

Background

- The Hospital of the University of Pennsylvania (HUP) created the Penn Specialty Pharmacy Program in 2014 to establish a pharmacy presence in clinics, with a patient focus on specialty medication access and adherence
- The program utilizes both pharmacists and technicians to assist the clinics with medication counseling, prior authorizations, and copay assistance
- As the program expands to more clinics throughout Penn, there is a growing need to employ more pharmacists and technicians, without a method in place to determine exactly how many FTEs are needed in clinic
- This pilot program was first tested in the Dermatology Clinic at HUP, with the intent of launching throughout all Penn clinics

Objectives

- Determine the number of clinical pharmacist and technician FTEs required in a clinical practice for maximum efficacy and patient care

Methods

- Calculations were obtained by recording duties handled by the pharmacist over the course of one week (including those for which time does not allow), determining if the task requires special handling by a pharmacist, or if it could be delegated to a technician
- Once assignments were determined as either pharmacist or tech-appropriate, we separated, then calculated these hours to determine the recommended number of FTEs needed in the practice during an average 8 hour work day

Formulas

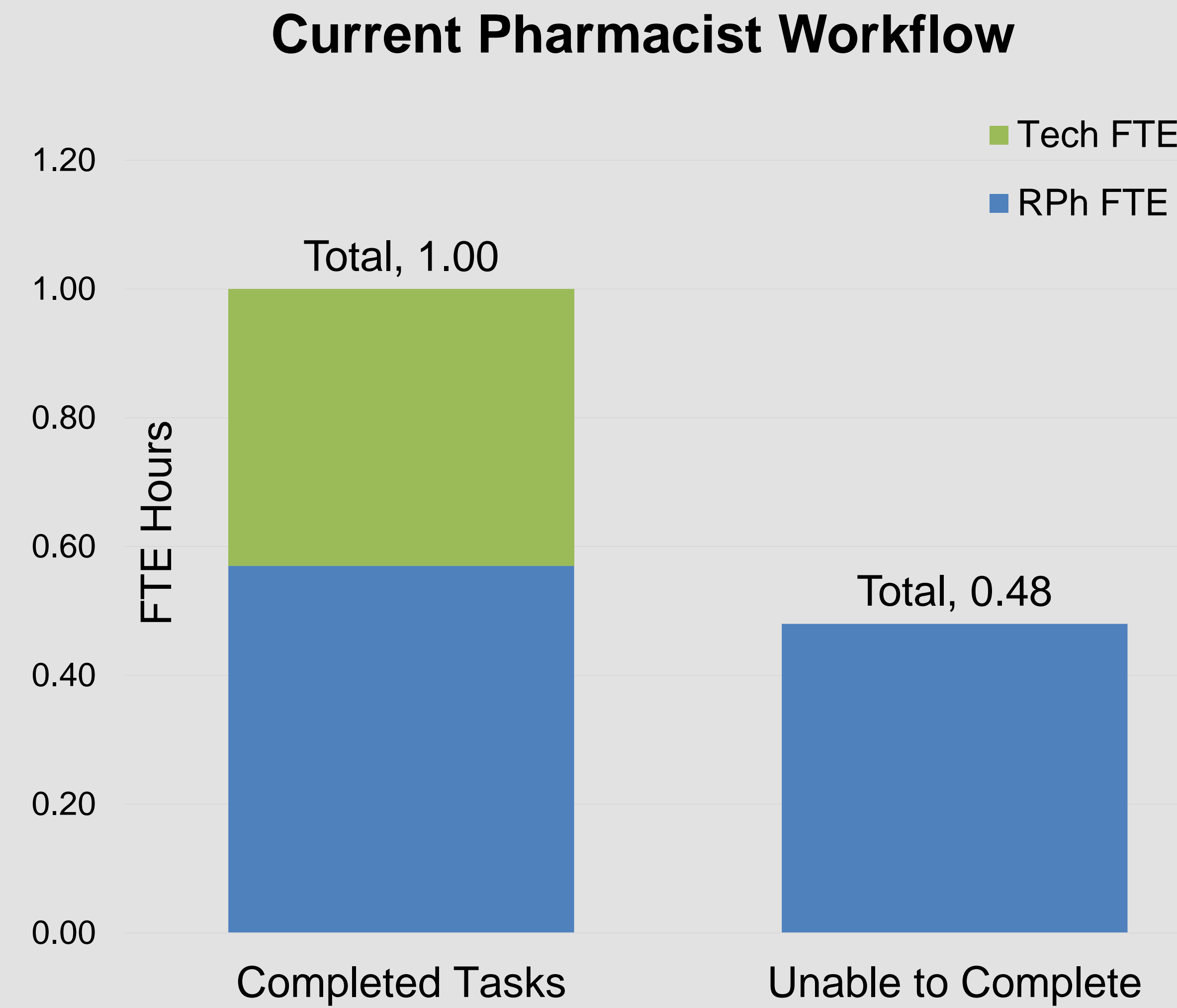
Current RPh Workflow (Completed Tasks):

of RPh or Tech hours / 40 = ___ RPh or Tech FTEs

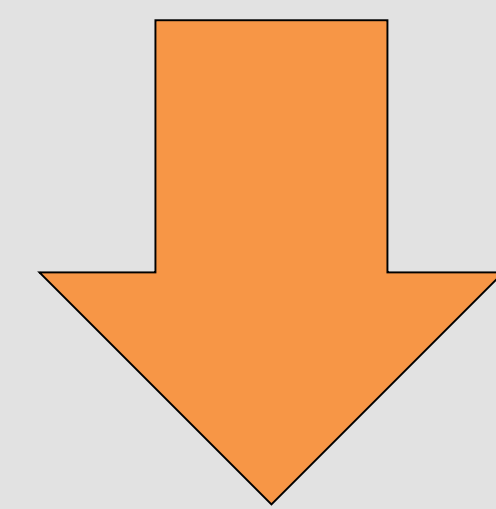
Current RPh Workflow U/C (Unable to Complete):

of RPh hours / 40 = ___ RPh U/C FTEs

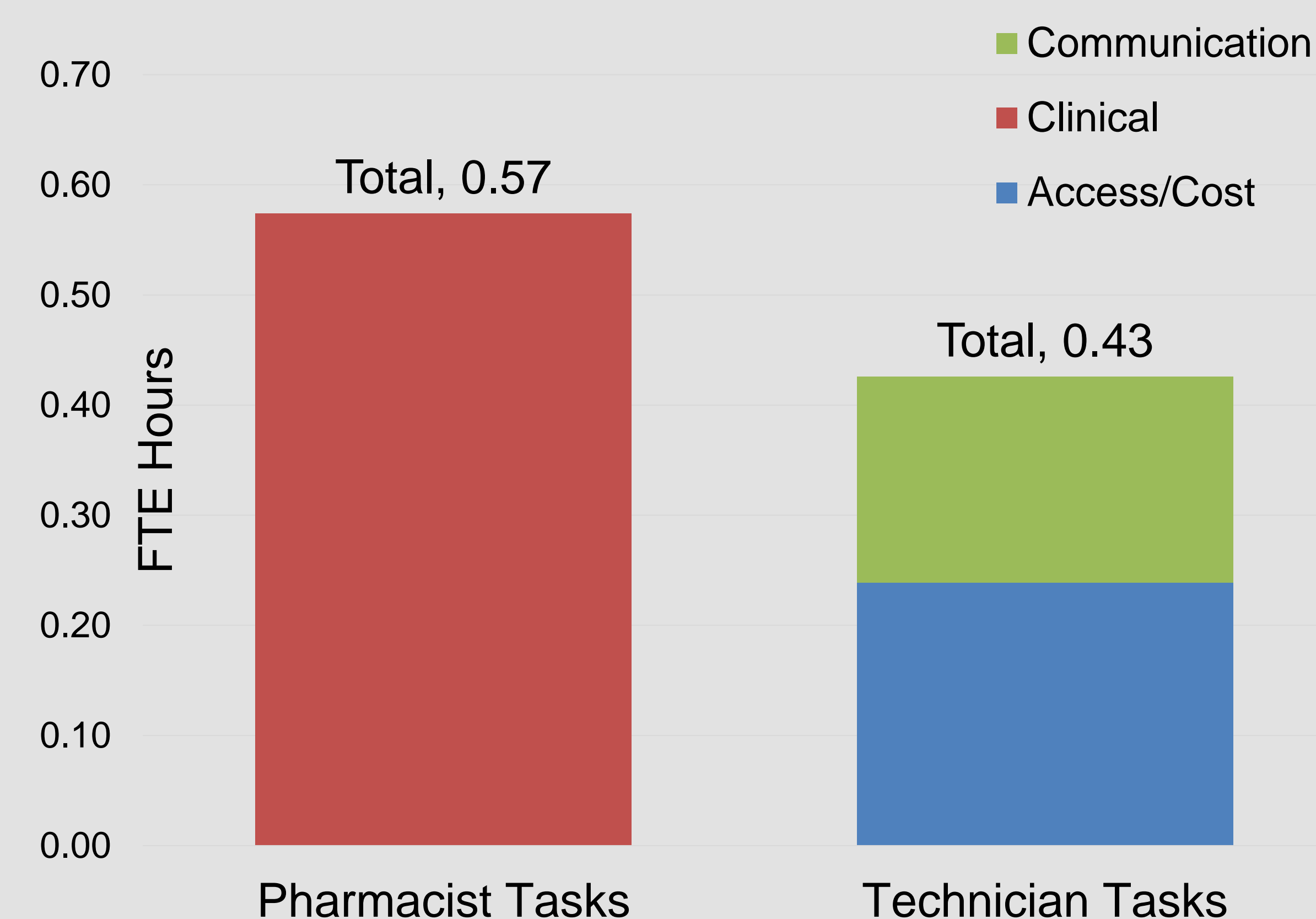
Results



All tasks that were determined to be non-clinical, have been redefined as technician assignments, shown below



Identifying Tasks: Pharmacist or Technician?



RPh and Tech totals were obtained by categorizing all reported tasks as "Access/Cost", "Clinical", or "Communication"

- Reported hours have been converted to FTEs (Full-Time Equivalents), and all data is presented in this format
- Tasks requiring special handling by a pharmacist are labeled as "RPh"; those that do not are labeled as "Tech"

Table 1. Current Division of 1.0 Pharmacist FTE

RPh Hours (22.97) / 40 =	0.57
Tech Hours (17.03) / 40 =	0.43
Total	1.00

Table 2. Pharmacist U/C FTE

RPh U/C Hours (19.0) / 40 =	0.48
Tech U/C Hours (0.0) / 40 =	0.00

U/C = Unable to Complete

Table 3. Defining Tasks and Examples

Access/Cost	Patient Assistance Program applications, prescription copays
Clinical	Sending Rx orders, medication safety / dosing questions, patient education
Communication	General inquiries, insurance, Prior Authorization status, restrictions
Unable to Complete	Clinic / photopheresis rounds, additional time for patient adherence calls, peer-to-peer requests

Table 4. Redefining Pharmacist and Technician FTEs

	RPh	Tech
Access/Cost	0.00	0.24
Clinical	0.57	0.00
Communication	0.00	0.19
Total	0.57	0.43

- The pharmacist is currently dedicating approximately **0.43 FTE** to technician-related tasks that do not require special handling by a pharmacist

Results cont.

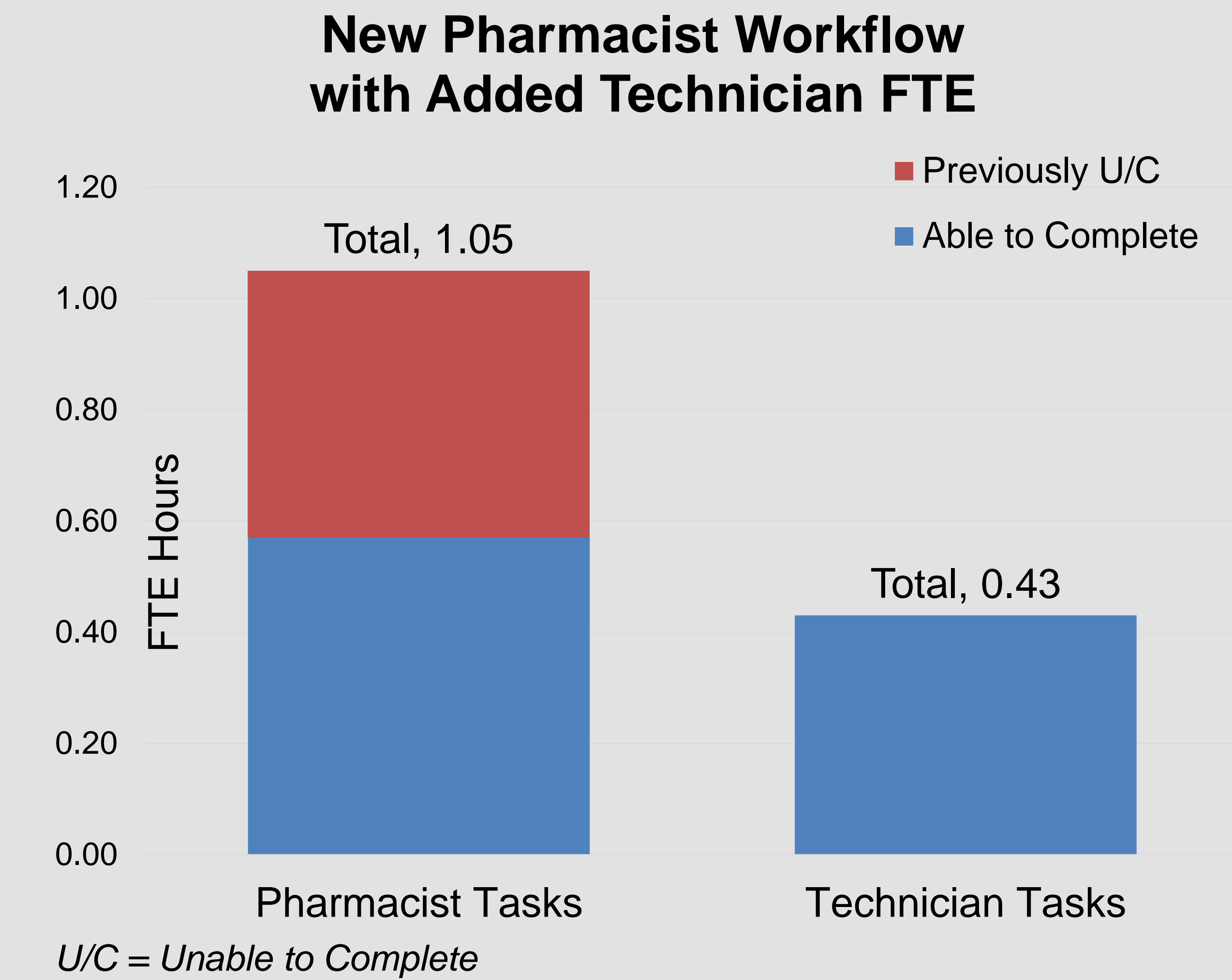


Table 5. New Division of Tasks with Added FTE

	RPh	Tech
Able to Complete	0.57	0.43
Previously U/C	0.48	0.00
Total FTEs Needed in Clinic	1.05	0.43

Conclusions

- The clinic data shows a departmental need for **1.05 Pharmacist FTE and 0.43 Technician FTE**
- Tasks categorized as technician-specific were primarily clerical or cost-related issues that did not require clinical intervention from a pharmacist
- Reassignment of 0.43 FTE tasks to the new Tech FTE will provide the pharmacist with the ability to assist the clinic with previously unattainable tasks (0.48 RPh FTE), due to time restraints
- The clinic will also have the opportunity to include the pharmacist in other areas of the practice

Disclosures

The authors have no relevant financial disclosures, or anything to disclose.