

Memorandum

To: Board Members

Date: January 24, 2006

From: Communication and Public Education Committee

Subject: Report of the Meeting of January 17, 2006

The Communication and Public Education Committee met in a public meeting in Sacramento on January 17, 2006. A meeting summary of this meeting is provided in this tab section as Attachment 1.

INFORMATION ONLY

ITEM A:

1. Update on the Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

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

By January 2005, the program had been initiated. As of January 2006, ten fact sheets have been developed. The fact sheets contain general information on the topic, and contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area.

At the July 2005 Board Meeting, the board agreed to establish a joint Web site with the Center for Consumer Self Care to house the many fact sheets that should soon be developed through this collaboration because 11 students have agreed to develop three fact sheets each during this school year. The Center for Consumer Self Care will develop and maintain the Web site. The board will appear as cohost. As of this time, no work has yet begun on this Web site.

The fact sheets that have been developed and are undergoing final staff and legal review are:

- Generic Drugs – High Quality, Low Cost
- Lower Your Drug Costs
- Antibiotics – A National Treasure
- Is Your Medicine in the News?

- Did You Know? Good Oral Health Means Good Overall Health
- Have You Ever Missed a Dose of Medication?
- What's the Deal with Double Dosing? Too Much Acetaminophen, That's What
- Don't Flush Your Medication Down the Toilet!
- Thinking of Herbals?
- Diabetes – Engage Your Health Care Team

This review should be completed shortly, and the fact sheets will be available online and distributed at public health events.

2. Need for New Consumer Brochures

The committee encourages the development of new consumer materials.

- Three brochures and fact sheets are under development by board staff:
 - consumer information about the importance of Black Box warnings
 - the Beers list of medications that should not generally be prescribed to seniors, and
 - a revision to the board's "Facts About Older Adults and Medicines"
- Information about bird flu for practitioners and the public:

There is now a government site for information about bird flu: www.pandemicflu.gov. As this is still an emerging area of public health, the board will add a link from the board's Web site.

There are also two additional sites: www.cdc.gov/flu/pandemic and www.hhs.gov/nvpo/pandemics/dhhs.html

Attachment A contains the Web pages for each of these addresses.

- *Improving Use of Prescription Medications: A National Action Plan*

The committee reviewed an executive summary of a report prepared by the National Quality Forum and funded by The California Endowment. Released in October 2005, the report consists in part of a literature review of more than 3,000 articles showing the importance of medication compliance and the impact on patient health when patients are noncompliant. The goal is to lead to the development of "a national action plan for broadly improving consumer use of prescription medications in the United States."

Attachment B contains a copy of the executive summary of this report.

The committee discussed the importance of patient consultation in this process and the key role played by pharmacists. The committee generally believes that people are not taking their medication properly,

and this is a serious health issue. Patient medication compliance is a big health problem, and part of it may be addressed through better patient counseling.

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

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

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

This cancer screening campaign was among the most successful campaigns ever released by this distribution firm in terms of the number of messages published and aired. The North American Precis Syndicate will provide the partnership a certificate and award for achieving record outreach.

The next campaign of the partnership is on generics, and the California Retailers Association and board staff will be working with Dr. Soller on behalf of the partnership to promote the use of generics. The current plan is to follow a program along the lines of "Generics Makes Sense [Cents,\$]," a campaign to raise awareness among consumers about cost-savings of generic medicines.

Other items proposed for future campaigns:

- Talk to Your Pharmacist Campaign "Say Yes" [to Consultation]"
Dr. Soller will seek input on ideas, materials and other information that might help define a campaign strategy.
- "It's Your Life II" – Fall 2007 Breast and Prostate Cancer Awareness Campaign
- Antibiotic Resistance – Poster/brochure outreach to hospital waiting rooms
- New Prescribing Information – related to new initiative by FDA to provide easier to read/use format for Rx labeling. Dr. Soller is gathering information from the FDA on this.

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

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

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

Tom Stopka and Alessandra Ross of the Office of AIDS attended this committee meeting to provide an overview of the project and outreach effort. They indicated that needle purchase programs have been implemented in 15 counties. Their office is interested in working with the profession, professional associations, schools of pharmacy, the board's inspectors and other entities as part of their educational outreach program, and they are particularly interested in reaching pharmacists and pharmacies. One component will be a CE course on this subject that they hope the board will place on its Web site.

A specific list of items in their collaborative plan is provided as Attachment C.

The committee agreed to place future articles in *the Script* to continue the educational process of pharmacists. Board staff offered to distribute information about the program from a Board information booth to be held at CPhA's annual meeting in February.

The committee invited representatives of the Office of AIDS to a future board meeting where they could directly provide information about the program to the board. This presentation will be scheduled at the April Board Meeting, since the representatives of the Office of AIDS could not attend the February Board Meeting.

ITEM D: Update on *The Script*

The January 2006 issue of *The Script* is at the printers and should be mailed soon.

This issue will focus on new pharmacy laws enacted in 2005. President Goldenberg's column is directed at pharmacist interns encouraging them to become involved in board activities. Copies will be mailed to pharmacies, wholesalers and pharmacist interns.

The Pharmacy Foundation of California printed the October 2005 issue and mailed it to California pharmacists in December.

Staff is now initiating work on the next issue, a July 2006 issue.

The committee discussed the need to reincorporate the disciplinary actions section back into the newsletter. Several members strongly felt that this was an important educational element for pharmacists. This feature was temporarily stopped several years ago due to staffing issues required to perform the specialized research needed to write the column, coupled with a lack of space in the newsletter due to erratic publishing schedules. At one point the staff planned on adding this information to the Web site.

ITEM E: Update on *Health Notes*

Background: *Health Notes* is a monograph, produced by the board that contains up-to-date drug therapy guidelines for a specific subject area. Because the board produces *Health Notes*, 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. Regrettably, no issues have been published in the last two years due to lack of staff resources to commit to this project.

Under development are two issues:

1. Pain Management Issue
2. Pharmacy Emergency Response to Patients in a Declared Disaster Area

Neither publication is yet ready for publication, but articles for both have been written. Likely publication date may be summer 2006.

ITEM F: Update on Public Outreach Activities

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

Additionally, the board has several PowerPoint presentations on the board, on new pharmacy law and on requirements for prescribing and dispensing controlled substances it presents as continuing education courses or information presentations where a number of individuals will be present. These presentations are provided by board members or senior staff.

Since the last board meeting, there have been four presentations to students in pharmacy school or pharmacy technician training, and six presentations to professional or law enforcement groups. Attachment D contains a list of specific presentations made.

**ITEM G: Center for Health Improvement Report:
“Opportunities for Improving the California Pharmacist-
Patient Consultation Process**

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

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

The report is now completed and is provided as Attachment E.

President Goldenberg, who attended the committee meeting, stated that he was concerned with comments from patients in the focus groups who stated that they did not want consultation because they did not want to interrupt the pharmacist or have the pharmacist come out from the dispensing area to provide information and “walk all that way.” President Goldenberg is interested in having the board explore how to create an environment that will encourage full consultation. He added that the future of biotechnology medications will require very specific consultation to patients, and the board may need to consider this as part of this evaluation.

President Goldenberg concluded that in light of the information showing poor patient medication compliance and the results of this study of patient consultation of seniors, the board may want to consider addressing patient consultation in the future as a strategic objective.

Attachment A

*Federal Web Sites for Information on
Bird Flu*

PandemicFlu.gov



Get Informed. Be Prepared.

The official U.S. government Web site for information on pandemic flu and avian influenza. Information is organized by topic on the left sidebar.

Pandemic Flu Home

General Information

Planning & Response

Monitoring Outbreaks

Health & Safety

Vaccines & Medications

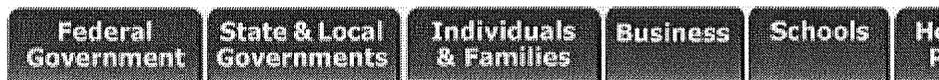
Bird & Animal Issues

Global Activities

Travel

Research Activities

What Can Be Done Now



New Information & Activities

Kentucky State Summit

Jan. 20 — Governor Ernie Fletcher and HHS Deputy Secretary Alex Aza speak before a wide range of community and business leaders on pandemic planning. [More >>](#)

United States Pledges \$334 Million to Global Efforts Against Avian Influenza

Jan. 18 — Ambassador Nancy Powell announces pledge at the International Pledging Conference in Beijing [More >>](#)

Two Million Courses of Tamiflu Donated for Use in Developing Countries

Jan. 17 — Donation makes possible regional storage [More >>](#)

United States Sends Avian Influenza Team to Turkey

Jan. 13 — Experts in animal and human health surveillance, laboratory capacity, and public health communications from several federal agencies are sent to Turkey

U.S. Department of State [Press Release >>](#)

U.S. Department of Agriculture [Press Release >>](#)



Georgia State Summit

Jan. 13 — Governor Sonny Perdue and HHS Secretary Leavitt address public health officials, business and community leaders about pandemic flu preparedness. [More >>](#)

Rhode Island State Summit

Jan. 13 — Meeting in Providence, state and local officials, along with HHS Secretary Leavitt, hold the fifth state planning summit [More >>](#)

\$100 Million for State and Local Pandemic Preparation

Jan. 12 — Pandemic preparedness grants are awarded to states, territories, and the District of Columbia. [More >>](#)

Planning for Faith-Based and Community Organizations

Jan. 12 — HHS Secretary Leavitt releases a pandemic planning checklist for faith-based and community organizations [Press release >>](#)
[Checklist for Faith-Based and Community Organizations >>](#)

West Virginia State Summit

Jan. 12 — Governor Joe Manchin and other state officials host a conference of local and state officials and private sector partners, with HHS Secretary Leavitt speaking on pandemic planning. [More >>](#)

Vermont State Summit

Jan. 12 — The third state planning summit, hosted by Governor Jim Douglas, is held in Burlington. [More >>](#)

Planning Guide for Individuals and Families

Jan. 6 — Secretary Leavitt Releases Guide to Help Individuals and Families Get Informed and Be Prepared For a Pandemic. [Press release >>](#)
[Guide for Individuals & Families >>](#)

Arizona State Summit

Jan. 6 — HHS Secretary Leavitt and Governor Janet Napolitano hosted the Arizona State Pandemic Planning Summit, inviting a wide range of community and business leaders from across the state. [More >>](#)

Agriculture Secretary applauds Avian Flu funding

Dec. 30 — U.S. Agriculture Secretary Mike Johanns commended President Bush for signing and Congress for approving \$91.4 million in funding to enhance USDA's efforts to prevent and prepare for avian influenza. [More >>](#)

Warning About Bird Flu Stock Scams

Dec. 28 — Investors alerted to scams promising large market gains for investments to capitalize on helping protect against global pandemics [More >>](#)

Pandemic planning for business

Dec. 14 — HHS Secretary Leavitt released a pandemic planning checklist for business and industry. Checklists for other sectors of society are being developed. [More >>](#)

First State Planning Summit held

Dec. 14 — HHS Secretary Leavitt held the first state summit in Minnesota. More than 250 representatives from public and private organizations discussed state and national preparations for potential pandemic. [More >>](#)

Exercise to evaluate federal preparedness

Dec. 10 — White House held a Pandemic Flu "Table top exercise" to test responses to a possible pandemic. [More >>](#)

Agricultural Workers at Increased Risk

Nov. 25 — Study finds that workers who routinely come into contact with pigs have an increased risk of infection with flu viruses that infect pigs, including avian and human viruses. [More >>](#)

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[Seasonal Flu](#)

Pandemic Influenza: Worldwide Preparedness

How are Pandemic, Avian and Seasonal Flu different?

Pandemic Flu: Currently there is no pandemic flu. A flu pandemic is a global outbreak that occurs when a new influenza A virus causes serious human illness and spreads easily from person to person.

Avian Flu: Bird flu is caused by avian influenza viruses, which occur naturally among birds.

Seasonal Flu: The flu is a contagious respiratory illness caused by influenza viruses.



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Information for Specific Groups

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Phases of a Pandemic
Current Status

PHASE 3

Human infection(s) with a new subtype, but no human-to-human spread.

The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the stages of a pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic.

[Six phases of a pandemic »](#)

Date: January 6, 2006

Content Source: National Center for Infectious Diseases,

Languages

- [Español](#)

Contact CDC

800-CDC-INFO
800-232-4636
888-232-6348 (TTY)
cdcinfo@cdc.gov

[Sign up for Clinician
E-mail Updates](#)

Highlights

[Faith-Based &
Community Organization
Pandemic Influenza
Preparedness Checklist](#)
(48 KB/ 2 pages) **New**

[Pandemic Flu Planning
Checklist for Individuals
and Families](#) (171 KB/ 2
pages) **New**

[Family Emergency Health
Information Sheet](#) (173
KB/ 2 pages) **New**

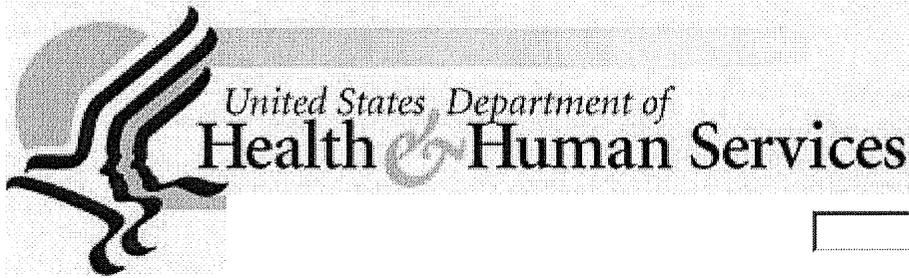
[Crisis and Emergency
Risk Communication
Course \(CERC\)](#) (696
KB/57 pages) An
interactive course for
communicating to the
public during an intense
public health emergency

[PandemicFlu.gov](#)
Official U.S. government
website for info on
pandemic flu & avian flu

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Pandemic Flu Fact Sheet

Pandemic Influenza

- [Pandemic Influenza](#) Pandemic influenza is an extreme, acute outbreak of influenza. Pandemics of influenza are explosive global events in which most, if not all, persons worldwide are at risk for infection and illness. In past pandemics, influenza viruses have spread worldwide within months. With globalization, a new pandemic can be expected to cross the globe in days not weeks. Pandemic viruses have historically infected one third or more of large populations and have led to tens of millions of deaths.
- [Pandemic Influenza](#) One of the most important features about influenza viruses is that their structure changes slightly but frequently over time (a process known as "drift"), and that this process results in the appearance of different strains that circulate each year. The composition of the flu vaccine changes each year to help protect people from the strains of influenza virus that are expected to be the most common ones circulating during the coming flu season. By contrast to the more gradual process of drift, in some years, the influenza virus changes dramatically and unexpectedly through a process known as "shift." Shift results in the appearance of a new influenza virus to which few (if any) people are immune. If this new virus spreads easily from person to person, it could quickly travel around the world and cause increased levels of serious illness and death, affecting millions of people. This is known as pandemic influenza. Public health scientists predict that the risk of an influenza pandemic is greater than it has been in decades.

In addition to the ongoing threat of human influenza, avian influenza or "bird flu" has re-emerged in Asia. Outbreaks of avian influenza have been reported among chickens, ducks and other birds in China, Indonesia, Thailand and Vietnam. Experts believe that the virus is now endemic and likely to remain circulating in the animal population for the foreseeable future. This raises the possibility of an avian influenza virus combining with a human influenza virus to a novel pandemic strain.

DHHS Activities

HHS is engaged in several efforts to enhance the nation's preparedness for such an outbreak. DHHS supports pandemic influenza activities in four key areas: surveillance, vaccine development and production, antiviral stockpiling, research, and public health preparedness.

Surveillance

The first line of defense against pandemic influenza is worldwide surveillance. The WHO coordinates an international system that makes it possible for scientists to detect changes in circulating influenza viruses and the emergence of novel influenza A viruses as soon as possible. DHHS is collaborating with the Department of Agriculture and the Department of State to further enhance surveillance efforts in Asia, in both human and animal populations. Additional DHHS activities include:

- Strengthening U.S. surveillance by expanding to year-round surveillance for influenza disease and the viral strains that cause it.
- Developing hospital-based surveillance for severe respiratory illness (e.g., influenza and other infectious agents) and identifying methods to rapidly expand the current sentinel physician surveillance system during an influenza pandemic or other health emergency.
- Enhancing global surveillance activities in humans and animals.

Vaccine Development

Because manufacturing cannot begin until the new virus has emerged and the vaccine strain is available, pandemic influenza vaccine cannot be stockpiled. DHHS has taken steps to ensure that once the virus is available, resources are in place to ramp up production and produce enough vaccine to protect the U.S. as quickly as possible. DHHS is working closely with vaccine manufacturers to expand annual influenza vaccine capacity. Additional activities in vaccine development include:

- Finalizing contracts with an influenza vaccine manufacturer to ensure that they can dedicate their full influenza vaccine manufacturing capacity to produce a pandemic influenza vaccine at any time during the year.
- Supporting diversification of the influenza vaccine manufacturing base by accelerating the development of a technique that uses cell-culture instead of chicken eggs to produce the vaccine. This approach is more amenable to rapid scale-up (surge capacity) to meet the anticipated demand for vaccine in an influenza pandemic.
- Creating a stockpile of pandemic influenza vaccine against the virus that is currently circulating in Asia, to be used if the virus jumps to the human population and begins spreading from person-to-person. In addition, this vaccine will provide a level of defense against pandemic influenza and will provide vaccine manufacturers and our regulatory officials with experience dealing with a candidate pandemic vaccine.
- Enhancing capacity for rapid development and evaluation of a novel pandemic influenza vaccine by upgrading laboratories to Biosafety Level 3 requirements.
- Conducting research to develop new influenza vaccines that are highly efficacious, are easier to administer, or that are directed

against a constant portion of the influenza virus and thus avoiding the need to develop a new vaccine every year to match the predominant viral strains that are most likely to cause disease. With this approach it may be possible to create an influenza vaccine stockpile in the future.

Antivirals

Antiviral drugs are effective as therapy against susceptible influenza virus strains when used early in infection and can also prevent infection (prophylaxis). In 2003, the antiviral drug oseltamivir was added to the SNS. Analysis is ongoing to define optimal antiviral use strategies, potential health impacts, and cost-effectiveness of antiviral drugs in the setting of a pandemic. Results of these analyses will contribute to decisions regarding the appropriate type and quantity of antiviral drugs to maintain in the SNS. Additional activities include:

- Expanding the stockpile of the antiviral drug oseltamivir (Tamiflu®), the only medication that has been shown to have activity in the laboratory against the avian influenza virus that is circulating in Asia.
- Expanding research into next-generation antiviral drugs that show greater effectiveness against new influenza viruses.
- Conducting modeling studies to better understand how best to use limited supplies of antivirals in the event of a pandemic.

Research

Basic research on influenza such as genomic studies and studies of influenza virulence factors are providing additional clues for fighting the virus. NIH is currently supporting several research projects aimed at developing vaccines that can be manufactured more rapidly, are more broadly protective, and/or are more effective. In particular research activities are focused on:

- Developing new influenza vaccines that are highly efficacious, are easier to administer. In addition grants are examining vaccines that are directed against a constant portion of the influenza virus, thus avoiding the need to develop a new vaccine every year. With this approach it may be possible to create an influenza vaccine stockpile in the future.
- Providing materials and reagents to the scientific community, including antibodies and reference antigens to a number of avian influenza viruses considered to be of high pandemic potential.
- Identifying new viral targets for drug development.
- Developing an Influenza Genomics Project to rapidly sequence the genes of human and avian influenza viruses

Preparedness Activities

In the event of a pandemic, good surveillance, timely vaccine development and production, and the ability to administer vaccine to large numbers of people in a short amount of time will be very important. Several activities are helping to prepare for the next pandemic: Pandemic Plan -- Since 1993, Federal, State and local health officials have been working on several different preparedness efforts to reduce pandemic influenza-related deaths, sickness, and social disruption. One of the efforts is to develop a national plan that will cover many important aspects of responding to the next pandemic. The recently released draft Pandemic Influenza Response and Preparedness Plan describes a coordinated strategy to prepare for and respond to an influenza pandemic. It also provides guidance to state and local health departments and the health care delivery system on how to enhance planning and preparedness State Emergency Preparedness Grants -- Coordination in planning and consistency in implementation with other emergency response plans, such as those for bioterrorist threats and SARS, can further enhance and improve efficiency and effectiveness. Public health emergency programs such as the Health Resources and Services Administration (HRSA) Hospital Preparedness Program and the CDC Public Health Preparedness and Response Cooperative Agreements are providing states with resources to strengthen their ability to respond to bioterror attacks, infectious diseases and natural disaster. These resources will help states improve coordination of health care services and emergency response capacity and facilitate preparedness for influenza, as well as other public health emergencies. In FY04, HHS introduced a cross-cutting critical benchmark for state pandemic influenza preparedness planning as part of the Department's awards to states to improve hospitals' response to bioterrorism and other diseases. The goal of this planning activity is to assure implementation of an effective response including the delivery of quality medical care in the context of the anticipated increased demand for services in a pandemic (www.hhs.gov/asphep/FY04benchmarks.html). All totaled since September 11, 2001, HHS has invested more than \$3.7 billion in strengthening the Nation's public health infrastructure.

Biosense -- BioSense is a state-of-the-art, multi-jurisdictional data-sharing program to facilitate surveillance of unusual patterns or clusters around the country. It enhances the Nation's capabilities to rapidly detect and quantify public health emergencies by enabling rapid access to, and analysis of, diagnostic and pre-diagnostic health data. In addition, it allows for rapid, around-the-clock electronic transmission of data to local, state and federal public health agencies from national, regional and local health data sources.

Last revised: August 25, 2004

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Attachment B

*National Quality Forum Report:
Executive Summary
“Improving Use of Prescription
Medications: A National Action Plan”*

NATIONAL QUALITY FORUM

Improving Use of Prescription Medications: A National Action Plan

Executive Summary

One of the enduring challenges in healthcare today, for both providers and patients, is ensuring that patients follow treatment recommendations once they leave the care setting. Patient non-adherence is a longstanding problem across the healthcare enterprise and is one that raises serious issues for patient health, public health, and healthcare quality. With respect to the use of prescription medications, poor patient adherence—which may occur as a result of cost, side effects, misunderstandings, or other reasons—is especially problematic, given the potential of pharmaceuticals to improve health. In fact, prescription medication non-adherence is a major barrier to fully realizing the benefits of modern medical research and advancements in pharmaceuticals.

Myriad intentional and unintentional factors have been attributed to causing non-adherence, and it can be challenging for healthcare providers to change the motivations of patients who deliberately, or intentionally, choose not to follow recommended treatment regimes. Unintentional causes of poor adherence—such as inadequate provider-patient communication and patient confusion over basic directions—are key leverage points, however, and should be a high priority for improvement.

Given the significant impact of prescription medication adherence on patient safety, equity, effectiveness, efficiency, and other domains of quality, the National Quality Forum (NQF) initiated a project in March 2004 to address the need for a coordinated, national action plan to improve consumer use of prescription medications. The project was not designed to identify specific consensus standards per se; instead, it was an exploratory effort to evaluate the major issues and promising

practices or measures for their potential future use as voluntary consensus standards, with a special emphasis on populations at high risk for unintentional non-adherence, such as persons with limited health literacy, including those with limited English proficiency (LEP).

The project consisted of three major components: a comprehensive evidence review, the development of a framework to define a strategy for the action plan, and the convening of a multistakeholder invitational workshop. The review of the state of the evidence yielded approximately 3,000 relevant articles, underscoring the need for a coordinated effort to evaluate the existing body of work in order to identify priorities for improvement. A framework to outline major issues and define an overall strategy for the action plan was developed based on the input of a small focus group and workshop participants. The invitational workshop was held in October 2004 in Washington, DC, convening a diverse group of experts in quality, performance measurement, prescription medication safety, adherence, health literacy, and minority healthcare quality. The proceedings of this workshop are described in this report, which presents a national action plan for broadly improving consumer use of prescription medications in the United States.

Recommendations

Patients will not be able to benefit fully from medical research and pharmaceutical developments until their use of prescription medications is greatly improved. The coordinated efforts of a broad group of stakeholders, including NQF Members, are critical for enacting the healthcare system reforms that are needed to begin to address the issues involved in medication non-adherence. The solution should begin with the standardization of a set of performance measures that addresses adherence; the standardization of a set of practices that can be used by healthcare providers; and multistakeholder engagement and action to improve adherence. Three major recommendations are offered to create a national action plan for improving consumer use of prescription medications, as follows:

- **Data and measurement.** Identify and implement a standardized set of measures that uses existing data to measure provider performance, drawing on the wealth of information available from pharmacies, pharmacy benefits management organizations, state Medicaid agencies, and other available sources. Promote the sharing of those data with pharmacists, physicians, and other prescribers in order to facilitate the evaluation and improvement of patient adherence.
- **Practices for healthcare providers.** Evaluate and identify a set of practices for improving medication use adherence that healthcare providers at the individual and organization levels can use and that addresses medication use over the continuum of care. The set should include practices that apply to all patients, as well as those that address the additional needs of populations that face challenges in understanding healthcare information, such as those with LEP, limited literacy, and/or cognitive impairments, as well as other vulnerable or high-risk populations. Goals for improvement in a set of provider-focused practices should include facilitating care coordination; improving written information and verbal communication; routinely assessing patient adherence; providing tools patients can use to take charge of their own care; and addressing poor adherence resulting from cost/access issues.
- **Stakeholder engagement.** Engage a broad array of stakeholders, including consumers, pharmacies, provider organizations, purchasers, policymakers, pharmaceutical manufacturers, and information technology vendors, in developing and implementing strategies to improve adherence. Establish a case for each respective stakeholder that emphasizes how improving medication adherence meets its established needs and interests. Implement system-level changes through a combination of policy and purchasing strategies that will support and facilitate action by all involved stakeholders to improve medication adherence.

Attachment C

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

Senate Bill 1159 – Pharmacy Access to Syringes

California DHS Office of AIDS and The California State Board of Pharmacy

Collaborative Plan

During 2006 the California Department of Health Services Office of AIDS (DHS/OA) would like to collaborate with the California State Board of Pharmacy, Pharmacist Associations, Schools of Pharmacy and other interested organizations in order to increase awareness of Senate Bill 1159 (SB 1159) and pharmacy sales of sterile syringes in an effort to decrease transmission of blood-borne diseases such as HIV and hepatitis. To this end, DHS/OA proposes the following activities for consideration:

- ❖ SB 1159 Presentations to the California Pharmacists Association via statewide and regional conferences and meetings;
- ❖ Presentations on pharmacy access to syringes for Continuing Education Units (CEU) to pharmacists in various venues across California;
- ❖ Collaboration with California Schools of Pharmacy to develop HIV prevention curricula that includes a focus on syringe access and pharmacy access to syringes. The goal would be to integrate this curricula into existing study plans for students who will become future pharmacists in the state.
- ❖ Trainings for current pharmacists to become SB 1159 peer educators who will educate fellow pharmacists across the state on the legislation and the role of pharmacists as public health agents who can contribute to HIV prevention efforts;
- ❖ On-line CEU Courses in-order to educate pharmacists on SB 1159;
- ❖ Presentations at future Board of Pharmacy Inspectors Meetings to educate inspectors on SB 1159;
- ❖ Presentations and trainings with the California Retailers Association (i.e. chain pharmacy association) in order to increase their knowledge and understanding of policies and protocols related to SB 1159;
- ❖ Periodic articles on SB 1159 progress in *Scripts* – the publication of the California State Board of Pharmacy;
- ❖ Creation of a co-signed letter from DHS/OA, the State Board of Pharmacy and California Schools of Pharmacy highlighting collaborative efforts, providing recommendations for pharmacists and local health jurisdictions, and delineating future collaborative endeavors related to SB 1159;

- ❖ Consideration of collaboration with the Association of American Council of Pharmacies;
- ❖ Creation of standardized continuing education presentations and courses that can be presented by various experts on SB 1159 in a variety of venues across California;
- ❖ Increased collaboration with AIDS Drug Assistance Programs (ADAP) pharmacies across California;
- ❖ Add links and presentations to the SB 1159, DHS/OA and State Board of Pharmacy (www.pharmacy.ca.gov) websites to enhance knowledge and awareness of SB 1159.

Attachment D

*Public Outreach Activities November
1, 2005 through February 1, 2006*

Memorandum

To: Board Members

Date: January 24, 2006

From: Communication and Public Education
Committee

Subject: Public Outreach Activities

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

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

Public and licensee outreach activities performed since the October 2005 report to the board that have been reported:

- Board President Goldenberg participated on an NABP Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy Management Provisions conference call on October 27.
- Board President Goldenberg was keynote speaker at a conference of long-term care executives on Medicare Part D in Los Angeles on November 4.
- Supervising Inspector Ming presented information about pharmacy law and board pharmacy inspections to a group of UCSD pharmacy students on November 14.
- Assistant Executive Officer Herold presented information about the board to a group of UCSD pharmacy students on November 28.
- Supervising Inspector Ming presented information about sterile compounding to a group of pharmacy technician students at Santa Ana College on November 30.
- Board Member Jones presented information about pharmacy technology at the NABP Fall Conference in Florida on December 4.
- Board Member Fong presented information about new pharmacy laws to pharmacists at the Diablo Valley Pharmacists Association Meeting on December 28.
- Supervising Inspector Nurse participated as the board's representative to the Northern California Pain Initiative on January 9.
- Supervising Inspector Ratcliff presented information to the California State University Pharmacists on current law topics on January 12.
- Board President Goldenberg and Supervising Inspector Ratcliff presented information about the board and new pharmacy law on January 19 to USC students.

Future Presentations and Events

- The board will staff an information booth on February 4 at the San Diego Health Protection Day
- The board will staff a booth at the CPhA Outlook Meeting on February 17 and 18.
- Executive Officer Harris will participate as a speaker during the Federation of Associations of Regulatory Boards annual meeting in early February, as part of a panel discussion on "Board Governance: A Panel Discussion on the Pros and Cons of Different Board Structures."
- Executive Officer Harris will be a speaker at the Department of Consumer Affairs Senior Summit on May 12 in Sacramento. Her topic is "Protecting and Serving California's Aging Population."

Attachment E

*Center for Health Improvement
Report: “Opportunities for Improving
the California Pharmacist-Patient
Consultation Process*

Improving the California Pharmacist-Patient Consultation Process



POLICY BRIEF
Center for Health
Improvement

JANUARY 2006

Older Californians at Risk

This Center for Health Improvement (CHI) issue brief summarizes the findings of a two-year study (2004-2005) to examine the mandated pharmacist-patient consultation process and its effects on Californians aged 65 years and older. This is a timely issue, given the recent addition of prescription drugs to the federal Medicare program and anticipated expansion in participation of the benefit. By May 16, 2006, 4.3 million California seniors must make a critical decision about their drug coverage.¹ The CHI study's focus on seniors is also important since persons aged 65 and older are prescribed twice as many medications as persons under 65.² Approximately 90% of older persons take at least one prescription drug, and among them, nearly half use five or more different drugs.³ Older adults have more chronic diseases and multiple conditions, thus the consultation process becomes more relevant and complex. Finally, persons 65 and older constitute a more vulnerable population.⁴

SURVEY FINDINGS

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

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

*Required.

Recent attention by the Institute of Medicine⁵ has significantly raised the visibility of medical errors overall. Problems related to prescriptions drugs comprise one source for such errors. For example, in an analysis of adverse drug events (ADEs) occurring in a population of older adults in an ambulatory setting, 27.6% of the documented ADEs were deemed preventable.⁶

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

Federal and State Mandate

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

Methodology for Examining the Regulation

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

Findings About the Regulation

The California regulation describes two required components for every consultation:

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

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

Pharmacist Time & Compensation

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

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

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

Formulary Problems

Pharmacists in the focus groups discussed time-consuming activities that may have no clinical bearing on the consult, specifically, administrative time spent dealing with prior authorization issues. For example,

Technology Innovations

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

pharmacists submit a prescription for insurance approval, are then notified of the need for prior authorization, and then have to contact the prescribing physician. Physicians also noted that the prior authorization process was unwieldy and time-consuming for them and their staff.

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

covered by the formulary, his pharmacy still bears the transmittal charges.

Pharmacy Technician Staffing Ratio

Staffing ratios were identified as an important factor that affects time available for consultation. In particular, participants described how the pharmacist-pharmacy technician staffing ratio statute¹³ adversely impacts small, independent pharmacies that might only have one pharmacist on duty. Some pharmacists advocated for less stringent ratios, as is the case in other states, so that technicians could alleviate the pharmacist from non-clinical duties. For pharmacies with one pharmacist on duty, one pharmacy technician is allowed. For each additional pharmacist, two additional technicians are allowed (two total pharmacists, three total technicians; three total pharmacists, five total technicians; etc.).

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

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



Communication Process

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

Pharmacist-Patient Communication

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

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

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

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

Time & Compensation Recommendations

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

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

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Pharmacist-Physician Communication

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

Communications Recommendations

- **Develop an integrated, common message around the patient's right to a consult.** While multiple groups (e.g., state agencies, patient advocacy groups, pharmacist associations) have been working to improve patient education, the delivery is often through "pilot" projects limited to specific cities. A concerted statewide campaign, involving numerous stakeholders and multiple delivery methods, may improve education to both patients and physicians about the "patient's right" to a consultation and its clinical value.
- **Examine methods to improve communication between pharmacists and clinicians.** Outreach among stakeholders is vital to improving communication. Policy roundtable participants, particularly the California Medical Association and the

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

California Pharmacists Association, spoke of the need for continued forums in order to work on communication issues and develop strategies to improve. Pharmacy and medical school curriculum can be improved to promote better communication and team efforts for delivering care.

- **Promote technology to reduce inefficiencies.**

Policy roundtable participants considered the use of ePrescribing as a method of reducing the communication inefficiencies between pharmacists and physicians. Adoption of ePrescribing may simplify formulary complexities, as the physician could check prior to writing a prescription whether the medication is covered by the patient's insurance. ePrescribing built into an ambulatory computerized provider order entry system may also lead to reduced medication errors.¹⁶

- **Explore a process of patient follow-up that shares the results among the care team.** Currently certain pharmacies and physician offices use follow-up phone calls to patients regarding use and potential prescription side effects. Within a quality initiative, the sharing of the results between pharmacists and physicians, can improve communication among the three parties, promote coordinated care and improve compliance.



Center for Health Improvement

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

This publication was funded in part by a grant from The California Wellness Foundation and supported by a grant from the California HealthCare Foundation.

Patricia E. Powers, MPPA
President and CEO

Gregg Shibata
Senior Project Manager

1330 21st Street, Suite 100
Sacramento, CA 95814
Phone: 916 930 9200, Fax: 916 930 9010
<http://www.chipolicy.org>

CHI would like to thank the following policy brief reviewers:

Van Ellet
Senior Legislative Representative

Lee Rucker
Senior Policy Advisor
AARP

Virginia Herold, MS
Assistant Executive Officer,
California Board of Pharmacy

Erich Ryll, Jr., MBA
Director of Research
California Pharmacists Association

Michael J. Negrete, Pharm.D.
Chief Executive Officer
Premier Pharmacists Network

Attachment 1

*Meeting Summary of the January 17,
2006 Public Meeting of the
Communication and Education
Committee*



California State Board of Pharmacy
1625 N Market Street, Suite N-219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
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 January 17, 2006

Holiday Inn Capitol Plaza
300 J Street
Sacramento, CA 95814
10 a.m. – 12 noon

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

Call to Order

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

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

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

By January 2005, the program had been initiated. By July 2005, four fact sheets were developed and a fifth was undergoing work by the board. The first fact sheets prepared are:

- Generic Drugs – High Quality, Low Cost
- Lower Your Drug Costs
- Antibiotics – A National Treasure
- Is Your Medicine in the News?
- Did You Know? Good Oral Health Means Good Overall Health

In mid-20-05, the Center for Consumer Self-Care had 11 students who agreed to develop at least three fact sheets each over the coming year. At the July 2005

Board Meeting, the board agreed to cosponsor a joint web site with the Center for Consumer Self Care to house the approximately 35 fact sheets that would be developed over the year.

In October, the Communication and Public Education Committee received three fact sheets:

- Lower Your Drug Costs (revision to an earlier fact sheet)
- Have You Ever Missed a Dose of Medication?
- Don't Flush Your Medication Down the Toilet!

At the January 2006 meeting, the committee received:

- Thinking of Herbals?
- Diabetes – Engage Your Health Care Team

The committee encouraged continued involvement with this project, and hoped that Dr. Soller of the Center for Consumer Self Care could attend the next committee meeting. Several questions were asked about the "Thinking of Herbals" fact sheet – whether the print could be made larger and clarification if Echinacea should not be used with any chemotherapy or just some medications.

The committee encouraged the board's staff to obtain legal review of these fact sheets and then share them publicly at public education events. Mr. Powers expressed an interest in providing certain of the fact sheets to senior organizations for greater public distribution.

The committee discussed the need for future materials on flu shots in light of recent articles questioning the value of flu shots. The committee suggested that encouraging pneumonia shots might be a worthwhile fact sheet for specific patients. This material will be referred to Dr. Soller.

Ms. Herold added that board staff will do a fact sheet on the Beers list of drugs that should generally not be prescribed for those over 75 years of age.

Activities of the California Health Communication Partnership

The third project of this group has been an education campaign about early detection tests for cancer (breast cancer and prostate cancer). This project aired in September through November 2005. This project was funded by a grant from a private foundation, which enabled use of a firm (the North American Precis Syndicate) that specializes in dissemination of public service announcements and prewritten articles to a diversity of media outlets nationwide. The board used the same firm for similar dissemination services in the late 1990s.

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

aired. The North American Precis Syndicate will provide the partnership a certificate and award for achieving record outreach.

The next campaign of the partnership is on generics, and the California Retailers Association and board staff will be working with Dr. Soller on behalf of the partnership to promote the use of generics. The current plan is to follow a program along the lines of "Generics Makes Sense [Cents,\$]," a campaign to raise awareness among consumers about cost-savings of generic medicines.

Other items proposed for future campaigns:

- Talk to Your Pharmacist Campaign "Say Yes" [to Consultation]" Dr. Soller will seek input on ideas, materials and other information that might help define a campaign strategy.
- It's Your Life II – Fall 2007 Breast and Prostate Cancer Awareness Campaign
- Antibiotic Resistance – Poster/brochure outreach to hospital waiting rooms
- New Prescribing Information – related to new initiative by FDA to provide easier to read/use format for Rx labeling. Dr. Soller is gathering information from the FDA on this.

The committee discussed the importance of continuing public education campaigns about pharmacist-to-patient consultation, since many consumers are not aware of this requirement and the importance of seeking and following a pharmacist's knowledge of drug therapy and how it will benefit their health. The consensus was that additionally, some form of outreach to educate other health care providers about a pharmacist's requirement to consult would benefit providers and public health generally.

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

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

Tom Stopka and Alessandra Ross of the Office of AIDS attended this committee meeting to provide an overview of the project and outreach effort. They indicated that needle purchase programs have been implemented in 15 counties. Their office is interested in working with the profession, professional associations, schools of pharmacy, the board's inspectors and other entities as part of their educational outreach program, and they are particularly interested in reaching pharmacists and pharmacies. One component will be a CE course on this subject that the board may wish to put on its Web site.

The committee agreed to place future articles in *the Script* to continue the educational process of pharmacists. Since the board will staff a booth at CPhA's annual meeting in February, staff requested written information about the program that they could share and distribute.

The committee invited Mr. Stopka and Ms. Ross to the February Board Meeting to present their PowerPoint presentation about public and pharmacist education. However, they both are unable to attend and have agreed to provide the presentation at the April Board Meeting.

Status of *The Script*

The committee was advised that the next issue of the board's newsletter, *The Script*, has been written and reviewed, and being printed. This issue will focus on new pharmacy laws enacted in 2005. President Goldenberg's column is directed to pharmacist interns, encouraging them to become involved in board activities. Copies will be mailed to pharmacies, pharmacist interns and wholesalers.

The next issue of the newsletter will be developed for publication in July 2006.

The California Pharmacy Foundation mailed the October 2005 issue of *The Script* to all California pharmacists in December.

The board is initiating work on the next issue, likely a July 2006 issue.

The committee discussed the need to reincorporate the disciplinary actions section back into the newsletter. Several members strongly felt that this was an important educational element for pharmacists.

Ms. Harris noted that this feature was temporarily stopped several years ago due to staffing issues required to perform the specialized research needed to write the column, coupled with a lack of space in the newsletter due to erratic publishing schedules. At one point the staff planned on adding this information to the Web site.

This matter will be discussed at a future meeting.

Health Notes Publication Plans

There has been no work on the two pending issues of *Health Notes* since the October committee meeting.

Under development are two issues:

1. Pain Management Issue
2. Pharmacy Emergency Response to Patients in a Declared Disaster Area

While neither publication is yet ready for publication, but articles for both have been written.

The articles for pain management have been written and edited; however, referral back to the authors for confirmation remains to be completed. Likely publication date may be summer 2006.

Most of the articles for emergency response have been written. These articles will still need to be edited by technical experts and by the board. Again, the likely publication date may be summer 2006.

Need for New Consumer Brochures

The committee reviewed and discussed several items to address consumer education.

1. Consumer Materials

Under development by board staff are new consumer brochures and fact sheets.

- Consumer information about the importance of Black Box warnings on medication and what this means (this may change due to the new FDA patient package insert requirements)
- The Beers list of medications that should not be provided to elderly patients
- Update of Facts About Older Adults and Medicines (revision)

2. Information about the Bird Flu

The board has expressed an interest in developing information for patients and pharmacists on the bird flu. There is now a government Web site for information about the bird flu: www.pandemicflu.gov. As this area is still an emerging area of public health, the board will add a link from the board's Web site.

3. *Improving Use of Prescription Medications: A National Action Plan*

The committee reviewed an executive summary of a report funded by The California Endowment, which consisted in part of a literature review of studies showing the importance of medication compliance and the impact on patient health when patients are noncompliant.

Specifically, "Patient non-adherence in prescription medication use is a major barrier to fully realizing the benefits of medical and pharmaceutical advancements, and non-adherence is attributed to 22% of hospitalizations each year. A wide range of factors has been attributed to non-adherence, some of which present critical opportunities for healthcare providers to intervene, such as through better communication and follow-up for patients with limited health literacy and language barriers."

The study concludes: "Patients will not be able to benefit fully from medical research and pharmaceutical developments until their use of prescription medications is greatly improved." There are elements they identify for (1) data and measurement, (2) practices for healthcare providers, and (3) stakeholder engagement.

A copy of the executive summary will be provided in the board packet. The committee is interested in learning what interest the board has in pursuing this issue.

The committee generally believes that people are not taking their medication properly, and this is a serious health issue. Patient medication compliance is a big health problem, and part of it may be addressed through better patient counseling.

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

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

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

The report also was recently published and will be shared with the board in February.

President Goldenberg, who attended this committee meeting, stated that he was concerned with comments from patients in the focus groups who stated that they did not want consultation because they did not want to interrupt the pharmacist or have the pharmacist come out from the dispensing area to provide information and "walk all that way." President Goldenberg is interested in having the board explore how to create an environment that will encourage full consultation. He added that the future of biotechnology medications will require very specific consultation to patients, and the board may need to consider this as part of this evaluation.

President Goldenberg concluded that in light of the information provided and discussed at this committee meeting (notably items 3 and 4), the board may want to consider addressing patient consultation in the future.

Miscellaneous Consumer Articles in the Media

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

Update on the Board's Public Outreach Activities

The committee reviewed the board's public outreach and licensee education programs.

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

- Board President Goldenberg participated on an NABP Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy Management Provisions conference call on October 27.
- Board President Goldenberg was keynote speaker at a conference of long-term care executives on Medicare Part D in Los Angeles on November 4.
- Supervising Inspector Ming presented information about pharmacy law and board pharmacy inspections to a group of UCSD pharmacy students on November 14.
- Assistant Executive Officer Herold presented information about the board to a group of UCSD pharmacy students on November 28.
- Supervising Inspector Ming presented information about sterile compounding to a group of pharmacy technician students at Santa Ana College on November 30.
- Board Member Jones presented information about pharmacy technology at the NABP Fall Conference in Florida on December 4.
- Board Member Fong presented information about new pharmacy laws to pharmacists at the Diablo Valley Pharmacists Association Meeting on December 28.
- Supervising Inspector Nurse participated as the board's representative to the Northern California Pain Initiative on January 9.
- Supervising Inspector Ratcliff presented information to the California State University Pharmacists on current law topics on January 12.
- Board President Goldenberg and Supervising Inspector Ratcliff presented information about the board and new pharmacy law on January 19 to USC students.

I will be presenting at the Federation of Associations of Regulatory Boards (FARB) annual meeting. I will be on the panel discussing "Board Governance: A Panel Discussion on the Pros and Cons of Different Board Structures" and Sanctions: Available to Boards.

- I will participating as an "instructor" at teh California Department of Consumer Affairs' Senior Summit: Proteting and Serving California's Agin Population, sponsored by Consumer Actrion, a non-profit orgn. The Summit will take place on Friday, May 12, at the Sacramento Convention Center from 8-4:30.

Adjournment

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



California State Board of Pharmacy
1625 N Market Street, Suite N-219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

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

Meeting Summary

Subcommittee on Medicare Drug Benefit Plans
January 17, 2006
1-3:30 p.m.

Holiday Inn Capitol Mall
300 J Street
Sacramento, California

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

Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer
Jan Perez, Legislative Coordinator
Judi Nurse, Supervising Inspector

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

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

The meeting started with patient Tracy Patterson's description of her unsuccessful efforts to obtain necessary medication. Her story had been highlighted on January 13 on the front page of *The Sacramento Bee*. Ms. Patterson indicated that she has been without the Medicare benefit since January 1. She has spent three to four hours on the phone and cannot resolve the problems. She believes that the problems seem to rest between the entities Humana and ARGUS, each of which says one thing regarding her eligibility and coverage, but neither entity will call the other. She also has been asked to pay very high copayments (\$300 for one medication), which her benefit says should be \$3 at most.

President Goldenberg stated that over the prior few days, numerous stories have been printed indicating Ms. Patterson's problems are not unique. He is aware that patient

advocates and pharmacies have been deluged with patients having serious problems obtaining their medication, medication that should be covered by the program.

Jeff Flick, Regional Administrator of the Centers for Medicare & Medicaid Services, explained that the focus of the media attention has been on what has gone wrong, not on what has gone right. Also attending the meeting from CMS was Lucy Saldana, Pharmacist Consultant.

Pharmacies and patients complained that they cannot obtain eligibility determinations. In other cases, copayments for dual eligibles (who qualify for both Medicare and Medicaid), who are on multiple medications, have greatly exceeded what they should have been, for example, a copayment on one medication may be \$300 for a 30-day supply. Pharmacies attempting to verify eligibility or resolve problems for an individual patient report being on hold for long periods of time (one hour or more), and still being unable to resolve the problem for the patient. Patient advocates indicate that they also have been unsuccessful in resolving eligibility determinations for patients, and are swamped with calls seeking assistance. Some pharmacies have provided interim supplies of medication while attempts are made to rectify the problem, but other pharmacies have not, resulting in patients going without their medications.

In recent days before the January 17th meeting, and to assure that dual eligible patients are getting their medications, states have stepped in to provide interim funding where the patients' eligibility is not showing in the computer systems, and the pharmacies cannot identify coverage. California stepped in on January 12 to provide payment for a 15-day supply of medication when eligibility cannot be determined. The state intends to seek repayment from the federal government, but Mr. Flick indicated that the plans should be responsible for this repayment instead.

Mr. Flick stated that the transition plan was to cover one refill by the assigned health plan to ensure patients had their medication in January. However, 300,000 patients changed plans late in December and this caused one part of the problem with eligibility determinations. He stated that the data is being corrected, and the problems will cease soon. There have been other issues caused by different data problems. Again, these problems are being rectified.

Representatives of long-term care pharmacies stated that these pharmacies are having to absorb a copayment for these patients, yet there should be no copayment at all. There are also eligibility problems for these patients. A major problem is that the health plans do not aggressively work to resolve patient problems. The pharmacists requested a strong letter from CMS to the plans, requiring immediate correction of the problems.

Representatives of infusion pharmacies stated that their patients are having to stay in hospitals where care is substantially more expensive because patients cannot obtain verification of coverage. Verification of coverage is taking 72 hours to five days and this is too long. These are typically very sick patients, and some are going without their medications. Some patients have been automatically enrolled in programs that do not

cover their prescribed medication. This will result in health impacts and rehospitalization. The copayments have created huge problems – an example cited was one patient's cost increased from \$4,000 per year to \$15,000 per year under the new system.

Patient advocates stated that they are attempting to aid large numbers of confused patients in selecting plans and resolving medication copay problems or eligibility problems, but cannot obtain resolution fast enough for patients.

A number of those providing comments at the meeting indicated that the plans do not seem to be doing their part in resolving problems timely.

Board members Goldenberg and Powers expressed their concern for patients that are being denied medication, and resolutions are not coming fast enough. Plans are not being held accountable to respond to patients timely.

Teri Miller, PharmD, Senior Pharmaceutical Consultant, MediCal Policy Division of the California Department of Health Services stated that earlier in the day, the Legislature and Governor agreed to provide \$150 million in emergency funding to pharmacies so that dually eligible patients with problems can receive their medications until their coverage can be ascertained. The legislation to provide this funding is expected to be passed later in the week. Dr. Miller stated that the state is the payer of last resort, and will cover dual eligible patients who are otherwise unable to obtain their medications. Pharmacies must have made efforts to obtain coverage determinations and been unable to do so in order to qualify for the reimbursement. Specifically the pharmacy must certify that it was unable to obtain necessary information from Medicare to submit a claim, its claim was incorrectly denied, or the beneficiary would have been charged a copayment higher than the \$1 to \$5 payment specified by Medicare.

President Goldenberg thanked those who attended the meeting. He invited Mr. Flick and Dr. Saldana to the February Board Meeting so they could provide up to the minute information about the implementation of this program, and the government's efforts to resolve the problems.

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

Strategic Plan Status Report
Second Quarter 2005-06
 October 1, 2005 thru December 31, 2005

Communication and Public Education Committee

Goal 4:	Provide relevant information to consumers and licensees. Outcome: Improved consumer awareness and licensee knowledge.
Objective 4.1:	Develop 10 communication venues to the public by June 30, 2006. Measure: Number of communication venues developed to the public
Tasks:	<ol style="list-style-type: none"> 1. Convert <i>Health Notes</i> articles into consumer columns or fact sheets for wide dissemination to the public. 2. Develop and update public education materials. <ul style="list-style-type: none"> <u>August 2003:</u> <ul style="list-style-type: none"> ▪ Board finalizes purchasing drugs from Canada brochure and revises discount drugs available to Medicare beneficiaries. <u>October 2003:</u> <ul style="list-style-type: none"> ▪ <i>Emergency Contraception</i> 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 <u>February 2004:</u> <ul style="list-style-type: none"> ▪ Nine translations of <i>the Emergency Contraception</i> fact sheet are place on board Web site. <u>April 2004:</u> <ul style="list-style-type: none"> ▪ 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. <u>October 2004:</u> <ul style="list-style-type: none"> ▪ Informational fact sheet series that will be developed with UCSF pharmacist interns ready for development of the first three topics <u>January 2005:</u> <ul style="list-style-type: none"> ▪ Three fact sheets developed and distributed: “Generic Drugs,” “Cut Your Drug Costs,” and “Is Your Medicine in the News?” <u>March 2005:</u> <ul style="list-style-type: none"> ▪ Two additional fact sheets developed and undergoing revisions: “Antibiotics,” and “Did You Know, Good Oral Health Means Good Overall Health!” <u>May 2005:</u> <ul style="list-style-type: none"> ▪ Board promotes consumer education materials on generics at all public outreach events and fairs.

	<p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ Board receives translations of “Buying Drugs from the Internet” and “How to Reduce Your Drug Costs” in Spanish, Mandarin and Vietnamese. ▪ Committee begins development of extensive fact sheet series with UCSF. Within six months, more than 20 fact sheets should be ready. <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ Two new fact sheets developed by the pharmacist interns at UCSF – “Have You Ever Missed Your Dose of Medication” and “Don’t Flush Your Medication Down the Toilet!” ▪ The October 2005 <i>The Script</i> is published and mailed to pharmacies and wholesalers. <p><u>December 2005:</u></p> <ul style="list-style-type: none"> ▪ The California Pharmacy Foundation mails the October 2005 <i>The Script</i> to California pharmacists. <p><u>January 2006:</u></p> <ul style="list-style-type: none"> ▪ The January 2006 <i>The Script</i> is published and mailed to pharmacies, wholesalers and pharmacist interns. ▪ Two new fact sheets are produced: “Thinking of Herbals” and “Diabetes – Engage Your Health Team.”
<p>Task:</p>	<p>3. Sponsor “Hot Topics” seminars to the public.</p> <p><u>July 2003:</u></p> <ul style="list-style-type: none"> ▪ This series, sponsored by UCSF, the Department of Consumer Affairs and the board, concluded in May 2003. All parties are interested in resuming this project if staff are available to coordinate. ▪ The first consumer fact sheets developed from this series is drafted for board review by the Department of Consumer Affairs.
<p>Task</p>	<p>4. Evaluate the need for public education for patients who need to request prescription labeling in a language other than English.</p> <p><u>June 2004:</u></p> <ul style="list-style-type: none"> ▪ Committee discusses this topic as a possible fact sheet for the public. Patient literacy and its impact on medication compliance discussed by committee. <p><u>April 2005:</u></p> <ul style="list-style-type: none"> ▪ Board staff attend two-day seminar on patient literacy and its impact on developing useful public information on health care topics.
<p>Task</p>	<p>5. Participate as founding member of the California Health Communication Partnership, to help integrate public information outreach campaigns among diverse health care providers and educators</p> <p><u>July 2004:</u></p> <ul style="list-style-type: none"> ▪ Board agrees to join this coalition of health care educators <p><u>September 2004:</u></p> <ul style="list-style-type: none"> ▪ Board attends first meeting, the group elects to promote antibiotic misuse materials developed by the FDA

	<p><u>October 2004</u>-January 2005:</p> <ul style="list-style-type: none"> ▪ Board attends four meetings of the partnership. <p><u>January 2005:</u></p> <ul style="list-style-type: none"> ▪ Board publishes “Preserve a Treasure” in <u>The Script</u>. This is the first coordinated project of the partnership. Plans begin for the May campaign on generic drugs. <p><u>February – April 2005:</u></p> <ul style="list-style-type: none"> ▪ Three meetings of the partnership occur where plans for promoting generic medications in May are coordinated. Plans begin for campaign for November where cancer screening for women (mammogram) and men (prostate exams) will occur. Radio public service announcements are prepared. <p><u>May 2005:</u></p> <ul style="list-style-type: none"> ▪ Generics campaign underway to promote these drugs as alternatives to more expensive, brand name drugs. Board and FDA produced materials on generics distributed at public fairs and events during Seniors Month. ▪ Executive officer provides poster presentation at the National Association of Boards of Pharmacy Annual Meeting on the Partnership. <p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ Focus of future efforts are to promote cancer screening (mammograms for women, prostate tests for men) aimed at the fall and again, generic drugs. ▪ Partnership begins seeking grants to more widely promote generic drugs as PSA or consumer health articles. <p><u>September 2005:</u></p> <ul style="list-style-type: none"> ▪ Cancer-screening PSAs and consumer articles released. <p><u>December 2005:</u></p> <ul style="list-style-type: none"> ▪ Cancer screening PSAs widely disseminated in print and radio media during September through November. Partnership targets future campaigns on generics.
<p>Task</p>	<p>6. Implement subscriber e-mail notification system to advise interested parties about additions to the board’s Web site</p> <p><u>October 2004:</u></p> <ul style="list-style-type: none"> ▪ Implemented system. <p><u>January 2005:</u></p> <ul style="list-style-type: none"> ▪ System promoted in the board’s The Script newsletter. <p><u>March 2005:</u></p> <ul style="list-style-type: none"> ▪ System used to notify subscribers about recall of compounded medication that could be contaminated. <p><u>June and July 2005:</u></p> <ul style="list-style-type: none"> ▪ System activated repeatedly to alert subscribers about meeting agendas and packets available on the board’s Web site for downloading. <p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ Over 1,800 individuals now subscribe to this service. Approximately 75 new subscribers are added each month.

Task	<p>7. Participate in the California Tobacco Control Alliance’s Smoking Cessation Benefits Everyone campaign <u>July 2004:</u></p> <ul style="list-style-type: none"> ▪ Board endorses program.
Task	<p>8. Participate in the Circle of Advisors, a group of the Pharmacy Access Partnership <u>October 2004:</u></p> <ul style="list-style-type: none"> ▪ Attend October meeting.
Objective 4.2:	<p>Develop 10 communication venues to licensees by June 30, 2006. Measure: Number of communication venues developed to licensees</p>
Tasks:	<p>1. Publish <i>The Script</i> two times annually.</p> <p><u>October 2003:</u></p> <ul style="list-style-type: none"> ▪ The Script is published and mailed to all pharmacies. CPhA’s Education Foundation will print and mail the newsletter to all California pharmacists <p><u>November 2003:</u></p> <ul style="list-style-type: none"> ▪ CPhA’s Education Foundation mails October The Script to all pharmacists. <p><u>January 2004:</u></p> <ul style="list-style-type: none"> ▪ Articles for the next issue of The Script are completed and sent for legal review. <p><u>March 2004:</u></p> <ul style="list-style-type: none"> ▪ The Script is published and mailed to all California pharmacies. <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ Board agrees to work with UCSF to development and promote monograph on Atrial Fibrillation. <p><u>June 2004:</u></p> <ul style="list-style-type: none"> ▪ Contract for newsletter editor awarded for next two years <p><u>August 2004:</u></p> <ul style="list-style-type: none"> ▪ Board hires retired annuitant to develop newsletter. <p><u>January 2005:</u></p> <ul style="list-style-type: none"> ▪ Board publishes January 2005 issue of <i>The Script</i>. <p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ Board writes articles for next newsletter, which are undergoing review by staff. <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ <i>The Script</i> published and mailed to California pharmacies and wholesalers and placed online. <p><u>December 2005:</u></p> <ul style="list-style-type: none"> ▪ The October 2005 <i>Script</i> mailed to all California pharmacists by the Pharmacy Foundation for California. <p><u>January 2005:</u> <i>The Script published and mailed to California pharmacies, pharmacist interns and wholesalers</i></p>

<p>Task:</p>	<p>2. Publish one <i>Health Notes</i> annually.</p> <p><u>September 2003:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>November 2003:</u></p> <ul style="list-style-type: none"> ▪ Authors for “Pain Management” selected and commit to writing articles, which are due in late January. <p><u>February – April 2004:</u></p> <ul style="list-style-type: none"> ▪ Board receives and edits articles from authors <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ Board agrees to work with UCSF to produce a future issue on smoking cessation. Outside funding will be sought for development of this issue. <p><u>June 2004:</u></p> <ul style="list-style-type: none"> ▪ Board Member Schell edits articles for new “Pain Management” <u>Health Notes</u>. <p><u>October 2004:</u></p> <ul style="list-style-type: none"> ▪ Board staff edits for “Pain Management” <p><u>January 2005:</u></p> <ul style="list-style-type: none"> ▪ Board approves development of “Pharmacy Disaster Response” which is targeted for publication later this year. <p><u>January 2006:</u></p> <ul style="list-style-type: none"> ▪ Work still stalled on “Pain Management” and Pharmacy Disaster Response” due to lack of staff resources. Publication is still planned for the future.
<p>Task:</p>	<p>3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentations at local and annual professional association meetings throughout California.</p> <p><u>July 2003:</u></p> <ul style="list-style-type: none"> ▪ Board presents PowerPoint continuing education program to 35 MediCal staff in Los Angeles and 60 pharmacists at local association meeting in Santa Barbara. <p><u>September 2003:</u></p> <ul style="list-style-type: none"> ▪ Presentation to 40 pharmacists at the Long-Term Care Academy. ▪ Board Member Jones attends the Indian Pharmacist Association Meeting to present board PowerPoint presentation. <p><u>October 2003:</u></p> <ul style="list-style-type: none"> ▪ Presentation and information booth provided at CSHP’s Seminar 2003 <p><u>December 2003:</u></p> <ul style="list-style-type: none"> ▪ Board provides continuing education to 80 pharmacists at Coachella Valley local association <p><u>January 2004:</u></p> <ul style="list-style-type: none"> ▪ Board provides compounding pharmacy information to 25 health directors of large hospital chain in U.S. <p><u>February 2004:</u></p> <ul style="list-style-type: none"> ▪ Board presentation to 125 pharmacists and students at USC’s School of Pharmacy, and later in the month new pharmacy law changes presented to 125 students at UCSF’s School of Pharmacy. ▪ Board CE presentation provided to Circle of Advisors Meeting of the Pharmacy Access Partnership

March 2004:

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

April 2004:

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

May 2004:

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

June 2004:

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

October 2004:

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

November 2004:

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

January 2005:

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

February 2005:

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

March 2005:

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

April 2005:

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

UCSF faculty and students.

May 2005:

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

July 2005:

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

September 2005:

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

October 2005:

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

November 2005:

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

December 2005:

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

January 2006:

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

Task:

4. Maintain important and timely licensee information on Web site.

July 2003:

- All information packets for public meetings of the board placed on Web site in addition to agendas

October 2003:

- The October 2003 *The Script* added to Web site

November 2003:

- The board places information about new pharmacist licensure examinations on Web site

January 2004:

- Web page modified to make it easier to find pharmacist licensure examination information
- Licensure verifications can be performed by printing license verification information from the Web site, eliminating need to obtain this directly from board
- Board updates Pharmacy Law and Index to reflect new laws. New pharmacy technician form placed online

February 2004:

- Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online.

March 2004:

- Material explaining new prescribing and dispensing requirements for controlled substances placed online. California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online.
- *The Script*, March 2004, added to Web site. Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.

July - October 2004:

- Additional material on prescribing controlled substances in California added. Information about how exams are graded and reapplication procedures added to Web site.
- Modified emergency contraception protocol to reflect new manufacturers. Agendas, minutes, and meeting packets added to Web site of all public meetings held during this period.

October 2004:

- Information added from the Public Health Section of the Department of Health Services regarding priorities for distributing flu vaccines to Californians due to a shortage of the vaccines.

November 2004 –January 2005:

- agendas, minutes, and meeting packets added to Web site of all public meetings held during this period.

December 2004:

- Information added to aid pharmacies in filling controlled substances prescriptions that may not fully conform with new security prescription forms.

January 2005:

- Revised 2005 Pharmacy Law with index put online.

February 2005:

- Updated questions and answers about filling and dispensing controlled substances added to the Web site.
- The January 2005 *The Script* added online.

March 2005:

- Emergency contraception fact sheet translated into Armenian, the 11th language

	<p>version of this fact sheet, and added to the board's Web site.</p> <ul style="list-style-type: none">▪ New section containing all new pharmacy laws enacted in 2004 added to Web site. <p><u>March – April 2005:</u></p> <ul style="list-style-type: none">▪ Agendas, minutes and meeting packets added to Web site of all public meetings held during this period. <p><u>May – July 2005:</u></p> <ul style="list-style-type: none">▪ Agendas, minutes and meeting packets added to Web site of all public meetings held during this period. <p><u>July - October 2005:</u></p> <ul style="list-style-type: none">▪ Agendas, minutes and meeting packets added to Web site of all public meetings held during this period.▪ Board creates area on web for information about hurricane Katrina and Rita relief efforts▪ October 2005 <i>The Script</i> placed online. <p><u>December 2005:</u></p> <ul style="list-style-type: none">▪ New office location and phone numbers for new board office placed online
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<p>Task:</p>	<p>5. Create a consumer fact sheet series in conjunction with California schools of pharmacy on topics of interest.</p> <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ Board agrees to work with UCSF’s Center for Consumer Self Care to develop the fact sheets. <p><u>June 2004:</u></p> <ul style="list-style-type: none"> ▪ 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 <p><u>October 2004:</u></p> <ul style="list-style-type: none"> ▪ UCSF ready to work with students on the first three fact sheets <p><u>January 2005:</u></p> <ul style="list-style-type: none"> ▪ First three fact sheets developed and distributed. Efforts begin to seek translation of these fact sheets into different languages. <p><u>March 2005:</u></p> <ul style="list-style-type: none"> ▪ Two additional fact sheets developed, and undergoing review. <p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ 11 interns sign on to develop three fact sheets each. Committee considers development of special and joint Web site with the Center for Consumer self care to house the fact sheets once developed. ▪ Board approves creation of joint Web site during board meeting. <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ Three additional fact sheets developed and submitted to the board for review. <p><u>January 2006:</u></p> <ul style="list-style-type: none"> ▪ Two additional fact sheets developed and submitted for review.
<p>Task:</p>	<p>6. Create public education activities to educate prescribers, dispensers, patients and law enforcement about changes in law regarding dispensing of controlled substances.</p> <p><u>January 2004:</u></p> <ul style="list-style-type: none"> ▪ Board develops Power Point presentation on new prescribing and dispensing requirements for controlled drugs, and revises its Powerpoint CE program on the board and pharmacy law. ▪ Board presents information on new prescribing and dispensing requirements for controlled drugs to 15 investigators at a FBI Drug Diversion Meeting. <p><u>February 2004:</u></p> <ul style="list-style-type: none"> ▪ Presentation of new controlled substances requirements provided to San Francisco Health Plan P & T Committee. <p><u>March 2004:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>May 2004:</u></p> <ul style="list-style-type: none"> ▪ Presentation on new requirements for prescribing and dispensing controlled

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

June 2004:

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

July 2004:

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

August 2004:

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

September 2004:

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

October 2004:

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

November 2004:

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

December 2004:

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

January 2005:

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

February 2005:

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

March 2005:

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

April and May 2005:

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

May 2005:

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

June 2005:

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

January 2006:

- Supervising Inspector Nurse attends Northern California Pain Initiative Meeting

<p>Task:</p>	<p>7. Acknowledge pharmacists licensed for 50 years with the California board of Pharmacy</p> <p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ Nearly 450 pharmacists recognized who have 50 years of service to the public as licensed pharmacist. Each receives a letter and award. <i>The Script</i> will list their names. Each is invited to a future board meeting. Four of these pharmacists attend the the July Board Meeting. <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ 49 more pharmacists complete 50 years as licensed pharmacists. <p><u>January 2006:</u></p> <ul style="list-style-type: none"> ▪ 8 pharmacists complete 50 years as licensed pharmacists and are recognized
<p>Task:</p>	<p>8. Acknowledge pharmacists and other licensees who have provided services to the Gulf Coast Storm victims.</p> <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ Several pharmacists and pharmacies are commended for their extraordinary efforts in <i>The Script</i> and during the board meeting. <p><u>February 2006:</u></p> <ul style="list-style-type: none"> ▪ Board shows video montage of Hurricane Katrina relief efforts at the New Orleans Airport.
<p>Objective 4.3:</p>	<p>Participate in 20 forums, conferences and public education events by June 30, 2006.</p> <p>Measure: Number of forums participated</p>
<p>Tasks:</p>	<p>1. Participate in forums, conferences and educational fairs.</p> <p><u>August 2003:</u></p> <ul style="list-style-type: none"> ▪ Board staffs an information booth at Sacramento’s Consumer Health Fair, co-hosted by Kaiser, AARP, Area 4 Agency on Aging and Congressman Matsui: <p><u>September 2003:</u></p> <ul style="list-style-type: none"> ▪ Board President Jones attends NABP’s District VII and VIII annual meeting. <p><u>October 2003:</u></p> <ul style="list-style-type: none"> ▪ 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 <p><u>January 2004:</u></p> <ul style="list-style-type: none"> ▪ Board staffs an information booth at CPhA’s Outlook 2004. Board presentations include information on new pharmacy law, board operations and new examination requirements. <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ Board members attend National Association of Boards of Pharmacy Meeting in Chicago. <p><u>May 2004:</u></p> <ul style="list-style-type: none"> ▪ Board staffs booth at Healthy Aging 2004 in Sacramento, 300 people attend. ▪ Board staffs booth at the Senior Health Fair in Yreka, over 150

consumers attend.

June 2004:

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

July 2004:

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

August 2004:

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

September 2004:

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

November 2004:

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

January 2005:

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

February 2005:

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

March 2005:

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

May 2005:

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

June 2005:

	<ul style="list-style-type: none"> ▪ President Goldenberg represents the board at the founding meeting of the California Pharmacy Leadership Council. <p><u>September 2005:</u></p> <ul style="list-style-type: none"> ▪ Board staffs an information booth at City of Sacramento’s Public Safety Fair. <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ Executive Officer and board members attend NABP’s Districts VI, VII and VIII meeting. ▪ The board staffs an information booth at UCD’s Health Aging Fair where over 750 people attend. ▪ Board President Goldenberg participates on NABP Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Program ▪ Board members and staff attend CSHP’s Seminar in Anaheim <p><u>November 2005:</u></p> <ul style="list-style-type: none"> ▪ Board President Goldenberg is keynote speaker at meeting of Long-Term Care executives regarding implementation of the Medicare Drug Benefit Program <p><u>December 2005:</u></p> <ul style="list-style-type: none"> ▪ Executive Officer and some Board Members attend NABP Fall Conference. Board Member Jones provides presentation about pharmacy technology
Objective 4.4:	<p>Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.</p> <p>Measure: Percentage response to information requests from governmental agencies</p>
Tasks:	<p>1. By June 1, 2004, submit report to Legislature on statutory requirements for remedial education after four failed attempts on the California pharmacist exam.</p> <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ Draft report provided to board members at April Board Meeting <p><u>December 2004:</u></p> <ul style="list-style-type: none"> ▪ Final report submitted to Legislature, as required.
Task:	<p>2. Provide information to legislators regarding board implementation of statutory requirements.</p> <p><u>April – June 2004:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>January 2005:</u></p> <ul style="list-style-type: none"> ▪ Board analyzes three ballot initiatives involving prescription drugs at the request of the Secretary of State’s Office. <p><u>January – April 2005:</u></p> <ul style="list-style-type: none"> ▪ Board provides substantial technical assistance to authors with proposed or pending legislation regarding implementation of wholesaler licensing requirements, recycling of drugs from skilled nursing homes, sales of ephedrine products by pharmacists, provision of emergency contraceptives, prescription container labeling

	<p>requirements, electronic transmission of prescriptions, automated dispensing machines, controlled substances prescriptions, tracking of drug sales from pharmacies and online pharmacies</p> <p><u>May 2005:</u></p> <ul style="list-style-type: none"> ▪ Board staff identify all forms online so that these can be added to a “one-stop shopping” location on DCA’s Web site. <p><u>June 2005:</u></p> <ul style="list-style-type: none"> ▪ Board provides data regarding examination development and statistics to the department for its report to the Legislature. <p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ Board provides information about its fleet of vehicles and laptop security features in response to legislative requests for information. <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ Board provides DCA with its Annual Report
<p>Task:</p>	<p>3. Provide agency statistical data (ASP) information to the department.</p> <p><u>Sept. 2003:</u></p> <ul style="list-style-type: none"> ▪ Board submits data to department as required. <p><u>November 2003:</u></p> <ul style="list-style-type: none"> ▪ 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 <p><u>September 2004:</u></p> <ul style="list-style-type: none"> ▪ board submits ASP data to department as required. <p><u>October 2005:</u></p> <ul style="list-style-type: none"> ▪ board submits ASP data to the department as required.
<p>Task:</p>	<p>4. Board provides information to department on the Bilingual Services Program Survey due September 15, 2003.</p> <p><u>September 2003:</u></p> <ul style="list-style-type: none"> ▪ data provided <p><u>January 2004:</u></p> <ul style="list-style-type: none"> ▪ All staff collect data for survey of public contacts by the language of the individual. <p><u>November 2005:</u></p> <ul style="list-style-type: none"> ▪ All staff collect data for survey of public contacts by the language of the individual.
<p>Task:</p>	<p>5. Department of Consumer Affairs, Internal Audit of the Board released March 2003 as part of Sunset Review</p> <p><u>October 2003:</u> Board compiles 180-day post audit report to the department</p> <p><u>March 2004:</u> Board compiles 360-day post audit report to the department.</p> <p><u>April 2004:</u> Department evaluates and submits final post-audit review of board activities; the board is in compliance.</p>
<p>Task:</p>	<p>6. Software Inventory Report of all software in use by Board of Pharmacy</p> <p><u>December 2003:</u> Board compiles this massive and detailed report.</p> <p><u>March 2005:</u> Board compiles this massive and detailed report</p>

<p>Task:</p>	<p>7. Regulation Summary Report of all regulations enacted from 1999-2003, pursuant to Executive Order S-2-03.</p> <p><u>January 2004:</u> Report compiled and submitted timely</p>
<p>Task:</p>	<p>8. Review of board operations, procedures, procedure manuals, applications, publications, etc., for underground regulations pursuant to Executive Order S-2-03</p> <p><u>January 2004:</u> Report compiled and submitted timely <u>April 2005:</u> Follow-up request from the Office of Administrative Law requires no further action on the board's part.</p>
<p>Task:</p>	<p>9. Board meets with delegation from China Zhejiang Provincial Drug Administration at request of this agency in December 2003</p>
<p>Task:</p>	<p>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</p>
<p>Task:</p>	<p>11. Report backlogs and impacts of staffing and budget reductions on workload <u>Sept. 2003:</u> Report compiled and submitted. <u>Nov. 2003:</u> Report compiled and submitted. <u>February 2004:</u> Report compiled and submitted. <u>March 2004:</u> Report compiled and submitted <u>April 2004:</u> Report compiled and submitted. <u>May 2004:</u> Report compiled and submitted. <u>June 2004:</u> Report compiled and submitted. <u>July 2004:</u> Report compiled and submitted. <u>August: 2004:</u> Report compiled and submitted. <u>September 2004:</u> Report compiled and submitted. <u>October 2004:</u> Report compiled and submitted.</p> <p>Requests for these reports ended after submission of the October 2004 report.</p>
<p>Task:</p>	<p>12. Respond to requests for reports from the Department of Consumer Affairs or State and Consumer Services Agency.</p> <p><u>April 2004:</u></p> <ul style="list-style-type: none"> ▪ Provided a compilation of all board applications available online for the Office of Information Services, and its Strategic Plan. ▪ Provided copies of four surveys used by the board to obtain satisfaction measures of the board's Web site, complaint processes, public education presentations and job analysis survey of pharmacists at the request of the Consumer and Education Division. ▪ Compiled examination program review data for the California Pharmacist

	<p>Jurisprudence Examination and North American Pharmacist Licensure Examination at the request of the Office of Examination Resources..</p> <ul style="list-style-type: none"> ▪ Compiled another report required by section 139 of the Business and Professions Code regarding examination validation for the California Pharmacist Jurisprudence Examination and North American Pharmacist Licensure Examination at the direction of the Office of Examination Resources. ▪ Compiled data regarding manpower shortages of board licensees at the request of the executive office. ▪ Compiled data describing all board application processing steps for the board's 12 major programs at the request of the department. <p><u>May 2005:</u></p> <ul style="list-style-type: none"> ▪ Board staff identify all forms online so that these can be added to a "one-stop shopping" location on DCA's Web site. <p><u>June 2005:</u></p> <ul style="list-style-type: none"> ▪ Board provides data regarding examination development and statistics to the department for its report to the Legislature <p><u>July 2005:</u></p> <ul style="list-style-type: none"> ▪ Board provides information about its fleet of vehicles and laptop security features in response to legislative requests for information.
<p>Objective 4.5</p>	<p>Respond to 100 percent of public information requests regarding board programs and activities.</p> <p>Measure: Percentage response to information requests from the public</p>
<p>Tasks:</p>	<ul style="list-style-type: none"> ▪ Respond to public information requests. <p><u>July – October 2003:</u></p> <ul style="list-style-type: none"> ▪ 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 to within required timeframes. <p><u>October – December 2003:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>January – March 2004:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>April – June 2004:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>July - September 2004:</u></p> <ul style="list-style-type: none"> ▪ 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. <p><u>October – December 2004:</u></p>

- The board received 49 public inquiries, requests for 208 written license verifications, and four subpoenas. Seventy three percent of the inquiries were responded to within 10 days, 64 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.

January – March 2005:

- The board received 75 public inquiries, requests for 198 written license verifications, and five subpoenas. Eighty-one percent of the inquiries were responded to within 10 days, 80 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.

April – June 2005:

- The board received 78 public inquiries, requests for 301 written license verifications, and three subpoenas. Ninety percent of the inquiries were responded to within 10 days, 90 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.

July – September 2005:

- The board received 83 public inquiries, requests for 223 written license verifications, and six subpoenas. Eighty percent of the inquiries were responded to within 10 days, 80 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.

October - December 2005:

- The board received 58 public inquiries, requests for 200 written license verifications, and one subpoena. Sixty-six percent of the inquiries were responded to within 10 days, 88 percent of the license verifications were performed within 10 days, and the subpoena was responded to within five days.

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