State of California | Department of Consumer Affairs

Memorandum

To: **Board Members** **Date: September 10, 2004**

From: **Communication and Public Education Committee**

Subject: **Committee Activities – September Board Meeting Update**

The Communication and Public Education Committee met September 21, 2004, in a public meeting held in the board's conference room. Minutes of this meeting are provided in this tab section as Attachment A.

Also provided at the end of this tab section is the quarterly update report to the board on the committee's strategic objectives.

Action Items:

Recommendation 1: Develop a *Health Notes* on Pharmacy Emergency Response to Patients in a Declared Disaster Area

The chairperson of the board's Competency Committee, RoseAnn Jankowski, who is a hospital pharmacist, is also active as a disaster response team and bioterrorism response leader in Orange County. Dr. Jankowski has contacted the board in hopes of developing a pharmacist disaster response monograph for the board. The board currently has no information in this area available to distribute.

Dr. Jankowski is willing to coordinate this issue, without a fee, and has developed a list of articles and authors. Attachment 1 contains a partial list of proposed articles for this issue.

The committee saw value in the development of such an issue that could readily be added to the board's Web site. Once the articles are written, federal money will be sought to pay for publication costs to expand distribution of this issue as well.

The committee requested that Dr. Jankowski attend this meeting to discuss this concept with the board. However, a prior commitment prevents her from attending this meeting. She will attend the January 2005 meeting to discuss

this monograph with the board. The board may wish to defer action on this proposal until Dr. Jankowski can meet with the board.

Motion: Communication and Public Education Committee: Develop a *Health Notes* issue on Pharmacy Disaster Response to Declared Emergencies

Information Items

Item 2: Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Background:

At the April 2004 Board Meeting, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. This project will be coordinated by the UCSF Center for Consumer Self Care under the direction of R. William Soller, Ph.D.

The project will have students develop one-page fact sheets on diverse health care topics. The board will work with Dr. Soller to develop these fact sheets, using pharmacy students from UCSF and UCSD. A prototype format for a series of fact sheets will be developed. Each interested student will be acknowledged with a credit at the bottom of the fact sheet he or she develops. Review by professional staff at UCSF for content accuracy will occur as part of the process.

The goal is to develop three fact sheets per quarter. After one year and 12 fact sheets, the Communication and Public Education Committee and the Center for Consumer Self Care will reevaluate the project.

Dr. Soller attended the September meeting of the committee to demonstrate one proposal for a possible template for the fact sheet series. This fact sheet is included in this packet, but this is not the final format. Both the sample format and a list of initially proposed topics are provided in Attachment 2.

The committee determined that the fact sheets should address consumer issues involving:

- Safety
- Cost
- Access
- Quality
- Awareness (use and self-use of medications)

Over the next quarter Dr. Soller will oversee the development of drafts for the first three fact sheets.

Item 3: Update: California Health Communication Partnerships

At the last meeting, the board agreed to join the California Health Communication Partnership as a sponsor and participant. The purpose of this group is to improve the health of Californians by developing and promoting consumer health education programs developed by the members in an integrated fashion. Dr. Soller, of the UCSF Center for Consumer Self Care, is the coordinator of this group.

Two meetings of the partnership have been held since the July Board Meeting. The first meeting was held September 2, 2004. Present was a group of founding members called the Steering Committee. Present were representatives from the Board of Pharmacy, Medical Board of California, CSHP, CMA, UCSF, Department of Consumer Affairs, and via telephone FDA and National Consumers League.

The core of the meeting was aimed at developing health priority topics for the partnership. A primary component was a review of the many materials developed by the FDA in the last few years. Few of the individuals at the meeting were aware of all of the materials.

After discussion, for its first integrated project, the partnership tentatively selected to focus on the FDA materials developed for practitioners and patients on antibiotic use, misuse and overuse.

The second meeting continued discussions to promote antibiotic misuse from November through March. The materials prepared by the FDA will be the focus, and the newsletters of both the Board of Pharmacy and Medical Board will contain the FDA message and materials. Copies of these materials are included in Attachment 3.

Item 4: How Can the Board of Pharmacy Improve and Facilitate Communication with the Public and Licensees

At the board's July Meeting, Board President Goldenberg stated that one of the priorities for his term is to improve the communication of the board with its licensees and with the public. His goal is to obtain diverse opinions from as wide a cross section as possible on matters before the board for policy deliberations. At this board meeting, the board will discuss there ideas.

President Goldenberg attended the committee meeting and noted that only five individuals (including two board members) were in the audience. He encouraged the committee to elicit comments from a number of sources.

Discussion during this meeting noted that the board's Web site is an important means for communication with licensees and the public, and this will likely grow in

importance in the future. A referral to the board's Web site address could be added to the board's pre-recorded messages on the telephone system to facilitate this form of communication. An interactive Web site is important; however, current board staffing prevents this form of communication with the board.

Another comment is to categorize questions received by the board's staff and add these to the agendas for discussions during committee meetings. Also discussions with consumers at public education events may help identify items of concern to the general public.

Item 5: Development of Internet Subscriber Lists

Earlier this month, the board activated its subscriber Web site notification system. This feature e-mails interested parties announcing that the board's Web site has been updated, the nature of the update and provides a link to the specific addition. Interested parties must subscribe themselves to the board's Web site, and be responsible for keeping their e-mail addresses current. There is no charge for this service and no workload to the board to keep the e-mail addresses up to date.

Within one day of activation 24 individuals have already subscribed to this service.

The board is the first agency in the department to use this feature, but other agencies will soon follow. The board will highlight this service in the next *The Script.*

According to the department, this e-mail list is not considered a public record under the Public Records Act. The e-mail addresses of others receiving the notifications will not be visible to other subscribing parties as well.

Item 6: Status of *The Script*

The state's hiring freeze ended on July 1, and the board has since been able to hire former Newsletter Editor Hope Tamraz as a retired annuitant. Ms. Tamraz will continue to develop *The Script* as a principal part of her duties.

Currently the board is finalizing articles for a November-release edition of *The Script.*

The last issue of *The Script* was published and mailed to pharmacies in March 2004, and was later reprinted by the CPhA's Pharmacy Foundation of California and mailed to California pharmacists in early June.

Item 7: Status of *Health Notes*

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996.

Under development are three issues:

1. Pain Management Issue

The board's staff is still working to complete this new issue on pain management, which should be published by the end of the year. The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists, nurses and nurse practitioners. Prominent pain management authors have written the articles, and board staff and Board Member Schell are editing and coordinating the issue. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend $0 on this issue.

2. Smoking Cessation

At the April 2004 Board Meeting, the board agreed to work with the UCSF to develop a *Health Notes* on smoking cessation. The UCSF is seeking funding for this issue from manufacturers of smoking cessation products. If a grant is provided to UCSF to do this issue, the manufacturers will nevertheless have no editorial or review control over the developed manuscript.

The board will be responsible for the layout and design of the issue. If funding permits, the board will print and mail the issue. If the board lacks funding for this ($85,000), the issue will be placed on the board's Web site.

3. UCSF Monograph on Atrial Fibrilation *(will not be called a Health Notes)*

At the April 2004 Board Meeting, the board voted to become a cosponsor with the UCSF School of Pharmacy to produce a monograph on Atrial Fibrilation. The audience would be pharmacists and physicians. Funding for this issue would come from a drug manufacturer. Continuing education credit for those who complete the reading would be one outcome of this project.

The UCSF intends that in place of publishing this issue as a printed monograph (such as *Health Notes*), to instead place the issue on the Web

site for downloading, possibly as a CE program. There would be no direct costs to the board.

Item 8: Emergency Contraception/Pharmacy Access Partnership Liaison

Since the July Board meeting, the board has updated the emergency contraception protocol to reflect a change in the manufacturers of EC drugs.

The protocol is on the board's Web site. Meanwhile the rulemaking to adopt the regulation incorporating the protocol into California Pharmacy Law was approved by the Office of Administrative Law and the regulation will be in effect by this board meeting.

In early October, Board Member Ruth Conroy was unable to attend the meeting of the Pharmacy Access Partnership. Paul Riches did attend this meeting. This is the group that has promoted the role of pharmacists in providing emergency contraception over the last few years.

Item 9: Redesign of the Board's Web site

In the coming weeks, the board's Web site will be reconfigured into the mandated style of design of the Governor's Office. The goal is to have all state Web sites look similar.

Four board staff are working on this project as a portion of their assigned workload.

Item 10: Center for Health Improvement: Pending Survey to Study the Impact of the Patient Consultation Requirement on Older Californians

Recently the board has been asked to collaborate on a study being done by the Center for Health Improvement assessing patient consultation requirements and their impact on older Californians aged 65 or older. The CHI describes itself as a nationally known health policy nonprofit based in California. The California Pharmacist Association's Education Foundation and the AARP are also collaborators of this project.

The two-year study's goal is to analyze and improve the patient consultation process to patients aged 65:

- To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
- To educate Californians, especially pharmacists about findings and recommendations through development and distribution of a policy brief.
- To begin discussions with policymakers and stakeholders about options for future action.

The committee reviewed written materials about CHI, the survey and the scope of this project. These items are provided in Attachment 4.

Chairperson Zinder asked that the director of the study or another person designated by CHI be invited to attend the October Board Meeting to discuss the survey with the board. However, prior commitments prevented representatives from CHI from attending this meeting. A representative said CHI will attend the January 2005 Board Meeting.

Item 10: Update on the Board's Public Outreach Activities

The board continues to operate a vigorous outreach program to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board has prepared a Power Point presentation about the board that contains 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 presentations of more than two hours, which are well-received by the individuals present.

Since the beginning 2004, the board has begun providing presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. This information is also presented via telephone conference call to large numbers of individuals.

A list of all public outreach activities completed since the last board meeting and scheduled for the future is provided in Attachment 5.

Item 11: Kaiser Family Foundation/Harvard School of Public Health Survey: "Views of the New Medicare Drug Law"

The cost of prescription drugs is a problem for many consumers. The board has three brochures and one information link directly related to buying drugs for less.

In mid-2004, the federal government rolled out its federal drug discount program, which will be in effect until January 2006, when a new Medicare program takes effect. The program has not been popular nor is it widely used. There were more than 70 discount cards and programs initially available. The committee reviewed a survey conducted by the Kaiser

Family Foundation/Harvard School of Public Health in August 2004 regarding public opinion about the program.

With respect to this federal drug discount program, the board has created a one-page information sheet for the public that is available on the Web site. This information refers the reader to the federal government's Web site, and warns about possible fraud from those who contact individuals directly offering to sell them cards.

The federal government has an extensive Web site developed to aid the public, but because of the number of options, this is a very complicated area to provide consumer information. Additionally the Department of Consumer Affairs and the Department of Managed Health Care each have summary information about the federal program on their Web sites.

The committee discussed the need to develop additional information for the public in this area. The committee had no specific recommendations at this time.

Attachment 1

Proposal to Develop a Health Notes on Pharmacy Response to Declared Disasters

Proposed *Health Notes*
Pharmacy Emergency Response to Patients in a Declared Disaster Area

The following is a list of topics:

(1) An introduction to the monograph provided by the board president
(2) Overview perspective of natural disasters, inadvertent disasters (i.e., nuclear power plant accident) and WMD/bioterrorism, the need for the medical community to respond and be prepared in such disasters
(3) Interpretation of current pharmacy laws dealing with emergency scenarios/dispensing
(4) Lessons learned: Individual experiences and perspectives from health care practitioners (from a pharmacist from the Northridge or Sylmar quakes, and a community pharmacist from the Northridge quake). What happened, how they reacted, and what they learned. Also one high-level primary physician director who was federally called-up and deployed in the 9-11 attack in NYC. This would give the perspectives of natural and non-natural disasters and the depths of care needed from health care practitioners in the same article.
(5) Local planning: the actions and experiences from one county. coordinators)
(6) State planning: California's plans (including the state's Office of Emergency Services)
(7) The Strategic National Stockpile which can be deployed during emergencies.
(8) National planning and programs for health care providers and emergency response personnel in California.
(9) Specific medications/vaccines for use in WMD/bioterrorism events
(10) CE outline, educational objectives, questions, and answers

Attachment 2

List of Potential Topics for Consumer Fact Sheet Series

Tips to Make Better Use of Your Prescription Antibiotic

How can I use antibiotics correctly and help reduce antibiotic resistance?

How Antibiotics Work

Antibiotics work to kill bacteria. Bacteria are single-cell organisms. If bacteria make it past our immune systems and begin to reproduce in our bodies, they cause disease. Antibiotics kill bacteria to eliminate disease.

Some bacteria produce chemicals that damage or disable parts of our bodies. Bacteria can get into the inner ear to cause an infection. To fight the bacteria, the body's immune system's natural processes cause inflammation. This can make your ear painful. You take an antibiotic to kill the bacteria and eliminate the inflammation in your ear.

An antibiotic is selective in what it can do. Not all antibiotics work on the same bacteria. Your doctor chooses the right antibiotic for the type of infection you have. An antibiotic will inhibit cell activity in the bacteria is attacks, but not your own cells.

Antibiotics do not work on viruses. Viruses are not living cells like bacteria and behave differently. A virus injects its DNA or RNA into the cells it attacks which makes that cell produce more viral DNA or RNA. more of the viral DNA. A bacterium is a living cell that can live in your body. Antibiotics simply do not have the ability to affect how a virus reproduces. As a result, trying to fight a viral infection with an antibiotic is not going to do you much good.

Help Prevent Drug Resistance

You can help prevent and reduce drug resistance by taking the following steps:

- Wash your hands regularly with plain soap and water for at least 20 seconds. It is the most effective way of preventing any type of infection.
- Vaccinate yourself and your children and keep vaccinations up to date.
- Store, handle and prepare food safely. When you're preparing food, be sure to wash cutting boards and knives with detergent and water. Thoroughly wash all fruits and vegetables that will be eaten raw.
- If you use well water, have it tested 2-3 times a year.
- If you handle livestock, make sure conditions are hygienic so that antibiotics are not needed as often. Follow label instructions for the use and disposal of animal medications.
- Practice and teach safe sexual practices.

Here's the issue...

Certain germs like bacteria, viruses, fungi and parasites are becoming more resistant to antibiotics. This results in fewer effective antibiotics to prevent and treat infections and diseases.

Here's what you can do:

- Take all antibiotics as directed by your doctor or pharmacist.
- Do not stop taking an antibiotic part way through your treatment, unless you are having a serious adverse reaction, without first discussing it with your doctor.
- Even if you feel better, use the entire prescription antibiotic as directed, to make sure that all the germs are destroyed.
- Don't share your prescriptions with anyone else. Taking an inappropriate drug only makes the resistance problem worse.

For further information, contact:

California State Board of Pharmacy
400 R Street, Suite 4070
Sacramento, California 95814

Sources of Additional Information on Antibiotic Resistance

Centers for Disease Control and Prevention
Get Smart. Know When Antibiotics Work
- Frequently Asked questions
- Educational Tools
- Technical Information
- Get Smart Campaign Partners

http://www.cdc.gov/drugresistance/community/

Centers for Disease Control and Prevention
- Vaccines and Immunizations

http://www.cdc.gov/node.do/id/0900f3ec8000e2f3

- A Public Health Action Plan to Combat Antimicrobial Resistance

http://www.cdc.gov/drugresistance/actionplan/

National Institute of Allergy and Infectious Disease
- The Problem of Antibiotic Resistance

http://www.niaid.nih.gov/factsheets/antimicro.htm
Antimicrobial Resistance
- Fact Sheets and Brochures
- Reports and Articles
- Research Plan and Priorities

http://www.niaid.nih.gov/dmid/antimicrob/

Food and Drug Administration
The Rise of Antibiotic Resistant Infections
http://www.fda.gov/fdac/features/795_antibio.html

National Library of Medicine Medline database
http://www.nlm.nih.gov/medlineplus/antibiotics.html

MedlinePlus
Search Drug Information on Antibiotics
http://www.nlm.nih.gov/medlineplus/antibiotics.html

Statistics

Nearly two million patients in the United States get an infection in the hospital each year

Of those patients, about 90,000 die each year as a result of their infection-up from 13,300 patient deaths in 1992

More than 70 percent of the bacteria that cause hospital-acquired infections are resistant to at least one of the drugs most commonly used to treat them

Persons infected with drug-resistant organisms are more likely to have longer hospital stays and require treatment with second or third choice drugs that may be less effective, more toxic, and more expensive

National Institute of Allergy and Infectious Disease
- *The Problem of Antibiotic Resistance*

http://www.niaid.nih.gov/factsheets/antimicro.htm

Tips on Early Awareness ... it can make a difference

What do I need to know about early awareness of stroke?

Two things you can do to make a difference in outcome

1. Know the most common warning signs.
2. React early to get to an emergency room.

What you and your family should know

According to the American Stroke Association, the most common warning signs of stroke are:

- Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
- Sudden confusion, trouble speaking, or understanding speech
- Sudden difficulty seeing in one or both eyes
- Sudden difficulty walking, dizziness, or loss of balance or coordination
- Sudden severe headache with no known cause

Do You Know the Answer to This Question?

What is the #1 cause of severe, long-term disability and #3 cause of death in the United States?

STROKE

For further information, please contact:

California State Board of Pharmacy
400 R Street, Suite 4070
Sacramento, California 95814

Call 911... turn awareness to action

Resources and Sources of Additional Information

American Stroke Association
a Division of the American Heart Association
http://www.strokeassociation.org

- The American Stroke Association has programs and events nationwide.
- Visit local.strokeassociation.org to find out what's happening near you!

Four out of five American Families will be touched by stroke.

Impact of Stroke

Every 45 seconds, someone in America has a stroke. Every 3 minutes, someone dies of one. For more on this subject, go to: http://www.strokeassociation.org/presenter.jhtml?identifier=1033

The Advertising Council

The Ad Council has joined forces with the American Stroke Association to launch a three-year media campaign. The campaign's goal is to increase immediate stroke recognition and response.
http://www.adcouncil.org/campaigns/stroke_early_response/

May is National stroke Awareness Month

National Stroke Association (NSA) urges people to take charge of their health by asking their doctor about stroke prevention and adopting healthy lifestyle habits. Each year stroke kills more than twice as many American women as breast cancer, yet only one in three people can recognize the symptoms of stroke, or know how to manage their risk. NSA encourages you to Ask Your Doctor this simple question: Am I at risk for stroke?

http://199.239.30.192/NationalStroke/AboutUs/NationalStrokeAwarenessMonth/default.htm

A Brain Attack

Stroke is a brain attack affecting the most delicate and vital organ of your body. A stroke occurs when blood flow to the brain is interrupted either by a clogged artery or a blood vessel rupture. When blood flow is blocked, brain cells begin to die, causing disability and even death.

Statistics

Over 750,000 Americans will experience a stroke this year. 160,000 will die. Of the more than 4 million stroke survivors living with the consequences of stroke, 2/3 of them struggle with disabilities ranging from moderate to severe.

Additional Health and Medical Information

http://www.heartcenteronline.com/The_Stroke_Center.html
http://stroke.medical-information.org/

Support Groups

http://www.americanheart.org/presenter.jhtml?identifier=4730
http://www.strokecenter.org/pat/support.htm

Consumer Fact Sheet Series Topics

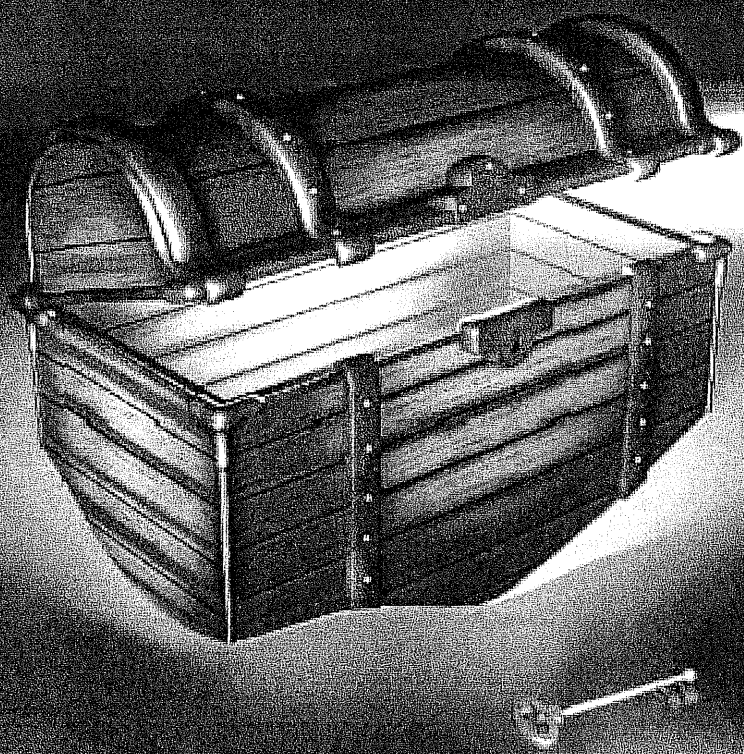
Board Member Ken Schell, Dr. Soller and Board Assistant Executive Officer Virginia Herold have developed the following list of potential topics for the consumer fact Sheet series. These are proposed topics and not necessarily those that will be developed:

1. Different dosage form of drugs -- the ability for patients to request a specific type of product (liquid or capsule) that would best fit the patients' needs for a given type of medication. Also differences between tablespoons, mLs, cc, teaspoon measures.
2. Rebound headaches and the danger of taking too many OTC pain relievers for headaches
3. Hormone replacement therapy -- what is the current thinking?
4. Pediatric issues
5. Poison control issues
6. Ask for drug product information and labels in your native language if you cannot read English
7. Cough and cold meds and addiction issues (specifically, dextromethorophan)
8. Disposal of unused medications
9. How to best use your pharmacist to enhance your health
10. Describe each member of the health care team. When should a patient contact a particular practitioner? What is the role of each practitioner? What can a patient learn from each?
11. Herbal supplement uses and cautions
12. Early warning signs about stroke – what you need to know to take action sooner
13. Medication Compliance – take your medication, when doses are required, when should you stop?

Attachment 3

FDA Materials on Antibiotic Resistance

PRESERVE A TREASURE

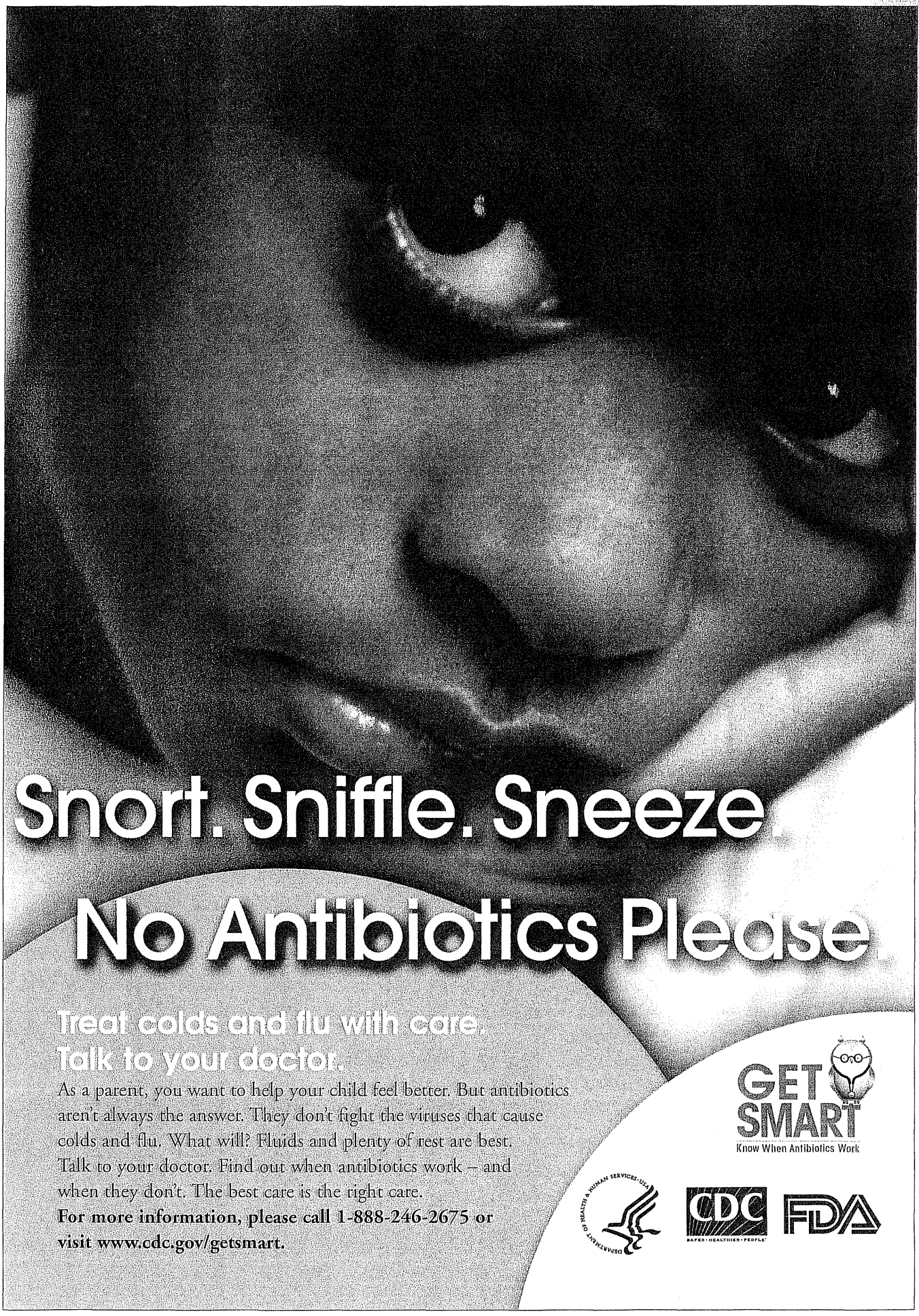


Antibiotics are precious resources but they are not cure-alls for all that ails your patients. Let us help you keep antibiotics potent resources that you and your patients can count on.

Contact FDA for bulk copies of **"Preserve a Treasure: Know When Antibiotics Work"** an easy-to-read brochure of frequently asked questions to help your patients understand the importance of prudent antibiotic use.

dpapubs@cder.fda.gov or 1-888-INFO-FDA

U.S. Department of Health and Human Services
Food and Drug Administration


Snort. Sniffle. Sneeze.
No Antibiotics Please.
Treat colds and flu with care.
Talk to your doctor.
As a parent, you want to help your child feel better. But antibiotics aren't always the answer. They don't fight the viruses that cause colds and flu. What will? Fluids and plenty of rest are best. Talk to your doctor. Find out when antibiotics work – and when they don't. The best care is the right care.
For more information, please call 1-888-246-2675 or visit www.cdc.gov/getsmart.
GET SMART
Know When Antibiotics Work
CDC
FDA

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GET SMART
Know When Antibiotics Work
CDC
FDA

Over-the-Counter Medications:

There are a variety of OTC medications out there to also help you feel better. Always read the label – including the warnings – before taking any medication. If you have a pre-existing medical condition, such as high blood pressure, diabetes or heart disease, check with your doctor about which OTC product is best for you.

Antihistamine: reduces itchy watery eyes, sneezing, scratchy throat

Decongestant: reduces nasal congestion

Cough Suppressant: reduces coughing

Expectorant: breaks up mucus (phlegm) in the chest

Pain reliever: reduces aches and pain

Fever Reducer: reduces body temperature

Contact Your Doctor Again if:

- Your symptoms get worse.
- Your symptoms last a long time.
- After feeling a little better, you develop signs of a more serious problem. Some of these signs are a sick-to-your-stomach feeling, vomiting, high fever, shaking chills, chest pain.

A message from the
"Get Smart: Know When Antibiotics Work"
campaign.

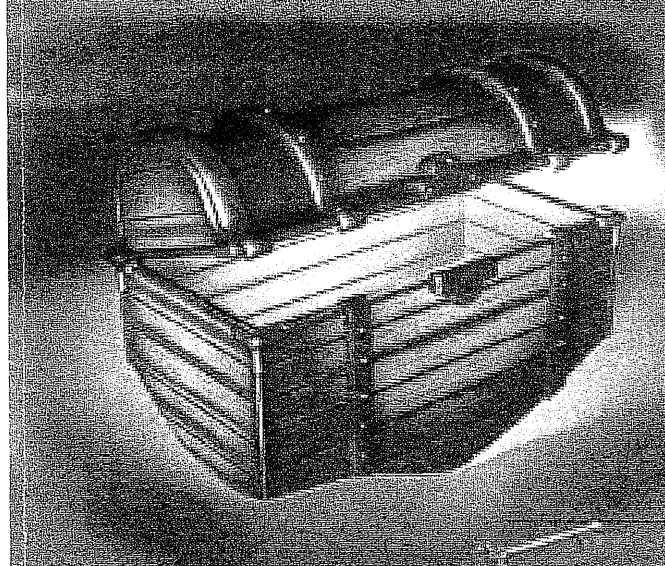
For more information:
http://www.fda.gov/oc/opacom/hottopics/anti_resist.html

U.S. Department of Health and Human Services
Food and Drug Administration

(FDA) 03-1513A

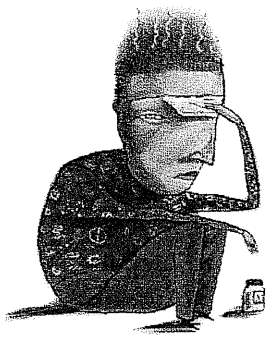
U.S. Department of Health and Human Services
Food and Drug Administration

PRESERVE A TREASURE



Know When Antibiotics Work

Cough?
Sore throat?
Runny nose?



You or a loved one feels miserable and you've come to the doctor looking for help.

Q: I'm sick. Don't I need a prescription for an antibiotic?
A: Your doctor has examined you and determined that your illness is caused by a viral infection. Antibiotics do NOT treat viral illnesses like colds, flu and most sore throats.

Q: If antibiotics don't treat viral illnesses like cold and flu, what do they treat?
A: Antibiotics are used to treat illnesses caused by bacteria. Examples of illnesses caused by bacteria include strep throat, tuberculosis and many types of pneumonia.

Q: Even though my illness may be caused by a virus, what harm can it do to take an antibiotic?
A: Taking antibiotics when they aren't needed contributes to the serious problem of antibiotic resistance.

Q: What is antibiotic resistance?
A: This is when bacteria cannot be killed by antibiotics. The bacteria has become resistant. If this continues, over time some recurring infections may have to be treated with different and stronger antibiotics and the very real possibility that eventually no antibiotic will be effective in killing the bacteria.

Q: If antibiotics will not help me, what will?
A: There are many over-the-counter products available to treat the symptoms of your viral infection. These include cough suppressants which will help control coughing and decongestants to help relieve a stuffy nose. Read the label and ask your pharmacist or doctor if you have any questions about which will work best for you.

Help Yourself Feel Better While You Are Sick

A cold usually lasts only a couple of days to a week. Feeling tired from the flu may continue for several weeks.

To feel better while you are sick:

- Drink plenty of fluids.
- Get plenty of rest.
- Use a humidifier — an electric device that puts water into the air.

Attachment 4

Materials of the Center for Health Improvement to Assess Patient Consultation of Seniors

I. Executive Summary

The Center for Health Improvement (CHI) is proposing a two year project to examine and improve the pharmacist-patient consult process for persons 65 or older (65+) required by California regulation. The study design will achieve this goal by:

1. Gathering quantitative and qualitative information to assess the implementation of the regulation,
2. Educating policymakers and key stakeholders through the creation and dissemination of a policy issue brief, and
3. Conducting a policy roundtable to present the study's findings, recommendations, and to discuss potential next steps.

This proposed study is especially timely given recent national attention to the issue of medical errors and the link between drug-related errors and failure to consult. Furthermore, it will be the first study of its kind to incorporate data from the California State Board of Pharmacy's recently implemented inspection process of mandated pharmacy quality assurance programs, which includes observations of consultations. The study focuses on persons 65+ as they consume and spend significantly more on prescription drugs than persons under age 65. Moreover, persons in this age group are more likely to complain about a failure to consult.

CHI is a nationally known health policy non-profit based in Sacramento. CHI serves as a catalyst to ensure that prevention remains at the forefront of health policy and health care services. Policymakers and others respect our policy issue briefs, convenings, and other products and services for their objectivity and nonpartisanship. This proposal also includes collaborators from three established organizations that represent targeted stakeholders. These include the California State Board of Pharmacy, which provides oversight to the State's 6,000 pharmacies and all licensed California pharmacists; AARP, which represents 3.2 million older Californians; and the California Pharmacist Association Educational Foundation, which maintains a database of 26,000 pharmacists and conducts research on salient issues for this constituency.

II. Proposed Scope of Work

The Center for Health Improvement (CHI) in collaboration with the California Pharmacists Association Educational Foundation (CPhA-EF), AARP, and the California State Board of Pharmacy (Board)[1], proposes to conduct an assessment of the outpatient pharmacist consultation process that is required when any new or changed prescription is dispensed[2]. Based upon the findings of this assessment, we will educate California policymakers and select stakeholders by disseminating a policy issue brief and hosting a roundtable discussion. The assessment will target California's older population (65+), focusing on the value of pharmacist care and how this process may be improved. We are targeting this population for several reasons. First, persons 65+ are prescribed twice as many medications as persons under the age of 65[3]; second, older

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[1] See letters of support, attachment 1.

[2] Inpatient, PBM prescriptions, and certain other settings are excluded.

[3] 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.

adults have more chronic diseases and multiple conditions[4], thus the consultation is more relevant, important, and complex; and third, persons 65+ are a more vulnerable population[5].

Originally filed in August of 1990, California's Board of Pharmacy California Code of Regulations number 1707.2.b.1 mandated pharmacist consultation to every patient who receives a new or changed prescription. The regulation was enacted to ensure that necessary dialogue occurs between patients and medication experts to promote safe and effective medication use[6]. Following these requirements, recent attention by the Institute of Medicine[7] and others has significantly raised the visibility of medical errors overall. Evidence suggests, however, that despite this attention, more needs to be done to prevent medication-related adverse events. For example, an analysis of adverse drug events occurring in a population of older adults in an ambulatory setting,[8] found that overall, 27.6% of the documented adverse drug events was deemed by the investigators as *preventable*. Inadequate patient education concerning medication use and prescription of a drug for which there was a well-established, clinically important interaction with another drug were cited as common errors (18.0% and 13.3% of the preventable prescribing stage errors). Recent discussions with staff of the Board[9] also revealed that through its inspection process, a majority of medication errors involve a "failure to consult."

Methods

As described in our May 19, 2003 letter of interest, CHI addressed the goal of assessing the pharmacist-patient 65+ consult process through a methodology that involved conducting three focus groups – two of pharmacists and one of older Californians – to obtain qualitative data; compiling the focus group interpretations into a policy brief to be disseminated to policymakers and stakeholders; and coordinating a statewide convening to discuss this issue and consider opportunities for action.

Through research and discussion with our collaborative partners, we have revised the proposed methodology to include a more robust and objective approach. This methodology includes:

1. Gathering data from a review of the literature and from the Board and other sources,
2. Conducting a written survey of pharmacists,
3. Conducting four focus groups, including two composed of pharmacists, one of persons 65+, and one of physicians,
4. Developing a policy brief, and
5. Hosting a statewide roundtable for policymakers and select stakeholders.

Each of these activities is described below.

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[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] Ibid.
[6] A similar federal law—the Omnibus Budget Reconciliation Act of 1990—applies to the Medicaid population.
[7] See Kohn, L., et al. *To Err is Human: Building a Safer Health System*, 2000. National Academy Press.
[8] Gurwitz, J.H., et al. (2003, March 5). Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *Journal of the American Medical Association, 289*(9), 1107-1116.
[9] Riches, P. (2003, August 7). Personal communication with Center for Health Improvement.

1. Conduct a Literature Review and Analyze State Board of Pharmacy and Other Data

CHI will conduct a literature review to ascertain whether other states have assessed the implementation of the pharmacist consultation process, notably with persons 65+. The literature review will include web-based research, as well as contacts with several state-focused health policy organizations in Washington, D.C., such as the National Governor's Association. We will also contact at least one insurance company that may be able to provide aggregate figures on malpractice claims involving failure to consult for the target population.

Effective January 2002, the Board began a quality assurance program that includes random observations of California's 6000 pharmacies. The desired outcome of the program is a reduction of medication errors.[10] Every pharmacy is inspected at a rate of once every two and a half years. Citations/fines are issued in instances where pharmacists fail to consult. Although patients may legally waive the right to consultation, according to the Board, the pharmacy must document that the pharmacist—not another staff member—attempted to consult and the patient refused. The Board has agreed to share aggregate findings on citations related to failure to consult; if feasible, information specific to our target population will be pulled. The Board also agreed to share information on consumer complaints, many of which relate to failure to consult. (NOTE: While the Board staff stated that the majority of errors detected through the inspection process or complaints involved a "failure to consult," it is not known whether an error would have been prevented had a consultation occurred.) A public analysis of this data in California will be the first of its kind. Placed within the context of this study, the analysis will add valuable information to be compared with that gathered from pharmacists, patients, and physicians.

2. Conduct Written Survey of 3,000 Pharmacists

CPhA-EF maintains a database of the state's more than 26,000 pharmacists. A stratified sample of roughly 3,000 pharmacists will be drawn in order to survey their perceptions of how the consult process is working for patients 65+. We will query pharmacists on their perceived barriers to consult (e.g., time pressures, setting, privacy, etc.) and solicit opportunities for improvements. A letter from the CPhA president or their board chair will accompany the brief survey. This letter, along with the salient nature of the issue, should encourage a high response rate. Following the first wave, a reminder post card will be mailed followed by a second survey mailing to non-respondents. Based on surveys conducted for similar professions, such as doctors, a 33% response rate is anticipated. A non-respondent bias test will be conducted in an attempt to discern whether this population varies significantly from survey respondents. The roughly two-page survey will query pharmacists on their perceptions of the consult process, asking them to identify barriers, as well as potential solutions.

3. Conduct Four Focus Groups

Following the pharmacist survey we will conduct four focus groups: two with pharmacists, one with persons 65+, and one with physicians. The purpose of the focus groups is to elicit participant opinions about the consult process, as well as identify opportunities to ensure a safer and smoother consultation. The survey findings will be used to establish questions for the focus group facilitator. Each focus group will include approximately 15 participants.

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[10] Jones, J.D. (2003, March). President's message. *The Script*, 2.

CPhA-EF will help to recruit pharmacists for participation. AARP will assist in identifying persons 65+ who have picked up a new or changed prescription within the past year. CHI will approach a major medical group that includes at least 15 physicians with a sizeable Medicare patient mix. We will request 45 minutes to an hour at an already-scheduled physician meeting to conduct a focus group session. Given their schedules and priorities, it would be extremely improbable that physicians would attend a separate meeting on this topic. However, because doctors write prescriptions and likely receive patient and/or pharmacy feedback on medical errors, as well as the consult process, it is important to gain their perspective on this issue.

4. Create and Disseminate Policy Issue Brief

Based on the preceding quantitative and qualitative information, CHI will draft a policy brief on this issue[11]. The brief will contain background information on the California regulation and federal legislation mandating pharmacist consults, as well as additional California interpretations related to compliance and the inspection process. For example, California law does not allow inspection evidence to be admitted as discovery material for litigation purposes. In addition, background information will include a summary of the literature review and Board data analysis. Information from the pharmacist survey, along with focus group key findings will also be tallied and presented in a readable format. Policy recommendations stemming from these sources will be presented.

The draft policy brief will be reviewed by the collaborating organizations on this project, including CHI, CPhA-EF, AARP, the Board, and TCWF, as well as other select individuals (e.g., Chairman of State Board of Pharmacy). We will disseminate it to our database of approximately 2,000 policymakers, targeting those with a strong interest in aging and health care. Our partner organizations will also assist in disseminating the policy brief to their respective constituents.

5. Host Policy Roundtable

CHI will coordinate a statewide roundtable of California legislators, their staff, and select stakeholders. The purpose of this meeting is to bring together appropriate participants to discuss our research findings and recommendations, and to begin the discussion of future next steps. Our study rests on the assumption that there is room for improvement in the pharmacist-65+ patient consult. The preceding methodology will shed light on how the process can be improved by identifying current barriers, gathering solutions for improvement directly from participants in the process (i.e., pharmacists, persons 65+, and physicians, and the Board), and developing recommendations for policymakers and relevant industry parties. A secondary intent of this study is to increase attention paid to this issue as an important component to reducing medical errors.

Sharing Lessons Learned with TCWF

Through semi-annual reports to The California Wellness Foundation, CHI will share lessons learned from the project. Such reports will include copies of important written materials (e.g., survey instruments, draft policy issue brief). We will also address any difficulties faced during

[11] See sample policy briefs, attachment 2.

the project and how these are handled. CHI is willing to share our lessons learned and key findings through an article in TCWF's *Portfolio* newsletter.

III. Grant Objectives

The overarching goal of this study is to inform and improve the pharmacist-65+ patient consult process required by California regulation. In order to achieve this goal, specific objectives for conducting the study are threefold:

1. To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
2. To educate Californians, especially pharmacists, about our findings and recommendations through the development and dissemination of a policy brief.
3. To begin a conversation with targeted policymakers and select stakeholders about options for future action.

IV. Applicant Organization

Established in 1995, the CHI is a non-partisan, objective, prevention-focused health policy center based in Sacramento, California. CHI is known for its ability to synthesize complex data and research and present it in a useful format for policymakers and others. We have extensive experience in all of the tasks mentioned here, including reviewing literature, analyzing data, conducting surveys and focus groups, and writing policy issue briefs. Moreover, CHI has a successful history of organizing and facilitating convenings for relevant stakeholders around emerging health issues (see www.centerforhealthimprovement.org). CHI's operating budget is nearly $1 million[12].

CHI president and CEO, Patricia E. Powers[13], will serve as the lead on this effort. Ms. Powers possesses more than 20 years of experience in health care, including leadership of large-scale technical research studies related to quality of care and preventive services. Her previous consulting clients include pharmaceutical firms, generic drug manufacturers, and physician organizations. As the former CEO of the Pacific Business Group on Health, Ms. Powers worked with employers to negotiate costs and benefits for their commercial and Medicare populations. She previously served on the Federal Physician Payment Review Commission, which provided policy information for the Medicare program. In addition to Ms. Powers, Gregg Y. Shibata[14], will serve as project manager. Mr. Shibata leads several initiatives at CHI, including developing a statewide collaborative to improve early diagnosis and intervention for children suspected of having an autistic spectrum disorder. His work for the past two years involved data gathering and analysis, writing, direct technical assistance, and managing convenings and group-learning opportunities (e.g., workshops, teleconferences, internet-based teleconferences) for California Prop. 10 Commissions, California Local Planning Councils, and community-based organizations. CHI will work with a reputable survey research firm to conduct the pharmacist survey.

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[12] See current organizational budget, attachment 3.
[13] See resume, attachment 4.
[14] See resume, attachment 4.

V. Evaluation Plan

Overall, this project will be viewed as a success if we obtain reliable information about barriers to effective implementation to the pharmacist consultation for persons 65+, as well as identify solutions for improvement. Policymakers' and other relevant stakeholders' receptivity to this information as evidenced by interest level and any follow-up activity will be another gauge of its success. Sample specific measures of success tied to each of our three objectives are as follows:

1. To assess the impact of the pharmacist consultation process: results from research, including any findings from a literature review and data analyses; statistical significance, reliability and response rate for the survey; level of participation and number of identified solutions from focus group sessions.

2. To educate policymakers and others: number of pharmacists, policymakers, and others who receive the policy brief and qualitative feedback from them.

3. To begin a conversation with policymakers and others: number and level of attendees at roundtable; level of agreement on "next steps;" and any actions taken by key decision-makers as indicated by responses to a one-page evaluation administered during the close of the roundtable.

PHARMACIST CONSULT SURVEY

1. **Which one of the following best describes your primary practice setting?**
   - ❑1 Community – independent pharmacy
   - ❑2 Community – small chain pharmacy (e.g., local, four or more outlets)
   - ❑3 Community – grocery chain pharmacy (e.g., Raley's, Safeway, Von's)
   - ❑4 Community – mass merchandise chain pharmacy (e.g., CostCo, Walgreen's)

2. **Please indicate the number of years you have been in practice.**
   - ❑1 Less than three
   - ❑2 Four to ten
   - ❑3 Eleven to twenty
   - ❑4 Twenty-one to thirty
   - ❑5 Thirty-one or more

3. **Please select the title(s) or position(s) that best describes you (select all that apply):**
   - ❑1 Pharmacist in charge/Pharmacy manager
   - ❑2 Full time, staff pharmacist
   - ❑3 Part time, staff pharmacist
   - ❑4 Owner

4. **Please approximate how much time you spend on each activity during an average eight-hour period:**

	0%	5%	10%	25%	50%	75%	100%
A. Dispensing prescriptions							
B. Consulting with physicians about medication and diagnosis							
C. Consulting with patients about medication							
D. Explaining benefit coverage to patients							
E. Formulary/3rd party management matters							
F. Administrative/pharmacy management activities							
G. Teaching/precepting student interns							
H. Other							

Your Response Will Be Kept Confidential

Center for Health Improvement, 2004

5. Based on your experience with patients aged 65 or older, how often do you perform the following during an average patient consultation?

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Verify the patient's name					
B. Verify the patient's date of birth					
C. Verify the patient's address					
D. Verify the name and description of the medication					
E. Provide directions for use and storage of the medication					
F. Discuss any precautions for preparation and administration of the medication by the patient, including self-monitoring drug therapy (where applicable)					
G. Describe the importance of compliance with the medication directions					
H. Discuss therapeutic contraindications					
I. Discuss serious potential interactions with known *nonprescription* medications (where applicable)					
J. Discuss precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered					
K. Discuss action to be taken in the event of a missed dose					
L. Discuss prescription refill information (where applicable)					
M. Discuss the prescribing doctor's comments regarding the medication					

6. Over an average eight-hour period, how many patient consultations do you perform?

	less than 5	6-10	11-15	16-20	more than 21
A. For patients aged 65 or older					
B. For patients under 65					

7. Based on your experience, how long does it take to conduct an average patient consultation?

	less than 1 minute	1-2 minutes	2-3 minutes	3-4 minutes	more than 4 minutes
A. For patients aged 65 or older					
B. For patients under 65					
C. For patients with a chronic condition (e.g., diabetes)					
D. For patients taking multiple medications					

Your Response Will Be Kept Confidential

Center for Health Improvement, 2004

8. Based on your experience, how often are the patient consultations waived by

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Patients aged 65 or older					
B. Patients under 65					
C. Patients with a chronic condition (e.g., diabetes)					
D. Patients taking multiple medications					

9. Based on your experience, how often:

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Do patients ask questions of you during the pharmacist-patient consultation for new or changed prescriptions					
B. Do patients with a chronic condition (e.g. diabetes) ask questions of you regarding their disease, self-management strategies or other clinical services available					
C. Do you provide verbal information to patients with a chronic condition about their disease, self-management strategies or other clinical services available					
D. Do you provide self-management counseling or other advice on other clinical services for patients with a chronic condition (e.g., diabetes)					
E. Do you work with disease management vendors who address chronic conditions (e.g., diabetes)					
F. Do you have difficulty performing consultations due to a language or cultural barrier					

10. Please rank the following barriers to the patient consultation process (with 1 being "not very significant" to 5 being "very significant").

	1	2	3	4	5
A. Pharmacist's lack of time					
B. Insufficient compensation specific to the consultation					
C. Lack of pharmacist-patient privacy					
D. Language barriers					
E. Cultural barriers					
F. Unavailability of general clinical/diagnostic data (e.g., lab values, other medications)					
G. Patient's refusal to participate in the consultation					
H. Aside from language or cultural barriers, lack of patient's understanding during the consultation					

Your Response Will Be Kept Confidential

Center for Health Improvement, 2004

11. Based on your experience, of the errors you have noticed during the patient consultation, how frequently do the errors relate to:

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Fill errors					
B. Incorrect medication for patient's diagnosis					
C. Therapeutic errors (drug allergy, incorrect dosage)					

12. Based on your experience, approximately what percentage of pharmacist-patient consultations for new or changed prescriptions result in each of the following:

	less than 1%	2-3%	4-6%	7-10%	more than 10%
A. A call to the patient's physician to address a therapeutic problem (e.g., drug allergy, therapeutic duplication, drug interaction)					
B. A call to the patient's physician or insurance company to address coverage issues (e.g., formulary compliance, prior authorization)					
C. A recommendation that the patient contact their physician to resolve any questions or issues					

13. How effective is the patient consultation process in improving the quality of care (with 1 being "not very significant" to 5 being "very significant")?

1	2	3	4	5

14. If you could change one part of the patient consultation process, what would it be?

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_____

Your Response Will Be Kept Confidential

Center for Health Improvement, 2004

Attachment 5

Public Outreach Activities since the July 21, 2004 Board Meeting

Public and licensee outreach activities performed since the last report to the board are:

- Board complaint staff provided information and brochures at the Asian Community Fair on July 15 in Sacramento, to a smaller than expected group of about 15.
- The board staffed a booth at the San Diego Better Business Bureau's Consumer Expo on August 7, 2004, a major consumer fair.
- Board staff presented information to approximately 25 pharmacists regarding new controlled substances requirements at a leadership meeting of the Sacramento Valley Health System Society of Pharmacists (June 28).
- Board staff presented information to law enforcement agencies about CURES and drug diversion (May 27 and 28, not previously reported).
- Board staff presented information to audit staff of the Department of Health Services (June 30, not reported previously).
- Board staff presented information about compliance with California's sterile compounding requirements and radiopharmacy on July 8 to a group of about 10 pharmacists to a group in Southern California.
- Board staff presented information about the new prescribing requirements for controlled substances to physicians in San Luis Obispo on July 14, and to pharmacists and law enforcement staff on July 15.
- Board staff presented information about prescribing and dispensing controlled substances under the new California requirements to a group of over 40 physicians and other health care providers on August 3.
- Board staff presented information about drug diversion investigations to investigators of the Department of Justice on August 26.
- Board staff presented information regarding the new requirements for controlled drugs to investigators and staff pharmacists of the Department of Health Services on September 8, and to more than 50 pharmacists, physicians and other health care providers at a presentation hosted by the Pharmacy Foundation of California and Catholic Healthcare West.
- Board staff provided a major presentation at the CMA's annual pain conference in Sacramento on September 10 to more than 600 providers.
- President Goldenberg and Supervising Inspector Nurse presented information about new controlled substances requirements to the San Diego ASCP Chapter on September 13.

- Staff presented information about quality assurance programs and sterile compounding to the Sacramento Valley Society of Health Systems Pharmacists on September 17.
- Staff presented information about the board and new controlled substances requirements to the UCSF Medical Center on September 21.
- Board staff provided information about the board and discount programs for drugs at the Triple "R" Adult Day Program in Sacramento on September 28.
- Board staff presented information about drug diversion investigations to investigators of the Department of Justice on September 28.
- Board staff provided consumer information at an adult day care program in Carmichael on September 28.
- Staff presented information about the new controlled substances requirements to a group of approximately 100 pharmacists, physicians and other health care providers at St Mary's Medical Center in Orange County on September 30.
- The board staffed a booth at the Yreka Health Fair where about 450 people attended the event.
- Board staff represented the board at the Circle of Advisors Meeting (regarding emergency contraception) on October 5.
- The board staffed a booth at the Sixth Annual Los Angeles County Health Fair and Senior Exposition on October 7. Nearly 1,000 people attended.
- Supervising Inspector Ratcliff was a speaker at the California Primary Care Association's Tenth Anniversary Conference on October 7.
- Board Member Jones represented the board as a speaker at the Indian Pharmacist Association on October 9, where approximately 500 individuals attended.
- In October board presented a telephone session on the new controlled substances requirements with health care providers in Redding.
- Board staff presented information about new controlled substances requirements to Santa Clara Medical Society.
- Supervising Inspector Nurse provided information about the new controlled substances requirements to the general public at a HICAP meeting in October.

Future presentations:

- Board President Goldenberg will be speaker on importation at the CSHP's 2004 Seminar in Long Beach in November.
- The board will staff a booth at the Paso Robles Senior Center fair on November 6.

- Supervising Inspector Robert Ratcliff will give the keynote address at CSHP's 2004 Seminar in Long Beach, November 2004.
- Board staff will present an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.
- Board staff will present information about the board and the new controlled substances requirements on November 18 to the Orange County Chapter of the CPhA.
- Board Member Jones will present a section at the CPHA's Outlook 2005 Meeting in San Diego in February 2005

Attachment A

Minutes of the Meeting
of September 21, 2004

California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814
Phone (916) 445-5014
Fax (916) 327-6308
www.pharmacy.ca.gov

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

Communication and Public Education Committee

Minutes of the Public Meeting of September 21, 2004
Board of Pharmacy
400 R Street, Suite 4080
Sacramento, CA
9:30 – 12 noon

Present: Andrea Zinder, Board Member and Chairperson
Bill Powers, Board Member
Ken Schell, Board Member
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer

Absent: Richard Benson, Board Member

Call to Order

Chairperson Zinder called the meeting to order at 9:30 a.m.

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

At the April 2004 Board Meeting, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities.

R. William Soller, Ph.D., of the UCSF Center for Consumer Self Care attended this meeting to discuss implementing the project.

The project will have students develop one-page fact sheets on diverse health care topics. The board will work with Dr. Soller to develop these fact sheets, using pharmacy students from UCSF and UCSD. A prototype format for a series of fact sheets will be developed. Each interested student will be acknowledged with a credit at the bottom of the fact sheet he or she develops. Review by professional staff at UCSF for content accuracy will occur as part of the process.

The goal is to develop three fact sheets per quarter. After one year and 12 fact sheets, the Communication and Public Education Committee and the Center for Consumer Self Care will reevaluate the project.

The committee will explore translating the fact sheets into different languages.

A list of potential topics includes:

1. Different dosage form of drugs -- the ability for patients to request a specific type of product (liquid or capsule) that would best fit the patients' needs for a given type of medication. Also differences between tablespoons, mLs, cc, teaspoon measures.
2. Rebound headaches and the danger of taking too many OTC pain relievers for headaches
3. Hormone replacement therapy -- what is the current thinking?
4. Pediatric issues
5. Poison control issues
6. Ask for drug product information and labels in your native language if you cannot read English
7. Cough and cold meds and addiction issues (specifically, dextromethorophan)
8. Disposal of unused medications
9. How to best use your pharmacist to enhance your health
10. Describe each member of the health care team. When should a patient contact a particular practitioner? What is the role of each practitioner? What can a patient learn from each?
11. Herbal supplement uses and cautions
12. Early warning signs about stroke – what you need to know to take action sooner
13. Medication Compliance – take your medication, when doses are required, when should you stop?

The committee determined that the fact sheets should address consumer issues involving:

- Safety
- Cost
- Access
- Quality
- Awareness (use and self-use of medications)

Over the next quarter Dr. Soller will oversee the development of drafts for the first three fact sheets.

President Goldenberg, who was in attendance at the meeting, stated that pharmacists need to understand how patients want information and how patients can digest this information. This will be a beneficial project.

Update: California Health Communication Partnerships

At the last meeting, the board agreed to join the California Health Communication Partnership as a sponsor and participant. The purpose of this group is to improve the health of Californians by developing and promoting consumer health education programs developed by the members in an integrated fashion. Dr. Soller, of the UCSF Center for Consumer Self Care, is the coordinator of this group.

Chairperson Zinder provided an overview of the first meeting, held September 2, 2004. Present were a group of founding members called the Steering Committee. Present were representatives from the Board of Pharmacy, Medical Board of California, CSHP, CMA, UCSF, Department of Consumer Affairs, and via telephone FDA and National Consumers League.

The core of the meeting was aimed at developing health priority topics for the partnership. A primary component was a review of the many materials developed by the FDA in the last few years. Few of the individuals at the meeting were aware of all of the materials.

After discussion, for its first integrated project, the partnership tentatively selected to focus on the FDA materials developed for practitioners and patients on antibiotic use, misuse and overuse.

Discussion: How Can the Board of Pharmacy Improve and Facilitate Communication with the Public and Licensees

At the board's July Meeting, Board President Goldenberg stated that one of the priorities for his term is to improve the communication of the board with its licensees and with the public. President Goldenberg stated that his goal is to obtain diverse opinions from as wide a cross section as possible on matters before the board for policy deliberations. Each of the board's committees will hold a public meeting before the October board meeting with this topic listed as a discussion item. The goal is to establish a dialogue with stakeholders on improving communication, and to bring these to the next board meeting.

Some of the board's current communication venues with the public and with licensees include:

- Quarterly board meetings, where public input for each agenda area has public input scheduled as a component.
- At least 15 additional public meetings of committees annually, where an agenda is mailed and posted on the board's Web site 10 days before a meeting.
- Web site information
- Consumer education materials
- Co-sponsorship of public education events (e.g., 2003's Hot Topic Seminars with the UCSF School of Pharmacy)
- Attendance/staffing at public education fairs and events
- A subscriber e-mail notification system about major new information added to the board's site (about to be implemented)
- *The Script* newsletter
- Presentations by board members and supervising inspectors of the board's CE outreach programs to groups of pharmacists, typically at professional meetings (at least 34 presentations were provided during 2003/04)
- Attendance and staffing of information booths at major educational fairs hosted by the major pharmacist associations

- In rare cases, letters are mailed directly to licensees advising them about major changes in programs (for example, changes in wholesaler requirements or foreign graduate evaluations)
- *Health Notes,* a monograph developed by the board in a particular area that contains current drug treatment modalities, and which provides continuing education for pharmacists in subjects of importance to the board
- Inspections (2,582 inspections were conducted during 2003/04)
- Written, faxed and telephone inquiries directly to the board
- Questions and answer to questions added to the board' Web site (for example on applying for the pharmacist examinations or dispensing/prescribing controlled substances under the new requirements)
- Surveys of all complainants following closure of their complaints

President Goldenberg initiated a discussion on how to increase attendance and participation at committee meetings. He noted that only five individuals (including two board members) were in the audience of this meeting. The board needs to maintain an open mind to elicit comments from a number of sources.

The board's Web site is an important means for communication with licensees, and this will likely grow in importance in the future. A referral to the board's Web site address could be added to the board's pre-recorded messages on the telephone system to facilitate this communication. An interactive Web site is important; however, current board staffing prevents this form of communication with the board.

Another comment is to categorize questions received by the board's staff and add to the agendas for discussions during committee meetings. Also discussions with consumers at public education events may help identify items of concern to the general public.

Development of Internet Subscriber Lists

Since the January committee meeting, staff has been researching a way to set up a subscriber list on the board's Web site. This feature would send e-mails to interested parties announcing that the board's Web site has been updated, and the nature of the update. The interested parties would subscribe themselves to the board's Web site, and be responsible for keeping their e-mail addresses current. The board will activate this system before the board meeting.

The interested parties would subscribe themselves to the board's Web site, and be responsible for keeping their e-mail addresses current. There would be no fee to the subscriber, and no workload to the board to keep the e-mail addresses up to date.

The board will be the first agency in the department to use this feature, but other agencies will soon follow. The board will highlight this service in the next *The Script.*

According to the department, this e-mailing list is not considered a public record under the Public Records Act. The e-mail addresses of others receiving the notifications will not be visible to other subscribing parties as well.

Status of *The Script*

The state's hiring freeze ended on July 1, and the board has since been able to hire former Newsletter Editor Hope Tamraz as a retired annuitant. Ms. Tamraz will continue to develop *The Script* as a principal part of her duties.

Currently the board is finalizing articles for a November-release edition of *The Script.*

The last issue of *The Script* was published and mailed to pharmacies in March 2004, and was later reprinted by the CPhA's Pharmacy Foundation of California and mailed to California pharmacists in early June.

Status of *Health Notes*

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996.

Under development are three issues:

1. Pain Management Issue:

The board's staff is still working to complete this new issue on pain management, which should be published by the end of the year. The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists and nurse practitioners. Prominent pain management authors have written the articles, and board staff and Board Member Schell are editing and coordinating the issue. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend $0 on this issue.

2. Smoking Cessation

At the April 2004 Board Meeting, the board agreed to work with the UCSF to develop a *Health Notes* on smoking cessation. The UCSF is seeking funding for this issue from manufacturers of smoking cessation products. If a grant is provided to UCSF to do this issue, the manufacturers will nevertheless have no editorial or review control over the developed manuscript.

The board will be responsible for the layout and design of the issue. If funding permits, the board will print and mail the issue. If the board lacks funding for this ($85,000), the issue will be placed on the board's Web site.

3. UCSF Monograph on Atrial Fibrilation *(will not be called a Health Notes)*

At the April 2004 Board Meeting, the board voted to become a cosponsor with the UCSF School of Pharmacy to produce a monograph on Atrial Fibrilation. The audience would be pharmacists and physicians. Funding for this issue would come from a drug manufacturer. Continuing education credit for those who complete the reading would be one outcome of this project.

The UCSF intends that in place of publishing this issue as a printed monograph (such as *Health Notes*), to instead place the issue on the Web site for downloading, possibly as a CE program. There would be no direct costs to the board.

Proposed *Health Notes* on Disaster Response

The chairperson of the board's Competency Committee, RoseAnn Jankowski, who is a hospital pharmacist, is also active as a bioterrorism and disaster response team leader in Orange County. Dr. Jankowski is interested in developing a pharmacist disaster response monograph for the board. The board currently has no information in this area available to distribute.

Dr. Jankowski is willing to coordinate this issue, without a fee, and has developed a list of articles and authors. The list of articles was reviewed by the committee.

The committee saw value in the development of such an issue, that could be added to the board's Web site. Federal money may be available for the distribution of this issue as well.

Motion by Dr. Schell/seconded by Mr. Powers: Develop the issue on Disaster Response and Recovery
2-0

The committee invited Dr. Jankowski to appear at the board meeting to provide a short presentation to the board on this issue as part of the committee's report.

Emergency Contraception Fact Sheet

Since the July Board meeting, the board has updated the emergency contraception protocol to reflect a change in the manufacturers of the drugs. This protocol is on the board's Web site. The rulemaking to adopt the regulation incorporating the protocol was approved by the board at the July meeting, and the rulemaking file is now undergoing the required review and approval by the administration and Office of Administrative Law.

In early October, Board Member Ruth Conroy will attend the next meeting of the Pharmacy Access Partnership. This is the group that has promoted the role of pharmacists in providing emergency contraception over the last few years.

Dr. Conroy will be asked to provide an update about this meeting at the October Board Meeting.

Redesign of the Board's Web site

In the coming weeks, the board's Web site will be reconfigured into the mandated style of design of the Governor's Office. The goal is to have all state Web sites look similar.

Four board staff are working on this project as a portion of their assigned workload.

Center for Health Improvement: Pending Survey to Study the Impact of the Patient Consultation Requirement on Older Californians

Recently the board has been asked to collaborate on a study being done by the Center for Health Improvement assessing patient consultation requirements and their impact on older Californians aged 65 or older. The CHI describes itself as a nationally known health policy nonprofit based in California. The California Pharmacist Association's Education Foundation and the AARP are also collaborators of this project.

The two-year study's goal is to inform and improve the pharmacist to patients aged 65 and over consultation process:

- To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
- To educate Californians, especially pharmacists about findings and recommendations through development and distribution of a policy brief.
- To begin discussions with policymakers and stakeholders about options for future action.

The committee reviewed written materials about CHI, the survey and the scope of this project. Chairperson Zinder asked that the director of the study or another person designated by CHI be invited to attend the October Board Meeting to discuss the survey with the board.

Update on the Board's Public Outreach Activities

The board continues to operate a vigorous outreach program to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend 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, which usually are well-received by the individuals present.

Since the beginning 2004, the board has begun providing presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. This information is also presented via telephone conference call to large numbers of individuals.

Public and licensee outreach activities performed since the last report to the board are (each is listed to demonstrate the significant effort involved in this):

- Board complaint staff provided information and brochures at the Asian Community Fair on July 15 in Sacramento, to a smaller than expected group of about 15.
- The board staffed a booth at the San Diego Better Business Bureau's Consumer Expo on August 7, 2004, a major consumer fair.
- Board staff presented information to approximately 25 pharmacists regarding new controlled substances requirements at a leadership meeting of the Sacramento Valley Health System Society of Pharmacists (June 28),
- Board staff presented information to law enforcement agencies about CURES and drug diversion (May 27 and 28, not previously reported).
- Board staff presented information to audit staff of the Department of Health Services (June 30, not reported previously)
- Board staff presented information about compliance with California's sterile compounding requirements and radiopharmacy on July 8 to a group of about 10 pharmacists to a group in Southern California.
- Board staff presented information about the new prescribing requirements for controlled substances to physicians in San Luis Obispo on July 14, and to pharmacists and law enforcement staff on July 15.
- Board staff presented information about prescribing and dispensing controlled substances under the new California requirements to a group of over 40 physicians and other health care providers on August 3.
- Board staff presented information about drug diversion investigations to investigators of the Department of Justice on August 26.
- Board staff presented information regarding the new requirements for controlled drugs to investigators and staff pharmacists of the Department of Health Services on September 8, and to more than 50 pharmacists, physicians and other health care providers at a presentation hosted by the Pharmacy Foundation of California and Catholic Healthcare West.
- Board staff provided a major presentation at the CMA's annual pain conference in Sacramento on September 10 to more than 600 providers.

<u>Future presentations:</u>

- President Goldenberg and Supervising Inspector Nurse will present information about new controlled substances requirements to the San Diego ASCP Chapter on September 13.
- Staff will present information about quality assurance programs and sterile compounding to the Sacramento Valley Society of Health Systems Pharmacists on September 17.
- Staff will present information about the board and new controlled substances requirements to the UCSF Medical Center on September 21.
- Board staff will provide information about the board and discount programs for drugs at the Triple "R" Adult Day Program in Sacramento on September 28.
- Board staff will present information about drug diversion investigations to investigators of the Department of Justice on September 28.
- Board staff provided consumer information at an adult day care program in Carmichael on September 28.
- Staff will present information about the new controlled substances requirements to a group of approximately 100 pharmacists, physicians and other health care providers at St Mary's Medical Center in Orange County on September 30.
- The board will staff a booth at the Yreka Health Fair where about 400 people are expected to attend the event.
- Board Member Conroy will represent the board at the Circle of Advisors Meeting (regarding emergency contraception) on October 5.
- The board will staff a booth at the Sixth Annual Los Angeles County Health Fair and Senior Exposition on October 7
- Supervising Inspector Ratcliff will be a speaker at the California Primary Care Associations' Tenth Anniversary Conference on October 7.
- Board Member Jones will represent the board as a speaker at the Indian Pharmacist Association on October 9, where up to 500 individuals are expected.
- In October board staff will present a telephone session on the new controlled substances requirements with health care providers in Redding.
- Board staff will present information about new controlled substances requirements to Santa Clara Medical
- Supervising Inspector Nurse will provide information about the new controlled substances requirements to the general public at a HICAP meeting in October.
- Board President Goldenberg will be speaker on importation at the CSHP's 2004 Seminar in Long Beach in November.
- The board will staff a booth a the Paso Robles Senior Center fair on November 6
- Supervising Inspector Robert Ratcliff will give the keynote address at CSHP's 2004 Seminar in Long Beach, November 2004
- Board staff will present an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.

- Board staff will present information about the board and the new controlled substances requirements on November 18 to the Orange County Chapter of the CPhA.
- Board Member Jones will present a section at the CPHA's Outlook 2005 Meeting in San Diego in February 2005

Discussion: Survey Published by the Kaiser Family Foundatation/Harvard School of Public Health: "Views of the New Medicare Drug Law"

The cost of prescription drugs is a problem for many consumers. The board's has three brochures and one information link directly related to buying drugs for less. The three brochures are:

- What You Should Know Before Buying Drugs From Foreign Countries or Over the Internet,
- Tips to Save You Money When Buying Prescription Drugs,
- Prescription Drug Discount Program for Medicare Recipients (a California program only)

In mid-2004, the federal government rolled out its federal drug discount program, which will be in effect until January 2006, when a new Medicare program takes effect. The program has not been popular nor is it widely used. There were more than 70 cards and programs initially available. The committee reviewed a survey conducted by the Kaiser Family Foundation/Harvard School of Public Health in August 2004 regarding public opinion about the program.

With respect to this federal drug discount program, the board has created a one-page information sheet for the public that is available on our Web site. This information refers the reader to the federal government's Web site, and warns about possible fraud from those who contact individuals directly offering to sell them cards.

The federal government has an extensive site to aid the public, but because of the number of options, this is a very complicated area to provide consumer information. Additionally the Department of Consumer Affairs and the Department of Managed Health Care each have summary information about the federal program on their Web sites.

The committee discussed the need to develop additional information for the public in this area. The committee had no specific recommendations at this time.

Adjournment

There being no additional business, Chairperson Zinder adjourned the meeting at 12:07 p.m.

Strategic Plan Status Report
First Quarter 2004-05
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, 2005.**
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* 3. Maintain a vigorous, informative Web site. *July 2003: Materials for public meetings, including board meetings and most committee meetings placed on Web site for downloading by the public.* *August 2003: New staff person assigned to revamp Web site, who completes Web site development training* *September 2003: Board completes pilot testing for integration of enforcement information into license verification portion of Web site. The board will add this look-up feature before January 1, 2004.* *October 2003: SB 361 enacted which will authorize verification of licensure when info is downloaded from the board's Web site.* *November 2003: Board adds information regarding new exam procedures and requirements to applicants for a pharmacist license* *December 2003: Enforcement status data undergoes pilot testing*

	before full implementation and activation into license verification section of Web site. *Address of records of board licensees added to Web site* *January 2004: 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. <u>The Script</u> March 2004 added to Web site. Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.* *April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online.* *June 2004: Web site includes information on implementation of new prescribing and dispensing requirements for controlled drugs in California, including a Powerpoint presentation.* *October 2004: Web site being redesigned to comply with Governor Schwarzenegger's directives for state agencies, this process should be complete by January 1.* 4. 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 of consumer fact sheets developed from this series is drafted for board review by the Department of Consumer Affairs.* 5. 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.* 6. 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: Board attends second meeting* 7. Implement subscriber e-mail notification system to advise interested parties about additions to the board's Web site *October 2004: implemented system* 8. Participate in the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign

	July 2004: Board endorses program. 9. Participate in the Circle of Advisors, a group of the Pharmacy Access Partnership *October 2004: Attend October meeting.*

Objective 4.2: **Measure:**	**Develop 10 communication venues to licensees by June 30, 2005.** **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* 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 finalizing edits for "Pain Management""* 3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation 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 meeting.* 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.* 10. 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* 11. 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 Powerpoint 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 health care providers in Redding via telephone conference, and to the Santa Clara County Medical Society*
Objective 4.3: **Measure:**	**Participate in 20 forums, conferences and public education events by June 30, 2005.** **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.* *October 2004: Board attends LA County Health Fair and Senior Expo in Santa Monica, over 1,000 people attend, and presents public information about the new controlled substances dispensing requirements to the Health Insurance Counseling and Advocacy Program (HICAP).*
Objective 4.4: **Measure:**	**Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.** **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* 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. 3. Provide agency statistical data (ASP) information to the department. *Sept. 2003: Board submits data to department as required.* *Nov. 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.* 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* 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.* 6. Software Inventory Report of all software in use by Board of Pharmacy *December 2003: Board compiles this massive and detailed report* 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* *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* 9. Board meets with delegation from China Zhejiang Provinical Drug Administration at request of this agency in December 2003 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 11. Report backlogs and impacts of staffing and budget reductions on work load *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: Report compiled and submitted.* *May: Report compiled and submitted.* *June: Report compiled and submitted.* *July: Report compiled and submitted.*

	August: Report compiled and submitted. *September: Report compiled and submitted.* *October: Report compiled and submitted.*
Objective 4.5 **Measure:**	**Respond to 100 percent of public information requests regarding board programs and activities.** **Percentage response to information requests from the public**
Tasks:	1. Respond to public information requests. *July – Oct. 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.* *Oct. – Dec. 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.* *Jan – 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.*