State of California | Department of Consumer Affairs

Memorandum

To: **Board Members** **Date: April 6, 2006**

From: **Communication and Public Education Committee**

Subject: **Report of the Meeting of April 4, 2006**

The Communication and Public Education Committee met in a public meeting in Sacramento on April 4, 2006. A meeting summary of this meeting is provided in this tab section as Attachment 1.

There were three pharmacists who attended this meeting who requested 2 hours of CE credit in accordance with the board's new policy.

INFORMATION ONLY

ITEM A: Update on the Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Background: Nearly two years ago, the board approved a proposal to integrate pharmacy students into public outreach activities. The project chosen was the development of a consumer fact sheet series by student interns. This project is being coordinated by the UCSF Center for Consumer Self Care.

At the April 2006 meeting, the committee reviewed nine fact sheets that are now being distributed. The fact sheets contain general information on the topic, and contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area.

These fact sheets are:

General Pharmaceutical Care Issues

1. "Is Your Medicine in the News?"
2. "Generic Drugs . . . Real Medicines at High Quality, Low Cost"
3. "Lower Your Drug Costs So You Can Keep On Taking Your Medicines"
4. "Don't Flush Your Medicines Down the Toilet"

Medicine Safety

5. "What's the Deal with Double Dosing? Too Much Acetaminophen, That's What!"
6. "Ever Miss a Dose of Your Medicine? Here are some Tips"
7. "Thinking of Herbals? Check Carefully Before You Take Them with

Medicines"

Health Topics

8. "Diabetes – Engage Your Health Team"
9. "Did You Know? Good Oral Health Means Good Overall Health"

The fact sheets will be distributed at consumer outreach fairs and will be listed on our Web site. The board will also announce their availability in the next *The Script* and via a subscriber alert.

A copy of each of these fact sheets is provided in Attachment A.

Also at this time, the Center for Consumer Self Care is working with other students to develop additional fact sheets.

ITEM B: Update on Activities of the California Health Communication Partnership

Background: Last year, the board voted to become a founding member of California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion. The function of the group is to develop or disseminate integrated public information campaigns on priority health topics identified by the partnership members.

At the April Communication and Public Education Meeting, Bill Soller, PhD, of the Center for Consumer Self Care, made a presentation about the recent activities of the partnership.

Past campaigns are:
2004-05: Preserve the Treasure – avoiding antibiotic overuse
2005: Generic Medicines – same as brand names at lower costs
2005: It's Your Life – breast cancer and prostate cancer screening.

The third project aired in September and October 2005, and was funded by a grant from a private foundation, which enabled use of a firm (the North American Precis Syndicate) that specializes in dissemination of public service announcements and prewritten articles to a diversity of media outlets nationwide. The board used the same firm for similar dissemination services in the late 1990s.

This cancer screening campaign was among the most successful campaigns ever released by this distribution firm in terms of the number of messages published and aired.

Proposed for future campaigns are:
2006: It's Your Life – breast and prostate cancer screening awareness
2006: Generic Medicine
2006: Diabetes and Aspirin

The committee discussed the importance of public education campaigns about pharmacist-to-patient consultation since many consumers are not aware of this requirement and the importance of seeking and following a pharmacist's knowledge of drug therapy and how this can benefit their health. The committee also suggested that some form of outreach to educate other health care providers about a pharmacist's requirement to consult would benefit both providers and patients.

The committee thinks this is an important area for strategic planning discussions at the April Board Meeting.

ITEM C: Request for Joint Public Outreach with the Department of Health Services Office of AIDS to Increase Awareness of Access to Syringes in Pharmacies without a Prescription

At the October 2005 Board Meeting, the board agreed to collaborate in an informational campaign with the DHS Office of AIDS, aimed at educating pharmacists and the public about the provisions of a new law that allows local health jurisdictions to authorize nonprescription syringe sales by pharmacies to prevent HIV and Hepatitis (Senate Bill 1159, Vasconcellos, Chapter 608, Statutes of 2004).

Tom Stopka of the Office of AIDS will attend the April Board Meeting to provide information about this program to the board.

The board has already published one article in *the Script* (Attachment B) to continue the educational process of pharmacists, and distributed information about the program from a board information booth held at CPhA's annual meeting in February. A copy of a draft brochure (also in Attachment B), developed by the Office of AIDS will be promoted in a future issue of *The Script.*

The committee also encouraged staff from the Office of AIDS to develop an article about how the program has been implemented in a pharmacy in California for publication in the board's newsletter.

ITEM D: Update on *The Script*

The next issue of the newsletter is being developed for publication in July 2006.

In response to comments made by the Communication and Public Education Committee and at the February Board Meeting, the newsletter will resume listing disciplinary actions taken. The name of the licensee will be listed along with the disciplinary action.

The board will also publish statistics on the top 10 corrections ordered during inspections and the types of fines the board has issued under the citation and fine program.

There will also be an article on the new CE policy for attending committee meetings.

Currently the Pharmacy Foundation of California has recently found a sponsor to fund the printing and mailing of the January 06 issue of *The Script*.

ITEM E: Mailing to Pharmacies of Revised "Notice to Consumers"

California Code of Regulations Section 1707.2 requires that pharmacies display a specifically worded "Notice to Consumers" poster that contains five questions that patients should understand about taking their medications. This poster and its five questions have been required to be posted in pharmacies since 2002, and are important to encourage patients' improved understanding their drug regimens and foster a dialogue between patients and pharmacists.

Because of the board's new business address and telephone number, the board recently updated the poster to reflect this new information. The board is now mailing these new posters to the state's 6,000 community pharmacies, along with a letter from Board President Goldenberg emphasizing the importance of pharmacist to patient consultation and the requirement to display this poster.

A copy of the letter and poster are included with this memorandum (Attachment C). The poster's real size is 17 x 22 inches. The poster has also been translated into Spanish, Chinese, Vietnamese, Russian and Korean. The board's addresses on these posters have been changed as well.

The cost of this printing and mailing is $18,000.

ITEM F: Pharmacy Law Online and in Published Lawbooks

Pharmacy law is detailed and complicated. The board strongly encourages licensees to seek out answers to their legal questions by accessing pharmacy law. To make this easier, there are several ways individuals can access the provisions of pharmacy law.

1. The board has on its Web site a copy of all pharmacy laws and regulations. The address is http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf.

   There are several advantages of using this source for Pharmacy Law. It is free. It also contains a detailed index, developed and used by board staff, that is not published in either lawbook (listed below).

2. LawTech publishes a lawbook, and also has a cd version available for sale. Ordering information is available via a link from the board's Web site or by calling 1-800-498-0911 X 5.

   The cost for this Lawbook is $21.99.

   LawTech has published our lawbook for the last six years.

3. Lexis/nexis has also produced its first version of our lawbook. Again, there is also a cd version of this publisher's lawbook available.

   This lawbook is available for $22, by calling 1-800-833-9844.

The board will promote this information in its next newsletter.

The board regrets that it lacks the staff to provide answers to all inquiries the board receives involving interpretations of pharmacy law. Discussions with board inspectors during routine inspections and the self-assessment forms are two additional ways licensees can use to find answers to many of their questions.

The board advises licensees to contact their legal counsels for legal advice. Individuals may also submit questions in writing to the board; however, the board cannot personally answer all questions it receives. In the future, some of these questions will be placed in the newsletter so all licensees can have the answers to broad-based inquiries.

ITEM G: New Consumer Brochures

Board staff has developed new consumer brochures and fact sheets. There are four that are ready for distribution; a copy of each is provided in Attachment D

- "Medicare Part D – Selecting a Prescription Drug Plan"
- "Children and Their Medicines"
- "Do You Sometimes Forget to Take Your Medicines"
- "New Easier to Read Prescription Drug Information"

Under development are:

- The Beers list of medications that should not be provided to elderly patients
- Update of Facts About Older Adults and Medicines (revision)

ITEM H: Center for Health Improvement Report: "Opportunities for Improving the California Pharmacist-Patient Consultation Process"

The board was a cosponsor of a recent survey on the mandated pharmacist to patient consultation process and its effects on Californians aged 65 and over.

The study was completed late last year and the preliminary findings were released in November to a group of stakeholders involved in health policy. Board President Goldenberg, Vice President Powers, Patricia Harris and Virginia Herold attended this meeting.

The final report was recently printed and released. The final report is provided in Attachment E.

ITEM I: Update on Public Outreach Activities

The board strives to provide information to licensees and the public. To this end, it has a number of consumer materials to distribute at consumer fairs and attends as many of these events as possible, where attendance will be large and staff is available.

The board has a Power Point presentation on the board containing key board policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and is well-received by the individuals present.

Also in the spring, the board makes presentations on pharmacy law and on applying for the California pharmacist licensure examination to students in California's pharmacy schools.

Public and licensee outreach activities performed since the February 2006 report to the board include:

- Executive Officer Harris participated as a speaker during the Federation of Associations of Regulatory Boards annual meeting in early February, as part of a panel discussion on "Board Governance: A Panel Discussion on the Pros and Cons of Different Board Structures" on February 3. She also participated in a panel discussion on February 5 on alternative enforcement models.
- Executive Officer Harris and Analyst Sue Durst staffed an information booth at the San Diego Consumer Protection Day fair on February 3; approximately 1,500 people attended.

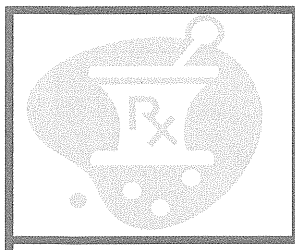
- Supervising Inspector Nurse provided a PowerPoint presentation via teleconference to an FDA Counterfeiting Task Force in Bethesda, MD, on February 9.
- The board staffed an information booth at the CPhA Outlook Meeting on February 17 and 18.
- Supervising Inspector Ming and Exam Analyst Debbie Anderson provided law and examination information to 80 Western Pharmacy School students on February 24.
- Supervising Inspector Ratcliff provided information about pharmacy law to 125 students at UCSF on February 28.
- Board Member Ruth Conroy spoke to 50 Touro University pharmacy students on board legislative issues on March 31.
- Supervising Inspector Ming presented law review information to UCSF's 4th year students on April 7.
- Board President Goldenberg provided welcoming remarks to the opening session of the National Association of Boards of Pharmacy Annual Meeting in San Francisco. Other board presentations at this annual meeting included moderation of a panel discussion by Executive Officer Harris on emergency preparedness and a poster session on the Notice to Consumers that must be displayed in pharmacies.

Future Events:

- Executive Officer Harris will be a speaker at the Department of Consumer Affairs Senior Summit on May 12 in Sacramento. Her topic is "Protecting and Serving California's Aging Population."
- Exam Analyst Debbie Anderson will provide information about examination application to Loma Linda University's pharmacy students in mid May.
- The board intends to staff information booths at the following public outreach events:
  - -- May 11 – City of Sacramento Wellness Expo
  - -- May 13 – Family Safety and Health Expo, Sacramento
  - -- May 17 – Senior Fair, Area Agency on Aging, Yreka

Attachment A

Fact Sheets Developed Pharmacist Interns in Conjuction with UCSF's Center for Consumer Self Help



Is Your Medicine in the News?

It's not unusual for the media to pick up on a possible safety problem with a popular medicine. After all, nothing is more precious than our health. So, consumers are always interested to hear or read news about their medications.

It's not a surprise that a new safety problem may arise with a medicine. When a new drug is approved by the Food and Drug Administration, not all is known about its safety. This is because the drug has not been studied in a large enough population to identify possible side effects. When drugs are newly approved, only those side effects found in about 1 percent or more of the patients are typically known.

A Common Sense Approach

Here are some steps to take to help make the right decision about your medicines:

1) **Don't panic**. Usually a safety debate about a popular drug relates to reports of rare effects.
2) **Contact your doctor or pharmacist** — personally, by telephone, or by email.
3) **Have a list of things to ask your doctor or pharmacist.** If you can, send a copy of your questions before your visit.
4) **Tell your doctor or pharmacist exactly how you take your medicines.** Be sure to say if you are not following directions, taking more than you should, forgetting dosages, etc.
5) **Ask the following questions**:
   - Do you think the benefits of my taking this medicine outweigh the risks?

More questions to ask:

- What risks might I face in taking this medicine?
- Are there alternative medicines to the one I am taking?
- Are there alternatives to some of my medicines, such as lifestyle changes? Should I try these? What do I need to do to be successful with non-drug alternatives?
- If I have to continue to take this medicine, what side effects should I look out for, and when should I call about them?
- In summary, would you review the best course of action for me? (Take notes, if you need to.)
- Can we set up an appointment in 1 to 3 months to review what we've decided and see how I am doing?

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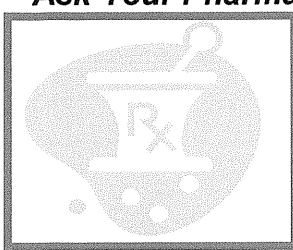
March 2006



Generic Drugs

...real medicines at high quality, low cost

What Is a Generic Drug?

A drug patent gives a drug company the sole right to sell a new drug. The company sells its new drug under its own brand name. By law, other companies cannot sell this drug until the term of the patent is over. When the patent term ends, other drug companies may then sell that drug, but not under the same brand name. These types of drugs are called generics, or generic drugs.

The generic drug has the same active ingredient as the brand name drug, but it may not look like the brand name drug. The generic drug usually has its own shape or color. This does not affect how it works. For example, Cipro is the brand name drug containing the active ingredients, ciprofloxacin. The generic version is also sold as ciprofloxacin.

They are the same as brand name drugs...

When used as directed, a generic drug is the same as a brand name drug:

- It works the same way in the body
- It is as safe.
- It has the same use.
- It is taken the same way.
- It has the same quality.

...But they cost less!

Generic drugs cost less than brand name drugs. The U.S. Center for Medicare and Medicaid Services says, if people use generic drugs, they can save at least 59 percent in drug costs.

Their quality is ensured by the FDA

- Each generic drug is tested. It must enter the bloodstream at the same rate and extent as the brand name drug.
- Generic drugs must also be tested to show they are stable, and just like the brand name drug, are good until the expiration date.
- A generic drug must have the same active drug ingredients, and the same strength and quality as the brand name drug.
- FDA inspects the factories where generic drugs are manufactured.
- FDA decides whether generic drugs are safe and of high quality before they are sold in the USA.

Ask Your Pharmacist!

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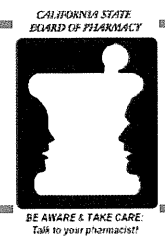

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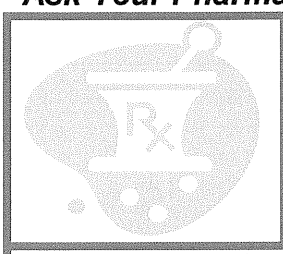

Lower Your Drug Costs

So You Can Keep On Taking Your Medicines

It makes sense. Take your medicine just as your doctor says and for as long as your doctor says. But....

Drug costs are high. Everyone knows this, but it is especially hard on those living on a fixed income, such as seniors.

A study showed that 18 percent of people with chronic diseases like heart disease or diabetes could not buy at least one of their prescription drugs within the last year.

Here are some hints on how to cut your drug costs.

1. **Ask your pharmacists for help.** Your pharmacist can work with your doctor to safely cut your drug costs. Bring a list of all medicines that you are taking.

2. **With your pharmacist, get the answers to these questions:**
   - Can I get my medicine in a generic form?
   - Is there a less costly drug that I can safely use for my condition?
   - Can I qualify for Medicare and therefore, be eligible for the Medicare Part D Prescription Drug Plan?
   - Ask if the pharmacy has special discount programs?
   - Ask of there are drug manufacturer or insurance programs that offer drug discounts?
   - Does my pharmacy offer mail order? Can I get a lower cost if I purchase a 90-day supply of my medicine?
   - Will my doctor prescribe a higher dosage, so I can use a pill cutter to cut the pills in half? (Note: this may not be an option for some medicines).
   - Do I really need the medicine? Do NOT decide this by yourself. Check with your doctor or pharmacist.

3. **Try contacting your community health center.** Community health centers may provide some help in lowering drug costs. Call 1-888-275-4722 (toll-free) to find a center near you.

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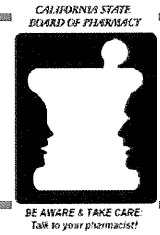


March 2006

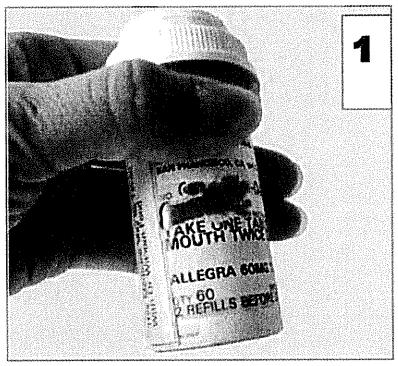
Ask Your Pharmacist

Don't Flush Your Medicines Down the Toilet!

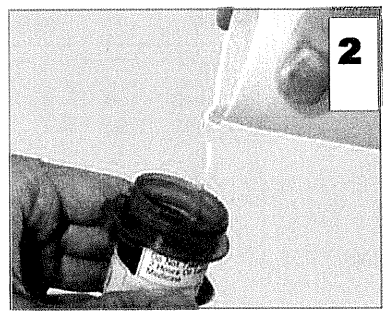
- A recent study shows that 80 percent of US streams contain small amounts of human medicines.
- Sewage systems cannot remove these medicines from water that is released into lakes, rivers or oceans.
- Fish and other aquatic animals have shown adverse effects from medicines in the water.
- And, even very small amounts of medicine have been found in drinking water.

How to dispose medications at home

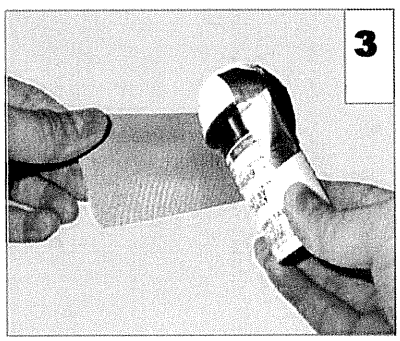
Follow these steps to protect your privacy and reduce unintended drug use, while saving the environment.



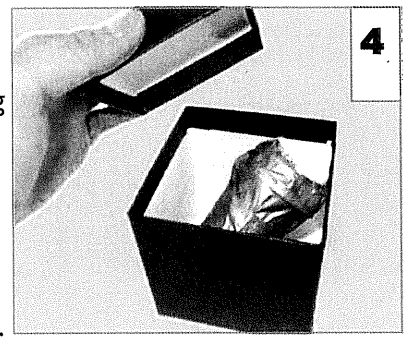
- Keep medicine in its original child-resistant container.
- Scratch or mark out the patient information on the label.



- Place some water into solid medications, such as pills or capsules.
- Then add something nontoxic and unpalatable such as sawdust, kitty litter, charcoal, Comet® or powdered spices (like, cayenne pepper).



- Close and seal the container lids tightly with packing or duct tape.
- If discarding blister packs of unused medicines, wrap in multiple layers of duct tape.



- Place medicine containers in durable packaging that does not show what's inside (like, a cardboard box).

- Remember to keep medicines away from children and pets.
- Place in the trash close to garbage pickup time.

5 →

Other ways to properly dispose of unused medicine

- Pharmacy Take-Back Program: Ask your pharmacist if the pharmacy will accept old medicines back from patients.
- Household Hazardous Waste Collection: Find the phone number of your local HHW collection site in the government section of your local white pages of the telephone directory.

Help reduce drug waste

- If you're not sure if you can tolerate a new medicine, ask your doctor about a 10 day trial supply.
- Remember to always take all of your medications as directed.

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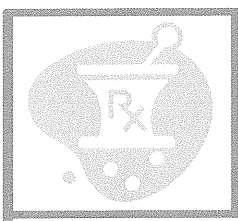
Ask Your Pharmacist



What's the deal with double dosing?

Too much Acetaminophen, that's what!

FACT: Acetaminophen is the #1 cause of liver damage in the U.S.

- Acetaminophen is found in many over-the-counter (OTC) products, like Tylenol, Anacin, Excedrin, Liquiprin, Midol, Panadol, Robitussin, Sudafed, Tavist, TheraFlu, Traiminic, Vick's, generic products, and prescription drugs (e.g., Tylenol with codeine).

FACT: If you take more than one medicine that has acetaminophen you are at risk.

FACT: Acetaminophen is the most widely used pain killer medicine in the U.S.

- It is widely used in many prescription and non-prescription products — for headache, menstrual pain, general aches and pains, fever, and other pains.
- In any given week, some 23 percent of adults (48.1 million people) report using acetaminophen-containing products.

FACT: As consumers and patients we don't' read the medicine label carefully.

- 56 percent do not read what active ingredients are in their medicines.
- 80 percent say they do not read the medicine label for possible side effects.

FACT: Liver damage from too much acetaminophen *can be prevented*.

Lower Your Risk!

- Read your medicine labels. Compare the active ingredient sections.
- Do not take two different products—both containing acetaminophen, If unsure, ask you doctor or pharmacist about which medicines might be best for you.
- If you think you have taken too much acetaminophen, seek medical attention right away.
- Be especially careful with medicines you give to children. Many fever reducers and cough/cold products given to children contain acetaminophen.

Some Possible Signs of Acetaminophen Overdose

- **Body as a whole:** sweating, convulsions
- **Gastrointestinal:** diarrhea, upset stomach, appetite loss, nausea and/or vomiting
- **Nervous System:** Irritability, coma

NOTE: Symptoms may be delayed for 12 hours after acetaminophen has been swallowed.

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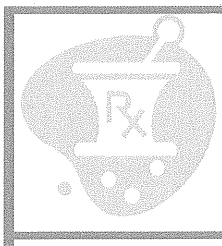

Ever Miss a Dose of Your Medicine?

... here are some tips

FACT: Many people miss taking one or more doses of their medicines.

FACT: Some people think they can make up for the missed doses by doubling up on their medicines.

FACT: Doubling up on your medication can cause serious, life-threatening side effects.

*It can happen like this...**

Mrs. Chase has been taking the same medicine for the last 3 months. Recently she has been very busy with work and other pressures, and she accidentally missed a dose of her medicine. She realized that she had skipped her regular dose, so she took two capsules to "make up for it." A few hours later Mrs. Chase startled her coworkers...her eyes were moving back-and-forth, her speech was slurred. She staggered and stumbled when she tried to walk, became drowsy, vomited, had involuntary muscle twitches and then became unconscious. She was rushed to the emergency room.

**Based on a case series review on a commonly used prescription medication.*

If you missed your regular dose of medicine, here's what to do:

1. Do not just double up on your medicine.
2. Read the drug information that was given to you when you got your medicine. Some medicines come with directions on what to do if you miss your regular dose.
3. If you are still not sure, call your **pharmacist** or **doctor** for advice.
4. Work out a plan for your next dose with your pharmacist or doctor.
5. Talk with your pharmacist or doctor about any concerns you might have.

HINT: Keep the phone numbers of your pharmacist and doctor in your wallet.

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Ask Your Pharmacist

Thinking of Herbals?

Check Carefully Before You Take Them With Medicines

FACT: More than 40 percent of Americans take dietary supplements

FACT: Some dietary supplements are known to interact in dangerous ways with medicines.

FACT: Mixing herbal supplements with your medicines may put you at risk.

Check It Out! The following list shows some (not all!) potential drug-herbal interactions for 10 popular herbs. Many are potentially dangerous interactions, such as the case of a 78 year-old woman on a blood thinner who reportedly on her own took gingko biloba for 2 months before having a serious brain hemorrhage. Some herbals may add to the effects of drugs (noted by + in list below). But these additive effects generally have not been well studied. **So think carefully!** Ask your doctor or pharmacists before mixing herbals with your drug therapy.

Black Cohosh: Baneberry, bugwort, Squawroot, Rattleroot (*Cimicifuga racemosa)*
- Estrogens
- Hormone Replacement Therapies
- Lipid lowering drugs +
- cisplatin, doxorubicin, docetaxel

Cayenne - Capsicum (*Capsicum frutescens, C. annum)*
- Monoamine oxidase inhibitors
- Antiplatelet agents

Echinacea (*Echinacea angustifolia E. pallida, E. purpurea)*
- Chemotherapy
- Cisplatin
- Cyclophosphamide
- Docetaxel
- Econazole +
- Fluorouracil
- Methotrexate
- Paclitaxel

Ginseng (Asian ginseng, *Panax ginseng, P.quinquefolium)*
- Corticosteroids
- Digoxin
- Drugs which cause gynecomastia (calcium channel blockers, cardiac glycosides, methyldopa, phenothiazines, spironolactone)
- Estrogens
- Hypoglycemic drugs
- Furosemide
- Influenza Virus Vaccine +

Garlic (*Allium sativum*)
- Aspirin
- Chlorzoxazone
- Dypyridamole +
- Heparin (Hepalean)
- Hyoglycemic agents
- Ticlopidine
- Warfarin (Coumadin)

Ginkgo (*Ginkgo biloba*)
- Aspirin
- Anticonvulsants
- Citalopram +
- Clopidogrel
- Cyclosporine +
- Dipyridamole
- Fluoxetine +
- Fluvoxamine +
- Glimepride
- Glipizide
- Glyburide
- Haloperidol +
- Heparin (Hepalean)
- Metformin
- Paroxetine +
- Repaglinide
- Sertaline +
- Thiazide diuretics
- Ticlopidine
- Trazodone
- Tricyclic Antidepressants
- Warfarin

Saw Palmetto *Serenoa repens*
- Oral and patch contraceptives
- Hormone-replacement therapies

St. John's wort (*Hypericum perforatum*)
- Atazanavir
- Benzodiazepines
- Carbamazepine
- Chemotherapy
- Cyclosporin
- Digoxin
- Fexofendadine
- Fluvoamine
- Fosamprenavir
- Indinavir
- Nefazodine
- Omprezole
- Oral Contraceptives
- Paroxetine
- Phenelzine
- Reserpine
- Sertraline
- Theophylline/Aminophylline
- Trazodone
- Tricyclic Antidepressants
- Venlafaxine
- Warfarin

Milk Thistle: Silymarin (*Silybum marianum*),
- No know adverse interactions with drugs. Efficacy to limit drug-induced liver damage has not been shown in rigorous studies.

Caution: This is not a complete list. Consult your doctor or pharmacist before taking drugs and herbals.

+ ***May add to the effects of other medicines***
** ***Drug and herbal bottle labels often do not list potential interactions.***

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School of Pharmacy

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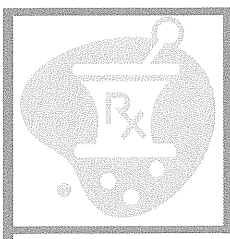
UCSF Center for Consumer Self Care
3333 California Street, San Francisco, CA 94143-0613



Diabetes
Engage your health team!

FACT: Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the sixth leading cause of death in the United States.

If you think you might have diabetes, visit a physician for a diagnosis. You might have SOME or NONE of the following symptoms:

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal
- More infections than usual.

You can help prevent or postpone type 2 diabetes by taking a central role in your own self care:

- Don't smoke.
- Achieve a healthy weight and maintain it.
- Be physically active.
- Limit your intake of fat and sugar.
- Eat regular, balanced meals that include the four food groups.
- Keep your cholesterol and other blood fats within the target level.
- Maintain a normal blood pressure.

Engage your health team!

- Monitor your blood glucose regularly, as recommended by your **doctor**.
- Take your medication as prescribed. Ask your **pharmacist** about questions you may have on the use of your medicines, their safety or possible drug interactions.
- Take care of your feet by examining the skin for redness and sores. Ask your **pharmacist** for suggestions on products that can help improve your foot care.
- Make a date to visit your **doctor, dentist,** and **eye specialist** for regular check ups. Your role in making these visits is key to preventing problems.
- Consult a **dietitian** about creating balanced meals.
- If you drink alcohol, be moderate in how much you drink. Avoid drinking on an empty stomach as this can cause hypoglycemia (low blood glucose).
- If you are pregnant, ask your **doctor** about using artificial sweeteners.

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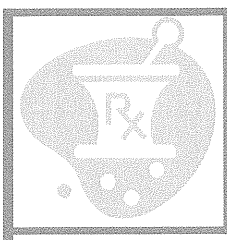

Did You Know?

Good oral health means good overall health!

FACT: Poor oral health can cause pain, discomfort and bad breath. It can also put you at risk of serious disease, like heart disease and stroke.

FACT: If you do not brush and floss daily, the sticky film of bacteria in your mouth, called plaque, can harden into tartar and help cause gum disease (gingivitis).

FACT: If untreated, bacteria in plaque and in infected gums can travel from your mouth into your blood stream. This has been linked to clogging of arteries and damage to heart valves.

FACT: **Smoking** is a major risk factor for oral and dental diseases, including oral cancer. Tobacco reduces blood flow to the gums, lowering the supply of oxygen and nutrients needed to fight bacterial gum infection.

FACT: **People with diabetes** are more at risk to get gum disease, and this can put them at greater risk of diabetic complications.

FACT: **Pregnant women** with gum disease are at higher risk of delivering early-term, low birth weight babies than women without gum disease.

To lower your risk:

- Brush and floss your teeth daily.
- Visit your dentist regularly.
- Ask your dentist or pharmacist about the right toothpaste, toothbrush and floss for you.
- Eat a healthy diet.
- Do not smoke. If you do, be sure to visit your dentist regularly.
- If you are pregnant, be sure to eat healthy foods and maintain good oral health.
- Brush your children's teeth for them until they have the ability to do properly themselves. For example, when they can write their own name (not print), they should be able to brush their teeth with your guidance.

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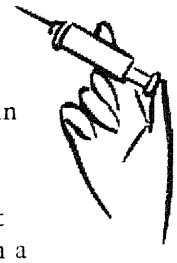
Attachment B

DHS' Office of AIDS Collaborative Plan to Educate the Public and the Profession about Senate Bill SB 1159 Pharmacy Access to Syringes

Program Required for Furnishing Hypodermic Needles and Syringes Without a Prescription



A new law went into effect on January 1, 2005, requiring a program for furnishing hypodermic needles and syringes without a prescription. The goal of the law is to further efforts across the state to prevent the spread of HIV, Hepatitis C and other blood-borne diseases by allowing pharmacies to sell sterile syringes without a prescription if one of the following conditions is met:

1. The person is known to the pharmacist to have a medical need for a syringe; **or**
2. If the pharmacy is located in a county or city that has authorized non-prescription syringe sale and established a Disease Prevention Demonstration Project (DPDP).

In cities and counties with a DPDP, pharmacies that opt to participate in the project may sell ten or fewer syringes to individuals 18 years of age or older without a prescription. Pharmacies participating in a DPDP are not required to make any record of syringe sale to customers without a prescription, nor are pharmacists required to record any information about the sale or the customer. Additionally, there is no requirement for pharmacists to require identification from the customer, although they may do so if the customer appears to be under the age of 18. These provisions of the law expire on December 31, 2010. (Business and Professions Code sections 4145 and 4147, Health and Safety Code section 11364).

As of June 2005, eight counties and two cities have approved a DPDP: Alameda, Contra Costa, Los Angeles, Marin, San Francisco, Santa Cruz, Yolo, Yuba counties and the cities of Los Angeles and West Hollywood. More than twenty other areas are in the process of establishing a DPDP.

For pharmacies that choose to participate in a DPDP, the law requires the pharmacy to:

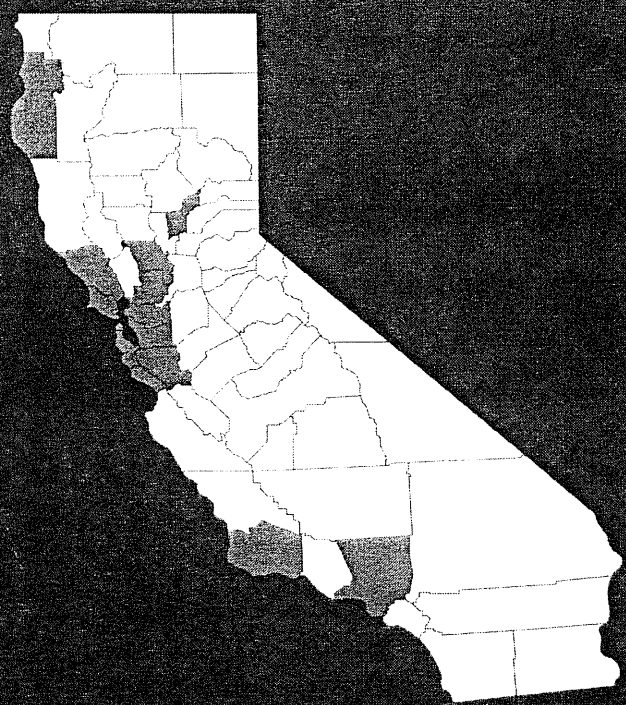
1. Register with the city or county health department;
2. Certify that the pharmacy will provide the purchaser with written information or verbal counseling on how to access drug treatment, how to access testing and treatment for HIV and Hepatitis C virus, and how to safely dispose of sharps (needle and syringe) waste;
3. Store hypodermic needles and syringes so that they are available only to authorized personnel; and
4. Provide for the safe disposal of hypodermic needles and syringes. Safe disposal of sharps can be done by providing an on-site safe hypodermic needle and syringe collection and disposal program; furnishing or making available for purchase mail-back sharps disposal containers that meet state and federal standards; or furnishing or making available for purchase personal sharps disposal containers.

If you would like more information about establishing a DPDP in your county or city, or would like to find out about an existing program, please contact Alessandra Ross, California Department of Health Services, Office of AIDS, at (916) 449-5796, or e-mail her at *aross@dhs.ca.gov*.

See **Surety Bonds**, Page 21

Participating Counties

(As of February 2006)



Alameda
Contra Costa
Los Angeles City and County
Marin
San Francisco City and County
San Mateo
Santa Cruz
Solano
Sonoma
Yolo
Yuba
Santa Clara
Humboldt
Santa Barbara

More Information is Available at:

www.syringeaccess.com

Or Contact the California Department of Health Services, Office of AIDS:

Alessandra Ross, MPH,
Program Implementation
(916) 449-5796

Steven Burke, RPh,
Pharmacist
(916) 449-5553

Tom Stopka, MHS,
Research and Evaluation
(916) 449-5828

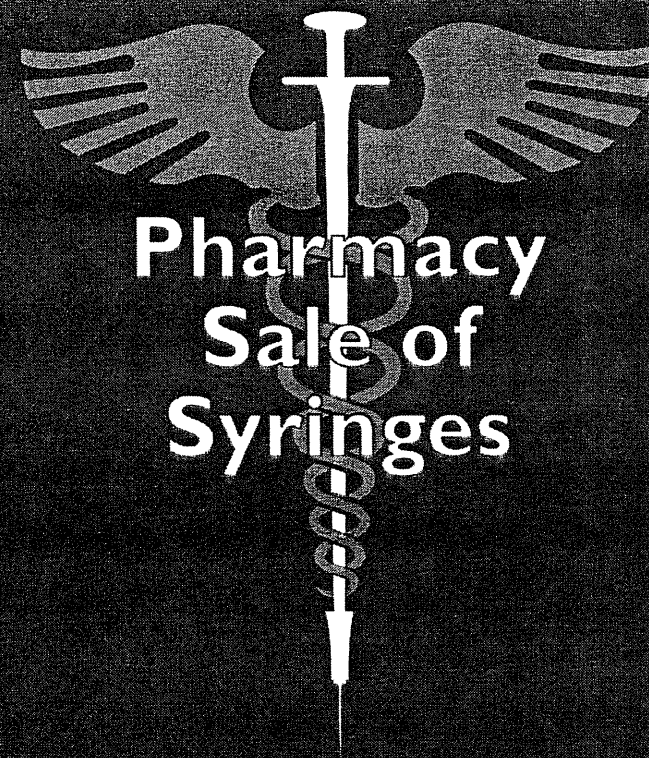
California State Board of Pharmacy:

(916) 574-7900

HIV/AIDS Hotline:

(800) 367-AIDS
or
www.AIDShotline.org

CALIFORNIA



Pharmacy Sale of Syringes

Over-the-Counter Syringes in California

What is SB 1159?

Senate Bill (SB) 1159 was signed by Governor Arnold Schwarzenegger and went into effect January 1, 2005. This legislation allows for the creation of a **Disease Prevention Demonstration Project** (DPDP) in cities and counties that authorize such a program. An authorized DPDP **permits certified pharmacies to sell syringes** (up to 10) **over-the-counter to individuals** 18 years of age or older. This legislation will further efforts across the state to prevent the spread of HIV, hepatitis, and other blood-borne diseases.

Pharmacists play an important and often unrecognized role in public health, as health educators and key informants to their communities. As respected members of the medical profession, pharmacists have the ability to positively influence the health behaviors of their patients.

Participating pharmacies are required to:

- Register with the county
- Store syringes behind the counter
- Provide for disposal through either:
  - On-site syringe disposal program
  - Furnishing or selling mail-back sharps containers, or
  - Furnishing or selling personal sharps containers.

Frequently Asked Questions

Does each pharmacist need to register with the county?

No, the pharmacy itself is registered, not the pharmacist.

Do I need to ask for i.d. from the customer?

No, i.d. is not required in order to purchase syringes, however sale of syringes is not authorized to any persons under the age of 18 without a prescription.

Do I need to keep a log of my syringe sales?

No. SB 1159 eliminates the requirement to keep a log of syringe sales when syringes are sold without a prescription.

Will this attract criminals and crime to my pharmacy?

Among participating California pharmacies, there have been no reports of unruly or criminal behavior associated with pharmacy sale of syringes.

Common Concerns/Benefits:

Syringe Sharing

- Increased use of pharmacies as a syringe source is associated with a decline in syringe sharing.
- HIV infection rates among injection drug users (IDUs) were twice as high in cities that required prescriptions for syringe purchase as compared to cities that did not.

Needle-Stick Injuries & Safe Disposal

- Accidental needle-sticks decreased among law enforcement officers by 66% after pharmacy access legislation in Connecticut.
- Needle sightings among sanitation workers decreased after implementation of the Expanded Syringe Access Program in New York.

Cost-Effectiveness

- Average lifetime cost for treating a person with AIDS is approximately $195,000.
- Treatment of chronic liver disease related to HCV is approximately $20,000 per person per year.
- Reducing the number of injection drug use-related HIV/AIDS and HCV cases can reduce the economic burden on county-funded care and treatment programs.

Attachment C

Revised "Notice to Consumers" Poster

Notice to Consumers

Before taking any prescription medicine, talk to your pharmacist; be sure you know:

1. What is the name of the medicine and what does it do?
2. How and when do I take it – and for how long? What if I miss a dose?
3. What are the possible side effects and what should I do if they occur?
4. Will the new medicine work safely with other medicines and herbal supplements I am taking?
5. What foods, drinks or activities should I avoid while taking this medicine?

Ask your pharmacist if you have additional questions.

At your request, this pharmacy will provide its current retail price of any prescription without obligation. You may request price information in person or by telephone. Ask your pharmacist if a lower cost generic drug is available to fill your prescription. Prescription prices for the same drug vary from pharmacy to pharmacy. One reason for differences in price is differences in services provided.

BE AWARE & TAKE CARE

Talk to your Pharmacist!

California State Board of Pharmacy

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OSP 02 /2011

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

March 28, 2006

Dear California Community Pharmacy:

I am pleased to provide you with one copy of the board's new "Notice to Consumers" poster. This poster has been revised to reflect the new board address and telephone number.

California law requires that this notice be posted in the pharmacy or printed on the back of customer receipts. If posted in the pharmacy, the poster must be displayed in an area conspicuous to and readable by prescription drug consumers.

The requirement to post this Notice to Consumers is intended to aid the public in learning more about their prescription drug regimens. The changes were made by amendments to California Code of Regulations, Division 17, Title 16, Section 1707.2(f), and have been in effect since September 8, 2002. A copy of the full text of the regulation can be obtained from the board's Web site (www.pharmacy.ca.gov) under "Pharmacy Law and Regulations."

The board has translations of this poster in additional languages (Chinese, Korean, Russian, Spanish, Vietnamese). The camera-ready versions of these posters are available for downloading from the board's Web site if you have patients that may be assisted by such information. Please note, however, that the English version of the poster in its full size needs to be posted in your pharmacy unless this information is printed on customer receipts.

We are pleased with the posters and believe they aid patients in learning important information about their medications from their pharmacists.

Sincerely,

STANLEY GOLDENBERG, RPH, FASCP
President
California State Board of Pharmacy

Attachment D

New Public Education Material

- Tips that may allow you to reduce your drug expenses:

    1. Talk to your health care provider or pharmacist, and ask if generic medicines could save you money. Generic medicines are the same medicines as their brand name counterparts, but are available at lower cost.

    2. Ask your provider or pharmacist if another, less costly, medicine could provide a similar therapeutic treatment for you.

    3. Ask your provider or pharmacist to review all the medicines you are taking to see if you still need to take all of them. Sometimes, patients remain on a medicine when they no longer need to be, or one medicine may duplicate the treatment of another medicine you are also taking. However, **do not discontinue any medicine without your health care provider's permission.**

Be Aware & Take Care! Talk to Your Pharmacist!

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916-574-7900
www.pharmacy.ca.gov

Medicare Part D

Selecting a Prescription Drug Plan

Beginning January 1, 2006, Medicare recipients became eligible for membership in an insurance plan to help pay for their prescription drugs.

How to find a plan:

- Make a list of all prescription medicines you take. Write down the name and strength of each medicine: e.g., verapamil, 240 mg.
- Locate your Medicare card. You will need this information when selecting your plan.
- Go online to the government's Web site, *www.medicare.gov*, or ask someone you trust to protect your privacy to help you access the site.

If you cannot use the Internet yourself, contact the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.

HICAP provides free, impartial help in dealing with Medicare and long-term care insurance issues. Because of the high volume of HICAP calls, callers will be asked to leave a message for a return call. California's HICAP Web site is sponsored by the California Health Advocates and is located at *www.calhealthadvocates.org*.

Some pharmacists and other health care providers may be available to assist you. Ask for assistance if you need it.

Note: If you already have prescription drug coverage from another health plan, be sure to check with your current plan or with HICAP before selecting any prescription drug plan. In some cases, selecting a prescription drug plan could terminate other health coverage you may have.

- Compare the different plans available—look at the amount you will have to pay each month as a monthly enrollment charge and the amount you will have to pay as a co-payment for each medicine.

Continued...

Children and Their Medicines

- Always keep all medicine and food supplements out of children's reach. Some supplements, such as iron, are toxic to children.

- Use child-resistant caps, and never leave the containers uncapped.

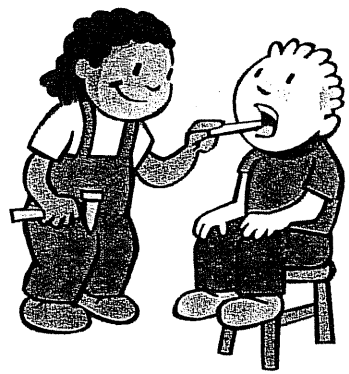
- Examine dose cups carefully. Cups may be marked with various measurement units and may not use standard abbreviations. Follow label directions. Never substitute a cup from another product.

- When using a dosing syringe with a cap, discard the cap before use.

- Never guess when converting measuring units—from teaspoons or tablespoons to ounces, for example. Your pharmacist is a good source for help with conversions.

Continued...

Children and Their Medicines



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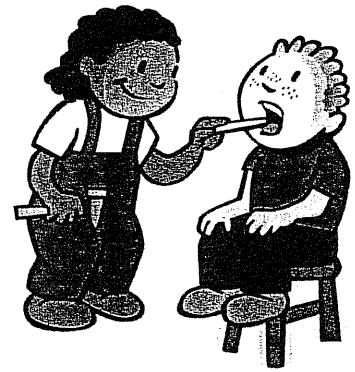

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Continued...

- Never try to remember the dose used during previous illnesses; read the label each time.

- Always check with the healthcare provider (e.g., doctor, registered nurse, nurse practitioner, physician assistant or pharmacist) before giving a child more than one medicine at a time.

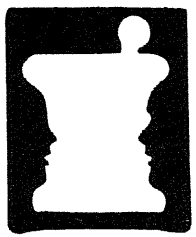
- Never give medicine to children unless it is recommended for them by a healthcare provider.

- Never use medicine for purposes not mentioned on the label, unless so directed by a healthcare provider.

- Check with the healthcare provider before giving a child aspirin products. Never give aspirin to a child or teenager who has or is recovering from chickenpox, flu symptoms (nausea, vomiting or fever), or flu. Aspirin may be associated in such patients with an increased risk of Reye syndrome, a rare but serious illness.

This information was prepared by the Federal Citizen Information Center of the U.S. General Services Administration and provided by:

BE AWARE & TAKE CARE



TALK TO YOUR PHARMACIST!

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Sacramento, CA 95834
(916) 574-7900
www.pharmacy.ca.gov

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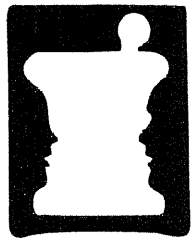

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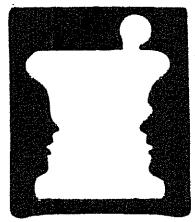

TALK TO YOUR PHARMACIST!

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Sacramento, CA 95834
(916) 574-7900
www.pharmacy.ca.gov

Name of Medicine/ Directions	SUN	MON	TUE	WED	THU	FRI	SAT

This information prepared by Federal Citizen Information Center, Pueblo, CO, and provided by:

California State Board of Pharmacy
1625 North Market St., Suite N 219
Sacramento, CA 95834
(916) 574-7400
www.pharmacy.ca.gov

Do you sometimes forget to take your medicines?

Thirty to 50 percent of patients do not use medicines as prescribed. Forgetting to take your medicine as directed by your health care provider is considered medication misuse, and such misuse can interrupt your drug therapy and may affect your health.

In the U.S., the costs of prescription medicine misuse and adverse reactions total more than $20 billion per year. Add lost productivity to that, and the annual costs shoot up to $100 billion, according to the National Pharmaceutical Council, Inc., of Reston, VA.

Medication Misuse Among Older Adults

Two of the more common reasons for medication misuses among older adults are:

- **Forgetting to take doses**, and
- **Taking doses at the wrong time.**

If you are 64 or older, chances are that you are taking several prescription medicines—often that must be taken at different times—so it may be difficult to remember which medicine to take when. Having a system in place for remembering to take your medicines on schedule can help you get the maximum benefit from them.

One of the easiest ways to stay on schedule is to have a written record of your medicines, the times to take them, and an indication that they have been taken.

The chart opposite is an example of how to set up a medicine reminder chart. Record your medicines and the times you are supposed to take them. Checking off the medicines as you take them lets you know you are on track with your therapy.

Other memory aids include:

- Pill boxes with easy-to-open compartments for each day of the week (available at your pharmacy);
- Having a friend or caregiver telephone you to remind you when it is time to take your medicine;
- Color coding each medicine with colored dots and placing matching colored dots and the dosing time on your calendar.

Multiple Medications Check-off Chart Example

Name of Medicine/ Directions	MON	TUE	WED
Medicine # 1 Once in **A.M.**	8	8	8
Medicine # 2 3 times a day	8 2 8	8 2 8	8 2 8
Medicine # 3 Once at **bedtime**	10	10	10
Medicine # 4 Once a week	8		

8. How Supplied / Storage and Handling

The different strengths and physical description of the medicine are listed here with the required temperatures for proper storage to ensure the medicine's effectiveness until its expiration date.

9. Patient Counseling Information

Patients should read this section carefully. This section is intended to help inform healthcare professionals about the medicine they are prescribing for their patients. They should provide this important information to their patients at the time of prescribing. Additionally, pharmacists counsel the patient or caregiver if the medicine is dispensed for the first time or if the dosage has changed.

What if I have questions?

If you have questions, you should discuss them with your physician, pharmacist, or other healthcare provider at the time of service.

If you have additional questions, remember to **Ask Your Pharmacist!**

This information was based on material prepard by the U.S. Food and Drug Administration (FDA) and provided by:

California State Board of Pharmacy
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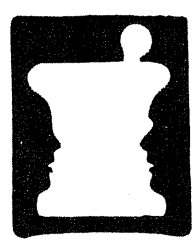
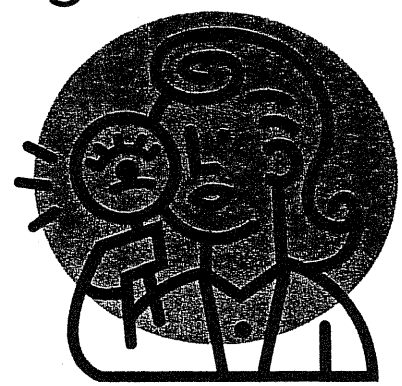
Be Aware & Take Care



Talk to Your Pharmacist

New Easier-to-Read Prescription Drug Information



Each year, approximately **2.2 million preventable adverse events** (illnesses and emergency hospital admissions) and more than **106,000 deaths** occur in U.S. hospitals*, many as a result of confusing medical information. Consequently, the U.S. Food and Drug Administration (FDA) has directed drug manufacturers of new or recently approved prescription drugs to make the information provided with these drugs easier-to-read, less complicated and/or confusing, making it more useful to both physicians and patients.

*Institute of Medicine, National Academy Press 2000

While much of the material included with prescription drugs is directed toward health professionals, it also includes easy-to-read information that is very important to the patient or patient's caregiver.

What is Prescribing Information?

The prescribing information approved by the FDA contains information necessary for the safe and effective use of a prescription drug; it answers such questions as:

- **What diseases or conditions does the drug treat?**
- **What are the risks?**
- **What dose is needed?**
- **Which patients should not receive the drug?**
- **What other drugs should not be taken together with the drug?**
- **What side effects can occur?**
- **How should the drug be stored?**

Some Highlights of the Prescribing Information

1. Drug Name/Form and Black Box Warning, if any

The first item of the prescribing information is the name of the medicine and its description (e.g., capsules, tablets, liquid), followed by a warning enclosed in a black line box **if** the medicine can cause life-threatening reactions or mental changes, such as thoughts of suicide.

Black line boxed warnings are serious and should be read by both the prescriber and the patient or patient's caregiver.

2. Indications and Usage

This section describes the symptoms or conditions that this prescription is intended to treat. It also lists and describes important limitations on the drug's use.

3. Dosage and Administration

The proper dosage amount for the condition to be treated is listed along with information about how to take the medicine. For example: *50 mg once daily with food.*

4. Contraindications

A contraindication is a condition or factor that increases the risk involved in using a particular drug. This section lists any conditions or disorders that should **not** be treated with this particular medicine.

5. Warnings and Precautions/ Adverse Reactions

This section lists any unwanted and/or dangerous results from the drug's use. It also recommends the monitoring of the patient's reaction to the drug for any symptoms of such results.

Potential adverse reactions (illnesses, conditions or mental changes caused by the drug) are listed in this section, followed by directions for reporting an adverse reaction to the drug's manufacturer or to the FDA.

6. Drug Interactions

Listed here are any prescription or over-the-counter medicines or food supplements that should not be taken with this drug.

7. Overdosage

Information in this section is relates to cases and outcomes of overdosages of this drug. A poison control number is also provided.

Attachment E

Center for Health Improvement Report "Opportunities for Improving the California Pharmacist to Patient Consultation Process"

Improving the California Pharmacist-Patient Consultation Process

POLICY BRIEF
Center for Health Improvement
JANUARY 2006

Older Californians at Risk

This Center for Health Improvement (CHI) issue brief summarizes the findings of a two-year study (2004-2005) to examine the mandated pharmacist-patient consultation process and its effects on Californians aged 65 years and older. This is a timely issue, given the recent addition of prescription drugs to the federal Medicare program and anticipated expansion in participation of the benefit. By May 16, 2006, 4.3 million California seniors must make a critical decision about their drug coverage.[1] The CHI study's focus on seniors is also important since persons aged 65 and older are prescribed twice as many medications as persons under 65.[2] Approximately 90% of older persons take at least one prescription drug, and among them, nearly half use five or more different drugs.[3] Older adults have more chronic diseases and multiple conditions, thus the consultation process becomes more relevant and complex. Finally, persons 65 and older constitute a more vulnerable population.[4]

SURVEY FINDINGS

Provide directions for use and storage of the medication*	93.1%
Discuss precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered*	86.9%
Describe the importance of compliance with the medication directions*	81.1%
Verify the name and description of the medication	88.1%
Discuss any precautions for preparation and administration of the medication by the patient, including self-monitoring drug therapy	81.8%
Discuss serious potential interactions with known nonprescription medications	59.6%
Discuss therapeutic contraindications	59.0%
Discuss action to be taken in the event of a missed dose	39.1%

Respondents were asked how often these events occurred during an average consultation for patients 65+: the scale was "rarely ever," "occasionally," "sometimes," "often" and "always." Figures above reflect the sum of the responses for "often" and "always"

*Required.

Recent attention by the Institute of Medicine[5] has significantly raised the visibility of medical errors overall. Problems related to prescriptions drugs comprise one source for such errors. For example, in an analysis of adverse drug events (ADEs) occurring in a population of older adults in an ambulatory setting, 27.6% of the documented ADEs were deemed preventable.[6]

The CHI study found two key areas for improving the consultation: 1) pharmacist time and compensation, and 2) pharmacist-patient communication, as well as pharmacist-physician communication.

Federal and State Mandate

The state of California Board of Pharmacy (Board) enacted regulations in August 1990 that required the pharmacist-patient consultation for all new or changed prescriptions. These regulations preceded the federal mandate and were also more stringent (the federal mandate required counsel to Medicaid recipients upon receipt of a new prescription).[7] The regulation was enacted to ensure that necessary dialogue occurs between patients and medication experts to promote safe and effective medication use. Previously, the only California study to examine the effectiveness of the counseling regulations was conducted in the early 1990s.[8,9]

Methodology for Examining the Regulation

The CHI study consisted of five components: 1) a literature review, 2) a review of Board inspection and complaint data, 3) a statewide survey of pharmacists, 4) focus groups of pharmacists, physicians and patients, and, 5) a policy roundtable convening. The written survey of pharmacists involved sampling 3,000 of the roughly 5,000 California-licensed community pharmacies. A 32.4% response rate was achieved. The independent/chain pharmacy ratio was 45.4% to 54.6%, generally reflecting the state distribution. Kaiser Permanente Foundation outpatient pharmacies were also included in the study.

Findings About the Regulation

The California regulation describes two required components for every consultation:

- Directions for use and storage and the importance of compliance with directions; and,
- Precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered.

In addition, the regulation specifies optional components where deemed warranted by the pharmacist.

Technology Innovations

Komoto Pharmacy, an independent community pharmacy in Delano, utilizes a robotic dispensing machine, filling approximately 35% of the total prescription volume. Owner Brian Komoto, Pharm.D., noted, "the new technology has improved the accuracy of filling prescriptions and given our pharmacists more time to spend with patients."[12]

Pharmacist Time & Compensation

The findings from the survey, focus groups and policy roundtable all identified time and compensation as critical barriers to maximizing the pharmacist-patient consultation.

- 56.8% of the survey respondents indicated that the pharmacist's lack of time was a significant barrier.
- 42.3% indicated that insufficient compensation specific to the consultation was a significant barrier.

The issue of time and compensation as barriers to the consultation are consistent with findings from studies in both New York and Massachusetts.[10,11]

Formulary Problems

Pharmacists in the focus groups discussed time-consuming activities that may have no clinical bearing on the consult, specifically, administrative time spent dealing with prior authorization issues. For example, pharmacists submit a prescription for insurance approval, are then notified of the need for prior authorization, and then have to contact the prescribing physician. Physicians also noted that the prior authorization process was unwieldy and time-consuming for them and their staff.

Further, as formularies have become more complex, some pharmacists now rely on electronic devices to submit information for prescription approval. One focus group participant described that his pharmacy is charged $.13 per transmittal, and that if the prescription is rejected as not covered by the formulary, his pharmacy still bears the transmittal charges.

Pharmacy Technician Staffing Ratio

Staffing ratios were identified as an important factor that affects time available for consultation. In particular, participants described how the pharmacist-pharmacy technician staffing ratio statute[13] adversely impacts small, independent pharmacies that might only have one pharmacist on duty. Some pharmacists advocated for less stringent ratios, as is the case in other states, so that technicians could alleviate the pharmacist from non-clinical duties. For pharmacies with one pharmacist on duty, one pharmacy technician is allowed. For each additional pharmacist, two additional technicians are allowed (two total pharmacists, three total technicians; three total pharmacists, five total technicians; etc.).

References

1 Centers for Medicare and Medicaid Services. (2003). Medicare Modernization Act: Region Specific Fact Sheet. Retrieved December 5, 2005 from the CMS website http://www.cms.hhs.gov/medicarereform/mmaregions/pdp32.pdf

2 Stagnitti, M. (2003, July). Statistical Brief #21: Trends in Outpatient Prescription Drug Utilization and Expenditures: 1997:2000. Rockville, MD: Agency for Healthcare Research and Quality.

3 Safran, D., Neuman, P., Schoen, C., Kitchman, M., Wilson, I., Cooper, B., Li, A., Chang, H., & Rogers, W. (2005). "Prescription Drug Coverage and Seniors: Findings from a 2003 National Survey." Health Affairs.

4 American Society of Consultant Pharmacists. (2002, March). Seniors at Risk: Designing the System to Protect America's Most Vulnerable Citizens from Medication-Related Problems. Alexandria, VA: Author.

5 Kohn, L., et al. To Err is Human: Building a Safer Health System, 2000. National Academy Press.

6 Gurwitz, J.H., et al. (2003, March). "Incidence and Preventability of Adverse Drug Events Among Older Persons in the Ambulatory Setting." Journal of the American Medical Association, 289(9): 1107-1116.

7 Omnibus Reconciliation Act of 1990, P. Law no. 101-508 (1990).

8 McCombs, J., Cody, M., Besinque, K., Brook, G., Ershoff, D., Groshen, S., et al. (1995). "Measuring the Impact of Patient Counseling in the Outpatient

Time & Compensation Recommendations

- **Consider changing the pharmacist-pharmacy technician staffing ratio.** Currently, the pharmacist-technician ratio limits small, independent pharmacies from maximizing technician assistance. Other states have less stringent or no ratios regulating the staffing of pharmacy technicians. The National Association of Boards of Pharmacy surveyed pharmacists and found that "having more technicians available to assist with dispensing duties would increase pharmacist time for patient counseling."[15]
- **Continue to examine California regulations that might discourage the use of technology.** Stakeholders at the policy roundtable expressed interest in examining current policies and regulations that affect technology use in California. Participants noted that the promotion of technology did not have to come at the expense of pharmacists, but that technology can assist pharmacists by freeing them from administrative and other activities.
- **Create financial incentives based on pharmacists' performance.** As is occurring with hospitals and physicians, financial incentives awarded to pharmacists can encourage continued quality improvement. Performance measures could include patient satisfaction, dispensing efficiency, and additional services such as medication compliance monitoring, disease management counseling, medication profile review among others.

Communication Process

Survey, focus group and policy roundtable findings also identified communication as a critical barrier to the consultation. A distinct gap exists in communication among pharmacists, consumers and physicians.

Pharmacist-Patient Communication

Communication issues in the pharmacist-patient relationship revolve around patient education. There is a need to educate patients about the changing medication system, pharmacy profession, and the value pharmacists provide in the healthcare system.[14]

California pharmacists spoke of the need to educate consumers about the process of navigating formulary issues, including communicating back to the physician, time needed to obtain prior authorization and coordination with changing formularies.

Patients also need to understand the importance of the clinical information that pharmacists can provide, and that patient participation in the consultation is critical. Nearly a quarter of the survey respondents rated the "patient's refusal to participate" as a significant barrier.

Survey results showed that older patients waived the consultation 50% of the time "sometimes", "often" or "always". Patients in the focus group mentioned that sometimes they felt embarrassed when the pharmacist "makes the long journey from behind the counter, around the corner to talk to me". Policy roundtable participants discussed how the design of consult spaces may affect senior comfort levels.

Pharmacy Setting: The Research Design of the Kaiser Permanente/USC Patient Consultation Study". Clinical Therapeutics, 17(6):1188-1206.

9 McCombs, J., Liu, G., Shi, J., Feng, W., Cody, M., Parker, J., et al. (1998). "The Kaiser Permanente/USC Patient Consultation Study: Change in Use and Cost of Health Services." American Journal of Health Systems Pharmacy. December 1998(55):2485-2499.

10 Rumore, M., Feifer, S., & Rumore, J. (1995, February). "New York City Pharmacists and OBRA '90: One Year Later." American Pharmacy, NS35(2):29-34, 66.

11 Barnes, J., Riedlinger, J., McCloskey, W., & Montagne, M. (1996, October). "Barrier to Compliance with OBRA '90 Regulations in Community Pharmacies." The Annals of Pharmacotherapy. 1996; 30:1101-1105.

12 Brian Komoto, Pharm D. (November 27 2005). Email communication.

13 California Codes. Business and Professions Code. Section 4115(g). Retrieved December 21, 2005 from www.leginfo.ca.gov/calaw.html

14 Barnes, J., Riedlinger, J., McCloskey, W., & Montagne, M. (1996, October).

15 McRee, T. (2003, March). Pharmacy Technicians in California: Snapshot of an Emerging Profession. UCSF Center for the Health Professions.

16 Bates, D., Johnston, D., Middleton, B., Pan, & E., Walker, J. (2004). Patient Safety in the Physician's Office. Retrieved online December 13, 2005, from http://www.chcf.org/documents/ihealth/PatientSafetyInPhysiciansOfficeACPOE.pdf

Pharmacist-Physician Communication

Survey results reveal that nearly a third of the respondents spend between 10-25% of their time communicating with physicians. Focus group results indicated that this communication is inefficient at best: sending and receiving faxes, calling and leaving messages. Both pharmacists and physicians described frustration at communication with each other and shared the opinion that improvement was necessary in order to better deliver care.

> One pharmacist noted that as the "last man on the totem pole", all of the consumer's frustrations came to him.

Communications Recommendations

- **Develop an integrated, common message around the patient's right to a consult.** While multiple groups (e.g., state agencies, patient advocacy groups, pharmacist associations) have been working to improve patient education, the delivery is often through "pilot" projects limited to specific cities. A concerted statewide campaign, involving numerous stakeholders and multiple delivery methods, may improve education to both patients and physicians about the "patient's right" to a consultation and its clinical value.
- **Examine methods to improve communication between pharmacists and clinicians.** Outreach among stakeholders is vital to improving communication. Policy roundtable participants, particularly the California Medical Association and the California Pharmacists Association, spoke of the need for continued forums in order to work on communication issues and develop strategies to improve. Pharmacy and medical school curriculum can be improved to promote better communication and team efforts for delivering care.
- **Promote technology to reduce inefficiencies.** Policy roundtable participants considered the use of ePrescribing as a method of reducing the communication inefficiencies between pharmacists and physicians. Adoption of ePrescribing may simplify formulary complexities, as the physician could check prior to writing a prescription whether the medication is covered by the patient's insurance. ePrescribing built into an ambulatory computerized provider order entry system may also lead to reduced medication errors.[16]
- **Explore a process of patient follow-up that shares the results among the care team.** Currently certain pharmacies and physician offices use follow-up phone calls to patients regarding use and potential prescription side effects. Within a quality initiative, the sharing of the results between pharmacists and physicians, can improve communication among the three parties, promote coordinated care and improve compliance.

Center for Health Improvement

The Center for Health Improvement (CHI) is a national, nonprofit health policy center dedicated to improving population health and encouraging healthy behaviors.

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Attachment 1

Meeting Summary of the April 4,2006 Public Meeting of the Communication and Education Committee

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee

Minutes of the Public Meeting of April 4, 2006

Department of Consumer Affairs
El Dorado Conference Room
1625 N Market Boulevard
Sacramento, CA 95834
10 a.m. – 12 noon

Present: Andrea Zinder, Board Member and Chairperson
Bill Powers, Board Member
Richard Benson, Board Member
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer
Absent: Kenneth Schell, Board Member

Call to Order

Chairperson Zinder called the meeting to order at 10:05 a.m.

Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Since July 2004, the board has been working with the Center for Consumer Self Care at the University of California San Francisco to integrate pharmacy students into public outreach activities. The project involves pharmacist interns developing consumer fact sheets.

Dr. William Soller of the Center for Consumer Self Care attended this committee meeting to provide an update about the fact sheet series.

The committee reviewed nine fact sheets that are now being distributed. The fact sheets contain general information on the topic, and contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area.

These fact sheets are:
General Pharmaceutical Care Issues

1. "Is Your Medicine in the News?"
2. "Generic Drugs . . . Real Medicines at High Quality, Low Cost"
3. "Lower Your Drug Costs So You Can Keep On Taking Your Medicines"

4. "Don't Flush Your Medicines Down the Toilet"

Medicine Safety

5. "What's the Deal with Double Dosing? Too Much Acetaminophen, That's What!"
6. "Ever Miss a Dose of Your Medicine? Here are some Tips"
7. "Thinking of Herbals? Check Carefully Before You Take Them with Medicines"

Health Topics

8. "Diabetes – Engage Your Health Team"
9. "Did You Know? Good Oral Health Means Good Overall Health"

The fact sheets will be distributed at consumer outreach fairs and will be listed on our Web site. The board will also announce their availability in the next *The Script* and via a subscriber alert.

Also at this time, the Center for Consumer Self Care is working with other students to develop additional fact sheets. Planned are:

Medicine Safety

- Heading: Read the Label
  - "How to Read an Rx Label"
  - "How to Use an OTC Label"
  - "How to Use a Dietary Supplement Label"
  - "How to Use a Food Label"
- "A Medicine Chest for Traveling"
- "Drug-Drug Interactions"

Health Topics

- "Diabetes and Aspirin"
- "Asthma – Safe Use of Inhalers"
- "Immunizations"
- "Checking Your Blood Pressure"
- "Head Lice – Back to School"

The committee discussed how to foster better communication between patients and pharmacists. During this discussion, another suggestion for a fact sheet or fact sheets was 10 things many individuals can do to improve their medication therapy, perhaps framed as "Ask a simple question." For example, the benefits of taking aspirin if a patient has diabetes.

Activities of the California Health Communication Partnership

Dr. Soller also updated the committee on recent activities of the California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion. The function of the group is to develop or disseminate integrated

public information campaigns on priority health topics identified by the partnership members.

Past campaigns of the partnership are:
2004-05: Preserve the Treasure – avoiding antibiotic overuse
2005: Generic Medicines – same as brand names at lower costs
2005: It's Your Life – breast cancer and prostate cancer screening.

The third project aired in September and October 2005, and was funded by a grant from a private foundation, which enabled use of a firm (the North American Precis Syndicate) that specializes in dissemination of public service announcements and prewritten articles to a diversity of media outlets nationwide. The board used the same firm for similar dissemination services in the late 1990s.

This cancer screening campaign was among the most successful campaigns ever released by this distribution firm in terms of the number of messages published and aired. For this, the partnership received an award.

Proposed for future campaigns for the partnership are:
2006: It's Your Life – breast and prostate cancer screening awareness
2006: Generic Medicine
2006: Diabetes and Aspirin

The committee discussed the future generic drug campaign, and supplemental funding sources to augment the activities of the Center for Consumer Self Care's outreach.

The committee again discussed the importance of public education campaigns about pharmacist-to-patient consultation since many consumers are not aware of this requirement and the importance of seeking and following a pharmacist's knowledge of drug therapy and how this can benefit their health. The committee also suggested that some form of outreach to educate other health care providers about a pharmacist's requirement to consult would benefit both providers and patients.

Another topic was the lack of a specific model about what constitutes full consultation for pharmacists. The development of such a model could aid other health care professionals in understanding what pharmacists discuss during a consultation.

The committee thinks improving consultation is an important area for strategic planning discussions at the April Board Meeting.

Joint Public Outreach with the Department of Health Services Office of AIDS to Increase Awareness of Access of Syringes in Pharmacies without a Prescription

At the October 2005 Board Meeting, the board agreed to collaborate in an informational campaign with the DHS Office of AIDS, aimed at educating others

about the provisions of a new law that allows local health jurisdictions to authorize nonprescription syringe sales by pharmacies to prevent HIV and Hepatitis (Senate Bill 1159, Vasconcellos, Chapter 608, Statutes of 2004).

Stephen Berk, PharmD, of the Office of AIDS attended this committee meeting to provide information about recent activities of the Office of AIDS.

The board has published one article in the October 2005 *The Script.* And staff distributed information about the program from a board information booth held at CPhA's annual meeting in February.

The committee briefly reviewed a copy of a draft brochure developed by the Office of AIDS, and agreed to aid in promoting the brochure, by publishing it in *The Script,* and placing in on the board's Web site.

The committee also encouraged staff from the Office of AIDS to develop an article about how the program has been implemented in a pharmacy in California for publication in a future board's newsletter.

Tom Stopka of the Office of AIDS will attend the April 2006 Board Meeting to provide information about the educational campaign aimed at pharmacists and pharmacies. Their office is interested in working with the profession, professional associations, schools of pharmacy, the board's inspectors and other entities as part of their educational outreach program. Another component under discussion would be a CE course on this subject that the board may wish to put on its Web site.

Status of *The Script*

The committee was advised that the next issue of the newsletter is being developed for publication in July 2006.

In response to comments made by the Communication and Public Education Committee and at the February Board Meeting, the board will resume listing disciplinary actions taken. The name of the licensee will be listed along with the disciplinary action.

The board will also publish statistics on the top 10 corrections ordered during inspections and the types of fines the board has issued under the citation and fine program.

There will also be an article on the new CE policy for attending committee meetings.

Also, currently the Pharmacy Foundation of California is looking for a sponsor to fund the printing and mailing of the January 06 *The Script.* Paige Talley, who attended the meeting, indicated that a sponsor has just been found, and the newsletter will be printed and mailed shortly.

Ms. Herold noted that at the CPhA Outlook convention, many individuals present knew they could download the newsletter from the board's Web site, and have been doing so.

Revision of the "Notice to Consumers" Poster

Ms. Herold advised the committee that California Code of Regulations Section 1707.2 requires that pharmacies display a "Notice to Consumers" poster that contains five questions that patients should understand about taking their medications. This poster and its five questions have been required to be posted in pharmacies since 2002, and are important to encourage patients' improved understanding their drug regimens.

Because the board has a new business address and telephone number, the board recently updated the poster to reflect this new information. The board is now mailing these new posters to the state's 6,000 community pharmacies, along with a letter from Board President Goldenberg emphasizing the importance of pharmacist to patient consultation and the requirement to display this poster.

The poster's real size is 17 x 22 inches. The poster has also been translated into Spanish, Chinese, Vietnamese, Russian and Korean. The board's addresses on these posters have been changed as well.

The cost of this printing and mailing is $18,000.

The committee suggested that a subscriber alert be mailed to those on the board's Web site contact list so they would be learn about this forthcoming mailing. (This was done following the committee meeting.)

Pharmacy Law Online and in Lawbooks

Ms. Herold announced the availability of pharmacy law references available to licensees, applicants and the public.

Recognizing that Pharmacy law is detailed and complicated, the board strongly encourages licensees to seek out answers to their legal questions by accessing pharmacy law. To make this easier, there are several ways individuals can access the provisions of pharmacy law.

1. The board has on its Web site a copy of all pharmacy laws and regulations. The address is http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf. There are several advantages of using this source for Pharmacy Law. It is free. It also contains a detailed index, developed and used by board staff, that is not published in either lawbook (listed below).

2. LawTech publishes a lawbook, and also has a cd version available for sale. Ordering information is available via a link from the board's Web site or by calling 1-800-498-0911 X 5.

The cost for this Lawbook is $21.99.

LawTech has published our lawbook for the last six years.

3. Lexis/nexis has also produced its first version of our lawbook. Again, there is also a cd version of this publisher's lawbook available.

   This lawbook is available for $22, by calling 1-800-833-9844.

The board will promote this information in its next newsletter.

The committee discussed that along with the information listed above, the newsletter needs to encourage licensees to use sources other than the board to obtain answers to their questions. The board lacks the staff to provide answers to all inquiries the board receives involving interpretations of pharmacy law. Discussions with board inspectors during routine inspections and the self-assessment forms are two additional ways licensees can use to find answers to many of their questions.

The board advises licensees to contact their legal counsels for legal advice. Individuals may also submit questions in writing to the board; however, the board cannot personally answer all questions it receives. In the future, some of these questions will be placed in the newsletter so answers to broad-based inquiries can be shared with all licensees.

Need for New Consumer Brochures

1. Consumer Materials Recently Developed

   The committee reviewed four new consumer brochures and fact sheets developed by staff. The Department of Consumer Affairs is reviewing these four brochures:
   - "Medicare Part D – Selecting a Prescription Drug Plan"
   - "Children and Their Medicines"
   - "Do You Sometimes Forget to Take Your Medicines"
   - "New Easier to Read Prescription Drug Information"

   Under development are two others:
   - The Beers list of medications that should not be provided to elderly patients
   - Update of Facts About Older Adults and Medicines (revision)

2. Center for Health Improvement Report: "Opportunities for Improving the California Pharmacist-Patient Consultation Process"

   The board was a sponsor of a recent survey on the mandated pharmacist to patient consultation process and its effects on Californians aged 65 and over.

The study is now complete and the findings were released in November to a group of stakeholders involved in health policy. Board President Goldenberg, Vice President Powers, Patricia Harris and Virginia Herold attended this meeting.

The board received the final report following the February Board Meeting. The committee reviewed this report, which will be shared at the April Board Meeting.

Miscellaneous Consumer Articles in the Media

The committee reviewed various miscellaneous articles published in the media regarding medication issues.

Update on the Board's Public Outreach Activities

The committee reviewed the board's public outreach and licensee education programs. The staff noted that in the spring, the board makes presentations on pharmacy law and on applying for the California pharmacist licensure examination to students in California's pharmacy schools.

Public and licensee outreach activities performed since the February 2006 report to the board include:

- Executive Officer Harris participated as a speaker during the Federation of Associations of Regulatory Boards annual meeting in early February, as part of a panel discussion on "Board Governance: A Panel Discussion on the Pros and Cons of Different Board Structures" on February 3. She also participated in a panel discussion on February 5 on alternative enforcement models.
- Executive Officer Harris and Analyst Sue Durst staffed an information booth at the San Diego Consumer Protection Day fair on February 3; approximately 1,500 people attended.
- Supervising Inspector Nurse provided a PowerPoint presentation via teleconference to an FDA Counterfeiting Task Force in Bethesda, MD, on February 9.
- The board staffed an information booth at the CPhA Outlook Meeting on February 17 and 18.
- Supervising Inspector Ming and Exam Analyst Debbie Anderson provided law and examination information to 80 Western Pharmacy School students on February 24.
- Supervising Inspector Ratcliff provided information about pharmacy law to 125 students at UCSF on February 28.
- Board Member Ruth Conroy spoke to 50 Touro University pharmacy students on board legislative issues on March 31.
- Supervising Inspector Ming presented law review information to UCSF's 4th year students on April 7.

Future Events:

- Board President Goldenberg will provide welcoming remarks to the opening session of the National Association of Boards of Pharmacy Annual Meeting in San Francisco. Other board presentations at this annual meeting include moderation of a panel discussion by Executive Officer Harris on emergency preparedness and a poster session on the Notice to Consumers that must be displayed in pharmacies.
- Executive Officer Harris will be a speaker at the Department of Consumer Affairs Senior Summit on May 12 in Sacramento. Her topic is "Protecting and Serving California's Aging Population."
- Exam Analyst Debbie Anderson will provide information about examination application to Loma Linda University's pharmacy students in mid May.
- The board intends to staff information booths at the following public outreach events:
  - -- May 11 – City of Sacramento Wellness Expo
  - -- May 13 – Family Safety and Health Expo, Sacramento
  - -- May 17 – Senior Fair, Area Agency on Aging, Yreka

Adjournment

There being no additional business, Chairperson Zinder adjourned the meeting at 12:05 p.m.

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Meeting Summary

Subcommittee on Medicare Drug Benefit Plans
April 4, 2006
1-3:30 p.m.

Department of Consumer Affairs
First Floor Public Hearing Room
1626 N. Market Boulevard
Sacramento, California

Present: Stanley Goldenberg, Board President
Bill Powers, Board Vice President
Andrea Zinder, Board Member
John Jones, Board Member

Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer

Vice President Powers called the meeting to order at 1:05 p.m.

He explained that the purpose of the meeting was to discuss the implementation of the Medication Prescription Drug Act, and specifically the Part D Benefit. These changes, began 1, 2006, and represent an enormous change in the Medicare benefit program.

Bonnie Burns of California Health Advocates began the presentations. Ms. Burns stated that initiating the program by placing the dual eligibles into the system first swamped the system. She expressed concern that other individuals who will enter the program over the coming months may experience similar difficulties. She said that 10,000 MediCal enrollees become eligible for Medicare each month. Some may end up without coverage or delays in coverage.

She noted that the 90-day transition period that provided drugs without respect to a plan's coverage expired on April 1, and problems that will occur from this have not yet manifested themselves.

Other problems noted by Ms. Burns are:

- Plans are required to send benefit summary notices to patients – regarding how much money has been paid through their drug benefit, but the notices cannot be read.
- Dual eligibles are being charged costs for medications higher than they should be.
- Generally dual eligibles lost under the Part D, they are now paying more for their drugs than before.
- Some firms are selling Advantage Plans without prescription drug benefits, and then selling a second policy for prescription drugs at higher premiums than a consolidated policy would be.

Ms. Burns stated that there are 19 sponsors of prescription drugs plans, three of which are PBMs and are not licensed anywhere (they have been issued a waiver by CMS). She expressed concern about how these entities would be regulated.

She suggested that CMS should be encouraged to use its regulatory authority to protect beneficiaries, and enforce plan provisions.

Margaret Riley, HICAP, stated that pharmacists are caught in the middle between getting patients their drugs and the health benefit companies who provide the drug benefits. In the next few weeks, many patients will need new prescriptions because the transition period is over and the drugs they have been taking may not be covered. She stated that patient advocates are attempting to aid large numbers of confused patients in selecting plans and resolving medication copay problems or eligibility problems, but cannot obtain resolution fast enough for patients because they are dealing with medication issues.

Patient Tracy Patterson described the problems she is experiencing as a dual eligible. She stated she is taking 20 drugs and her copayments are significant in relation to her monthly income. She is uncertain how she will be able to continue to obtain her medication.

There where three representatives from CMS who provided information about the implementation of the program -- Lucy Saldana, PharmD, Beverly Binkier and MaryAnn Grandlich.

Dr. Saldana stated that as of March 23, 27million Medicare beneficiaries are now enrolled in the program nationwide. There are 3 million Californians enrolled in Part D. She stated that initially, there were data problems that greatly hampered the system, and very long waits on the telephone for those who attempted to resolve problems. CMS is now continuing to monitor the wait times for those who are calling the health plans, and there is a manager in charge of monitoring each health plan.

CMS expects prescription drug plans to provide a 30 day supply of medication to patients during a transition to a new plan, and to inform the enrollee that this is a temporary supply, while the physician and plan verify coverage.

She provided an overview of the exceptions process: a coverage determination is made that determines whether an individual gets prescription drugs or not. If a negative determination is made because the medication is not on the formulary or tier, the patient will not get the drug under the program. The enrollee's physician can request an exception. The exception form is available on the prescription drug plan's Web site. There is an expedited exception request (where the answer would be provided within 24 hours) or a standard exception request (where the answer would be provided within 72 hours).

If the exception is denied, the plan must advise the patient in writing. The enrollee has 60 days to request a redetermination.

If the redetermination is denied, an appeal can be made to Maximus. Maximus uses an administrative law judge process in federal courts. CMS asks plans to provide drug coverage during an appeal. CMS is monitoring the appeals process.

Patients who have overpaid should request refunds from the plans first. If there is no resolution, contact CMS.

Sue Olson with the federal Social Security Administration, provided information about a special low income program that is available to Medicare individuals to aid them in obtaining medications. She stated that people with incomes and assets generally too high to qualify for many programs may qualify for this program. As of 3/31/06, SSA has received 262,776 applications, of which 205,889 have been processed and 79,932 individuals (39 percent) have qualified for the program

Ms. Olson suggested that pharmacists whose patients state that they cannot afford their drugs or copayments to refer these patients to their local Social Security Administration office to see if these patients could qualify for the special federal program. This program is for all patients, not just those over 65 years of age.

Pharmacists Gary Thomassen and Ed Solomon stated concerns of pharmacies serving long-care nursing homes regarding medications prescribed for patients that may or may not be covered. These pharmacies have to absorb a copayment for these patients, yet there should be no copayment at all. There are also eligibility problems for these patients. A major problem is that the health plans do not aggressively work to resolve patient problems timely, nor to pay pharmacies for the medication they dispense quickly. Additionally physicians must initiate the exception process, and it is difficult for pharmacies attempting to get drugs to nursing home patients to secure the intervention of physicians fast enough. They expressed an interest in seeking the ability of pharmacists to become involved in pursuing exceptions on behalf of patients.

Board members Goldenberg and Powers expressed their concern for patients that are being denied medication, and resolutions are not coming fast enough.

President Goldenberg and Vice President Powers thanked those who attended the meeting, and indicated their gratitude to all individuals who are working very hard to make this program successful for patients.

The meeting was adjourned at 3:30 p.m.

Strategic Plan Status Report
Third Quarter 2005-06
January 1, 2006 through March 31, 2006

Communication and Public Education Committee

Goal 4:	**Provide relevant information to consumers and licensees.** **Outcome:** Improved consumer awareness and licensee knowledge.
Objective 4.1:	**Develop 10 communication venues to the public by June 30, 2006.** **Measure:** Number of communication venues developed to the public
Tasks:	**1. Convert *Health Notes* articles into consumer columns or fact sheets for wide dissemination to the public.** **2. Develop and update public education materials.** **August 2003**: ▪ Board finalizes purchasing drugs from Canada brochure and revises discount drugs available to Medicare beneficiaries. **October 2003:** ▪ *Emergency Contraception* fact sheet has suggested revisions to reflect new treatment guidelines. ▪ Four brochures targeted for translation into Spanish (Emergency Contraception, Purchasing Drugs for Less, Purchasing drugs from foreign countries and discount drug prices available to Medicare Beneficiaries) ▪ Board approves revised fact sheet at October Board Meeting **February 2004:** ▪ Nine translations of *the Emergency Contraception* fact sheet are place on board Web site. **April 2004:** ▪ Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online. ▪ Board to consider project with UC schools of pharmacy to use interns to develop informational fact sheets for the public. **October 2004:** ▪ Informational fact sheet series that will be developed with UCSF pharmacist interns ready for development of the first three topics **January 2005:** ▪ Three fact sheets developed and distributed: "Generic Drugs," "Cut Your Drug Costs," and "Is Your Medicine in the News?" **March 2005:** ▪ Two additional fact sheets developed and undergoing revisions: "Antibiotics," and "Did You Know, Good Oral Health Means Good Overall Health!" **May 2005:** ▪ Board promotes consumer education materials on generics at all public outreach events and fairs.

	July 2005: ▪ Board receives translations of "Buying Drugs from the Internet" and "How to Reduce Your Drug Costs" in Spanish, Mandarin and Vietnamese. ▪ Committee begins development of extensive fact sheet series with UCSF. Within six months, more than 20 fact sheets should be ready. **October 2005:** ▪ Two new fact sheets developed by the pharmacist interns at UCSF – "Have You Ever Missed Your Dose of Medication" and "Don't Flush Your Medication Down the Toilet!" ▪ The October 2005 *The Script* is published and mailed to pharmacies and wholesalers. **December 2005:** ▪ The California Pharmacy Foundation mails the October 2005 *The Script* to California pharmacists. **January 2006:** ▪ The January 2006 *The Script* is published and mailed to pharmacies, wholesalers and pharmacist interns. ▪ Two new fact sheets are produced: "Thinking of Herbals" and "Diabetes – Engage Your Health Team." **April 2006:** ▪ The board publishes or revises four consumer publications: "Medicare Part D – Selecting a Prescription Drug Plan," "Children and Their Medicines," "Do You Sometimes Forget to Take Your Medicines," and "New Easier to Read Prescription Drug Information." ▪ The board finalizes nine consumer fact sheets: "Generic Drugs – High Quality, Low Cost," "Lower Your Drug Costs," "Is Your Medicine in the News?" "Did You Know? Good Oral Health Means Good Overall Health," "Have You Ever Missed a Dose of Medication?" "What's the Deal with Double Dosing? Too Much Acetaminophen, That's What," "Don't Flush Your Medication Down the Toilet!" "Thinking of Herbals?" and "Diabetes – Engage Your Health Care Team" ▪ The "Notice to Consumers" that must be posted in pharmacies unless printed on receipts was reprinted to contain the board's new address and phone numbers and mailed to 6,000 pharmacies along with a greeting from President Goldenberg. The poster is also available in five other languages, and these posters were updated and put on the board's Web site.
Task:	**3. Sponsor "Hot Topics" seminars to the public.** **July 2003:** ▪ This series, sponsored by UCSF, the Department of Consumer Affairs and the board, concluded in May 2003. All parties are interested in resuming this project if staff are available to coordinate. ▪ The first consumer fact sheets developed from this series is drafted for board review by the Department of Consumer Affairs.

Task	**4. Evaluate the need for public education for patients who need to request prescription labeling in a language other than English.** **June 2004**: ▪ Committee discusses this topic as a possible fact sheet for the public. Patient literacy and its impact on medication compliance discussed by committee. **April 2005:** ▪ Board staff attend two-day seminar on patient literacy and its impact on developing useful public information on health care topics.
Task	**5. Participate as founding member of the California Health Communication Partnership, to help integrate public information outreach campaigns among diverse health care providers an educators** **July 2004:** ▪ Board agrees to join this coalition of health care educators **September 2004**: ▪ Board attends first meeting, the group elects to promote antibiotic misuse materials developed by the FDA **October 2004**-January 2005: ▪ Board attends four meetings of the partnership. **January 2005:** ▪ Board publishes "Preserve a Treasure" in The Script. This is the first coordinated project of the partnership. Plans begin for the May campaign on generic drugs. **February – April 2005:** ▪ Three meetings of the partnership occur where plans for promoting generic medications in May are coordinated. Plans begin for campaign for November where cancer screening for women (mammogram) and men (prostate exams) will occur. Radio public service announcements are prepared. **May 2005:** ▪ Generics campaign underway to promote these drugs as alternatives to more expensive, brand name drugs. Board and FDA produced materials on generics distributed at public fairs and events during Seniors Month. ▪ Executive officer provides poster presentation at the National Association of Boards of Pharmacy Annual Meeting on the Partnership. **July 2005**: ▪ Focus of future efforts are to promote cancer screening (mammograms for women, prostate tests for men) aimed at the fall and again, generic drugs. ▪ Partnership begins seeking grants to more widely promote generic drugs as PSA or consumer health articles. **September 2005:** ▪ Cancer-screening PSAs and consumer articles released. **December 2005:** ▪ Cancer screening PSAs widely disseminated in print and radio media during September through November. Partnership targets future campaigns on generics. **April 2006** ▪ The partnership will produce public education campaigns this year again on cancer screening and generic drugs, and on the benefits of diabetic therapy with aspirin.

Task	**6. Implement subscriber e-mail notification system to advise interested parties about additions to the board's Web site** **October 2004:** ▪ Implemented system. **January 2005**: ▪ System promoted in the board's The Script newsletter. **March 2005:** ▪ System used to notify subscribers about recall of compounded medication that could be contaminated. **June and July 2005:** ▪ System activated repeatedly to alert subscribers about meeting agendas and packets available on the board's Web site for downloading. **July 2005:** ▪ Over 1,800 individuals now subscribe to this service. Approximately 75 new subscribers are added each month. **April 2006:** ▪ Over 2,350 individuals now subscribe to this service.
Task	**7. Participate in the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign** **July 2004**: ▪ Board endorses program.
Task	**8. Participate in the Circle of Advisors, a group of the Pharmacy Access Partnership** **October 2004:** ▪ Attend October meeting.
Objective 4.2:	**Develop 10 communication venues to licensees by June 30, 2006.** **Measure:** Number of communication venues developed to licensees
Tasks:	**1. Publish *The Script* two times annually.** **October 2003:** ▪ The Script is published and mailed to all pharmacies. CPhA's Education Foundation will print and mail the newsletter to all California pharmacists **November 2003**: ▪ CPhA's Education Foundation mails October The Script to all pharmacists. **January 2004**: ▪ Articles for the next issue of The Script are completed and sent for legal review. **March 2004**: ▪ The Script is published and mailed to all California pharmacies. **April 2004**: ▪ The March issue is provided to CPhA's Pharmacy Foundation of California for printing and mailing copies to California pharmacists. ▪ Board begins contract solicitation for future issues. **April 2004**: ▪ Board agrees to work with UCSF to development and promote monograph on Atrial

	Fibrilation. **June 2004**: ▪ Contract for newsletter editor awarded for next two years **August 2004**: ▪ Board hires retired annuitant to develop newsletter. **January 2005:** ▪ Board publishes January 2005 issue of *The Script*. **July 2005:** ▪ Board writes articles for next newsletter, which are undergoing review by staff. **October 2005:** ▪ *The Script* published and mailed to California pharmacies and wholesalers and placed online. **December 2005:** ▪ The October *2005 Script* mailed to all California pharmacists by the Pharmacy Foundation for California. **January 2006:** ▪ The Script published and mailed to California pharmacies, pharmacist interns and wholesalers

Task:	**2. Publish one *Health Notes* annually.** **September 2003**: ▪ Discussions begin to coordinate a major revision to "Pain Management" Health Notes, updating treatment information as well as new requirements for prescribing and dispensing controlled drugs in California enacted by SB 151,which will take effect in a series of stages throughout 2004. **November 2003**: ▪ Authors for "Pain Management" selected and commit to writing articles, which are due in late January. **February – April 2004**: ▪ Board receives and edits articles from authors **April 2004:** ▪ Board agrees to work with UCSF to produce a future issue on smoking cessation. Outside funding will be sought for development of this issue. **June 2004**: ▪ Board Member Schell edits articles for new "Pain Management" Health Notes. **October 2004**: ▪ Board staff edits for "Pain Management" **January 2005**: ▪ Board approves development of "Pharmacy Disaster Response" which is targeted for publication later this year. **January 2006**: ▪ Work still stalled on "Pain Management" and Pharmacy Disaster Response" due to lack of staff resources. Publication is still planned for the future.
Task:	**3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentations at local and annual professional association meetings throughout California.** **July 2003:** ▪ Board presents PowerPoint continuing education program to 35 MediCal staff in Los Angeles and 60 pharmacists at local association meeting in Santa Barbara. **September 2003**: ▪ Presentation to 40 pharmacists at the Long-Term Care Academy. ▪ Board Member Jones attends the Indian Pharmacist Association Meeting to present board PowerPoint presentation. **October 2003:** ▪ Presentation and information booth provided at CSHP's Seminar 2003 **December 2003**: ▪ Board provides continuing education to 80 pharmacists at Coachella Valley local association **January 2004**: ▪ Board provides compounding pharmacy information to 25 health directors of large hospital chain in U.S. **February 2004**: ▪ Board presentation to 125 pharmacists and students at USC's School of Pharmacy, and later in the month new pharmacy law changes presented to 125 students at UCSF's School of Pharmacy. ▪ Board CE presentation provided to Circle of Advisors Meeting of the Pharmacy Access Partnership

March 2004:

- Board CE presentation provided to 125 students at UCSF
- Presentation on quality assurance programs provided to the San Diego Association for Healthcare Risk Management.

April 2004:

- Presentation of CE program and the new examination process for pharmacists to 115 students at Western School of Pharmacy.

May 2004:

- Presentation of the board's CE program to the San Diego Pharmacists Association.
- Presentation of CE program and the new examination process for pharmacists to 200 UOP students, and 50 Loma Linda students, to 100 people at USC.

June 2004:

- Presentation to the Department of Health Services on pharmacy issues.
- CE presentations made to the Korean Pharmacists Association (50 individuals) and the University of Santo Tomas' Alumni Association (50 individuals).
- Presentation to DHS' audit and investigation staff on pharmacy issues.
- Presentation to Sacramento Valley Health System pharmacists (25 individuals)

October 2004:

- Presentation to Sacramento Valley Health System pharmacists on sterile compounding and quality assurance programs (25 individuals)
- Presentation about board to Indian Pharmacists Association (about 500 individuals)
- Presentation to California Primary Care Association's October meeting.
- Presentation to HICAP to train their staff about the board's jurisdiction for consumer complaints and when consumers should be routed to the board.

November 2004:

- Supervising Inspector Robert Ratcliff gives the keynote address at CSHP's 2004 Seminar in Long Beach. Also President Goldenberg speaks on importation.
- Supervising Inspector Dennis Ming presents an "Update and What's New in Pharmacy Compounding." More than 500 people attend the CSHP's 2004 Seminar.

January 2005:

- Supervising Inspector Ratcliff presents information on new pharmacy law to Phi Delta Chi at USC.

February 2005:

- The board staffs an information booth for two days at CPhA's 2005 Outlook, over 500 pharmacists visit booth.
- Board President Goldenberg meets with deans from the California schools of pharmacy, CSHP, and CPhA to discuss pharmacy issues.
- Supervising Inspector Ratcliff presents information to 100 1st year students at UCSF's School of Pharmacy, and Supervising Inspector Ming and staff present information on pharmacy law and applying for the pharmacist licensure examination to 85 students at Western University.

March 2005:

- Executive Officer Harris presents information about the board to 1st year students at UCSF.
- Board Member Schell presents information on automated technology in pharmacies to pharmacy students during April 2005's Legislative Day.

April 2005:

- Board Member Schell presents information about issues before the board to a group of 40 pharmacists at the Chico area Pharmacists Association, and information about automation technology in pharmacies to a group of

UCSF faculty and students.

May 2005:

- Board Members Goldenberg and Conroy present information about becoming involved and new pharmacy law to well over 100 UOP students.
- Executive Officer Harris provides information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting.

July 2005:

- Supervising Inspector Nurse provides information about board investigation processes to US attorneys.

September 2005:

- Supervising Inspector Nurse provides information about board investigations to federal investigators targeting Medicare Prescription Drug Plan.

October 2005:

- Supervising Inspector Ratcliff provides presentation on board and pharmacy law to over 200 pharmacists at UFCW-Orange County Pharmacist Association Meeting.
- Board hosts an information booth at CSHP's Seminar.
- Board President Goldenberg presents information to NABP Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit

November 2005:

- Board President Goldenberg is keynote speaker at conference of long-term care executives regarding implementation of the Medicare Part D.
- Board provides two presentations to 60 UCSD pharmacy students on pharmacy law and the Board of Pharmacy, and a presentation on sterile compounding to pharmacy technician students at Santa Ana College.

December 2005:

- Board Member Jones presents information about pharmacy technology at NABP Fall Conference
- Board Member Fong presents information on pharmacy law to 60 pharmacists at the Diable Valley Pharmacists Association

January 2006:

- Board presents information on pharmacy law to the California State University pharmacists
- Board President Goldenberg and staff present information about the board and new pharmacy laws to 68 students and pharmacists at USC's school of pharmacy.

February 2006:

- Executive Officer Harris spoke at the Federation of Associations of Regulatory Boards annual meeting on "Board Governance: A Panel Discussion on the Pros and Cons of Different Board Structures" on February 3. She also participated in a panel discussion on alternative enforcement models.
- Supervising Inspector Nurse provided a PowerPoint presentation via teleconference to an FDA Counterfeiting Task Force in Bethesda, MD.
- Supervising Inspector Ming and Exam Analyst Debbie Anderson provided law and examination information to 80 Western Pharmacy School students.
- Supervising Inspector Ratcliff provided information about pharmacy law to 125 students at UCSF.
- Board Member Ruth Conroy spoke to 50 Touro University pharmacy students on board legislative issues.
- Supervising Inspector Ming presented law review information to UCSF's 4th year

	students. ▪ Board President Goldenberg provided welcoming remarks to the opening session of the National Association of Boards of Pharmacy Annual Meeting in San Francisco. Other board presentations at this annual meeting included moderation of a panel discussion by Executive Officer Harris on emergency preparedness. ▪ Board initiates new procedures to award 2 hours of CE for pharmacists and pharmacy technicians who attend committee meetings. A maximum of 4 units per year can be earned in this manner.

Task:	4. **Maintain important and timely licensee information on Web site.**
	July 2003: ▪ All information packets for public meetings of the board placed on Web site in addition to agendas **October 2003**: ▪ The October 2003 The Script added to Web site **November 2003:** ▪ The board places information about new pharmacist licensure examinations on Web site **January 2004**: ▪ Web page modified to make it easier to find pharmacist licensure examination information ▪ Licensure verifications can be performed by printing license verification information from the Web site, eliminating need to obtain this directly from board ▪ Board updates Pharmacy Law and Index to reflect new laws. New pharmacy technician form placed online **February 2004**: ▪ Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online. **March 2004**: ▪ Material explaining new prescribing and dispensing requirements for controlled substances placed online. California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online. ▪ *The Script,* March 2004, added to Web site. Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online. **July - October 2004:** ▪ Additional material on prescribing controlled substances in California added. Information about how exams are graded and reapplication procedures added to Web site. ▪ Modified emergency contraception protocol to reflect new manufacturers. Agendas, minutes, and meeting packets added to Web site of all public meetings held during this period. **October 2004**: ▪ Information added from the Public Health Section of the Department of Health Services regarding priorities for distributing flu vaccines to Californians due to a shortage of the vaccines. **November 2004 –January 2005**: ▪ agendas, minutes, and meeting packets added to Web site of all public meetings held during this period. **December 2004**: ▪ Information added to aid pharmacies in filling controlled substances prescriptions that may not fully conform with new security prescription forms. **January 2005**: ▪ Revised 2005 Pharmacy Law with index put online. **February 2005**: ▪ Updated questions and answers about filling and dispensing controlled substances added to the Web site. ▪ The January 2005 The Script added online. **March 2005:** ▪ Emergency contraception fact sheet translated into Armenian, the 11th language

	version of this fact sheet, and added to the board's Web site. ▪ New section containing all new pharmacy laws enacted in 2004 added to Web site. **March – April 2005**: ▪ Agendas, minutes and meeting packets added to Web site of all public meetings held during this period. **May – July 2005**: ▪ Agendas, minutes and meeting packets added to Web site of all public meetings held during this period. **July - October 2005:** ▪ Agendas, minutes and meeting packets added to Web site of all public meetings held during this period. ▪ Board creates area on web for information about hurricane Katrina and Rita relief efforts ▪ October 2005 *The Script* placed online. **December 2005:** ▪ New office location and phone numbers for new board office placed online **January 2006** ▪ January 2006 *The Script* placed online. **April 2006** ▪ The CPJE's newly revised *Candidates Guide* placed online. ▪ Nine factsheets developed with UCSF placed online. ▪ Plans nearly complete for revamping board website. ▪ Agendas, minutes and meeting packets added to Web site of all public meetings held during February – April 2006. ▪

Task:	**5. Create a consumer fact sheet series in conjunction with California schools of pharmacy on topics of interest.** **April 2004**: ▪ Board agrees to work with UCSF's Center for Consumer Self Care to develop the fact sheets. **June 2004:** ▪ Committee meets with director of UCSF's Center for Consumer Self Care to begin work on the fact sheets. The goal is to produce three fact sheets per quarter, and reevaluate the project in one year **October 2004**: ▪ UCSF ready to work with students on the first three fact sheets **January 2005**: ▪ First three fact sheets developed and distributed. Efforts begin to seek translation of these fact sheets into different languages. **March 2005**: ▪ Two additional fact sheets developed, and undergoing review. **July 2005:** ▪ 11 interns sign on to develop three fact sheets each. Committee considers development of special and joint Web site with the Center for Consumer self care to house the fact sheets once developed. ▪ Board approves creation of joint Web site during board meeting. **October 2005**: ▪ Three additional fact sheets developed and submitted to the board for review. **January 2006:** ▪ Two additional fact sheets developed and submitted for review. **April 2006:** ▪ The board finalizes nine consumer fact sheets: "Generic Drugs – High Quality, Low Cost," "Lower Your Drug Costs," "Is Your Medicine in the News?" "Did You Know? Good Oral Health Means Good Overall Health," "Have You Ever Missed a Dose of Medication?" "What's the Deal with Double Dosing? Too Much Acetaminophen, That's What," "Don't Flush Your Medication Down the Toilet!" "Thinking of Herbals?" and "Diabetes – Engage Your Health Care Team." ▪ The board publishes or revises four consumer publications: "Medicare Part D – Selecting a Prescription Drug Plan," "Children and Their Medicines," "Do You Sometimes Forget to Take Your Medicines," and "New Easier to Read Prescription Drug Information."
Task:	**6. Create public education activities to educate prescribers, dispensers, patients and law enforcement about changes in law regarding dispensing of controlled substances.** **January 2004:** ▪ Board develops Power Point presentation on new prescribing and dispensing requirements for controlled drugs, and revises its Powerpoint CE program on the board and pharmacy law. ▪ Board presents information on new prescribing and dispensing requirements for controlled drugs to 15 investigators at a FBI Drug Diversion Meeting. **February 2004**: ▪ Presentation of new controlled substances requirements provided to San Francisco Health Plan P & T Committee. **March 2004**:

- Presentation of new controlled substances requirements to 60 members of California Coalition for Compassionate Care "train the trainers" meeting, to 60 members of the Northern California Pain Coalition meeting, the Medical Board of California's complaint handlers, and to groups of physicians in two events.

April 2004:

- Presentation on prescribing and dispensing controlled substances under the new California requirements to a teleconference of pain management specialists, to the Academy of Long Term Care, to a meeting of 25 pharmacists in Sacramento, and to attendees at a DHS Public health grand rounds.

May 2004:

- Presentation on new requirements for prescribing and dispensing controlled substances provided to 1,294 prescribers and pharmacists via teleconference. Also, the board advertised another teleconference presentation on its Web site and presented this information to a large number of pharmacists. Another presentation was made to the San Luis Obispo County Narcotic Task Force.

June 2004:

- Presentation of the new requirements made to 150 physicians at Memorial Care Hospital in Anaheim.
- Presentation to 25 pharmacists at Sacramento hospital pharmacist association meeting, presentation to DHS auditors

July 2004:

- Questions and answers added to board Web site. Presentation of the new requirements made to Sacramento Valley Health Systems Pharmacists (25 pharmacists), to physicians, pharmacists and law enforcement in San Luis Obispo

August 2004:

- Audiotape of the board's Power Point presentation placed on the board's Web site. Presentation of the new requirements made to staff of the Department of Justice; to 40 pharmacists, physicians and other health care providers in Sacramento; to staff of the Department of Health Services; to over 50 health care providers at an event hosted by the Pharmacy Foundation of California; to investigators of the Department of Justice; and to more than 600 individuals at CMA's annual pain conference.

September 2004:

- Presentation of the new requirements made to staff of the UCSF Medical Center, to Department of Justice diversion investigators, to pharmacists at the San Diego Chapter of ASCP, and to 100 health care providers at St. Mary's Medical Center in Orange County.

October 2004:

- Presentation of the new requirements made to 50 health care providers in Redding via telephone conference, and to the Santa Clara County Medical Society

November 2004:

- Supervising Inspector Robert Ratcliff gives the keynote address at CSHP's 2004 Seminar in Long Beach.
- Presentation to 80 pharmacists at the Orange County Chapter of the CPhA November 18 meeting.

December 2004:

- Presentation to 70 pharmacists at a Indian Pharmacist Association Meeting in Artesia on December 10.
- Presentation to 164 health care providers via a telephone conference presentation to the Northern California Pain Initiative Executive Committee on December 14.

January 2005:

- Presentation to 90 pharmacists at the South Bay Pharmacy Association meeting on January 6.

February 2005:

- updated questions and answers about filling and dispensing controlled substances added to the Web site.
- Board Member Jones presents information on new dispensing requirements for controlled drugs at the CPhA's Outlook 2005 Meeting over 200 pharmacists.
- Supervising Inspector Ratcliff presents information on prescribing and dispensing controlled substances to approximately 90 pharmacists to the San Fernando Pharmacy Association.

March 2005:

- Supervising Inspector Ming presents information about new prescribing and dispensing requirements for controlled drugs at the San Mateo County Pharmacists Association Meeting to 84 pharmacist and pharmacy technicians.
- Supervising Inspector Ratcliff presents information about new prescribing and dispensing requirements for controlled substances to about 20 physicians at High Desert Medical Center.

April and May 2005:

- Supervising inspectors provided information about controlled substances dispensing requirements to DEA agents from Oakland, Sacramento, San Jose and Fresno.

May 2005:

- Supervising inspectors provided information about new prescribing and dispensing requirements for controlled substances to pharmacist members of the California Employee Pharmacist Association in Los Angeles and to hospital administrators and directors.
- Executive Officer Harris provided information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting.

June 2005:

- Supervising Inspector Ratcliff provides information about new prescribing and dispensing requirements for controlled substances to the Hollywood-Wilshire Pharmacists Association.

January 2006:

- Supervising Inspector Nurse attends Northern California Pain Initiative Meeting

February 2006:

- Executive Officer Harris participates at the Federation of Associations of Regulatory Boards as part of a panel discussion on "Board Governance: A Panel Discussion on the Pros and Cons of Different Board Structures." She also participates in a panel discussion on February 5 on alternative enforcement models.
- Supervising Inspector Nurse provides a PowerPoint presentation via teleconference to an FDA Counterfeiting Task Force in Bethesda, MD.
- Supervising Inspector Ming provides information to 80 Western Pharmacy School students.
- Supervising Inspector Ratcliff provides information about pharmacy law to 125 students at UCSF.

April 2006:

- Supervising Inspector Ming presented law review information to UCSF's 4th year students on April 7.

Task:	**7. Acknowledge pharmacists licensed for 50 years with the California board of Pharmacy** **July 2005**: ▪ Nearly 450 pharmacists recognized who have 50 years of service to the public as licensed pharmacist. Each receives a letter and award. *The Script* will list their names. Each is invited to a future board meeting. Four of these pharmacists attend the the July Board Meeting. **October 2005**: ▪ 49 more pharmacists complete 50 years as licensed pharmacists. **January 2006**: ▪ 8 pharmacists complete 50 years as licensed pharmacists and are recognized. **April 2006:** ▪ 8 additional pharmacists complete 50 years as licensed pharmacists and are recognized.
Task:	**8. Acknowledge pharmacists and other licensees who have provided services to the Gulf Coast Storm victims.** **October 2005**: ▪ Several pharmacists and pharmacies are commended for their extraordinary efforts in *The Script* and during the board meeting. **February 2006**: ▪ Board shows video montage of Hurricane Katrina relief efforts at the New Orleans Airport. **March 2006** ▪ 20 California-licensed pharmacists and pharmacy technicians recognized for their efforts to provide medication to Katrina victims. Each received a commendation and letter from President Goldenberg. Each was invited to a future board meeting when convenient. **April 2006** Executive Officer moderates session at the annual meeting of the National Association of Boards of Pharmacy in San Francisco on emergency preparedness, including presentations by the Mississippi and New Orleans boards. A shortened version of the video montage developed by California Pharmacist Michael Sohmer of his experiences providing Katrina relief was shown to the full assembly.
Objective 4.3:	**Participate in 20 forums, conferences and public education events by June 30, 2006.** **Measure:** Number of forums participated
Tasks:	**1. Participate in forums, conferences and educational fairs.** **August 2003**: ▪ Board staffs an information booth at Sacramento's Consumer Health Fair, co-hosted by Kaiser, AARP, Area 4 Agency on Aging and Congressman Matsui: **September 2003:** ▪ Board President Jones attends NABP's District VII and VIII annual meeting.

October 2003:

- Board staffs an information booth at CSHP Seminar 2003
  Board staffs an information booth at Los Angeles County Health Fair and Senior Festival, over 2,000 people attend.
- Board staffs an information booth at Sacramento's Healthy Aging Summit

January 2004:

- Board staffs an information booth at CPhA's Outlook 2004. Board presentations include information on new pharmacy law, board operations and new examination requirements.

April 2004:

- Board members attend National Association of Boards of Pharmacy Meeting in Chicago.

May 2004:

- Board staffs booth at Healthy Aging 2004 in Sacramento, 300 people attend.
- Board staffs booth at the Senior Health Fair in Yreka, over 150 consumers attend.

June 2004:

- Former board president attends discussion session hosted by the Pharmacy Foundation of California on the importation of drugs into the US.
- Board inspector attends two-week drug diversion and investigation training sponsored by the Drug Enforcement Administration at the FBI's headquarters in Quantico, VA.

July 2004:

- Board endorses the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign.
- Board staffs booth at Asian Community Fair

August 2004:

- Board staffs a booth at the San Diego Better Business Bureau's "Consumer Expo"

September 2004:

- Executive officer attends Clearinghouse on Licensure and Enforcement Meeting in Kansas, and presents segment on regulators doing more with less.
- Board staff provide information about the board and senior discount programs for drugs at Triple R program in Sacramento
- Board staff provide information at a senior fair in Yreka where nearly 450 attend.
- Board staff distribute information to consumers at the 6th Annual Los Angeles County Health Fair and at the Senior Exposition where 1,000 people attended, at the Healthy Aging Summit in Sacramento where 700 people attended.

November 2004:

- The board staffs a booth at the Paso Robles Senior Center's Senior Health Fair where approximately 400 people attend.

January 2005:

- Staff attend the California Prescription Drug Forum, sponsored by the California Policy Research Center, California Program on Access to Care.
- The board participates as a sponsor at a brown bag consultation event with pharmacists hosted by KCRA TV and Rite Aid in Sacramento, about 6,000 people attend this two-day event.
- Staff host an information booth at a Consumer Protection Day event in San Diego. Department Director Charlene Zettel was the keynote speaker.

February 2005:

- The board attends CPhA's annual meeting in San Diego. Board Member Jones presents information about the new prescribing and dispensing laws for controlled substances. Supervising Inspector Ming presents information

about compounding pharmacies.

March 2005:

- The board staffs an information booth at UCD's Healthy Aging Conference in Sacramento; over 1,000 people attend.

May 2005:

- Executive Officer and board members attend annual meeting of National Association of Boards of Pharmacy meeting.
- Board President Goldenberg provides information about the challenges caused by the rising cost of prescription drugs at a Seniors Convention and Health Fair at the LA City Convention Center.
- Executive Officer Harris provides information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting. She also presents information about the California Health Communication Partnership's activities during this meeting.

June 2005:

- President Goldenberg represents the board at the founding meeting of the California Pharmacy Leadership Council.

September 2005:

- Board staffs an information booth at City of Sacramento's Public Safety Fair.

October 2005:

- Executive Officer and board members attend NABP's Districts VI, VII and VIII meeting.
- The board staffs an information booth at UCD's Health Aging Fair where over 750 people attend.
- Board President Goldenberg participates on NABP Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Program
- Board members and staff attend CSHP's Seminar in Anaheim

November 2005:

- Board President Goldenberg is keynote speaker at meeting of Long-Term Care executives regarding implementation of the Medicare Drug Benefit Program

December 2005:

- Executive Officer and some Board Members attend NABP Fall Conference. Board Member Jones provides presentation about pharmacy technology.

February 2006:

- Executive Officer Harris speaks at the Federation of Associations of Regulatory Boards annual meeting as part of a panel discussion on "Board Governance: A Panel Discussion on the Pros and Cons of Different Board Structures," and on alternative enforcement models.
- Executive Officer Harris and Analyst Sue Durst staff an information booth at the San Diego Consumer Protection Day where approximately 1,500 people attended.
- Supervising Inspector Nurse provided a PowerPoint presentation via teleconference to an FDA Counterfeiting Task Force in Bethesda, MD.
- The board staffed an information booth for two days at the CPhA Outlook Meeting.
- Board President Goldenberg provides welcoming remarks to the opening session of the National Association of Boards of Pharmacy Annual Meeting in San Francisco. Other board presentations at this annual meeting included moderation of a panel discussion by Executive Officer Harris on emergency

	preparedness and a poster session on the Notice to Consumers that must be displayed in pharmacies.
Objective 4.4:	**Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.** **Measure:** Percentage response to information requests from governmental agencies
Tasks:	1. **By June 1, 2004, submit report to Legislature on statutory requirements for remedial education after four failed attempts on the California pharmacist exam.** **April 2004**: ▪ Draft report provided to board members at April Board Meeting **December 2004:** ▪ Final report submitted to Legislature, as required.
Task:	2. **Provide information to legislators regarding board implementation of statutory requirements.** **April – June 2004:** ▪ Board provides substantial technical assistance to authors with pending legislation regarding implementation of importation of Canadian drugs, automated dispensing machines in skilled nursing facilities, and wholesaling requirements for drugs within and into California. **January 2005**: ▪ Board analyzes three ballot initiatives involving prescription drugs at the request of the Secretary of State's Office. **January – April 2005**: ▪ Board provides substantial technical assistance to authors with proposed or pending legislation regarding implementation of wholesaler licensing requirements, recycling of drugs from skilled nursing homes, sales of ephedrine products by pharmacists, provision of emergency contraceptives, prescription container labeling requirements, electronic transmission of prescriptions, automated dispensing machines, controlled substances prescriptions, tracking of drug sales from pharmacies and online pharmacies **May 2005**: ▪ Board staff identify all forms online so that these can be added to a "one-stop shopping" location on DCA's Web site. **June 2005**: ▪ Board provides data regarding examination development and statistics to the department for its report to the Legislature. **July 2005**: ▪ Board provides information about its fleet of vehicles and laptop security features in response to legislative requests for information. **October 2005:** ▪ Board provides DCA with its Annual Report
Task:	3. **Provide agency statistical data (ASP) information to the department.** **Sept. 2003**: ▪ Board submits data to department as required.

	November 2003: ▪ Board provides information to department on impact of budget reductions in terms of funding and staff in response to request from Senate Business and Professions Committee **September 2004**: ▪ board submits ASP data to department as required. **October 2005**: ▪ board submits ASP data to the department as required.
Task:	**4. Board provides information to department on the Bilingual Services Program Survey due September 15, 2003.** **September 2003:** ▪ data provided **January 2004:** ▪ All staff collect data for survey of public contacts by the language of the individual. **November 2005:** ▪ All staff collect data for survey of public contacts by the language of the individual. **February 2006:** ▪ All staff collect data for survey of public contacts by language of the individual.
Task:	**5. Department of Consumer Affairs, Internal Audit of the Board released March 2003 as part of Sunset Review** **October 2003**: Board compiles 180-day post audit report to the department **March 2004**: Board compiles 360-day post audit report to the department. **April 2004**: Department evaluates and submits final post-audit review of board activities; the board is in compliance.
Task:	**6. Software Inventory Report of all software in use by Board of Pharmacy** **December 2003**: Board compiles this massive and detailed report. **March 2005**: Board compiles this massive and detailed report
Task:	**7. Regulation Summary Report of all regulations enacted from 1999-2003, pursuant to Executive Order S-2-03.** **January 2004:** Report compiled and submitted timely
Task:	**8. Review of board operations, procedures, procedure manuals, applications, publications, etc., for underground regulations pursuant to Executive Order S-2-03** **January 2004:** Report compiled and submitted timely **April 2005**: Follow-up request from the Office of Administrative Law requires no further action on the board's part.
Task:	**9. Board meets with delegation from China Zhejiang Provinical Drug Administration at**

	request of this agency in December 2003
Task:	**10. Board compiles self-evaluation and transition plan report on services and procedures for equal access for employees, applicants to assure no policies discriminate against persons with disabilities and the public**
Task:	**11. Report backlogs and impacts of staffing and budget reductions on workload** **Sept. 2003**: Report compiled and submitted. **Nov. 2003:** Report compiled and submitted. **February 2004:** Report compiled and submitted. **March 2004:** Report compiled and submitted **April 2004**: Report compiled and submitted. **May 2004**: Report compiled and submitted. **June 2004**: Report compiled and submitted. **July 2004**: Report compiled and submitted. **August: 2004**: Report compiled and submitted. **September 2004**: Report compiled and submitted. **October 2004**: Report compiled and submitted. Requests for these reports ended after submission of the October 2004 report.
Task:	**12. Respond to requests for reports from the Department of Consumer Affairs or State and Consumer Services Agency.** **April 2004**: ▪ Provided a compilation of all board applications available online for the Office of Information Services, and its Strategic Plan. ▪ Provided copies of four surveys used by the board to obtain satisfaction measures of the board's Web site, complaint processes, public education presentations and job analysis survey of pharmacists at the request of the Consumer and Education Division. ▪ Compiled examination program review data for the California Pharmacist Jurisprudence Examination and North American Pharmacist Licensure Examination at the request of the Office of Examination Resources.. ▪ Compiled another report required by section 139 of the Business and Professions Code regarding examination validation for the California Pharmacist Jurisprudence Examination and North American Pharmacist Licensure Examination at the direction of the Office of Examination Resources. ▪ Compiled data regarding manpower shortages of board licensees at the request of the executive office. ▪ Compiled data describing all board application processing steps for the board's 12 major programs at the request of the department. **May 2005**: ▪ Board staff identify all forms online so that these can be added to a "one-stop shopping" location on DCA's Web site. **June 2005**: ▪ Board provides data regarding examination development and statistics to the department for its report to the Legislature **July 2005**:

	▪ Board provides information about its fleet of vehicles and laptop security features in response to legislative requests for information. **April 2006:** ▪ At the direction of the department, the board posts its access to public records policy at the board's front counter where it can be readily displayed.
Objective 4.5	**Respond to 100 percent of public information requests regarding board programs and activities.** **Measure:** Percentage response to information requests from the public
Tasks:	**1. Respond to public information requests.** **July – October 2003**: ▪ The board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. **October – December 2003**: ▪ The board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. **January – March 2004**: ▪ The board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. **April – June 2004**: ▪ The board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 70 percent of the license verifications were performed within 10 days. **July - September 2004:** ▪ The board received 64 public inquiries, five subpoenas and 227 written license verifications. Seventy-eight percent of the inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 64 percent of the license verifications were responded to within five days. **October – December 2004**: ▪ The board received 49 public inquiries, requests for 208 written license verifications, and four subpoenas. Seventy three percent of the inquiries were responded to within 10 days, 64 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days. **January – March 2005**: ▪ The board received 75 public inquiries, requests for 198 written license verifications, and five subpoenas. Eighty-one percent of the inquiries were responded to within 10 days, 80 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days. **April – June 2005:** ▪ The board received 78 public inquiries, requests for 301 written license verifications, and three subpoenas. Ninety percent of the inquiries were responded to within 10 days, 90 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.

	July – September 2005: ▪ The board received 83 public inquiries, requests for 223 written license verifications, and six subpoenas. Eighty percent of the inquiries were responded to within 10 days, 80 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days. **October - December 2005:** ▪ The board received 58 public inquiries, requests for 200 written license verifications, and one subpoena. Sixty-six percent of the inquiries were responded to within 10 days, 88 percent of the license verifications were performed within 10 days, and the subpoena was responded to within five days. **January – March 2006:** ▪ The board received 79 public inquiries, 138 requests for written license verifications, and 3 subpoenas. Sixty-two percent of the inquiries were responded to within 10 days, 91 percent of the license verifications were performed within 10 days, and 100 percent of the subpoenas were responded to within five days. **April 2006:** ▪ At the direction of the department, the board posts its access to public records policy at the board's front counter where it can be readily displayed.