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# Firsthand Experience in a Community Pharmacy Through the Lens of a Pharmacy Technician

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# FIRSTHAND EXPERIENCE IN A COMMUNITY PHARMACY

# THROUGH THE LENS OF A PHARMACY TECHNICIAN

By

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# DEDICATION

This thesis is dedicated to the very individuals who encouraged me to explore this stage of my life with an open mind to the endless possibilities it would bring me. Thank you.

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I would like to express my sincere gratitude to my thesis advisor, Dr. Yenter, who granted me the chance to share my experience with my Ole Miss community. I am grateful for the continued support and the learning opportunities given to me. I would also like to give a warm thank you to my mother who has always encouraged me despite any adversity I may have faced.

ABSTRACT

KHAMARIAH YELDER-ANDERSON: Firsthand Experience in a Community Pharmacy Through the Lens of a Pharmacy Technician

(Under the direction of Dr. Timothy Yenter)

In the first chapter, I discussed three of the major issues in a community pharmacy which are rude customers, phones, and shorter hours. Technicians have to deal with very opinionated customers who can come off as insolent. The phones are a popular mode of communication for both the patients and physicians but that doesn't account for the added demands it places on pharmacy workers. Lastly, the pharmacy has experienced later openings with earlier closings that have left filled queues and unhappy customers. The next chapter, interpersonal dynamic, takes a deeper look into how various roles of the pharmacy engage with one another. It underlines how the patient-to pharmacist role is drastically different from the patient to technician relationship. Chapter three is devoted to insurance. Health insurance is typically the cause of a lot of problems regarding filling prescriptions because everyone doesn't have the same economic freedoms. In the following chapter, I discuss inequalities based on the disadvantages of living in rural Mississippi. The fifth chapter is focused solely on what some of the realities are for pharmacy technicians since what customers see is what they assume to be the truth. The final chapter serves as a reflection of everything I have learned during my time as a pharmacy technician. The good and the bad have both played major roles in shaping the kind of healthcare professional I aim to be in the future.

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# INTRODUCTION

Of the distinct types of pharmacies, one of the most prominent that provides direct access to all patients, is a community pharmacy. Also referred to as a retail pharmacy, at these locations the pharmacists can serve as a knowledgeable resource in the absence of the prescriber. To assist in these roles, pharmacies employ technicians that work closely with the pharmacists to locate and dispense prescribed medications. After receiving my pharmacy technician license in June of 2020, I began working at the local Kroger Pharmacy in August of 2021. During this time, I have learned an exponential amount of information regarding patient care, insurance, and pharmaceutical manufacturing to form my opinion about the aspects of working as a technician. This thesis uses a detailed account of the last eight months spent working 20–40-hour weeks. I was able to take what I have discovered about the pharmacy to outline how patients are not always adequately aware of their healthcare situation. Being that patients are the largest part of this job; it was important to discuss the undertone of the relationship between a technician and their customers. Initially, I chose this role as my introduction to the medical field to better prepare myself to walk into my role as Family Nurse Practitioner.

MAJOR ISSUES

When I expressed to my family and friends that I wanted to apply for my pharmacy technician license, I was met with an array of different emotions. Some believed that I would be great in this position. The job would teach me a lot about the medical world before I am formally introduced to it in nursing school. Others explained to me how the customers at the pharmacy are very rude and hard to please. I had friends who would complain about their abrasive encounters after every shift. I had my first "rude" customer during my first ten hours of training. I was extremely new to the job, and everything had to be demonstrated to me, so you can imagine how underprepared I felt. The customers that are more difficult than the average person taught me a lot about how to maintain my composure when dealing with peculiar situations.

One customer that I remember vividly was the most trying experience I have ever had. When she approached me, she told me she was picking up one monthly prescription. As I was beginning to release the medication to her, she realized she was also supposed to have some eyedrops ready. I didn't see any eyedrops filled, but I did find that we sold her some a week prior. She then explained to me that she had her final refill started because she was moving. I'm still looking, and I explain to her that our records are showing it was sold to her four days ago. She started to get louder, repeating that she didn't pick up her last refill. So that was my sign to start from the beginning so I could figure out if I was missing something. I looked at the hard copy of her prescription and saw that the doctor

wrote it for two refills, meaning she could fill that prescription three times. Based on her transaction (Tx) profile, it had been filled and sold on three different occasions. My next step was communicating that to her because when I tried to refill that prescription, it was prompting me to send a refill request to her prescriber and that only happens when the prescription has expired or is out of refills. Of course, she continued to tell me that hadn't received the last refill. We go over the dates and she confirms that on the most recent date in our record, she never purchased that refill. I was able to backtrack and find the bin color and number. I immediately found the prescription hanging. I knew I had to explain to her what had taken place and after I did just that, she bombarded me with questions about how that could have happened. I couldn't give her a concrete answer because that wasn't a normal thing. I had never seen a medication logged as sold and still be physically in the pharmacy unless a patient left it by accident. Her main question was "Why, why would that happen?" Even after an intern intervened, she continued to make catty remarks like, "I'm glad I am no longer bringing my business here" and "That's a pretty bad glitch to have." The downside to this situation was that I wholeheartedly agreed and understood her concerns. She knew that it was just eyedrops but had this happened with a controlled drug or something more regulated, there could have been serious implications. I made sure to reassure her that it was entirely a mistake on our end but that we had successfully retrieved her prescription. The customer continued to dig into both myself and the intern and even began speaking about me as if I wasn't there. For issues such as this one, there was not a problem with her being upset because her emotions were justified. No one would take well to being told that their medication has been sold when they know they didn't buy it. But on the other side of the counter, there was me who was only giving her the information that

was presented to me. Our records have never been proven to be incorrect or misleading so I used what I could to help her, but it became difficult when there was no longer any structure within our conversation. Customers can go as far as belittling the pharmacy employees and out of respect and concern for our jobs, we cannot react or behave in a manner that would reflect poorly on Kroger or even the pharmacists. This is a concern of mine because these types of interactions are very common, and they aren't fixed on just one type of pharmacy or location.

In addition to rude customers, the second major issue is about who attends to the phone calls. The phones can ring from the time we open until the time we close. There are periods when there aren't as many phone calls, but for the most part, the phone ringing is an integral piece of the pharmacy. Patients can call for a plethora of reasons, reasons that may not always have a simple fix. Most of the phone calls we receive are for refills, checking the status of an order, etc. Those are easy to navigate and only take a few minutes. But then some patients call with insurance questions or want to know why a certain medication has a different co-pay than before. Aside from the customers, the phone lines are also opened to physicians, nurses, dentists, insurance companies, etc. They usually call on behalf of the patient, but the downside is that their questions are more complex than what would have come from the patient. The phone calls to the pharmacy are not necessarily the issue, it's the expectation for all of those calls to be tended to by the pharmacy employees.

In our rotation, there is not a station dedicated to answering phone calls. And truthfully, there normally isn't a role specifically for that. That is another part of a job description that is ambiguous as to what your role is in the pharmacy. The phones can be

answered by anyone but that leaves the question of who. If there is no one to explicitly tell to answer every phone call, the ringing can sometimes become background noise. We are very good about trying to service every part of the pharmacy, but sometimes phone calls take a backseat to everything that is occurring within those twelve hours. And even when the calls can be answered, there are times when someone will call and ask for a specific person. Nine times out of ten they ask for a pharmacist. The pharmacists at Kroger are easily accessible, meaning they are always helping someone, and if they are not they're focusing on a given task, communicating with prescribers, ensuring the safety of the patients, etc. There isn't a time when a pharmacist can stop what they are doing, but they are forced to incorporate phone calls into their daily routine. This issue is important because every patient doesn't have the luxury of physically walking into the pharmacy to take care of everything. Certain physicians may also lack the technology for prescribing prescriptions, so they must call. I'm in no way trying to say the pharmacies need to do away with the telephones and accepting calls, but I do think there should be some changes made to how these phone calls are handled. Every role in the pharmacy is extensive and calls for a decent amount of attention and that gets harder to do when there isn't any structure.

The final issue is that the pharmacy hours of operation have been reduced. I first heard about it through Kroger. The pharmacists that I work with felt very uneasy about what was taking place because their jobs are their livelihoods. Most don't have another source of income to compete with the loss they were experiencing by losing hours. What many don't know is that the pharmacist that you see aren't always on-site staff. There are days when neighboring cities like Batesville will send their pharmacists to work for a day

or two throughout the week, in Oxford. These floater pharmacists are not given precedence over staffing pharmacists, so they are both treated as equals. This means that the allotted hours for each pharmacy can be impacted when they allow additional pharmacists to be scheduled. Specifically to Kroger, each pharmacist is given a weekend a month where they are on duty. They are the only working pharmacists from 6 pm on Friday until 5 pm on Sunday. It's "their" weekend. When the hours were reduced by corporate, these same pharmacists were forced to take longer vacations paired with shorter shifts. Along with that, the use of floater pharmacists has significantly decreased. The change in store hours negatively affected the entire targeted population.

Going down the ladder, pharmacy technicians aren't always college students such as myself. The techs who work forty hours a week and 8-4 shifts are adults with kids and bills. The majority of the technicians lost hours as a result of us opening later and closing sooner. Since late December, Kroger pharmacy dropped from operating for almost 80 hours a week to 70. Although that doesn't seem like a major difference, those ten hours accounted for three technicians or two interns.

Initially, the changes made were only supposed to last while we were able to lighten the load but based on recent meetings, the hours are not reverting any time soon. These changes not only affected its employees but also our consumers and patients. There have been many times within the last few months when patients will call in for a refill at 4:50 pm on a Sunday. They'll ask to pick it up today and we're left telling them that we close in ten minutes. Well, what if that patient calling lives thirty minutes away in Waterford, MS? Being that they weren't aware of the change that on Sundays we are open from 10-5, they'll have to wait until the next business day to retrieve their medication. It is almost as

if corporate doesn't consider the collective effect their decisions have directly on the communities. Their reasoning for adjusting the operating hours is that we were falling behind due to the influx of prescriptions. What most fail to realize is that Kroger has some of the cheaper prices for medications compared to other pharmacies. Many patients price shop and when they have finally found a pharmacy in network that doesn't cause too much of a financial burden, they feel it is best to stick with it. Changing the hours put a lot of individuals in a bind, binds that have created even bigger problems than they had before. Their aim by reducing our hours was to make up for the backlogging and unfilled prescriptions but what they did was make it to where we have to do more with less time. Losing one hour means losing an hour of dispensing, data entry, time to fix adjudication issues, etc. It seems as if their executive decision has caused more harm than good.

## INTERPERSONAL DYNAMIC

Working in a pharmacy introduced me to a world of things and people I didn't know existed. I was put in a position where I had to deliver and learn, simultaneously. One of the many things I caught onto was the dynamic between the different roles of the pharmacy.

One of those is between the pharmacist and their technicians. I believe that the pharmacists that I have had the chance to work under want us to know just as much as they do so we can feel comfortable serving in our roles. When we encounter a situation where we aren't sure what to do next, we can easily call over a pharmacist for help or guidance. The environment is very hands-on and engaging. Being that we are located within a grocery, there's constant traffic whether it is someone picking up a prescription or looking for something over the counter that they assume we should help them find. An interesting part about this kind of medical setting is that everything isn't black and white. What works for one customer may not work for the next but that doesn't mean you can't find a similar solution that benefits both parties. Relating to insurance, determining how to properly bill someone and get their correct price could go as far as having to send a prior authorization request but it may not require those same steps for another person receiving the same drug. In times like these, the person waiting on this drug could end up waiting an extended amount of time since their insurance won't pay without proper documentation. This is important in how pharmacists teach technicians because without being told what these terms and rejection messages mean, we would be unable to do our jobs without them hovering over our us. There are a lot of judgment calls to be made when navigating your way through the pharmacy, judgment calls that aren't only made by the pharmacists or interns. As a technician, I find myself having to decide where a situation is dire enough for me to call one of the three (now two) pharmacists away from what they are doing at the moment. But that becomes an issue when customers feel as if they are not speaking to the right person when it comes to their treatment plan. A common question I am asked when I answer the phone is "are you a pharmacist". Sometimes what they are wanting is someone

to process a refill or tell them the status of a prescription, but they feel as if they need someone with Dr. behind their name to validate everything that takes place. That is why I do believe that the confidence level varies based on who the patient is speaking with and the kind of service we provide. If I am confident in what I am saying, correctly pronouncing the names of each medication, fast responses, etc. nine times out of ten a customer won't hesitate to ask me certain questions or feel as if I'm the right person to see them through their experience at the pharmacy. But confidence in technicians is also important for the other employees of the pharmacy. When pharmacies can rely heavily on their technicians, the workload seems to flow easier. When you learn quickly and start to understand how everything works, you are slowly given more responsibilities outside of what you had initially. This opens the door for better work schedules, flexible hourly rotations, and less "busy" work.

The work a technician does is harder to grasp since we haven't been sitting in lectures for 1-4 years like the interns and pharmacists. You're able to secure a pharmacy technician role with minimal effort. Unlike interns who don't receive that title until they're well into their first year of pharmacy school. They're able to take what they are being taught in lectures every day and come to work and apply it. Pharmacists are the same in the sense that they went to school for four years and now they face these same challenges daily and continue to build onto prior knowledge. It isn't uncommon for the interns and pharmacists to find themselves having conversations that only they can truly understand. It's up to technicians to piece together what's taking place to understand how they can fit into this dynamic.

As technicians can grow in our role, we feel more comfortable asking the harder questions. Once you fall into a pattern and learn how everything operates and how prescriptions should look, when something doesn't completely mirror what we are used to – we tend to be more skeptical. For example, the pharmacy fills prescriptions for antibiotics frequently throughout the day. So it is easy to remember the average dose for those medications but sometimes you'll get a sig that can either reflect a higher or lower dosage. This is where everything isn't so concrete anymore. Although pharmacy technicians aren't physicians, we have moments where we like to follow up and make sure that there aren't any mistakes on anything that'll be processed through the pharmacy. That includes asking for a second opinion if there is ever any hesitation on how we should go about filling the script. I always have to ask the pharmacist if I am reading a sig correctly because the stigma about doctors' handwriting and how most times it is not legible is completely true. It is easier for individuals who have been in the healthcare field longer to quickly piece together the sig or instructions from a physician but if you are like me and just now being able to use the abbreviations, anything that deviates from the norm calls for clarification.

There are four different roles you can have in this particular department. At the top is the pharmacist who has the authority to do anything. Whatever task you complete is ran by them first. You cannot release a new therapy drug without receiving their password to bypass security measures. Next, there are interns which are the pharmacy school students that are often referred to as P1 through P4, where the number corresponds to their current classification. The interns are on the pathway to being pharmacists, so they have similar privileges but some restrictions. When you can't reach the pharmacists, your next point of

contact is an intern. Lastly, you have the certified pharmacy tech and uncertified whose responsibilities are identical.

Being a pharmacy technician is extremely hands-on. Most of the training I received did not prepare me. The required orientation for this position was surface-level, mainly because this pharmacy is located inside of a grocery store. Kroger is one of the largest grocery chains, with several sister stores. So I knew the information I received during my first week of training was moreso related to the general aspect of the storefront. The best way to become acclimated to the different demands of being a technician was to dive into it. The feeling was overwhelming because although your coworkers and the pharmacists are aware of your lack of knowledge, the people you are serving are not. The first task that was mastered was at the point of sale or cash register. This is why it is so important to create a solid foundation because ultimately everything revolves around making a transaction. We wanted to get these prescriptions filled and sold in the most efficient manner possible.

I learned everything on the job. My personal opinion is that the training is a formality, and you only begin to retain what you need to know when you're able to begin working in the physical pharmacy. I started at the register and learned how to navigate my way through the "Release to Patient" window. The pharmacist made sure to remind me that the easiest route to take to get to a certain patient's profile is to ask for their date of birth. It isn't uncommon for someone to approach the counter and give their first and last name, but the pharmacy culture is birthdate then the name. By using this specific set of numbers, I was given every patient with that same date of birth. While it might sound intimidating, it isn't as overloaded as one would think. You have to keep in mind that

Kroger is one of a dozen pharmacies in the city of Oxford. There could very well be hundreds of people with the same birthday but in this concentrated setting, I believe the most I've seen is seven patients. Once you have their DOB, that is when you'll ask for their last name. From that point, you should be able to reach a screen that shows you everything they have in process. It could also lead you to a message stating that there aren't any prescriptions currently being filled for that DOB.

One thing I have kept in mind throughout my time in the pharmacy is to be cognizant of the language I use with customers. Not necessarily speaking to whether it is appropriate or not because I believe that's a given. When I say language, I am referring to word choice. I have come across a plethora of different personalities. I learned to "read the room" just by taking their basic information. For example, if someone gives me their DOB and I see that they don't have anything ready to be picked up. I'll ask, "and what medication were you looking for today?" This was something I grew into because initially, I'd respond with "We don't have anything ready for you." Granted that is a reasonable response because it is the truth, but it also tells the customer that they have made a blank trip. The key to a successful transaction is a satisfied customer. As cliche as that may sound, it makes everyone's job easier. What I have just described was not taught to me in the training modules, nor was it verbally told to me by anyone that was employed before me. The skills you learn during your time as a technician are acquired since there is only so much a book or presentation can tell you.

Another aspect of what is learned on the job is what everyone typically expects, the dispensing and administering of drugs. This was probably one of my most intimidating experiences because it is easy to make any mistakes. The way to avoid making said

mistakes is by asking. My questions were very excessive. I'd ask one question that would lead to me asking three more. But the beauty in this was that I was placed in an environment that encouraged you to ask if you were unsure about something. In a sense, you could be dealing with someone's livelihood and anything you do affects that. Product dispensing is that act of filling the scripts. There are many working parts to a pharmacy, but this is that actual hands-on portion. Before anything, you have to print the Rx labels and locate the drug with the correct NDC number. Over time you'll notice that one medication can have multiple NDC numbers and that may sometimes need to reselected. The drug has to always match the NDC on the label. It is easy to think that you can use the name and strength to find what you're needing but if it is not identical to the Rx label, your computer will not authorize your accuracy scan.

The pharmacy is organized in alphabetical order and that tends to make things easier but creating and committing a map to memory is what will help maximize your time in product dispensing. After finding what I need, I returned to the product station and begin filling. Scanning the barcode on the Rx label opens the screen to all of the patient's demographics like the name of the medication, quantity, etc. Then, the barcode of the medication grabbed needs to be scanned. The following steps include making sure to give the right amount. For certain medications, it is imperative to record how much is being dispensed. Those certain medications include controlled substances two and four. Schedule II or C2's are your opiates, amphetamines, amobarbital, etc. These drugs are ones that individuals tend to abuse the most so they cannot be given out without a prescription of course but there are also requirements you have to meet before they can be sold. One is double counting, which reassures you that the patient hasn't been given anything less or

more than what the doctor has prescribed. Next, techs have to determine that back count or the number of pills remaining in the bottle after you have filled that specific prescription. This is important because the pharmacist verifies that amount each time the medication is opened and if there are any discrepancies, it is brought to the person who had the drug in their possession last. Another distinguishing characteristic of schedule II drugs is that they are not found with everything else. Above I mentioned that the pharmacy's drugs are sorted based on their letter of the alphabet but C2s are found in a vault. The cabinet has a keypad that resembles a safe. From my understanding, the only people who SHOULD have access to this cabinet are the pharmacist and interns but what I've also learned is that isn't always true. Technicians that have longevity have sometimes felt comfortable retrieving the drugs themselves but that leaves room for error. Although some rules of the pharmacy can be potentially overlooked, you have to determine what you believe is the right course of action for you personally. In my experience, I felt an extensive amount of responsibility came with access to the C2 cabinet – a responsibility that I did not want. Instances such as these illustrate how there can be grey areas within the medical setting. The issue where rules that should apply to everyone don't, but it can look different in a hospital versus a community pharmacy.

My time in product always teaches me something new that I can carry into my next rotation. They aren't vocal about it but pharmacies value technicians or interns who can move at a fast pace efficiently. But moving faster can also leave room for errors, errors that should be avoided at all costs. As mentioned above, there are also schedule IV drugs that do not require as much attention as C2s. These C4s are your Xanax, Ambien, Tramadol, etc. While there is still a chance for misuse of these medications, the probability

is not as high as the schedule II drugs. The main rule of thumb to keep in mind when dispensing a C4 is to double count the quantity you are giving to the patient. That just ensures that we are not excessively giving out a controlled substance because there isn't a dire need to be as tedious like in other situations. Any drug other than the schedule II's is found on the shelves that are visible from behind the counter. I find that it makes the experience more personable for patients because they can see what is taking place and they don't feel as if they're blindsided by what goes on when filling their prescriptions.

Aside from product dispensing, another part of the rotation is data entry. This is a patient's first point of contact when they are dropping off prescriptions, requesting a refill, receiving a vaccine, etc. Data entry was not something that I could easily grasp because it starts the process of getting a prescription filled. The first thing that I needed to memorize were the sig codes. The sig is the directions given to you by the prescribing physician. this information tells the patient how frequently to take their medication. Frequency is only one part of the sig. Prescribers can also state specific times to take the medication. For example, Ambien is a sleep aid so nine times out of ten their physician is going to write the sig for "T 1 TAB PO QHS." That translates to "take one tablet by mouth every night at bedtime." The key here is "every night at bedtime." We cannot assume that the patient knows this medication is to help them sleep. A patient who mistakenly takes the Ambien in the morning or the middle of the afternoon will wonder why they are feeling drowsy, and the fault falls on the pharmacy for not properly reiterating what was written on the prescription.

Before I could remember to include all parts of the sig, I have to learn them. I found that when I noticed patterns, it was easier for me to remember but there were also sigs that you just had to know. Some patterns are the Q_H abbreviation, this means every x amount

of hours but that tip doesn't encompass every sig. It took longer for me to become comfortable working at data entry because it was at the very beginning. By that I mean a mistake I could have made would have impacted the entire process. In Data, I was tasked with determining the prescriber, the product, billing party, expiration date, etc. Making sure that the prescriber in our system matches what the patient brings to you can be the determining factor for whether we can fill that script. There have been times when we will find a prescriber, input all of the necessary information, and receive a rejection code because the doctor has not renewed their DEA license. In short, the DEA number allows the physician to write prescriptions for controlled substances. If that number isn't active the prescription is null until we receive a new one from a different physician or a notice that the DEA number has been renewed.

Aside from initiating fills for new scripts, data entry involves all things vaccinations. It wasn't until recently that COVID numbers started to level off but since I started in August until early February, we would have so many inquiries about vaccinations that we changed our policy to appointment only. Vaccines were easier for me to process because I could use what I learned in product dispensing to complete parts of the vaccination processing. Vaccines become harder to manage when it is time for the billing portion. Fortunately enough, for COVID vaccines there was a third party that we could bill if a person did not have insurance but if they did, the next question was whether their insurance provided coverage. For certain vaccines like Shingles, I have seen people pay $180+ for their first dose. It is harder to explain to someone why a vaccine generates such a high copay but with data entry, you can try to manipulate the system to get the best possible outcome for the patient.

INSURANCE

A huge part of working in a pharmaceutical setting has to do with insurance. The first question asked is if the individual has insurance. From there, I start to uncover different aspects of the various plans a person could have. Many things come into play whether it is the actual company, their deductible amount, whether or not the pharmacy is in-network, etc. The majority of the time, the average customer is unable to answer these questions simply because they do not know. It is easier if that information is readily available to the technician but often times it isn't. Your insurance deductible can vary but it is essentially the amount the policyholder has to pay before the insurance company will intervene. This amount starts to create uneasiness within the pharmacy at the beginning of the year. Since most plans start over annually, once you come back to purchase your prescription after the first of the year, there is a huge possibility that your co-pay has increased. These incidents tend to make it harder for both parties. For the customers, there have been times when the price has drastically increased without prior knowledge so the patient is unable to pay for it. Or say they are willing to purchase the medication, but they feel as if they should have been made aware of this change. That is where my role as a pharmacy technician tends to expand beyond what I have been originally trained to do. As a person on the inside, it takes a lot for us to console a customer especially when it comes to cost. The general consensus is that people shouldn't be faced with the financial burden of having to pay for a medication they need. The problem we fall into here is some will stop taking the medication, find home remedies, use alternative forms of payment, and so much more.

One way that is starting to become a popular remedy for insurance issues is using discount cards like GoodRx, Navitus Health, and sometimes different corporations like Kroger offer those services through them such as KrogerRx. One of my responsibilities is to serve as a resource for our customers so when permitted, I will mention these companies as an option but that is only a temporary solution for a permanent problem. If they opt to bill a third party who is not their insurance when they return for a refill or a new prescription, their co-pay will still be just as high as it was initially. The only option they are left with is to start billing the insurance so the co-pay will gradually decrease or continue to utilize pharmacy discount cards. Payments and billing are usually where most of the problems surface in the pharmacy but that is only a fraction of the experience a person has when trying to purchase their prescription.

Insurance doesn't just impact the consumer but also alters the course of how the pharmacy can effectively deliver these services. When we run into insurance hiccups, everything else comes to a halt. These issues are sent to adjudication where there isn't a set of rules to guide you. It does become easier with time to pinpoint what the issue could be but as a beginner, I was looking at a rejection message without a clue as to how to move forward. Common questions that come up at this time are "have you switched insurances," "did you renew your plan," and "do you know if this medication is covered under your plan?" The list goes on, but it is usually up to the technician, intern, or pharmacist to quickly find a solution. At this point, we start to counsel more than usual. Afterwhile there comes a time when some customers state that they were never aware of the price of a particular drug which makes it harder to have those conversations since it wasn't originally discussed with their physician. A study from 2006 found that only 8% of patients were aware of their

medication coverage and of that amount, only 20% have health insurance that'll subsidize some of the cost. It is very seldom that I will come across an individual who has complete coverage that hadn't already researched their medication which is why technicians spend a lot of their time trying to communicate everything with the customer. Although there are plenty of other issues to run into outside of insurance, in the pharmacy that impacts how much you pay, how long you'll have to wait before receiving your prescription, and what drug is dispensed (brand or generic). In order for customers make the best decision possible for themselves, we aim to keep the fully informed throughout their visit.

Recently, I have noticed the harsh reality of how insurance companies place a cap on what medications they will fill and how often. For instance, a patient could be on a plan where they'll only fill a quantity of 75 every 365 days (or annually). But that same patient could be required to take that drug 2 times a day, meaning that they'll need a supply of 60 for one month. So after a month or so, they'll need a refill, but insurance cannot be billed because that exceeds their plan limitations. Customers usually don't have any idea that their plan doesn't include coverage for maintenance drugs. By maintenance drug, I mean prescriptions used to treat a chronic illness. For individuals who face problems such as these, they are given two options – to use an alternate form of payment or to contact their insurance company for further discussion. The issue with the latter option is that majority of the time, patients seem to come out with more money. To alter their current plan, changes will have to be made. Those changes could include paying a larger amount monthly/annually to receive better coverage or having to change their medication. There is normally hesitation that comes with changing a drug once someone has filled it previously. Especially if both the prescriber and the patient have found that the drug is efficient in what

they are trying to accomplish. Switching their medication may seem like a step backward. What many fail to realize is that most people don't dream of being on a medication that requires so much of them both physically and mentally. To go further, sometimes they are on multiple drugs. I've had to process eighteen prescriptions for one couple at once, which is roughly 9 prescriptions per person. I say that to say after having to give so much energy to your health and well-being, it's common for them to disagree with devoting any extra time to figuring out why the insurance they pay for won't cover medications that they need. But I think this dilemma has a lot to do with the economic side of the pharmaceutical industry. There aren't as many sources for these drugs as people think. The drug industry is very monopolized which is partly due to the use of patents. Once there is a patent given to a certain manufacturer, no one else can make or sell that drug. The patent has to expire before there is even an option to create a generic version or alternative brands that could be cheaper or maybe even better overall. But this can also be detrimental to the pharmacy and the services it provides. Sometimes in the pharmacy, we experience shortages of certain drugs. What is peculiar about this is that it is rarely a recurrent issue with the same medication. One week it can be a shortage of sildenafil 100mg, but two weeks later Latanoprost 0.05% is unavailable. I have yet to establish a pattern in how the availability of these drugs can fluctuate. One might say that the fact that there isn't a pattern is better for the patient but not necessarily for the pharmacy.

INEQUALITIES

I have spent a lot of time detailing how exactly the pharmacy works. Discussing some of the aspects of a community pharmacy and how some practices make matters worse, but it does not attest to how that affects diverse groups of people. We serve everyone in the Oxford-Lafayette community and sometimes those individuals must travel from neighboring towns because Kroger is the closest to them. Not having a neighborhood pharmacy is a disadvantage for those who live in rural areas, more specifically for the Mississippi delta. We have had customers who come to pick up their monthly prescriptions and explain to us how they cannot leave without everything they need because they can only make the trip to Oxford every so often. Having to drive 30+ minutes to retrieve a medication that you need can be taxing. When you factor in all the associated costs with the cost of gas for every trip, that's a major disadvantage for those patients.

What many are not aware of is that the Kroger in Oxford services individuals from surrounding cities that could range up to more than 100 miles from the store. And the number of people who do not live in Oxford is more than one would think. Most of the out-of-town patients visit on the weekends when they are off from work with extra time to make the commute. But as I mentioned above, during the weekends there is only one pharmacist at the pharmacy. From peak time on Friday to Sunday evening, as customers are arriving to have their prescriptions filled, they experience delays. These wait times are inevitable due to also ensuring that the pharmacist has enough allotted time to have a

scheduled lunch. When they are not physically in the pharmacy, medications cannot be verified, meaning they cannot be sold. Issues such as this one is not just related to the weekend. I have noticed that even during the regular work week, when we have a rush, there are times that the pharmacists are so spread thin that we must wait at the register for an RDAC until someone becomes available. It goes deeper when we are forced to have the prescription transferred to another pharmacy due to coverage or availability. Flu season is a great example of how medications such as Tamiflu were in such high demand that shipments were out of stock within 3 hours of delivery. Pharmacies like Kroger don't receive any orders throughout the weekend so if one was to receive Tamiflu when we have 0 on hand, they'd have to transfer to avoid making a blank trip. It's unfair to say that these are the consequences to living further out from the city if that situation is suitable for the patient. Regardless, rural areas should have the same standard of care as inner cities. There becomes a perpetuation of discontent and patients could eventually decide to stop making the drive to pick up certain medications because of how time consuming it may be. Then there becomes a bigger problem at hand.

PHARMACY TECHNICIANS AS AN ISOLATED ROLE

Pharmacy technicians could be considered as a happy medium for all of the other roles in the pharmacy such as the pharmacist and interns. We don't have the credentials to verify medications, but we have the background to help counsel patients. I wholeheartedly agree that the most difficult roles reside with the technicians. There is an unspoken expectation of us that is not unreasonable, but it is not what most would expect. Technicians are almost always placed on the front lines, meaning we are the front counter, drive-thru, and data entry. We interact the most with patients and while that strengthens us in some aspects, it makes our jobs more taxing. We are underestimated the most while expected to produce just as much. Most feel as if we are a minuscule part of the pharmacy. By that I mean, you can tell when a customer doesn't feel like they are receiving the facts from an expert like a pharmacist. We are aware it is not coming from a malicious place, but it doesn't allow us to do our jobs and it also takes the pharmacists away from other patients with dire needs. The reality is that pharmacy technicians make up at least 50% of those employed by the pharmacy. On days when interns (pharmacy school students) have exams, simulations, or clinicals, we may not have any interns scheduled. It'll just be the pharmacist and their technicians. When the ratio of pharmacists to techs is one for every four, we have to decide when we need to include the pharmacist. No one would ever come out and say "Don't bother them, they're busy" but it is assumed.

Technicians are assumed to be random people that have no interest in the pharmaceutical world. Just because we aren't currently enrolled in pharmacy school or don't have Dr. behind our names, that isn't a reason to believe that we aren't well versed in our duties as pharmacy technicians. We have been known to take on larger responsibilities, like how Kroger is allowing technicians to administer vaccines after proper training. This was something that only the interns and pharmacists could do for a very long time. Even if we paid for the training courses ourselves, we still were not authorized to do so. Making advances such as these illustrate how technicians are more than just errand runners for the pharmacy. I also think it is unfair to presume that if we aren't interested in a career in pharmacy, our endeavors stop there. I have had the chance to work with technicians that have been accepted to schools for PA, medical, nursing, occupational therapy, etc. A lot of individuals have used their time in the pharmacy as a stepping stool to greater heights and that should say a lot about what this job has to offer. It is more than simply filling prescriptions and customer service. You can actively learn while pursuing other interests that can be livened by working in this position. It doesn't just stop at pharmacy technicians. The same thing can take place in roles like Medical Assistants, Phlebotomists, medical scribes, etc.

REFLECTION

I originally chose to get my pharmacy technician license because I wanted a job that exposed me to some parts of healthcare. But I also knew I couldn't take on anything too strenuous since I am still a full-time student. Although I can't work forty hours a week, I still believe my takeaway from this experience is just as great as it would have been had I come on as a full-time employee. Prior to starting in the pharmacy, I was warned about the customers with abrasive tones and the ones who talk at you instead of to you. It was a given that I would have to approach every situation with a calm and level head since customer service is the equivalent to bedside manner in any hospital setting. One of the first takeaways that I'll continue to be mindful of is how you listen to a customer or patient. I have found that the majority of the time, a patient tells you what exactly they are needing. It may not be clear but they're almost always repeating what they have been told. It is up to us in the pharmacy to take that information and produce something from it. Today I had a lady call about her mother's prescriptions. She wasn't able to give me the exact names of the medications, but she used words like "mood stabilizer" and "appetite enhancer." Of course, I am not familiar with every drug and its function, so I had to reach out to my pharmacist for help. Eventually, she found the appetite enhancer but then she tells me that there isn't a prescription for a mood stabilizer on the patient's profile. She goes on to say that "she is probably looking for ____ which is an antidepressant." Shortly after, the lady tells me what she meant and that her mind has been all over the place because her mother's blood pressure dropped significantly a few hours before. Had I been quick to respond and

tell her that we don't have those medications or that I can't move forward without the name, that only would have made things harder on both ends. Being able to assess a situation and decide what steps to take to avoid any further hiccups is a big part of the role as a technician. We aren't supervised 24/7 by our superiors because the demand is so high while the supply is low. There aren't enough pharmacists for someone to micromanage each of the technicians. This is why the technician-to-patient interactions shape the entire experience. When customers feel seen and heard, they're open to disclosing more information which makes it easier for me to do my job. Throughout the last eight months, I have learned a lot about how to use my conversational skills to get the job done. If you put it into perspective, that is all I do all day, is have conversations with different people about their medications. Just like normal, you benefit the most when you listen to understand rather than listening to respond.

The only career I have ever envisioned myself in was one as a healthcare professional. My mother has been in nursing school and worked as Registered Nurse for as long as I can remember. She would always mention how there were so many working parts to being a nurse and that you had to serve as multiple resources at once. It wasn't until I started working as a pharmacy technician, that I noticed the true realities. It's almost as if you're a technician, patient consult, math whiz, insurance agent, bagger, and so much more. You have to be knowledgeable about what you're doing but you also have to have a mind to where you're checking and making sure that everything around you is working smoothly. The best way I know how to explain this is to walk you through a typical shift at the Kroger pharmacy in Oxford.

The pharmacy is open from 8 am to 8 pm so shift stations rotate every 2 hours so a total of 6 times. If I am scheduled to work 8-2, I will rotate through the stations 3 times. One of these stations could be Drive-Thru, Release, Floater, Dispensing, or Data Entry. During a typical 4-8 shift, I would probably start at Drive Thru from 4-6 and then move to Dispensing for the last two hours. While you're at Drive-Thru, your main goal is to keep the line down and if there is one, make sure that it is flowing and not sitting at a standstill. By doing that, I wanted to always make sure that I am getting their medications out to them promptly. But what happens when their order isn't ready, they refuse to get out of line and the person in product already has 3 waiters ahead of your customer? You have to fill it yourself. There comes a time when you can start filling prescriptions faster than when you started but it doesn't come easy. So while you are filling this one patient's prescription you have a line building in a two-lane drive-thru. That is twice the cars and workload. After finishing dispensing, the prescription has to be verified by a pharmacist, no one else. As I mentioned before, every drug that leaves the pharmacy must have their "stamp of approval." But that also takes time, especially when there is only one pharmacist available. By the time I can return to the drive-thru, finish checking out the same waiter and move on to the next customer, I would have 3 additional customers join the line.

There's a sense of "I'm not doing my job" because I am supposed to keep the line moving and now it's backed up. On the other hand, I made sure that my last customer was able to leave with their prescription so that is one less thing that could hold up another technician. I still struggle with how to navigate those feelings because my only intent is to provide a service to a customer. Due to work environments and demands, it becomes overwhelming. Another type of strain on the role of a technician is the

busywork. We are still running a public business that is visible to our consumers so even though we are there to fill prescriptions, we are also there to maintain an image. Part of that image has to do with bagging the prescriptions. After they are verified, someone will sort them based on the bin color and number. The setup has 9 different sections made up of eight stalls for colors and one stall for refrigerated prescriptions. Each color can have a bin number from 001-060 (Ex. BLUE 101 → BLUE 160) and these repeat for four rows starting at 100 and ending with 400. So that is roughly 2,000 prescriptions that can be hanging. On days where there is a constant rush, there may not be a spare worker available to solely focus on bagging. When that happens, pharmacists may ask the first person they see with a free moment. Those people are typically the ones placed at release and drive-thru. It was easier for us to bag at that time because the stalls are in the center of the pharmacy, and we are positioned on the outside of them at both ends. But when you have a long line that doesn't grant you any time to stop, all of those bags can end up sitting there until we close at night. I have stayed thirty minutes past closing just to bag. Other workers face the same issues at different stations which leads them to feel as if bagging isn't a part of their role, so sometimes they can leave while someone else is left to bag. What is being asked of you depends on your station. So what I deal with at the drive-thru looks completely different compared to my time in dispensing.

A lot of what dispensing is is filling the medications. On an easy day, you can work at your own pace. Print and pull the medications, fill them and pass them on to be verified. But when you're at dispensing, answering the phone also becomes one of your responsibilities. As simple as it sounds, it comes with its difficulties. For some background, Kroger used to wait to push calls through to the pharmacy until after the power hour which

is the first hour after we open. When they did away with that practice, the phones were allowed to ring for the full twelve hours that the pharmacy is open. There are periods throughout the day when the phones will ring non-stop. I have been in dispensing before, and the majority of my time went to answering calls. I was only able to fill the waiters and even they experienced a delay. Because at that moment, the phones need to be answered as they are received. There isn't any time to wait like it is for a customer to spend ten to fifteen minutes in the waiting room. This is why there has been so much back and forth with customers who state they had to wait 30+ minutes to speak with someone in the pharmacy. It is nearly impossible because we aren't allowed to let the phones ring for that long. I mentioned these issues about role strain because it has been teaching me a lot about how to juggle everything that comes with working in a healthcare setting. Even though every single detail isn't disclosed to you when you're being hired, you are still expected to fulfill every demand placed on you. With my wanting to be a nurse practitioner, I know that I will be expected to order labs, prescribe medications, treat illnesses, and conduct check-ups all while providing general care. The exposure I have gained from my time as a pharmacy technician has started to mold me into a professional that will be able to handle all of the pressure when it comes time for me to stand alone in my role as a nurse.

I didn't expect my time as a pharmacy technician to teach me as much as it has. When I walked into this position, what I wanted was minimal – a decent paying job in healthcare. I knew I wanted to attempt to grow into a better professional by working my way up. I wanted to be coachable but also learn fast, so no one felt as if they had to babysit me along the way. One of the many things I will take with me after I leave the pharmacy is how to actively interact with patients. Customer service is a huge aspect of this job, even

moreso since this is a pharmacy located within a grocery store. You can have regulars that you see more than others and you can also have patients you only meet once. Regardless of how frequently they visit, it is still crucial to water a dynamic that allows patients to be thoroughly heard and taken care of. Similar to what will be expected of me as a nurse practitioner. My specialty is a Family Nurse Practitioner so I will have patients of all ages. Pharmacies service all ages as well, so I was constantly put in positions where I have to alter my practices to accommodate my customer at the time. Being able to always have that open line of communication has improved my patient care.

# CONCLUSION

My sole purpose behind writing this thesis was to share my experience in a community pharmacy as a pharmacy technician. As I began to spend more time in this role, I gained a deeper understanding of what goes into running a pharmacy, let alone one that serves an entire community year-round. I felt it was crucial to highlight some of the main issues because oftentimes, the public does not understand what all goes into maintaining a functioning business such as a pharmacy. Personally, I was unaware of those demands as well until I started to work 20-30 hours a week in this particular setting. Defining the kind of knowledge it takes to be successful and efficient, whether it is inquiring about insurance policies or knowing specifics about product dispensing are all parts of a technician's job description that tend to be overlooked. Those same expectations go hand in hand with working alongside healthcare professionals and their interns. Pinpointing how I was able to navigate these different relationships while still learning from everyone I encountered was rewarding in more ways than one. I took everything I have gained from my time as a pharmacy technician and geared it towards shaping myself into the nurse practitioner I aspire to be. I used my firsthand knowledge from working to learn the scope of the pharmacy and broaden my intelligence about modern services related to healthcare.