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

Communication and Public Education Committee Report

Shirley Wheat, Chair and Board Member
Hank Hough, Board Member
Bill Powers, Board Member

The Communication and Public Education Committee met October 2, 2008, in Sacramento. Minutes of the meeting are provided as **Attachment A** at the back of this tab section.

1. FOR INFORMATION: Summary of Ongoing Discussion of Medication Errors and How to Prevent Them

Background:

At the July 2008 Board Meeting, the board held a forum on medication errors. Michael Cohen of the Institute for Safe Medication Practices, John Keats of California Patient Safety Action Coalition (CAPSAC), and Bob LeWinter of the California Department of Public Health provided presentations on activities underway to prevent pharmacies from making or repeating medication errors. A discussion also involved another discussion of the findings of the 2006 SCR 49 Medication Errors Task Force report.

Also at the July Board Meeting, Executive Officer Herold provided a presentation of the medication errors cited and fined by the Board of Pharmacy during 2007-08. There were 402 medication errors reported to the board during this period, and 600 medication error cases closed during the period. Of these cases 94 percent were substantiated as errors.

During the discussion during the July Board Meeting and then later during the Communication and Public Education Committee Meeting (held in conjunction with the board meeting), Executive Officer Herold suggested including information in the Board's Newsletter or in a separate issue on some of the medication errors investigated by the board.

The following pages provide the information that will be converted into this medication error supplement to the newsletter. There will be a description of the medication error and the drugs that were mistakenly dispensed. These items are in **Attachment 1**.

During the discussion at the October Committee Meeting, the committee members strongly supported board efforts to share information about medication errors and how to prevent them. This discussion included efforts to educate patients about their role and what they can do to prevent errors, and to educate practitioners about what errors the board has investigated. There was also an opportunity to provide additional information about preventing medication errors as the board has done over the last few years in its newsletter.

Both CPhA and the Institute for Safe Medication Practices have expressed interest in working with the board in this area. The California Pharmacy Foundation is particularly interested in outreach to prevent medication errors.

One area is the emerging emphasis on using TALL MAN Letters in prescriptions to prevent look-alike drug names from being confused. Attached are several articles from the Institute for Safe Medication Practices, and one expressing the National Association of Boards of Pharmacy policy on this subject.

In **Attachment 1** are two additional articles on medication errors and ways to prevent them by pharmacies.

2. FOR INFORMATION: Discussion of Comments Submitted in Response to Proposed Rule Changes to 45 CFR Part 88, Ensuring that the Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law

Since the last board meeting, staff was advised about a notice for comments on a proposed rule of the federal Department of Health and Human Services for providers to exercise moral or religious convictions that may prevent them from performing certain health care functions. The proposed rule deals principally to prohibit certain entities from requiring any person "to perform or assist in the performance of any part of a health service program or research activity funded by the Department [of Health and Human Services] if such service or activity would be contrary to his religious beliefs or moral convictions." Comments on the proposed regulation were due by September 25.

Since California has a law that ensures a provider's right to exercise conscience convictions provided patient care could still be provided, the board submitted comments to this effect.

Attachment 2 contains the letter President Schell submitted in response to this proposed rulemaking of the federal government.

3. FOR INFORMATION: Discussion Regarding Action to Implement SB 472, Patient-Centered Medication Container Labels

a. Report of Consumer Surveys

Senate Bill 472 (Chapter 470, Statutes of 2007) added Section 4076.5 to the Business and Professions Code, relating to development of patient-centered prescription drug labels. This statute requires the board to promulgate regulations for standardized, patient-centered, prescription drug labels on all prescription medication dispensed to patients in California by January 1, 2011. The board is also directed to hold special public forums statewide in order to seek input from the public on the issue of prescription labels.

The timeline envisioned for this process was:

- 2008: conduct public hearings statewide – six meetings were envisioned
- 2009: develop regulations and adopt the requirements by the end of the year
- 2010: pharmacies implement requirements to be ready for 1/1/11 implementation
- 2011: requirements become effective and labels on prescription medicine are compliant

The first special public forum was held at a community center in Fremont on April 12, 2008. Approximately 40 people attended, though most attendees were from the pharmaceutical industry. Three attendees at the initial forum were “public” participants, so it became apparent that the board would need to find alternative venues to increase participation from consumers.

In May 2008, board staff developed a prescription label survey for distribution at public outreach events. The survey is available in English and Spanish. It is designed to elicit information from the public about prescription labels using the following questions:

1. What information on the label is most important to you?
2. Do you understand the directions on the prescription label?
3. What would you change on the prescription label?
4. What would make the prescription label easier to read?
5. Other suggestions?

Since late May, board staff have been using the survey to interview attendees at public events. Consumers have been invited to complete surveys on-site during the events, or mail them to the board using the self-addressed envelopes provided. This method of soliciting information has proved less intimidating to consumers than individually speaking at public hearings. Board staff attending the community events has also reported positive feedback when discussing this initiative with the public.

The survey can also be completed and submitted electronically on the board’s Web site at https://app.dca.ca.gov/pharmacy/survey_sb472.asp. In addition,

AARP has invited consumers to “Put in Your Two Cents on Prescription Labeling” in the AARP September 2008 newsletter. A copy of AARP’s article is attached, and available at:
[http://www.aarp.org/states/ca/articles/Put in Your Two Cents on Prescription Labeling.html](http://www.aarp.org/states/ca/articles/Put_in_Your_Two_Cents_on_Prescription_Labeling.html). **Attachment 3.**

The board has also provided consumers with one-page fact sheets entitled, “Do you understand the directions on your Rx medicine label?” The fact sheet provides background information related to SB 472, and printed samples of faux prescription labels as a visual aid.

A total of 175 consumers completed surveys as of the Communication and Public Education Committee Meeting on October 2. Attached are charts reflecting responses to each survey question. Not every consumer provided an answer to each question, while others provided multiple answers to individual questions. Many consumers gave the same response (i.e., larger font) to more than one question.

Trends have been identified in the answers provided thus far. Many responses suggest that the purpose of the drug be printed on the prescription label, and that a larger or bolder type font be used.

When asked what would make prescription labels easier to read, the top two responses were:

- Larger or bolder print
(64 of 109 responses = 58.7%)
- Highlighting directions for use and other information in colors other than black
(15 of 109 responses = 13.8%)

When asked what to change on the prescription label, the top two responses were:

- Print should be larger or darker
(50 of 144 responses = 34.7%)
- Include purpose of the drug – state what condition the medication is intended to treat
(26 of 144 responses = 18.1%)

When asked what information on the label was most important, the top two responses were:

- Directions for use
(55 of 265 responses = 20.8%)
- Dosage prescribed
(41 of 265 responses = 15.5%)

When asked for other suggestions, the top two responses were:

- Easy-open lids should be used; no child-proof caps for seniors (7 of 50 responses = 14%)
- Include purpose of the drug – state what condition the medication is intended to treat (6 of 50 responses = 12%)

During the committee meeting of October 2, the committee strongly supported the suggestion by the pharmacy associations who attended the Communication and Public Education Meeting to aid the board in distributing the survey by having their pharmacists distribute the surveys.

b. Discussion of Presentations and Agenda Planned for November 20, 2008 Forum

The board will capitalize on the department-sponsored Professionals Achieving Consumer Trust Summit scheduled for November 2008 as an ideal opportunity to engage other professions in the development of a patient-centered prescription label.

The board has secured a presentation by Mike Wolf, PhD, of Northwestern University who is a national expert in designing patient-centered labels. Dr. Wolf and his colleague, Stacy Bailey, will attend the board's forum and will provide a summation of their research in designing labels that provide optimal health information to patients. There will also be a presentation by Michael Villaire of the Institute for Healthcare Advancement.

Additionally, since the October 2 Committee Meeting, the board has distributed surveys at a CARA state convention and at a Latino community event in Sacramento. The board has also received more mailed-in surveys. Since the beginning of October, the board has received over 100 more surveys, nearly 40 percent more. These surveys will be added into the summary of survey responses received in the future.

4. FOR INFORMATION: Discussion Regarding Consumer Fact Sheet Series with California Schools of Pharmacy Interns

Several years ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The intent was to offer students the opportunity to work with the board on meaningful projects promoting consumer education, while the board would benefit from the production of the materials. Initially the project was initiated with UCSF.

At the October 2007 Board Meeting, the board accepted the committee's recommendation to invigorate this program by offering other schools of pharmacy the opportunity to have their students develop one-page fact sheets on various topics, and

then have the developed fact sheets reviewed by an expert. Representatives from other California pharmacy schools were very interested in this project for their students.

At that time, the board directed staff to proceed with the committee's recommendation for development of a template for future fact sheets, and work the schools of pharmacy to initiate this intern project.

Attachment 4 contains a letter sent to the deans of California's schools of pharmacy inviting pharmacist interns the opportunity to produce public information fact sheets on items of public health interest. The board has not received any formal notification from the schools designating a faculty member to serve as liaisons, but interest in this appears high.

At the October Communication and Public Education Committee, names of particular preceptors at some schools of pharmacy were provided as supplemental contacts to engage the project. Board staff will follow up with these individuals.

5. FOR INFORMATION: Development of New Consumer Informational Brochures

Board staff has finalized the following fact sheets:

- Traveling Medicine Chest
- Pill Splitting – Not for every person, and not for every pill
- Vaccinations and Travel Outside the U.S.

Underway are updates to the drug discount program brochure and development of a new brochure on measuring devices for children's medicines.

6. FOR INFORMATION: Request of Pharmacists Planning Services Incorporated to Develop a Brochure on Patient Adherence

The board received a letter from Fred Meyer, requesting that the board develop a brochure on patient adherence and compliance as part of its intern fact sheet series. A copy of this letter is in **Attachment 5**.

Discussion during the committee meeting concluded that what fact sheets become developed in the future will be a function of how many interns become involved in the project. Some of those in attendance at the meeting had questions about the data and specific need for this brochure.

7. FOR INFORMATION: Update on *The Script*

The next issue of *The Script* is scheduled for publication in January 2009 and will focus primarily on new laws and regulations enacted in 2009. Unfortunately, as a result of the Governor's Executive Order, for several months the board lost its newsletter editor, Retired Annuitant Hope Tamraz. Ms. Tamraz has agreed to volunteer to perform this

work in the event her position is not restored; which fortunately, in mid-October was authorized -- provided the board conduct a recruitment.

8. FOR INFORMATION: Update on Public Outreach Activities

Public and licensee outreach activities performed during the first quarter of Fiscal Year 08/09 include:

July 2, 2008: Board Member Goldenberg provided information about pharmacy law to medical staff at the Jewish Home Hospital.

July 8, 2008: Board Inspector Orlandella represented the board on a panel to a group of seniors and provided general information and responded to questions in Roseville, CA.

July 9, 2008: Executive Officer Herold provided a presentation in San Diego to a group of 150 individuals and agencies regarding California law and drug take back programs in communities.

July 12, 2008: Board Inspector Bayley and Associate Analysts Durst and Abbe staffed a resource table at the Lotus Festival in Los Angeles. They distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.

August 17, 2008: Associate Analysts Durst and Abbe and Assistant Executive Officer Sodergren staffed the department's booth at the State Fair and distribute brochures, respond to public questions and elicit suggestions to improve the labeling on prescription labels.

August 25, 2008: Executive Officer Herold provided a presentation at a conference sponsored by the California Integrated Waste Management Board on the board's concerns with drug take back programs and sharps container returns.

September 17, 2008: Executive Officer Herold provided a presentation to Astra-Zeniga's government relations staff on SB 1307.

September 18, 2008: Executive Officer Herold provided a presentation at the Generic Pharmaceutical Associations annual meeting on SB 1307.

September 23, 2008: Executive Officer Herold participated in a web cast on California's pedigree requirements and SB 1307, hosted by software provider SAP.

September 23, 2008: Board President Shell and Executive Officer Herold made a presentation at a national meeting held in Sacramento regarding California's pharmacy law and the requirements barring needles and syringes being inappropriately discarded in landfills and other locations.

October 8, 2008: President Schell spoke on requirements regarding conscience provisions in California law at Loma Linda University on October 8.

October 8, 2008: Executive Officer Herold spoke to the CSHP's Board of Directors about the board's heparin inspections.

October 10, 2008: Executive Officer Herold spoke to CSHP's Seminar on Board legislative and regulation activities.

October 10 and 11, 2008: Assistant Executive Officer Sodergren and Supervising Inspector Ratcliff staff an informational booth at CSHP's Seminar.

October 11, 2008: Executive Officer Herold spoke to CSHP's Seminar on the heparin inspections with the California Department of Public Health.

October 12, 2008: Executive Officer Herold spoke to CSHP's Seminar on California's e-pedigree requirements.

October 12, 2008: Board Member Powers provided information and conducted labeling surveys of those attending CARA's annual meeting.

October 12, 2008: Publications Coordinator Abbe attended Celebrando Nuestra Salud to conduct labeling surveys of those in attendance.

Attachment 1

Medication Errors Information

P

RESCRIPTION ERROR CASES

\$500 Fine

- # **Case 1:** An 8 month-old child was given a prescription for Novahistine DH (Phenylhist DH), a codeine-containing product. The Pharmacist incorrectly typed the directions on the prescription label as give 1 and 1/2 teaspoonfuls by mouth every 6 hours instead of the prescribed direction to give 1 and 1/2 cc (ml) by mouth every 6 hours. This resulted in the infant being dispensed seven times the prescribed dose. This infant's mother is a nurse and caught the error; the infant never received any of the medication.

 - # **Case 2:** A patient being treated for a craniotomy picked up her refill prescription of Hydrocodone/APAP 5mg/500mg (a medication for pain). She spelled out her name for the clerk/technician, who retrieved a prescription. The patient signed and paid for the medication and left the pharmacy. Later that evening the patient took her regular dosage (two pills) of medication, and became nauseated, lethargic, and started to vomit. She then discovered she had received another person's prescription, she received Lexapro 10mg (an antidepressant).
-

P

RESCRIPTION ERROR CASES

\$500 Fine

- # **Case 3:** A patient picked up his prescription for Citalopram 40mg. After taking the medication for several days, (four doses total) suffered several incidents of dizziness. The patient noticed the pills looked different and returned to the pharmacy where the pharmacist informed him he had been taking Norvasc 5mg (a low blood pressure medication). The patient recovered without Permanent harm.
-

P

RESCRIPTION ERROR CASES

\$1,000 Fine

- # **Case 1:** An adult female refilled her Norvasc (5mg once daily) prescription (a drug to lower blood pressure). The pharmacist incorrectly dispensed Lipitor (a drug to lower cholesterol). Five days later the patient suffered a stroke and was hospitalized. After 6 days in the hospital and six major procedures, she was released. One of her discharge medications was Lisinopril 10mg, which the pharmacist incorrectly filled with Lisinopril 20mg. The patient received the corrected medications and her condition stabilized.
 - # **Case 2:** An adult female refilled his prescription for Disopyramide 100mg. The pharmacist incorrectly filled with Desipramine 100mg. Within about 5 days the patient began to experience numerous symptoms, difficulty breathing; fainting spells; irregular or fast, pounding heartbeat; stomach pain; unusual weakness or tiredness; anxiety; constipation, or diarrhea; drowsiness or dizziness; and dry mouth, all side effects of Desipramine. The patient contacted the pharmacy and the PIC, stated the tablets were a generic replacement and the symptoms could not be related to the generic drug.
-

P

RESCRIPTION ERROR CASES

\$1,000 Fine

- # **Case 3:** A 53-year-old female patient with diabetes was prescribed Avandia 4mg and Prevacid 30mg. The pharmacist incorrectly filled with Coumadin 4mg and Pravachol 40mg. The patient developed blurred vision and bruising and then went to urgent care. Her blood tests showed a markedly elevated clotting test (INR @ 6.3). She was seen by Ophthalmology and was diagnosed with a bleed (possibly a retinal bleed). She was treated and is better.
-

P

RESCRIPTION ERROR CASES

\$2,500 Fine

Case 1: A mature adult female was prescribed Climata 0.045-0.015mg Pro Patch. The pharmacist incorrectly dispensed Estradiol 0.0375mg patch. The patient took the incorrect medication for 7 months. The patient suffered a uterine build-up requiring a D&C medical procedure as a result of taking this medication.

Case 2: A 58-year-old female patient was prescribed Prednisone 2.5mg tablets as 1 tablet bid (5mg/day). The pharmacist incorrectly dispensed Prednisone 50mg tablets as 1/2 tablet bid (50mg/day). As a result of this error the patient required hospitalization. The patient recovered without permanent harm.

P

RESCRIPTION ERROR CASES

\$4,200 Fine

Case 1: A 68-year-old female was receiving prescriptions from three doctors for enormous amounts of Soma and Tylenol with Codeine (both pain medications). In a nine-month period 4,696 doses were dispensed. The pharmacy dispensed all the prescriptions without contacting the prescribers. The patient died of cardiopulmonary arrest.



Medication Safety Alert!

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Community/Ambulatory Care Edition

Volume 7, Issue 8 - August 2003

Schools need...

Safety Briefs

■ ISMP list of name pairs with tall man letters.

ISMP extends sincere thanks to all who completed our recent survey on the use of tall man letters to differentiate products with look-alike names. Tall man letters are uppercase letters that are used within a drug name to highlight its primary dissimilarities with look-alike drug names. One of the primary reasons for conducting this survey was to use the findings to prepare an unofficial list of look-alike drug name pairs with suggested tall man letters to guide practitioners and healthcare organizations. This is not intended to replace drug name safety testing to prevent name similarities before marketing a product. Many respondents shared their thoughts about other drug name pairs that might benefit from using tall man letters that were not included in our survey. We reviewed each suggestion very carefully, placing emphasis on the potential for patient harm, the frequency of use for each medication, and the need to keep the list short enough to avoid diluting the effectiveness of tall man letters. To help promote standardization, ISMP suggests that the tall man lettering schemes provided by FDA and ISMP be followed consistently. For a fully alphabetized list, please visit:

www.ismp.org/Tools/tallmanletters.pdf



FDA and ISMP Lists of Look-Alike Drug Name Sets With Recommended Tall Man Letters

The sets of look-alike drug names in the Tables below have been modified using "tall man" letters to help draw attention to the dissimilarities in their names. Several studies have shown that highlighting sections of drug names using tall man (mixed case) letters can help distinguish similar drug names,¹ making them less prone to mix-ups.²⁻³ ISMP, FDA, The Joint Commission, and other safety-conscious organizations have promoted the use of tall man letters as one means of reducing confusion between similar drug names.

Table 1 provides a list of FDA-approved established drug name sets with recommended tall man letters, which were first identified during the FDA Name Differentiation Project (www.fda.gov/CDER/Drug/MedErrors/nameDiff.htm).

Table 2 provides a list of additional drug name sets with recommendations from ISMP regarding the use and placement of tall man letters. This is not an official list approved by FDA. It is intended for voluntary use by healthcare practitioners and drug information vendors. Any product label changes by manufacturers require FDA approval.

aceto HEX AMIDE - aceta ZOL AMIDE	hydr AL AZINE - hydro XY Zine
bu PRO Pion - bus PIR one	medroxy PROG ESTERone methyl PRED ISolone methyl TEST OSTERone
chloro pro MAZINE - chloro pro PAMIDE	
clomi PH ENE - clomi PR AMINE	
cyclo SP ORINE - cyclo SER INE	ni CAR dipine - ni FED ipine
DAUN Oribicin - DOX Oribicin	predni SON E - predni so LONE
dime thy DRINATE - di phen hydr AM INE	sulf AD IAZINE - sulf ISO XAZOLE
DOB UTamine - DOP amine	TOL AZamide - TOL BUTamide
gli pi ZIDE - gly BUR IDE	vin BL ASine - vin CR ISine

References: 1) Filik R, Purdy K, Gale A, Gerrett D. Drug name confusion: evaluating the effectiveness of capital ("Tall Man") letters using eye movement data. *Social Science & Medicine* 2004;59(12):2597-2601. 2) Filik R, Purdy K, Gale A, Gerrett D. Labeling of medicines and patient safety: evaluating methods of reducing drug name confusion. *Human Factors* 2006;48(1):39-47. 3) Grasha A. Cognitive systems perspective on human performance in the pharmacy: implications for accuracy, effectiveness, and job satisfaction. Alexandria (VA): NACDS; 2000 Report No. 062100.

One of the difficulties with the use of tall man letters is the lack of scientific evidence regarding which name pairs would most benefit from this error-reduction strategy as well as which letters to present in uppercase. Until further evidence is available, ISMP suggests that the tall man lettering scheme provided in these Tables be followed to promote consistency.

AL PRA Zolam - LO R azepam	metro NIDA ZOLE - met FOR MIN
am LOD IPine - a MI Loride	morphine - HY DR Omorphine
aza CIT IDine - aza THIO prine	Nex IUM * - Nex AVAR *
ce FAZ olin - ce TRIAX one	ni MOD ipine - ni FED ipine
Cele BREX * - Cele XA *	Novo LOG * - Novo LIN *
chloro pro MAZINE - chlo rdiaze POXIDE	O X carbaze pi ne - car BAM aze pi ne
CIS platin - CAR BOp ^l atin	oxy CO DONE - Oxy CONT IN*
clonaz e PAM - clo NID ine	PAR ox etine - FLU ox etine
clonaz e PAM - LO R azepam	PENT o barbital - PHEN o barbital
clo NID ine - Klo no PI N *	Pri LO SEC* - PRO Z ac*
DACTI Nomycin - DAPTO mycin	QU E tia pi ne - OLAN Zapine
e PHED rine - EPINEPH rine	qui NINE - qui NID ine
fenta NYL - SU F entanil	ri TUX imab - ri FLIX imab
FLU ox etine - DU L oxetine	Sand IMMUNE * - Sand o STAT IN *
guan FAC INE - gua IFEN esin	SER O quel* - S INE quan*
Huma LOG * - Huma LIN *	Solu -MEDROL * - Solu -CORTEF *
HY DR Ocodone - oxy CO DONE	SUM AT riptan - sita GLIP tin
ID AR ubicin - DO XO rubicin	ti ZAN idine - tia GAB ine
INV anz* - AVIN za*	tra ZO Done - tra MAD ol
La MI Ctal* - La MI SIL*	TRE N tal - TE G retal*
lami VUD ine - lami TRI gine	Zy PREXA * - Zyr TEC *

* Brand names always start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names. An asterisk follows all brand names in Table 2.

Delegates Approve Eight Resolutions

Delegates from the member boards of pharmacy adopted eight resolutions during the NABP 104th Annual Meeting. Adoption of these resolutions result in actions such as task forces created at the direction of NABP President Rich Palombo, RPh, and NABP and its member boards collaborating with government agencies, health care associations, and other stakeholders. The resolutions are as follows.

Resolution No. 104-1-08

Title: "Tall Man" Letter Utilization For Look-Alike Drug Names

Action: Passed

Whereas, medication dispensing errors continue to occur as a result of look-alike prescription drug product names; and

Whereas, the use of "TALL MAN" letters highlighting the dissimilar letters in look-alike drug name pairs has been shown to assist in reducing these types of dispensing errors;

Therefore Be It Resolved that NABP work with the United States Food and Drug Administration (FDA) and the United States Pharmacopeia (USP), or other standard setting organizations to propose a national standard for "TALL MAN" lettering for look-alike drug names; and

Be It Further Resolved

that NABP encourage manufacturers of drug products with look-alike names, as identified by FDA, USP, or other standard-setting organizations, to use "TALL MAN" lettering on applicable product labels and avoid the use of look-alike names; and

Be It Further Resolved that NABP encourage manufacturers of pharmacy data systems and software to recognize "TALL MAN" lettering standards within their systems.

Resolution No. 104-2-08

Title: Standardized Internship Registration

Action: Passed

Whereas, there is an identified need to standardize when interns are recognized and licensed by the boards of pharmacy in order

to accumulate required internship hours while completing the experiential practice requirements noted in the Accreditation Council for Pharmacy Education (ACPE) *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*;

Therefore Be It Resolved that NABP encourage state boards of pharmacy to uniformly register pharmacy interns and for NABP to work with American Association of College of Pharmacy and ACPE to establish a uniform date within the professional pharmacy curriculum to begin internship registration.

Resolution No. 104-3-08

Title: Task Force On Uniform Prescription Labeling Requirements
Action: Passed

Whereas, concerns have arisen regarding prescription drug label content and format as contributing factors to patient confusion and medication errors; and

Whereas, some prescription drugs are known by several proprietary names (ie, brand name, branded generic name) as well as their established, official, or generic name, and such drugs may be identified on a prescription drug label by multiple different names; and

Karen
Abbe/Pharmacy/DCANotes
09/02/2008 09:00 AM

To Virginia Herold/Pharmacy/DCANotes@DCANotes
cc Anne Sodergren/Pharmacy/DCANotes@DCANotes
bcc
Subject AP: Group aims to limit prescription mix-ups



GROUP AIMS TO LIMIT PRESCRIPTION MIX-UPS

Website warns about drugs with similar names

By Lauran Neergaard
Associated Press
September 2, 2008

WASHINGTON - Take the generic drug clonidine for high blood pressure? Double-check that you didn't leave the drugstore with Klonopin for seizures, or the gout medicine colchicine.

Mixing up drug names because they look or sound alike - like this trio - is among the most common types of medical mistakes, and it can be deadly. Now new efforts are aiming to stem the confusion, and make patients more aware of the risk.

Nearly 1,500 commonly used drugs have names so similar to at least one other medication that they have already caused mix-ups, says a major study by the US Pharmacopeia, which helps set drug standards and promote patient safety.

Last week the influential group opened a Web-based tool to let consumers and doctors easily check to see whether they are using or prescribing any of these error-prone drugs, and what they might confuse it with. Try to spell or pronounce a few on the site - www.usp.org - and it's easy to see how mistakes can happen.

Due out later this fall is a more patient-oriented website, a partnership of the nonprofit Institute for Safe Medication Practices and online health service iGuard.org, that will send users e-mail alerts about drug-name confusion.

And the Food and Drug Administration, which rejects more than a third of proposed names for new drugs because they are too similar to old ones, is preparing a pilot program that would shift more responsibility to manufacturers to guard against name confusion. The goal is to spell out how to better test for potential mix-ups before companies seek approval to sell their products.

"There are so many new drugs approved each year, this problem can only get worse," USP vice president Diane Cousins said.

At least 1.5 million Americans are estimated to be harmed each year from a variety of medication errors, and name mix-ups are blamed for a quarter of them.

Rarely does a company change a drug's name after it hits the market, although it has happened twice since 2005. The Alzheimer's drug Reminyl now is named Razadyne, after mix-ups, including two reported deaths, with the old diabetes drug Amaryl. The cholesterol pill Omacor is now named Lovaza, after mix-ups with blood-clotting Amicar.

Doctors' notoriously bad handwriting is not the only culprit. A hurried pharmacist faced with alphabetized bottles on a shelf might grab the wrong one.

Nor are computerized prescriptions a panacea. A doctor who e-prescribes still can click the wrong row on the alphabetized screen, picking the bone drug Actonel instead of the diabetes drug Actos.

Phone or fax a prescription, and static or smudged ink can turn the epilepsy drug Lamictal into the antifungal pill Lamisil.

Harder to measure but perhaps more common: A doctor means to prescribe a new drug but spells out a similar-sounding old one out of habit. Or the patient misspells or mispronounces a drug, and a health worker assumes it's the schizophrenia drug Zyprexa, not the antihistamine Zyrtec.

"We've had cases where a healthcare professional repeats what they think the patient's on, and the patient thinks they must know what they're talking about and agrees," Cousins said.

Enter the new Web tool. Cousins tells consumers to check it against their current medications, so they know to pay more attention to confusing ones at refill time. Question the pharmacist if the tablets look different than last time, said pharmacist Marjorie Phillips, medication safety coordinator at MCGHealth, the Medical College of Georgia's health system. It might just be a new generic, or it might be the wrong drug, she said.

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newsletter

National Association of Boards of Pharmacy®

September 2008 / Volume 37 Number 6

Boards Investigate Regulating Pharmacies for Patient Care Outcomes to Ensure Quality

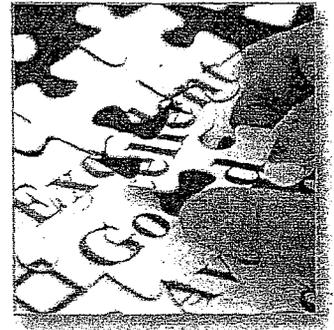
Twelve years ago, David Brushwood, RPh, JD, a professor at the University of Florida College of Pharmacy, advised that the state boards of pharmacy should adjust their policies to begin regulating pharmacies for patient care outcomes. Some in pharmacy regulation also recognized the importance of such an approach. Charles R. "Chuck" Young, RPh, CFE, during his tenure as executive director of the Massachusetts Board of Registration in Pharmacy from 1996 to 2006, initiated several efforts, including creating a board staff position that focused on continuous quality improvement (CQI), the first of its kind in the nation. Today, boards are refocusing on CQI programs and are working to improve or implement their own plans.

In the push for CQI programs in the community pharmacy setting, boards

are looking at methods to evaluate the success of these programs and, subsequently, to establish uniform standards to facilitate uniform success.

NABP and stakeholders from all areas of pharmacy practice and regulation emphasize the importance of looking for the root of "quality-related events" in pharmacy structure and process, or systems, and adjusting those systems as necessary to support CQI programs and prevent the recurrence of medication errors. A necessary part of the process involves measuring changes that actually result from the adjustments to pharmacy systems.

According to CQI reports, health care "outcomes" refer to "changes in a patient's health status that result from the provision of health care." They state, however, "[o]ther



important outcomes are disability, discomfort, and dissatisfaction," and, "[e]xamples in pharmacy of directly measured outcomes would be adverse drug reactions, patient dissatisfaction, and diminished quality of life. Proxy outcomes measures would include the rate of medication-related emergency room visits or blood pressure readings of hypertensive patients."

Brushwood emphasized that measuring such outcomes is the only way

(continued on page 138)

The NABP Newsletter (ISSN 8756-4483) is published 10 times a year by the National Association of Boards of Pharmacy (NABP) to educate, to inform, and to communicate the objectives and programs of the Association and its 66 member boards of pharmacy to the profession and the public. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is \$35 per year.

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Regulating for Outcomes

(continued from page 137)

to reliably determine the relevance and success of system changes. "The importance of outcomes," he said in the August 1996 issue of the *NABP Newsletter*, "is that they can be linked to particular aspects of structure and process, which can be altered to produce improved outcomes. Correspondingly, the importance of structure and process is that they can be linked with outcomes." This cyclical approach is fundamental to effective change.

According to a 2004 article, "Framework for Pharmacy Services Quality Improvement – a Bridge to Cross the Quality Chasm. Part I. The Opportunity and the Tool," in the *Journal of Managed Care Pharmacy*, "[q]uality improvement in health care services in the United States will be made in incremental changes that rely on a structure-process-outcome model. . . . Incremental changes in structure and process will result in the desirable outcome of meeting customer needs for more effective drug therapy and disease management."

Based on this model, pharmacy CQI programs should include looking at the number of errors and, once systems have been modified to reduce the incidence of errors, checking to see if that reduction has actually occurred. Ensuring that appropriate changes are being implemented and leading to

a reduction in quality-related events should be part of inspecting pharmacies for CQI.

By 2001, the momentum was building steam, as noted in the article, "Regulating for Outcomes as a Systems Response to the Problem of Drug-Related Morbidity," in the *Journal of the American Pharmaceutical Association*. "Health care accreditation agencies are moving toward regulation for outcomes," the article states. "Such regulations would clarify pharmacy's role in support of safe and effective pharmacotherapy and would constitute a commitment to pharmaceutical care as public service. A widely adopted system of measuring and improving the quality of medication use and outcomes could eventually lead to quality benchmarks in the community pharmacy setting, which would more firmly establish the value of the pharmacist in pharmacotherapy."

Today, focusing on quality and regulating for outcomes in patient care are consistent with the recommendations of the NABP 2007-2008 Task Force on Continuous Quality Improvement, Peer Review, and Inspecting for Patient Safety (CQI task force). This philosophy is an important aspect of the proposed pharmacy accreditation program that the CQI task force outlines.

To assist the boards with inspecting pharmacies to ensure that CQI practices are in place and operating successfully, the CQI task force recommends that NABP

explore the possibility of developing and implementing a pharmacy accreditation program, in conjunction with the boards, that will ensure pharmacies are operating in a manner consistent with CQI standards, decreasing the occurrence of quality-related events and ultimately increasing patient safety. With many boards facing budget strains and lacking the resources to increase the frequency and complexity of pharmacy inspections, NABP is currently exploring a community pharmacy accreditation program to address this need and to assist those boards in implementing or upholding pharmacy CQI standards in their jurisdictions.

NABP President Rich Palombo, RPh, remarked at the NABP 104th Annual Meeting in May 2008 that "the purpose and desire to develop such a program is to assist the boards and move patient safety forward. . . . Such a program will provide invaluable data to the boards about the pharmacies in their states and across the country." This information would provide useful evidence on which to base future systems and standards. "If we are successful in assisting pharmacists to effectively implement a meaningful definition of patient safety to their practices," President Palombo says, "we will have achieved something that is momentous and that will impact patient care and safety for generations."

To establish a foundation for pharmacy CQI program
(continued on page 142)

nabp newsletter

Regulating for Outcomes

(continued from page 138)

standards, the task force developed a form for use by each pharmacy in conducting a quality self-audit at least quarterly, as well as upon a change of pharmacist-in-charge. The goals of the quality self-audit are to monitor changes in the number of quality-related events over time, as well as to evaluate compliance with CQI procedures, and to develop a plan for improved adherence with the CQI program. This mechanism for measuring outcomes provides pharmacies with a quantifiable means of

assessing, initially, whether system adjustments are needed, and subsequently, whether they have improved patient care outcomes.

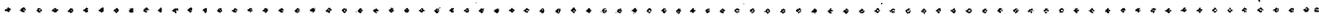
The task force used as a basis for its recommendations several aspects of CQI programs established over the past decade by the Massachusetts Board of Registration in Pharmacy. As mentioned earlier, the Board, under the direction of Young, who served as an ex officio member of the task force, initiated several efforts, including the establishment of the "continuous quality improvement coordinator" position. The coordinator position was created to review on-site CQI procedures

established by licensed pharmacies based on "Best Practice Recommendations" implemented by the Board. These efforts assisted the Board in moving forward in its attempt to proactively regulate for outcomes and move away from a reactive, strict disciplinary approach to regulation.

The cyclical approach to outcomes assessment, systems modification, and subsequent outcomes assessment follows the basic philosophy of evidence-based medicine, which has become increasingly pertinent in medical practice. The objective is to make patient care decisions, both on an

individual patient and a pharmacy systems level, based on past experience with and documentation of those systems that have proven successful. Once this assessment process begins and data is collected from multiple pharmacies, the boards may glean information on the most effective systems that lead to the best patient care outcomes, and they may anticipate problems based on previous poor outcomes.

The accumulation of such data will allow the boards to develop and implement uniform quality standards to improve outcomes nationally and, ultimately, enhance patient safety. Ⓢ



Attachment 2

*Comments to the HHS Regarding
Prohibiting Discrimination Involving
Practitioners Exercising
Conscience Clause Rights
45 CFR Part 88*



California State Board of Pharmacy
1625 N. Market Blvd, Suite N 219, Sacramento, CA 95834
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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

September 25, 2008

Office of Public Health and Science
Department of Health and Human Services
Attention: Brenda Destro
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 728E
Washington DC 20201

RE: COMMENTS OF THE CALIFORNIA STATE BOARD OF PHARMACY
45 CFR Part 88: *Provider Conscience Regulation*

To Whom It May Concern:

I write on behalf of the California State Board of Pharmacy. We are pleased to have this opportunity to respond to a request for comments regarding a health care provider's ability to decline to provide patient care based on the provider's conscience and/or religious beliefs.

The California State Board of Pharmacy regulates 105,000 pharmacists, pharmacies and other individuals and businesses that ship, store and dispense prescription medicine into, throughout and from California. The board's mandate is consumer protection.

For several years, California has had statutory requirements (California Business and Professions Code section 733(b)(3)) that provide dispensing practitioners (which principally means pharmacists) with both the ability to practice their profession while preserving their ability to refuse from dispensing prescription drugs and devices that may be in conflict with their religious or moral beliefs, provided that:

- (1) the practitioner advises his or her employer, in writing, listing the drugs or class of drugs to which the practitioner has an objection to dispensing at a time prior to the event, and
- (2) the employer can make a reasonable accommodation to the practitioner by establishing protocols that ensure that affected patients will have timely access to the prescription drug and/or device legally prescribed to them which are required to facilitate management of their condition.

Additionally, in the case of prescription drugs, the Board of Pharmacy believes that patients should be informed of their rights to obtain lawfully prescribed prescription drugs and devices. California law required that the board develop a Notice to Consumers, that could be either posted in a pharmacy or printed on the back of customer receipts, to ensure patients are advised of their rights to lawfully prescribed medicine. A reduced-size copy of the poster that carries this notice is enclosed with this letter.

The board wishes only to comment and encourage that where the ability of an individual practitioner is granted to exercise his or her personal beliefs with respect to provider conscience rights, that there is also a duty to ensure the provision of care to the patient. Insofar as any health care practitioner may exercise conscience rights, there needs to be a process to ensure that patients may receive uninterrupted care that has been lawfully prescribed by other providers.

Thank you for this opportunity to provide comments on this important health care issue.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth H. Schell".

Kenneth Schell
President

Encl

NOTICE
TO CONSUMERS

KNOW YOUR RIGHTS

UNDER CALIFORNIA LAW CONCERNING MEDICINE
AND DEVICES PRESCRIBED TO YOU.

**YOU HAVE THE RIGHT TO RECEIVE
MEDICINE AND DEVICES LEGALLY
PRESCRIBED TO YOU, UNLESS:**

- 1** The medicine or device is not in stock in the pharmacy.
- 2** The pharmacist, based upon his or her professional judgment determines providing the item:

Is against the law, could cause a harmful drug interaction or could have a harmful effect on your health.



This pharmacist may decline to fill your prescription for ethical, moral or religious reasons, but the pharmacy is required to help you get the prescription filled at this or another nearby pharmacy timely. The pharmacy may decline to provide the medicine or device if it is not covered by your insurance or if you are unable to pay for the item or any copayment you owe.

If the pharmacy is unable to fill your prescription, you are entitled to have the prescription returned to you or transferred to another nearby pharmacy. Ask about our procedure to help you get an item that we don't have in stock.

ANY QUESTIONS? ASK THE PHARMACIST!



CALIFORNIA STATE BOARD OF PHARMACY
1000 Capitol Mall
Sacramento, CA 95833
Tel: (916) 445-3333 • www.csbph.org



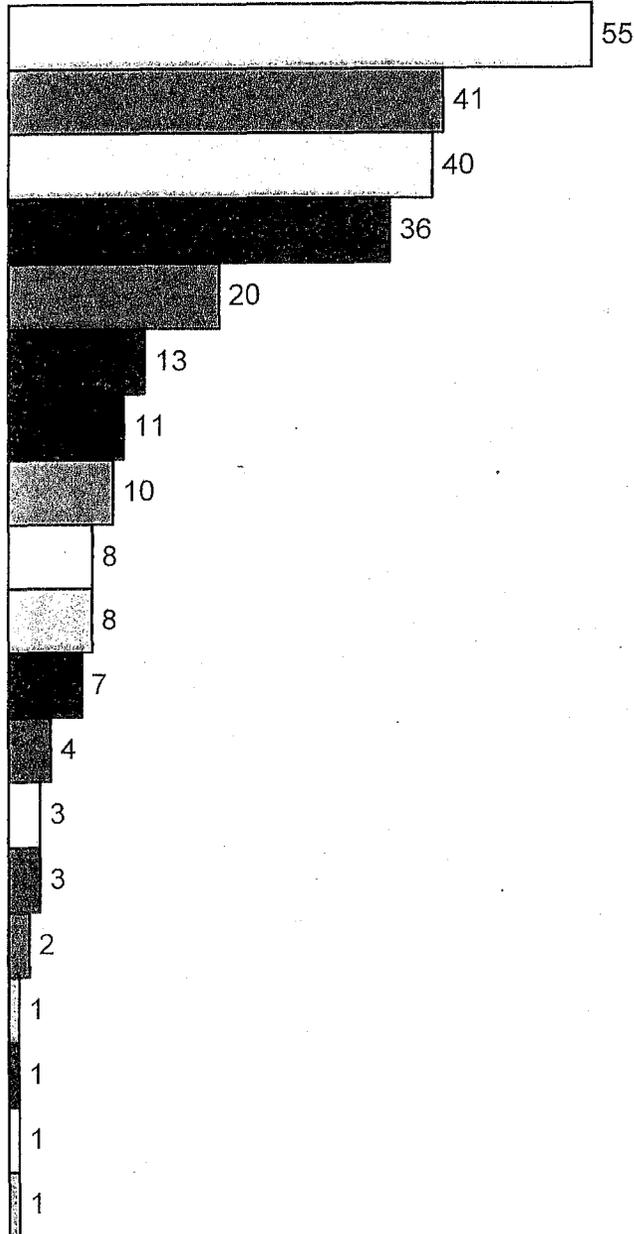
BE AWARE & TAKE CARE: Talk to your pharmacist!

Attachment 3

*Consumer Surveys Conducted
Pursuant to SB 472 Regarding
Patient-Centered Labels*

QUESTION #1: What information on the label is most important to you?

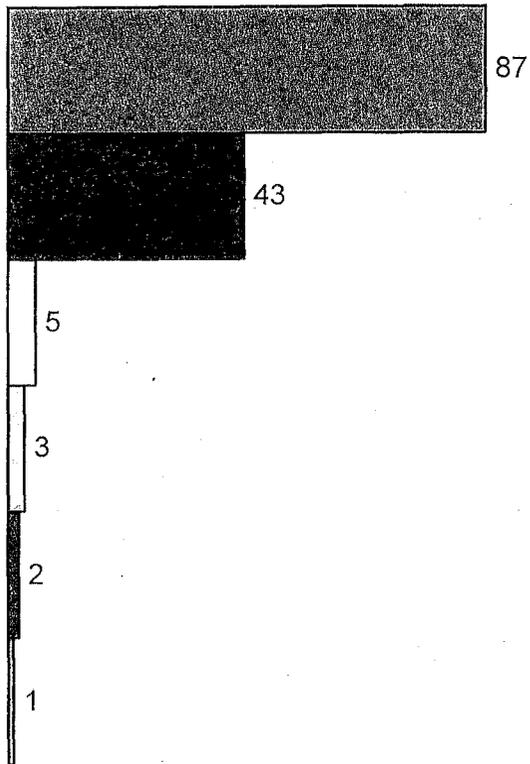
265 responses to Question #1 as of 9/26/08



- Directions for use
- Dosage prescribed
- Name of drug; if generic, state generic name AND brand name it's generic for
- Side effects/warnings/interactions
- Purpose of the drug -- what condition the medication is prescribed to treat
- Refill renewal information/expiration; date filled
- Phone numbers NOT printed in close proximity (doctor's #, pharmacy #)
- Name of patient that medication is prescribed for
- Larger print
- Specific times during day to take medication, especially w/multiple prescriptions
- Expiration date of drug
- All information on label is important
- Description of pill (shape/color)
- Prescribing doctor's name
- Name of drug store/pharmacy
- Diabetes information
- Highlighting information including directions for use
- Basic measurements (e.g., teaspoons, not milligrams)
- Don't hide important information under another label

QUESTION #2: Do you understand the directions on the prescription label?

141 responses to Question #2 as of 9/26/08



Yes

Usually or sometimes (print too small, directions/warnings not clear, language barrier)

Directions should state what time(s) of day to take medicine and how much to take

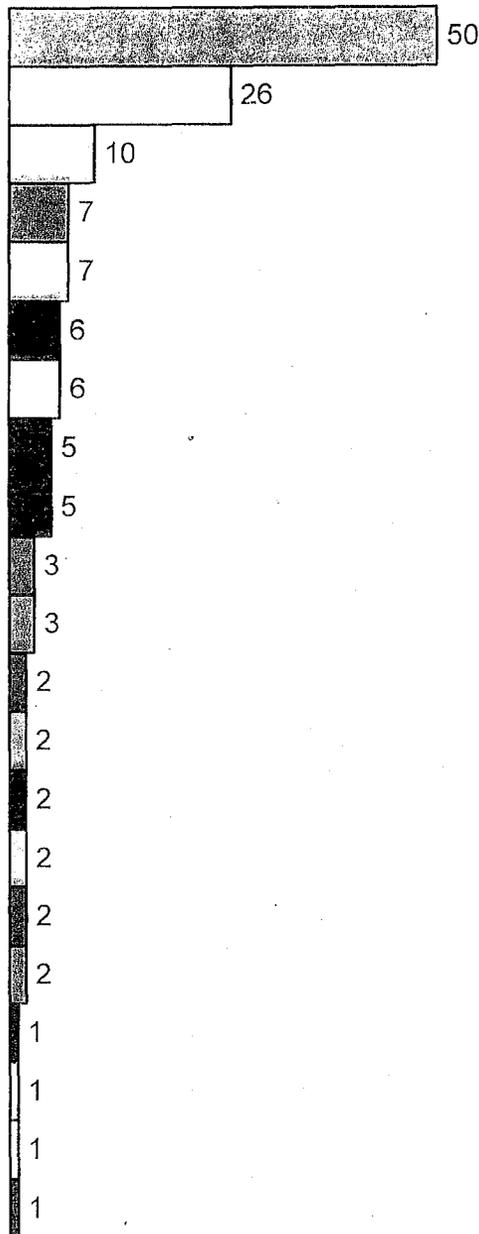
No (trouble reading/understanding directions, not enough space for directions)

Instructions should be in English and Spanish

The directions often conflict with the doctor's orders

QUESTION #3: What would you change on the prescription label?

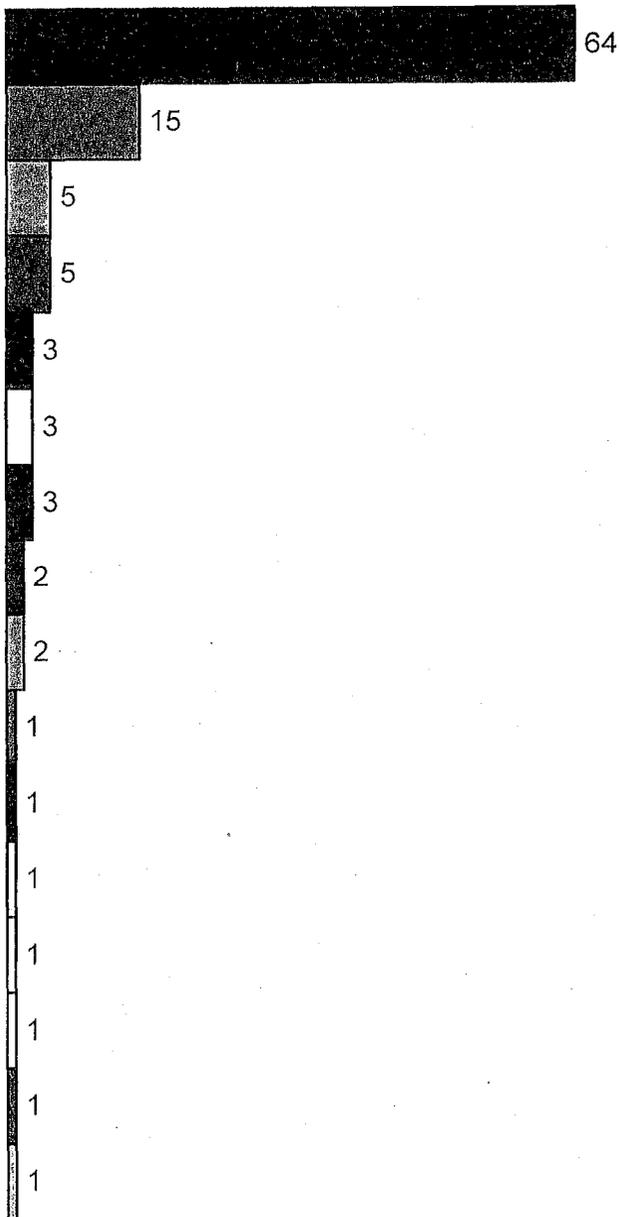
144 responses to Question #3 as 9/26/08



- Print should be larger (or darker)
- Include purpose of the drug -- state what condition the medication is intended to treat
- Make warning labels easier to read or print warnings directly on label (instead of auxilliary)
- Use bold or highlighted print or capital letters; red or blue ink for warning labels
- Nothing needs to be changed on the label
- Directions for use should include specific times (or morning/night) to take medication
- Use different colors on label for different types of medication or different family members
- Information printed should be understandable for all age groups; layman's terms
- Delete unneeded info; shorten directions for use (i.e., do not need to say take 1 tab "by mouth")
- Print in patient's primary language; bilingual wording
- Include direct telephone numbers so it is easier to communicate with doctor/pharmacy
- Name of drug; if generic, state generic name of drug AND brand name it is generic for
- Should be less advertising printed on label; remove other unnecessary information
- Include photo of pill on label
- Use ink that does not disappear, fade, or rub off
- Standardize location of information so all prescriptions show information in same order
- Make "fold-out" label with insert or "lift-open flap" stating side effects or purpose of drug
- Use only one color on label
- More than one name for medicine is confusing at times
- If zero refills remain, then "0 refills remaining" should be highlighted
- Label should not refer patient to internet web site

QUESTION #4: What would make the prescription label easier to read?

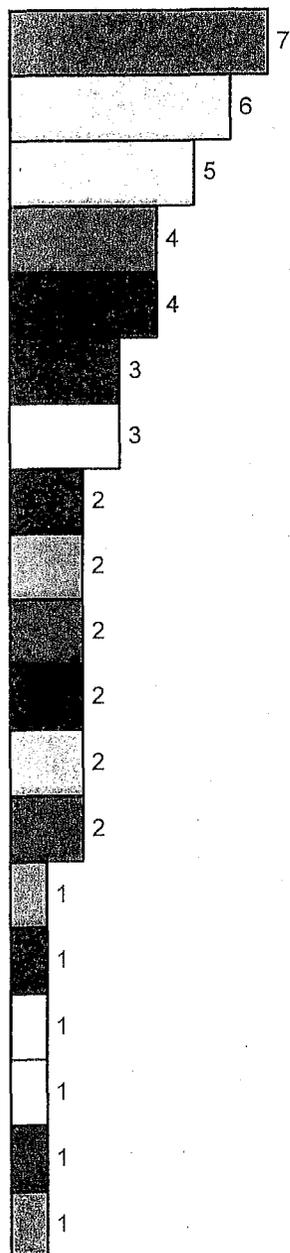
109 responses to Question #4 as of 9/26/08



- Larger print (or bolder print)
- Highlighting directions for use and other info in colors other than black
- Information should be in layman's terms; easy wording
- Better description of directions for use; how and when to take; interactions
- Bilingual wording
- Refill renewal information including renewal expiration date
- Standardize labeling for all pharmacies; standard placement of information
- Yellow or white warning labels are easier to read than red warning labels
- Darker background with light or fluorescent print
- Information on label should NOT be written by hand
- Drawings would help
- Directions could be printed in all CAPS and bold
- Standard placement of drug expiration date
- Print in braille for visually-impaired patients
- Print on label with ink that does not fade
- Increasing size of containers so that larger labels can be used w/larger print

QUESTION #5: Other suggestions?

50 responses to Question #5 as of 9/26/08



- Easy-open lids should be used; no child-proof caps for seniors
- Include purpose of the drug -- state what condition the medication is intended to treat
- Use different color for printing directions for use or pharmacy telephone number
- Make directions for use simple, clear, understandable; print in primary language of patient
- Standardize location of information so all prescriptions show information in same order
- Different colored bottles or caps would help identify medications
- Bigger font for drug expiration date; bigger font for directions for use
- Make label easier to remove completely (for privacy/security) when discarding container
- Bottles should be in travel/airplane size; large bottles are clumsy and take up space
- Side effects should be stated
- Have all bottles rectangular shape w/flat surface and directions printed on long side
- Use top of lid for info; containers opening at bottom leave room for larger label
- Don't cover prescription number with warning labels; use colored symbols as warnings
- Labels should be waterproof
- Don't allow label to completely cover bottle; leave space to see medication remains
- Advise patient when color of drug changes, so it won't be perceived as medication error
- Include a "plan" for all prescriptions (i.e., Calcium supplements can't be taken with...)
- Put picture of pill on label
- Note changes in size, color, and shape of pills



Put in Your Two Cents on Prescription Labeling

By: State: California | Source: aarp.org

The California State Board of Pharmacy is seeking public input to make prescription labels easier to understand. Recent studies show that 46 percent of patients misunderstand the prescription label that they get from the pharmacy. Mistakes based on misread labels harm at least 1.5 million people every year and costs about \$1 billion dollars annually.

"With few exceptions, most prescription container labels are not terribly user friendly," said Board Executive Officer Virginia Herold. "Yet it's crucial for patients to understand the information on them for the prescriptions to be effective."

Improved labels will aid patients in taking their medicine as prescribed.

Over the next several months, the Board will hold public meetings to elicit suggestions from consumers and health care providers to improve prescription labels and make them easier to understand.

In addition, a survey has been placed on the Board of Pharmacy website to allow consumers the opportunity to provide input on such changes. Please visit www.pharmacy.ca.gov and click on the "What's New" section under "Quick Hits" for the Prescription Label Survey.

The information collected from patients will be used by the Board to develop new regulations as required by the California Patient Medication Safety Act of 2007.

Related Articles

[Ask Your Doctor About these Possible Rx Alternatives](#)

Attachment 4

*Letter to the Deans of California's
Schools of Pharmacy Regarding
Intern Pharmacists' Participation in
the Development of Consumer Fact
Sheets*



California State Board of Pharmacy

1625 N. Market Blvd, Suite N219, 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

September 11, 2008

Dean David Hawkins, PharmD
California Northstate College of Pharmacy
10811 International Drive
Rancho Cordova, CA 95670

Dear Dean Hawkins:

The Board of Pharmacy is interested in offering all pharmacist interns, regardless of their academic year, the opportunity to work on a joint project with the board to produce public information fact sheets on items of public health interest. Once developed, the one-page fact sheets will be published and distributed by the board from its office and Web site and at community outreach events.

The fact sheets are intended to provide a quick summary about a timely health issue. Fact sheets may include questions to "Ask a pharmacist" about, so that consumers can make informed decisions about their health care medication use. The fact sheets will benefit the public by educating them about the topic and encouraging discussions with pharmacists as health care providers. The students will gain experience by researching a health care topic and producing salient public information at a basic reading level, in a limited space.

Each fact sheet should contain:

- General information on the topic;
- Facts or in some cases, common misunderstandings/myths about the topic;
- Questions consumers can discuss with their pharmacists about the topic; and
- Footnotes documenting origin of the information referenced on the fact sheet (this information will be checked by the Board).

Copies of fact sheets developed by UCSF's interns and the Center for Consumer Self Care are enclosed and may serve as templates.

The role of your school's faculty in this project involves advising interns about this project and providing them with information about how to contact the appropriate project leader at the Board. The faculty may be asked by the board to provide subject matter assistance and to review the fact sheets prior to submission to the board.

After a fact sheet is submitted, its contents will be reviewed by the board's legal advisors and others. The completed and subsequently selected fact sheet then will be formatted and published, and the board will send a letter to the student and supervising faculty member, acknowledging the student's contribution. Additionally, once each year, the board will host a

Dean David Hawkins
September 11, 2008
Page 2

competition to acknowledge the best fact sheet developed during the prior year. The winner will be announced and recognized at a board meeting.

The board strongly supports the expansion of this project to all California schools of pharmacy. We believe that an intern's ability to research and distill key health care information about a topic, and present it in a consumer-friendly format, will benefit interns in their future career and help educate the public concerning their health care.

Thank you for your consideration and future participation. Should you have questions, please do not hesitate to contact me at (916) 574-7911.

I look forward to hearing from the designated faculty member you assign to this project.

Sincerely,

Virginia Herold
Executive Officer

encl

Attachment 5

*Letter From Pharmacists Planning
Services, Incorporated
Encouraging Development of a Fact
Sheet on Patient Adherence*



PPSI <ppsi@aol.com>
07/21/2008 10:52 AM

To virginia_herold@dca.ca.gov, kenneth.h.schell@sharp.com,
glopow@aol.com
cc
bcc
Subject Development of New Consumer Brochure on Adherence and
Compliance of Medications, July 23-24, 2008 California BOP
Consumer Affairs Hearing

July 21, 2008

Virginia Herold
Chief Executive Officer
California Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834

Re: Board of Pharmacy Public Meeting, July 23-24, 2008
4:05 p.m. - 5:15 p.m., July 23, 2008, Agenda Item 3, Development of New Consumer
Brochures

Dear Ginny:

PPSI, a 501 C (3) nonprofit public health, consumer, pharmacy education organization, would like to bring up for discussion at the Communication and Public Education Committee meeting of the California Board of Pharmacy under Agenda Item 3, Development of New Consumer Brochures, the following items:

1. A new brochure on patient adherence and compliance to be put together by the California State Board of Pharmacy and the UCSF Center for Consumer Self Care
2. Failure to comply with patients and consumers' medication regime resulting in over 30% of Rx's issued by physicians never being filled at a pharmacy resulting in great hardship.
3. Failure of non compliance to taking medications which are maintenance prescriptions, increases costs to patients and consumers by \$163 billion in the USA.
4. Failure for patients who are on maintenance Rx's especially blood pressure and hypertension meds resulting patients having strokes and other costly illnesses in the USA.
5. Over 50% of medications which are prescribed as maintenance meds and should be taken for at least six months or a year to have results are discontinued before six months or more result in great harm and increased costs.

6. Over 107,000 patients die each year from adverse drug events; mixing Rx's with OTCs, herbals and dietary supplements along with prescription medications according to Lucien Leape, M.D. Harvard School of Medicine.

7. This figure of 107,000 also accounts for non compliance and adherence to medication regimes.

I would great appreciate any consideration the California Board of Pharmacy and the UCSF Center for Consumer Self Care gives to consider the "Ask Your Pharmacist" series to put together a consumer hand out brochure on this very most important public health issue.

Unfortunately I will be unable to attend the July 23rd meeting in Newport Beach, California. PPSI is a nonprofit without travel funding expenses.

Thank you for your assistance.

Fred S. Mayer, RPh, MPH
President, PPSI
101 Lucas Valley Road, Suite 384
San Rafael, CA 94903
Telephone: 415 479-8628
Fax: 415 479-8608
Email: ppsi@aol.com
Website: www.ppsinc.org

The Famous, the Infamous, the Lame - in your browser. [Get the TMZ Toolbar Now!](#)

Attachment A

*Minutes of the
Communication and Public Education
Committee Meetings
Held July 23, 2008 and
October 2, 2008*



California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
COMMUNICATION AND PUBLIC EDUCATION COMMITTEE
MINUTES**

DATE: July 23, 2008

LOCATION: Radisson Hotel
4545 MacArthur Blvd.
Newport Beach, CA 92660

BOARD MEMBERS

PRESENT: Shirley Wheat, Chairperson
Stan Goldenberg, Public Member
Bill Powers, Public Member
Hank Hough, Public Member

STAFF PRESENT: Virginia Herold, Executive Officer
Tina Thomas, Analyst

Chairperson Shirley Wheat called the meeting to order at 4:40 p.m.

1. Report of Patient Surveys Undertaken for the SB 472 Medication Label Redesign Project.

Last fall, Governor Schwarzenegger signed SB 472 that directs the board to develop a patient-centered, standardized container label for all prescription medicine dispensed to California patients after January 1, 2011.

The board drafted the amendments that were ultimately enacted as SB 472, which requires the board to hold public meetings statewide that are separate from normally scheduled hearings to seek information from the public. The first meeting was held in Fremont on April 12, 2008. After this initial meeting, it was apparent that the board would need to engage the public in a different forum.

In May 2008, board staff developed a survey that could be distributed at outreach events. This survey is available in English and Spanish and is designed to elicit information from the public about the labels on their prescription containers.

Since late May, board staff has been interviewing attendees at public events as well as providing surveys to participants and requesting them to return the completed form to the board. Consumers were invited to complete surveys on-site during the events, or mail them back to the board using the provided self-addressed envelopes. Most consumers completed surveys on-site. This method of soliciting information has proved less intimidating to consumers than individually speaking at public hearings. Board staff attending community events have also been reporting positive feedback they receive when discussing this initiative with the public.

In addition, the board prepared an article that will be published with the survey in the state AARP September newsletter (circulation: 300,000). Recently an on-line survey was posted on our website that allows individuals to complete and submit the survey on-line.

Board staff will aggregate the results of the surveys and provide the board with an update at the next scheduled committee meeting. In addition, the board will capitalize on the department-sponsored Professionals Achieving Consumer Trust Summit scheduled for November 2008 to offer a public forum and to engage other professions in the development of a patient-centered prescription label.

Consumers will be invited to complete label surveys during outreach events scheduled through October 2008.

Giny Herold introduced Karen Abbe who is on the board's staff as the Public and Licensee Education Analyst. She explained that Ms. Abbe has been leading the project on conducting the prescription label surveys within health fairs and various other venues as well as coordinating the results.

A total of 125 consumers have completed surveys thus far. Not every consumer provided answers to each question, though many provided more than one answer to specific questions. Many consumers also gave the same response (i.e., larger font) to more than one question. The following questions were used in the survey:

1. What information on the label is most important to you? (172 responses)
2. Do you understand the directions on the prescription label? (98 responses)
3. What would you change on the prescription label? (105 responses)
4. What would make the prescription label easier to read? (81 responses)
5. Other suggestions? (39 responses)

Several respondents have completed the Spanish version of the survey, and their responses have since been translated into English.

Overall, the subject matter of prescription labels is of great interest to consumers, particularly our senior citizen population. Two of the most common responses are that consumers would like labels to be printed in a larger font, and they would like the label to show the purpose of the drug.

Ms. Abbe explained that staff members have been going out to community fairs and incorporating the surveys in conjunction with the typical outreach and awareness activities conducted by the board. Ms. Abbe referred to the board packet, which has a sample of the survey form.

Ms. Abbe explained that the staff elicited responses from people with a focus on not making them feel forced. She further explained that staff would provide giveaways at the booths in order to encourage visits. Ms. Abbe noted that people were motivated by different reasons to conduct the survey.

Ms. Abbe stated that staff handed out perhaps two thousand surveys, and received 125 back, which is less than a 10 percent return rate.

Ms. Herold explained that the board's goal was to go statewide and attempt to secure consumer feedback by going to fairs focused on various cultures. She also brought up the suggestion of providing surveys to pharmacists to aid in collecting data from their patients.

Ms. Herold stated that the board will continue to look for other organizations and outreach events they can utilize to distribute the survey information. She asked the board and public to provide any contact information they may have.

Mr. Hough indicated that he lives in a senior center. He volunteered to facilitate getting the surveys distributed to residents there.

Stan Goldenberg pointed out that there are large residential care living options to pursue. He noted that in the assisted living settings, medications are handled by caregivers, but that in senior living settings feedback would be much better as they are elderly who are living independently and care for their own medication needs.

Chairperson Wheat stated that the board might continue to attempt to target alternates besides health and community fairs. She stressed that she would like to see a larger sample.

Ms. Abbe agreed that a larger sample is needed. She pointed out that the AARP newsletter goes to 300,000 people, which is a good start to gaining more feedback globally.

Supervising Inspector Janice Dang stated that pharmacy students often have to conduct projects during their rotation in ambulatory surgical clinics. In some cases, those projects involve reaching out to senior citizen centers and senior care living settings to conduct presentations on proper storage of medication, etc.

Ms. Herold stated that the board needs to gain feedback from other groups who are more difficult to reach or have not been addressed yet. She gave the examples of parents who provide medication to their children, patients who do not speak English, and patients who have special needs. Ms. Herold indicated that they attempted to work with the sponsor of the bill to assist in that area, but have not been successful. She stated that it would be up to the board to accomplish.

Lynn Rolston (CPhA) stated that they have been working with the chronic care coalition of California because of the 10% Medi-Cal cuts. She explained that this is a very motivated group who care very much about what is on the label and would probably be willing to help.

Ms. Rolston reiterated the issue of placing the purpose on the label. She confirmed that it is one of the impediments to counseling. She stated that they would anticipate tremendous resistance from CMA, etc. Ms. Rolston noted a prior suggestion of a checkbox that says, "do not put on label" within the prescription.

Chairperson Wheat brought up the "opt in" rather than "opt out" option.

Ms. Herold state that a suggestion would be to add "used for" on the template of the label. This would cause the patient to ask for it to be provided in the event that it is left blank.

Ms. Rolston agreed with the suggestion.

Ms. Herold stated that there is a movement within the hospital setting to standardize the signage by having a graphic image for each department. The purpose of the signage is to assist non-English speaking patients in getting around within the hospital. She stated that she would like to see the committee do the same for auxiliary labels, as she feels this is a problem for those with low-literacy levels and is part of the charge with relation to SB 472.

Ms. Herold noted that the National Association of Boards of Pharmacy as well as two other states are now pursuing a prescription labeling mandate.

2. Consumer Fact Sheet Series with California School of Pharmacy Interns

Over four years ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The intent was to offer students the opportunity to work with the board on meaningful projects promoting consumer education, while the board would benefit from the production of these materials. The project was initiated at UCSF. Chairperson Wheat stated that the board is attempting to have other schools of pharmacy participate as well.

At the October 2007 Board Meeting, the board accepted the committee's recommendation to invigorate this program by offering other schools of pharmacy the opportunity to have their students develop one-page fact sheets on various topics, and then have the developed fact sheets reviewed by an expert. Representatives from other California pharmacy schools were very interested in this project for their students.

The board directed staff to proceed with the committee's recommendation for development of a template for future fact sheets, and work with the schools of pharmacy to initiate this intern project.

Chairperson Wheat advised that the board would be sending a letter to the schools of pharmacy inviting pharmacist interns the opportunity to produce public information fact sheets on items of public health interest.

3. Development of New Consumer Brochures

At the September 2007 Committee meeting, the committee approved the content of several fact sheets. The committee recommended that all board brochures have a generally consistent format and appearance, including the use of the board's logo and slogan (Be Aware and Take Care: Talk to your Pharmacist)

Ms. Herold stated that the three brochures are provided within the board packet. She indicated that the staff graphic artist, Victor Perez, designed the brochures. She indicated that they would need to go to the legal department before distribution. Ms. Herold also noted that Ms. Abbe has been involved in the formatting and design as well.

Mr. Goldenberg stated that the brochures have a handsome format and are easy to read.

Chairperson Wheat asked how the brochures are distributed.

Ms. Herold responded that the board staff has displayed them at prior public board meetings. Additionally, they are provided at health and community fairs, as well as public outreach events. She added that they are on the board's website.

Chairperson Wheat asked if they are available to pharmacies and pharmacists.

Ms. Herold responded that they can download them on the website to duplicate and hand out.

Mr. Goldenberg stated that the board should try to encourage that. He sees the brochures as "one of those best kept secrets". He noted that some pharmacies are putting "information centers" within their sites, and that the brochures could be very helpful.

Public Comment:

Dr. Gray referred to the "Traveling Medicine Chest" brochures. He suggested the board research whether it is acceptable to use brand names within the brochures because of copyright issues, etc. He suggested that it may not be wise to place Tylenol as the as first drug listed. He stated that it is the number one drug to cause serious disease within the United States.

Ms. Herold responded that the board actually has another fact sheet that addresses the overuse of acetaminophen. She stated that the brochure was developed by the expertise of the board. She added that she appreciated the feedback.

Mr. Goldenberg pointed out the need to use drug names that are very familiar and used widely by the general public in order to gain their attention.

Mr. Powers suggested placing the purpose of the drug first, followed by the examples of drugs used.

Valerie Rivera asked if the board has considered sharing the fact sheets and brochures with public libraries for the consumers to download and take home.

Ms. Herold agreed that it was good idea.

4. Update Report on The Script

Chairperson Wheat indicated that the July 2008 issue of *The Script* was provided in the board packet. This issue focuses on the application of laws and regulations and advises readers that the new Notice to Consumer poster will be mailed in the summer. In addition, among other topics discussed, the issue highlights that during the course of inspections, the board found recalled drug product in pharmacies and hospitals in non-quarantined areas and in some cases was still being dispensed.

For over four years the California Pharmacy Foundation mailed the newsletter to all California pharmacists. Earlier this year the board was advised that because of difficulties securing funding for this, the foundation would be unable to continue production. As the board does not have the funding to resume this mailing (approximately \$50,00 to \$60,000 an issue) pharmacists will be encouraged to download the newsletter from the board's Web site.

Ms. Herold stated that *The Script* was mailed to pharmacies and wholesalers. She thanked the California Pharmacy Foundation for publication and distribution of the newsletter for the past four years. She indicated that the board has sent an announcement in the Subscriber Alert to advise that the latest issue of *The Script* is available on-line. Ms. Herold noted that when board staff offers the newsletter to the public at health fairs and association meetings, they respond that they have already downloaded it off the website. She stated that this is a great alternative for distribution. Ms. Herold indicated that the staff has started to work on the January 2009 newsletter and it will be available in January.

Public comment:

Dr. Gray referred to a paraphrased comment on Health & Safety Code 11103 within the newsletter, which indicates the requirement to report any theft, loss or shipping discrepancy within three days to the Department of Justice. He stated that that particular subsection of the Health & Safety code does not apply to pharmacies and hospitals, but rather to chemicals used by manufacturers, etc. Dr. Gray stated that the information might solicit large amounts of reports being sent to the Department of Justice unnecessarily.

Ms. Herold responded that she would address and correct the issue.

Cookie Quandt (Long's Drugs) commented that the board did an excellent article approximately six years ago on e-prescribing. She stated that Long's is using a Surescript as their vendor, but that a lot of prescribers are using vendors that are not of that same quality. Dr. Quandt requested another article on e-prescribing which defines the requirements, authentication, digital signatures, etc. She stated that it would do a great service and answer a lot of questions being asked by the industry.

Ms. Herold noted that there have been some amendments since the prior article was published. She agreed that the e-prescribing process raises a lot of confusion, and that providing another article would be a good idea. She indicated that they had considered developing a grid, but it has been a more involved and lengthy process than anticipated.

Dr. Gray stated that it might be premature to address the e-prescribing topic and providing specifics prior to the DEA's regulations being put in place. He stated that they would help in developing some of the materials, as Kaiser (California) generates 80 percent of the electronic prescriptions in the country and thus has quite a bit of experience in the area.

Ms. Herold responded that it is an opportunity for the board to help in sharing information to pharmacists, and would accept Kaiser's offer to help.

5. New Notice to Consumer Poster

In November 2007, the Office of Administrative Law approved amendments to 16 CCR section 1707.2(g), creating additional requirements for a Notice to Consumers poster that presents information about a patient's right to obtain lawfully prescribed medicine from a pharmacy.

Staff initially worked with three graphics designers on converting this information into a readable, interesting and yet informative format. Ultimately, the Office of State Printing provided the final design.

Ms. Herold indicated that she has issued approval to go to print. She stated that as soon as the State Printing Plant prints the posters, they will be mailed to the pharmacies. Ms. Herold noted that the mailing label on the package does not have the Board of Pharmacy logo, so there is concern that the pharmacies will not realize what it is and ignore it. Because of this, an article was run on the front page of *The Script* to advise industry of its arrival in the near future.

Ms. Herold presented the new posters to the board. She explained that it was not feasible to place all of the information onto one poster, as the print and layout would be small and difficult to read.

Public comment:

Dr. Quandt stated that they have notified all of their stores, and advised them to remove their old posters and replace with the new ones when received. She indicated that they have had some issues in the past where other pharmacies have reduced the size of the poster. Their (Long's) pharmacies have thus requested to be able to do the same.

Ms. Herold responded that there would be a cover letter provided with the posters which addresses this, and it is also discussed in the *Script* newsletter. She explained that if a pharmacy does not want to display the posters, they could place the information on the back of the patients' receipts.

Ms. Herold clarified, in response to a question, that if a pharmacy is going to duplicate the information on the back of a receipt, the artwork format is not required. She further explained that only the specific language of the poster is required, which was promulgated late 2007 as a regulation.

The member of the public raised the question of font and whether it needs to stay the same. She stated that it was unclear why it would be acceptable to change the font and reduce the size for the purpose of a receipt, but not acceptable to do the same by reducing the poster size for wall placement.

Chairperson Wheat pointed out that when the information is placed on the back of a receipt, the patient is able to take the information with them and allow for more time to read. That is not the case with a poster, so it needs to be easy to read in a short amount of time and potentially from a distance.

Ms. Herold reiterated that the language of the regulation requires that the poster be placed in a conspicuous location and easily read by the public. Ms. Herold also noted that the board is pursuing translation of the posters into some other languages.

Mr. Goldenberg asked if there has been any discussion about allowing pharmacies with televisions in their waiting areas to utilize them to display the multiple posters.

Ms. Herold responded that Dr. Gray had made that suggestion before. She indicated that it is not permitted under the existing requirements and would need an amendment, but it could be pursued in the future. She agreed that it is a good idea and stated that the board would help Dr. Gray in developing a prototype if they wish to pursue this. Ms. Herold stated that it would be placed as a future agenda item.

6. Update on the Board's Public Outreach Activities

The list of outreach activities conducted by the board and staff to date are contained within the board packet provided. Chairperson Wheat reviewed future scheduled activities, which are also listed within the board packet document.

Future Activities

- Board staff will provide resource tables at various events from August through October 2008 including the Fairchild Medical Center Health Fair in Yreka and the Marin Senior Information Fair in San Rafael.
- A Board Inspector will provide a CE presentation to the Sacramento Valley Society of Health-Systems pharmacist in early November.
- Executive Officer Herold will present several CE programs at CSHP's annual meeting in October.

7. Update of the Committee's Strategic Plan for 2008 - 2009

Chairperson Wheat indicated that the committee's strategic plan is contained within the board packet provided.

Ms. Herold stated that she and Ms. Sodergren would be reviewing the goals and making revisions to address activities and other areas which have not received enough focus thus far.

8. Fourth Quarterly Report on Committee Goals for 2007 - 2008

Chairperson Wheat stated that the goals are provided for information only and are contained within the board packet.

Public Comment for Items Not on the Agenda

No comments were provided.

The meeting was adjourned at 5:42 p.m.



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

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
COMMUNICATION AND PUBLIC EDUCATION COMMITTEE
MINUTES**

DATE: October 2, 2008

LOCATION: Department of Consumer Affairs
1625 N. Market Blvd.
El Dorado Room, Suite N-220
Sacramento, CA 95834

**BOARD MEMBERS
PRESENT:**

Shirley Wheat, Chairperson
Bill Powers, Public Member
Hank Hough, Public Member

STAFF PRESENT:

Virginia Herold, Executive Officer
Karen Abbe, Public and Licensee Education Analyst
Tina Thomas, Analyst

The meeting was called to order at 10:30 a.m.

1. Ongoing Discussion of Medication Errors and How to Prevent Them

Chairperson Shirley Wheat referred to the July Board Meeting and the presentations provided by various speakers. She noted the presentation provided by Executive Officer Virginia Herold on the topic of cite and fines for medication errors made during 2007-2008.

During the prior Board Meeting, as well as the Communication and Public Education Committee meeting, Ms. Herold suggested including information in the board's quarterly newsletter (or in a separate issue) on some of the medication errors investigated by the board.

The committee discussed how it wishes to proceed with respect to educational activities provided to the profession and consumers about medication errors. She noted that both CPhA and the Institute for Safe Medication Practices have expressed interest in working with us in this area.

One educational tool of interest is the emerging emphasis on using TALL MAN Letters in prescriptions to prevent look-alike drug names from being confused. She noted that several

articles from the Institute for Safe Medication Practices, as well as one expressing the National Association of Boards of Pharmacy's policy on this subject are contained within the board packet.

Ms. Herold explained that medication errors are also an issue for the Enforcement Committee. She added that information to licensees on how to avoid medication errors is within the Communication and Public Education Committee. Ms. Herold stated that the information provided within the board packet, which is aimed toward educational outreach, is a list of drugs with look-alike and sound-alike names. She indicated that the board has had a regular feature in The Script newsletter for quite a while on medication errors, but would like to have an article generated that details specific incidents which have occurred, as well as input from experts in the industry to assist with solutions to avoid similar incidents in the future.

Chairperson Wheat asked if the information piece could be made available on-line or via an e-mail notification for licensees to obtain.

Ms. Herold responded that she would like to see it provided in a more structured format. She noted that the look/sound-alike drug reference list is available on the Web site as it is provided within the meeting materials.

Chairperson Wheat would like to see the board more proactive in providing information to licensees. She indicated that she is also in support of including the information in a future newsletter once staffing for the newsletter is secured.

Comments from the board:

Board Member Hough stated that he was intrigued by the description of the TALL MAN letters in relation to similar drug names, and felt that it was a good solution to assist with minimizing errors.

Board Member Powers asked how many errors over a given period of time have been shown to duplicate the same problem.

Ms. Herold responded that board staff doesn't see many that duplicate the same problem, but that may be because there isn't enough data. She added that the board frequently does not hear of issues because the problem is corrected by the pharmacy and never reported by parties. She stated that she will request staff to research the frequency of reported errors which has occurred with each drug specifically.

Mr. Powers referenced the licensees who have been cited due to medication errors. He asked what feedback the board has received as the reason for the errors, including consistency of responses related to excessive workload.

Ms. Herold responded that a frequent cause of drug error is that the wrong (properly filled and labeled) prescription is sent home with the wrong patient (although properly filled and labeled). She added that errors are often simply caused by failure of pharmacy staff to check the details closely as a result of the rush and stress of day-to-day workload.

Chairperson Wheat suggested a fact sheet for consumers to address the importance of verifying their prescription to ensure it is correct before leaving the pharmacy.

Public Comment:

Cooky Quandt (Long's Drugs) referenced a statute in place which requires that the label indicate specific characteristics of the drug (i.e., color and shape). She stated that she doesn't think patients understand the intent of that statute and felt that it would be important to make consumers aware.

Ms. Herold agreed but noted the importance of providing that information in a careful manner so that consumers don't become overly concerned and lose trust in the pharmacies.

Lynn Rolston (CPhA) explained that the SCR 49 task force has looked at the issue of medication errors in all facets. She stated that there are a large number of consumer practices at home which create errors, such as mixing medications into other containers. There is a need to educate the public of the dangers created. Ms. Rolston suggested documenting a list of the behaviors that are commonly done at home which cause medication errors. She supports any collaborative efforts that can be done to address the issue.

Mike Negrete - Pharmacy Foundation of California - stated that they have had to narrow down the primary medication error issues in order to address them, and have identified the 3 - 4 actions that cause the majority of medication errors. He indicated that a key point being tested with consumers is to make sure that they obtain the name and purpose of the prescription from their physician and verify their prescription when picked up from the pharmacy. Dr. Negrete explained that PFC has developed two consumer programs targeted towards seniors and female family caregivers. He provided some specifics for each of the programs. He indicated that the documented program for seniors is available on the "MUST (Medication Use Safety Training) for Seniors" Web site.

Mr. Powers asked if PFC is passing the information to the in-home supportive services program.

Dr. Negrete responded that they will be providing the program to them in the future. He asked for any suggestions of other organizations which the board would like the information disseminated to.

Mr. Hough stated that he agrees with the importance of the pharmacies' responsibility to prevent drug errors, especially with relation to new prescriptions being dispensed. He feels, however, that the responsibility lies ultimately with the consumer.

Steve Gray (Kaiser Permanente) stated there appear to be overlapping issues. He discussed the ignorance of consumers and lack of attentiveness until health issues are directed at potential injury to their family members directly. Dr. Gray discussed a second issue regarding the need for sharing the substantial data that has been collected as a result of SCR 49. He explained that a forum is necessary where these entities can feel "safe" in sharing the collected information and collaborating on further action. He inferred that some medication error incidents are often not voluntarily shared for fear of disciplinary action and negative publicity.

Chairperson Wheat stated that she would like to see a list of committee action items created in relation to the topic of information on medication errors being provided to consumers and licensees.

Ms. Herold responded that it has been very difficult for the board to be able to collect the data. She noted that in establishing mandatory quality assurance programs to evaluate medication errors, the board had to agree not to use the data in initiating enforcement actions against pharmacies. She added that it is not necessarily feasible to have it go to the regulator.

Chairperson Wheat stated that she is looking at it from a communication and public education focus and suggested being provided the information in a non-specific format. She added that the committee would then put the information out to the consumer through flyers, etc.

Ms. Herold responded that a request can be made to the pharmacies to provide information on specific medication error incidents anonymously, but there are other programs to collect such data, most principally the Med Watch program.

Dr. Gray suggested a conference sponsored by the board where entities come together to share medication error incidents, as well as efforts made to prevent future errors of a similar nature. He also referred to the board's "Know Your Rights" poster. He shared his concern over the lack of inclusion for the patients right to know what the medication is being given for. He noted the issue of e-prescribing in the future, and how that will result in the patients' inability to verify their prescription to a physical script handed to them when leaving their doctor's office.

Chairperson Wheat reiterated her focus on educating the consumers with the importance of verifying their medication.

Ms. Herold added that the consumer needs to be patient in the pharmacy when waiting for a prescription, which will assist in ensuring accuracy. She noted, however, that it is a difficult issue to address.

Mr. Powers suggested a requirement for physicians who e-prescribe to give patients a physical prescription and its purpose. He asked if it would require legislation.

Ms. Herold responded that it would, but that it should not be too difficult.

Dr. Negrete stated that SCR 49 indicates that the patient still needs to be given information on the prescription, even if the script is electronic.

Dr. Negrete discussed the need for strategic action steps in order to be successful in addressing medication error issues. He touched on key points relating to those action steps, including:

- To determine which medication errors are of greatest concern, find those with the highest priority to the consumer and then focus on them. He noted that PFC is hosting a forum to determine this.
- To determine what role consumers see themselves playing in relation to health care of their family members. Additionally, to find out if they are willing to talk to the doctor of their family member, etc.

Ms. Herold added the importance of the board and PFC reinforcing each other's message with respect to addressing the priorities of what consumers need to know.

Dr. Quandt stated that quite often patients of Long's are given the wrong drug. She stressed the importance of patient responsibility in verifying their name on a prescription label, ensuring

that the drug looks the same as their prior refill, etc. She stated that it is a very important part of the education process.

Chairperson Wheat stated that she doesn't think patients realize that they have the right to voice their concern if they think a prescription hasn't been filled properly.

Mr. Powers stated that he wants to ensure that we don't place blame on the patients. He stressed that it is ultimately the responsibility of the pharmacist to ensure the accuracy of each prescription, and to ensure they are dispensed to the correct patient.

Chairperson Wheat responded that her intent is to empower consumers to know their rights to question any concern about a medicine that is handed to them.

2. Discussion of Comments Submitted in Response to Proposed Rule Changes to 45 CFR Part 88, Ensuring that the Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law

Since the last board meeting, staff has been advised about a notice for comments on a proposed rule of the federal Department of Health and Human services for providers to exercise moral or religious convictions that may prevent them from performing certain health care functions. Whereas the proposed rule deals principally to prohibit certain entities from requiring any person "to perform or assist in the performance of any part of a health service program or research activity funded by the Department [of Health and Human Services] if such service or activity would be contrary to his religious beliefs or moral convictions." Comments on the proposed regulation were due by September 25, 2008.

Since California has a law that ensures a provider's right to exercise conscience convictions provided patient care could still be provided, the board submitted comments to this effect.

A letter drafted by Ms. Herold and submitted by President Schell in response to this proposed rulemaking of the federal government was contained within the board packet.

Ms. Herold was commended for the written comments provided.

Public Comment:

Dr. Gray asked if there were any specific contradictions to California law in the federal rule.

Ms. Herold explained that the issue involved preserving the practitioners right to refuse to provide treatment, and specifically funding to protect that right. She stated that, in their attempt to protect and preserve the rights of the practitioner, the patients' needs were not addressed. Therefore, the board chose to provide comment addressing the issue.

3. Discussion Regarding Action to Implement SB 472, Patient-Centered Medication Container Labels

- Report of Patient Surveys Undertaken

Senate Bill 472 (Chapter 470, Statutes of 2007) added Section 4076.5 to the Business and Professions Code, relating to development of standardized, patient-centered prescription drug labels. This statute requires the board to promulgate regulations for standardized, patient-centered, prescription drug labels on all prescription medication dispensed to patients in California by January 2, 2011. The board is also directed to hold special public forums statewide in order to seek input from the public on the issue of prescription labels.

The first special public forum was held at a community center in Fremont on April 12, 2008. Approximately 40 people attended, though most attendees were from the pharmaceutical industry. Three attendees at the initial forum were "public" participants, so it became apparent that the board would need to find alternative venues to increase participation from consumers.

In May 2008, board staff developed a prescription label survey for distribution at public outreach events. The survey is available in English and Spanish. It is designed to elicit information from the public about prescription labels using the following questions:

1. What information on the label is most important to you?
2. Do you understand the directions on the prescription label?
3. What would you change on the prescription label?
4. What would make the prescription label easier to read?
5. Other suggestions?

Since late May, board staff have been using the survey to interview attendees at public events. Consumers have been invited to complete surveys on-site during the events, or mail them to the board using the self-addressed envelopes provided. This method of soliciting information has proved less intimidating to consumers than individually speaking at public hearings. Board staff attending the community events have also reported positive feedback when discussing this initiative with the public.

The survey can also be completed and submitted electronically on the board's Web site at https://app.dca.ca.gov/pharmacy/survey_sb472.asp. In addition, AARP has invited consumers to "Put in Your Two Cents on Prescription Labeling" in the AARP September 2008 newsletter. A copy of AARP's article is attached, and available at: [http://www.aarp.org/states/ca/articles/Put in Your Two Cents on Prescription Labeling.html](http://www.aarp.org/states/ca/articles/Put_in_Your_Two_Cents_on_Prescription_Labeling.html).

The board has also provided consumers with one-page fact sheets entitled, "Do you understand the directions on your Rx medicine label?" The fact sheet provides background information related to SB 472, and printed samples of faux prescription labels as a visual aid.

A total of 175 consumers have completed surveys thus far. Attached are charts reflecting responses to each survey question. Not every consumer provided an answer to each question, while others provided multiple answers to individual questions. Many consumers gave the same response (i.e., larger font) to more than one question.

Trends have been identified in the answers provided thus far. Many responses suggest that the purpose of the drug be printed on the prescription label, and that a larger or bolder type font be used.

When asked what would make prescription labels easier to read, the top two responses were:

- Larger or bolder print (64 of 109 responses = 58.7%)
- Highlighting directions for use and other information in colors other than black (15 of 109 responses = 13.8%)

When asked what to change on the prescription label, the top two responses were:

- Print should be larger or darker (50 of 144 responses = 34.7%)
- Include purpose of the drug – state what condition the medication is intended to treat (26 of 144 responses = 18.1%)

When asked what information on the label was most important, the top two responses were:

- Directions for use (55 of 265 responses = 20.8%)
- Dosage prescribed (41 of 265 responses = 15.5%)

When asked for other suggestions, the top two responses were:

- Easy-open lids should be used; no child-proof caps for seniors (7 of 50 responses = 14%)
- Include purpose of the drug – state what condition the medication is intended to treat (6 of 50 responses = 12%)

Board staff will provide another update on the status of survey responses at the next SB 472 Medication Label Subcommittee meeting. In addition, the board will capitalize on the department-sponsored Professionals Achieving Consumer Trust Summit scheduled for November 2008 as an ideal opportunity to engage other professions in the development of a patient-centered prescription label.

Karen Abbe, Public and Licensee Education Analyst, thanked Mr. Hough for providing completed surveys of fellow residents in his continuing care facility.

Ms. Abbe explained that board staff has been at various outreach events conducting the surveys. She indicated that the survey process is time consuming and requires person-to-person contact. She stated that they are making progress on collecting results, however.

Chairperson Wheat asked if there has been any significant increase in response since the last committee meeting.

Ms. Abbe responded that the board has only received 11 survey responses from the AARP newsletter mailed to 300,000 Californians.

Ms. Herold added that the results of those surveys reiterate the feedback that has been received so far. She noted that Mr. Powers will be attending the annual California Alliance for Retired Americans (CARA) convention to promote the survey. She also stated that the Competency Committee members, who are preceptors in the field, have expressed interest in providing surveys to their students. Ms. Herold noted that various people have offered to hand the surveys out, but stressed that the more successful approach requires personal one-on-one attention.

Chairperson Wheat asked when the data collection portion is due in terms of the legislation mandate.

Ms. Herold stated that the data collection would be conducted through 2008, and perhaps 2009. She noted that they waited until April so that Senator Corbett would be in attendance at the rollout.

- Discussion of Presentations and Agenda Planned for November 20, 2008 Forum

Ms. Herold stated that a national expert will be presenting at the November PACT Summit on this topic. She noted that literature will be provided to the board in regards to patient literacy with respect to labeling. She also indicated that she will continue to try to solicit funds in order to standardize auxiliary labels, and stressed its importance due to the tremendous number of non-English speaking consumers in California.

Chairperson Wheat asked if the handouts and inserts provided by pharmacies when dispensing medication are a requirement for this legislation.

Ms. Herold responded that they are not, and are only offered as a courtesy.

Ms. Herold stated that the intent is to develop a regulation and promulgate it to be in place by year-end of 2009. She explained that the timeline will thus give pharmacies and software providers a full year to standardize printing so that patients will receive standardized labeling on their prescriptions by SB 472's deadline of 2011.

Public Comment:

Ms. Rolston stated her concern over the low number of survey responses, and would like to see more data collected. She suggested getting the California Retailers Association, the National Association of Chain Drug Stores, and the California Society of Health-System Pharmacists involved in targeting pharmacists to assist in getting surveys completed by their patients. She stressed this as an important action step, since the resulting label mandate is something the pharmacists will need to comply with.

Ms. Herold reiterated that the board determined it was unreasonable to expect consumers to stand in front of a panel and explain what they want on their labels. She added that they would like to receive the data sooner than later, so that industry has more time to prepare for the mandated labeling changes.

Dr. Negrete asked if foundations have been contacted to conduct surveys. He mentioned phone interviews and other surveys that are being done by CPF. Dr. Negrete offered to research this as an option for the patient-label surveys. He also added that, once the data is fully collected, the model should be tested before it is finalized.

Dr. Gray agreed that a scientific approach and testing is necessary. He referenced the expert who is coming to the November meeting, and noted that he has an extensive study already being conducted. Dr. Gray added that the study will most likely not come up with anything different than what the board and other organizations would find by spending large amounts of time and money trying to get consumer feedback for the same purpose. He stated the fact that health literacy is already a national concern and that California can use the data and information resulting from the efforts being placed on it to assist in our pursuit of labeling mandates.

Ms. Herold pointed out that California is the first state to standardize labels. She noted that standardized labeling will affect mail-order pharmacies outside of California when medicine is mailed to patients who reside in California. Ms. Herold noted that the board has hired a firm in the past to conduct telephone surveys. She stated, however, that there is a long lead-time with those types of surveys. She suggested adding the board's survey questions to any currently existing survey being conducted by CPF as another venue for collecting data. Ms. Herold also noted that pharmacies have not yet offered to take the surveys and assist in collecting the data.

Mr. Powers pointed out that the legislation was co-sponsored by a number of senior groups. He asked if they have voiced any offer to participate.

Ms. Abbe responded that they have not provided much assistance.

Mr. Powers stated that he believes the relationship with Gray Panthers can be reestablished with the new leadership now in place. He added that he will provide contact information for the Older Women's League. Mr. Powers stated that there will also be representatives from the Senior Action Network attending the CARA convention, and they will approach them for more assistance at that time as well.

Chairperson Wheat asked about drafting a letter from the board to show the outreach efforts thus far as well as requesting the need for assistance.

Ms. Abbe agreed and stated that 7,000 – 8,000 people came to the Board of Pharmacy booth at the Lotus Festival. She indicated that they had 40 surveys completed; however, it required significant effort and time to make a connection with each person and explain the purpose of the survey.

Ms. Rolston suggested making one more attempt to approach the sponsors of the bill as well as the pharmacies to get their feedback.

Chairperson Wheat reiterated a request for a letter to sponsors to that effect.

Ms. Herold responded that formal e-mails have been provided to the sponsors prior. She added that board staff is doing their best to communicate with the other senior and health care organizations involved.

Ms. Herold thanked the pharmacy representatives present for their interest in getting the surveys out to the public.

4. Update and Discussion Regarding the Consumer Fact Sheet Series with California Schools of Pharmacy Interns

Several years ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The intent was to offer students the opportunity to work with the board on meaningful projects promoting consumer education, while the board would benefit from the production of the materials. Initially the project was initiated with UCSF.

At the October 2007 Board Meeting, the board accepted the committee's recommendation to invigorate this program by offering other schools of pharmacy the opportunity to have their

students develop one-page fact sheets on various topics, and then have the developed fact sheets reviewed by an expert. Representatives from other California pharmacy schools were very interested in this project for their students. At that time, the board directed staff to proceed with the committee's recommendation for development of a template for future fact sheets, and work with the schools of pharmacy to initiate this intern project.

Ms. Herold stated that the board has contacted the 8 deans of the California schools of pharmacy and that a copy of the letter was provided within the board packet. There has been no response thus far from the deans. She stated that the schools have said they are interested, but the board has not received commitment.

Chairperson Wheat asked about giving the schools a timeline for receiving the proposed fact sheets.

Ms. Herold responded that she had envisioned the deadline being the end of the year. She stated that she will be meeting with all of the school of pharmacy deans next week and will discuss the topic with them. She noted that she will emphasize the deans' ability to incorporate the project into their programs and that the students can include the project on their resumes. She added that the board will need to work with each school individually.

Public Comment:

Dr. Gray stated that CPhA has established the Academy of Pharmacy Educators. He suggested the board contact Sam Shimomura, as he is the new trustee and they will be looking for projects such as this to get involved in.

Mr. Hough stated that he thinks students would be very receptive to the project. He pointed out that it would enable them to prepare for working with the public.

Chairperson Wheat asked about having a meeting next year in order to recognize the student who has provided the best fact sheets.

Dr. Gray suggested discussing the project with Dr. Shimomura as an option for pharmacy residents. He explained that post-graduate pharmacists who complete the additional year of residency are required to complete a project during that time. The students then present their projects at the Western States conference in May of each year. He stressed the opportunity for project management experience by completing this as their project.

Dr. Negrete added that the students can conduct product testing, making their project even more scientifically sound.

5. Development of New Consumer Brochures by the Board

At the September 2007 Committee meeting, the committee approved the content of several fact sheets. The committee recommended that all board brochures have a generally consistent format and appearance, including the use of the board's logo and slogan (Be Aware and Take Care: Talk to your Pharmacist.)

Board staff made all formatting changes, as well as incorporated changes suggested at subsequent committee meetings to the following fact sheets:

- Traveling Medicine Chest
- Pill Splitting – Not for every person, and not for every pill
- Vaccinations and Travel Outside the U.S.

Ms. Herold referred to three fact sheets for pharmacist exam applicants and explained that the instructions for applying for the pharmacist examination are quite extensive and detailed. She stated that fact sheets were produced in order to assist applicants by highlighting the most crucial steps in the application process. The fact sheets were discussed as well as their applicability to different types of applicants

Ms. Herold also explained the U-track form, which was created to assist applicants in tracking the progress of their license issuance independently.

Public Comment:

Dr. Quandt commented that the brochure entitled “Don’t Flush Your Medicines Down the Toilet” contained some incorrect information. She stated that it advises the consumers about pharmacy take-back programs and suggests that consumers ask if their pharmacy will accept old medicines back. She requested that the language of the fact sheet be revised, as the board has advised that it is not currently legal to do so.

Ms. Herold noted that the fact sheets have already been distributed to the public for quite some time now, but added that they will need to withhold further distribution of the fact sheets until issues are resolved.

Dr. Quandt noted that consumers are specifically referencing the board’s fact sheets when attempting to return drugs at Long’s stores.

6. Request from PPSI to Develop Consumer Brochures

The board received a request from Fred S. Mayer, RPh, MPH, with Pharmacist Planning Service, Inc. (PPSI), requesting consideration to develop a consumer brochure on patient adherence and compliance. The letter was contained within the board packet provided. Included with his request are several statistics that highlight the potential benefits to such a fact sheet. A list of topics previously considered by the committee was also provided within the packet. Dr. Mayer’s suggested brochure, while related to some of the topics, is not explicitly listed. Should the committee so choose, it may be an opportune time to review this list and make any additions.

Chairperson Wheat suggested to postpone discussion on the fact sheet request based on similar discussion with regard to medication errors.

Ms. Herold explained the background and intent of the fact sheet series in collaboration with UCSF to create the brochures on a regular basis.

Chairperson Wheat confirmed that the fact sheet series is not fully developed at this time.

Public Comment:

Dr. Gray stated that PPSI is a Title 1, C-3 public benefit corporation, and thus have the ability to take donations through funding, as well as to pass the funding on to another organization assisting in the project. He suggested submitting a response to Dr. Mayer to request soliciting donations and public funds from other foundations or individuals to support the project.

Mr. Powers referenced an item on Dr. Mayer's letter which stated that 30 percent of prescriptions are not being filled by patients. Mr. Powers questioned the statistic.

Dr. Gray responded that the data most likely came from a select population, and that it applies to a portion of the population that cannot afford to fill their prescriptions. He stated that, based on sound tracking by their computer system, only 5 percent of prescriptions are not picked up by Kaiser patients. He noted that some of those prescriptions are not picked up because the patients have other insurance to cover their medication elsewhere.

Dr. Negrete stated that there are various economic, psychological and emotional reasons for the issue of noncompliance, and that a flyer or brochure will not fix the entire problem.

Dr. Gray stated that there are 4-5 major nationally funded studies in place to attempt to determine what causes patients to not adhere to what their physicians advise. He also noted that sometimes physicians give a prescription as a way to make patients feel that their health issue is addressed and complete the exam. He added that it is somewhat difficult to measure "adherence."

7. Update on The Script

The next issue of *The Script* is scheduled for publication in January 2009 and will focus primarily on new laws and regulations enacted in 2009. Unfortunately, as a result of the Governor's Executive Order, the board lost its newsletter editor, Retired Annuitant Hope Tamraz. We are hopeful that this position will be restored in sufficient time to meet the January 2009 publication. Ms. Tamraz has agreed to volunteer to perform this work in the event her position is not restored.

Comments from the board:

Mr. Powers noted appreciation for Ms. Tamraz's willingness to volunteer her time in order to continue the creation of the newsletter.

8. Update on Public Outreach Activities

Chairperson Wheat explained that a list of the events and outreach activities which board members and staff have attended for the first quarter of 2008/2009 was provided within the board packet.

Chairperson Wheat advised that future consumer outreach events scheduled for the end of the year were cancelled because of budget constraints resulting from the Executive Order. Board staff will continue to identify future outreach events to attend once budget restrictions are lifted.

Chairperson Wheat also noted that the list provided within the packet includes professional events that board staff are planning to attend.

9. Public Comment for Items Not on the Agenda

Dr. Gray stated that he was intrigued by an article from the National Association of Boards of Pharmacy related to the discussion of pharmacists being held responsible for patient outcomes. He asked if the topic will be on a future agenda of a committee meeting. He stated that the topic is a very current one, specifically relating to the federal funding of drugs via Medicare Part D. He gave background on the Pharmacy Quality Alliance, their mission in determining who to hold responsible for appropriate outcomes when dispensing medication, and the potential for pharmacists to be the ones who will be held responsible. Dr. Gray suggested this topic for future board discussion as a policy matter. He added that he is personally in favor of those directions, and believes that pharmacists are already educated and trained to a level to be held responsible for those outcomes.

Dr. Gray stated that there are individuals who feel that, although the board already has a policy of holding pharmacists responsible for making error, the fine should not be dependent on the degree of patient harm. He continued by raising the issue of the board's role in holding pharmacists responsible for whether the appropriate drug was prescribed for an illness, as this may be the direction of Medicare Part D.

The meeting was adjourned at 12:08 p.m.

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 a minimum of 10 communication venues to the public by June 30, 2011.
Measure:	Number of communication venues developed to the public.
Tasks:	<ol style="list-style-type: none"> <li data-bbox="358 453 1474 743">1. Assess the effectiveness of the board's educational materials and outreach: survey consumers to identify whether board-produced materials are valued and what new materials are desired. <i>2006-2007: Staff conducts assessment of the board's consumer outreach written materials. Material is identified for revision and update, future development, or evaluation for continued need.</i> <i>2007-2008: Board publishes new board brochure and complaint brochure, and redesigns several board brochures into new single-page, format.</i> <li data-bbox="358 743 1474 1108">2. Restructure the board's Web site to make it more user friendly. <i>2006-2007: Web site modified to contain lists of disciplinary actions finalized each quarter and permit online access to public documents regarding board disciplinary actions taken against a licensee. Links added to obtain various information regarding medication safety, and drug interactions, and information from FDA regarding Medications and Medical Devices. Work Initiated on new Website design to meet new state design standards.</i> <i>2007-2008: New Website design completed in November 2007. Web page created consolidating all information on e-pedigree into one place.</i> <li data-bbox="358 1108 1474 1339">3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics. <i>2006-2007: Committee continues collaboration with the partnership whose fall campaign is screening for prostate and breast cancer. Plans underway to work to promote generic drugs in the future. No additional meetings scheduled after January 2007.</i> <li data-bbox="358 1339 1474 1816">4. Continue collaboration with schools of pharmacy for pharmacist interns to develop consumer fact sheets on health topics. <i>2006-2007: Nine previously developed fact sheets are sent to a translation service to develop Spanish, Chinese, and Vietnamese versions of these materials. Four new fact sheets developed and undergoing review by the board.</i> <i>2007-2008: The committee determines that the board will expand the project beyond the Center for Consumer Self Care to include students from other Schools of Pharmacy. Meanwhile discussion with UCSF lead to request for funding to continue project. Meanwhile board seeks to establish intern projects with other schools of pharmacy.</i> <i>2008-2009: Letter to Deans of California's pharmacy schools mailed.</i>

5. **Develop a Notice to Consumers to comply with requirements of AB 2583 (Nation, Chapter 487, Statutes of 2006) on patients' rights to secure legitimately prescribed medication from pharmacies.**
 - 2006-2007: Governor signs AB 2583.
Committee advances draft regulation text for comment at the October Board Meeting. Board votes to create a second Notice to Consumers poster vs. adding additional language to current poster.
Committee refines language to be advanced to the board. Board reviews, modifies, and sets for regulation notice the proposed language for a second Notice to Consumers poster.
 - 2007-2008: New "Notice to Consumers" approved by board and later by the Office of Administrative Law.
New design and layout for two new Notice to Consumer posters are selected.
 - 2008-2009: New posters are mailed to California pharmacies.
6. **Evaluate the practice of pill splitting as a consumer protection issue.**
 - 2006-2007: Board holds discussion of pill splitting issues during January and April 2007 Board Meetings.
 - 2007-2008: The Script newsletter contains an article for pharmacists on pill splitting and a Fact Sheet for consumers is completed.
7. **Evaluate the SCR 49 Medication Errors Report for implementation.**
 - 2006-2007: Communication and Public Education Committee reviews SCR 49 report and Board has presentation of the SCR 49 report.
 - 2007-2008: SB 472 enacted to require the board to standardize container labels into a patient friendly format by 2011.
8. **Develop patient-centered standardized prescription container labels by 2011 pursuant to SB 472 (Corbett, Chapter 470, Statutes of 2007).**
 - Oct. 2007: Board president appoints members to subcommittee.
 - Jan 2008: Board readies plans for six public hearings statewide during 2008
 - April 2008: First meeting in Fremont on April 12. Approximately 40 people attend.
 - Apr.-Jul. 2008: Board attends health fairs and interviews patients for information on how to improve prescription labels. Survey available on board's Website. 123 surveys completed.
 - July 2008: Board Inspector Bayley and Associate Analysts Durst and Abbe staffed a resource table at the Lotus Festival in Los Angeles. They also interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.
 - Aug. 2008: Associate Analysts Durst and Abbe and Assistant Executive Officer Sodergren staffed the department's booth at the State Fair and distribute brochures, respond to public questions and elicit suggestions to improve the labeling on prescription labels.
 - Oct. 2008: Board Member Powers provided information and conducted labeling surveys of those attending CARA's annual meeting.
Publications Coordinator Abbe attended Celebrando Nuestra Salud to conduct labeling surveys of those in attendance.

9. Address and promote licensee and public education on minimizing prescription errors.

July 2008: Forum on medication errors held as part of board meeting. Michael Cohen, Institute of Safe Medical Practices, John Keats, California Patient Action Coalition, and Lorian deMartini, California Department of Public Health, talk about activities of their organizations to prevent errors.
Board Inspector Orlandella represented the board on a panel to a group of seniors in Roseville, CA.

Objective 4.2	Develop 10 communication venues to licensees by June 30, 2011.
Measure:	Number of communication venues developed to licensees.
Tasks:	<ol style="list-style-type: none"> <li data-bbox="363 216 1479 468"> <p>1. Publish The Script two times annually.</p> <p>2006-2007: <i>The Script published, placed online and mailed to pharmacies and wholesalers in September 2006 and January 2007.</i></p> <p>2007-2008: <i>The Script published, placed online and mailed to pharmacies and wholesalers in July 2007 and January 2008.</i></p> <p>July 2008: <i>The Script published, placed online and mailed to pharmacies and wholesalers.</i></p> <li data-bbox="363 478 1479 1245"> <p>2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.</p> <p>2006-2007: <i>The board's members, supervising inspector and executive officer provide 22 CE and licensee educational seminars during the year.</i></p> <p>2007-2008: <i>The board's members, supervising inspector and executive officer provide at least 10 CE and licensee educational seminars during the year.</i></p> <p>1st Qtr 08/09: <i>Board Member Goldenberg provided information about pharmacy law to medical staff at the Jewish Home Hospital in Los Angeles. President Schell spoke on requirements regarding conscience provisions in California law at Loma Linda University. Executive Officer Herold spoke to the CSHP's Board of Directors about the board's heparin inspections. Executive Officer Herold spoke to CSHP's Seminar on Board legislative and regulation activities. Assistant Executive Officer Sodergren and Supervising Inspector Ratcliff staff an informational booth at CSHP's Seminar. Executive Officer Herold spoke to CSHP's Seminar on the heparin inspections with the California Department of Public Health. Executive Officer Herold spoke to CSHP's Seminar on California's e-pedigree requirements.</i></p> <li data-bbox="363 1255 1479 1757"> <p>3. Maintain important and timely licensee information on Web site.</p> <p>2006-2007: <i>Added 50-year pharmacist recognition pages as a special feature. Updated license totals. Added enforcement actions for effective dates between April 1 and June 30, 2005. Changed definitions on license lookup to clarify license status. Sent out more than 50 subscriber alert notifications to the board's e-mail notification list. Unveiled new Web site of the board, and created new Web links. Revised and added new fax and contact information to speed communication with appropriate enforcement and licensing staff. Added frequently asked questions on emerging contraception. Updated the board's online lawbook. Created a page dedicated to drug alerts and recalls.</i></p>

	<p>2007-2008: Added information about NAPLEX being suspended. Added information about Heat Preparedness. Added information about pill-splitting. Sent out more than 55 subscriber alert notifications to the board's e-mail notification list. Website reflecting the New State Redesign launched in November 2007. Sent out three disaster response subscriber alerts regarding the Southern California wildfires to the board's e-mail notification list. Created a page dedicated to E-Pedigree information and laws. Updated the 2008 lawbook. Added two sets of comments submitted to the FDA in support of a unique identifier and on promising technologies for prescription drug identification, validation, track and trace or authentication to E-Pedigree page. Added survey of patients for prescription container labels. Added page for subscription to board mailing list.</p> <p>1st Qtr 08/09: Updated information regarding release of exam results. Added enforcement actions for the effective dates between July 1 and September 30, 2008. Added two recall notifications to FDA recall page. Posted board and committee meeting agendas and materials. Sent out 24 subscriber alert notifications to the board's email notification list.</p>
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Objective 4.3	Participate in 12 forums, conferences and public education events annually.
Measure:	Number of forums participated.
Tasks:	<p>1. Participate in forums, conferences and educational fairs.</p> <p><i>Sept. 2006: Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Logi-Pharma's Annual Convention in Austin TX.</i></p> <p><i>Oct. 2006: Board hosts the three-day NABP Districts 7 & 8 Meeting. Topics include the FDA's pedigree requirements, the DEA's pseudoephedrine requirements, divergent intern requirements from state to state, and development of ethics programs for health professionals.</i></p> <p><i>Supervising Inspector Nurse provides presentations to national EPCglobal Convention (a standards setting organization) in Los Angeles on California's e-pedigree requirements for prescription drugs.</i></p> <p><i>Board staffs information booth at San Mateo Senior Fest where 600 people attend.</i></p> <p><i>Dec. 2006: Inspector Barnard and Public and Licensee Education Analyst Abbe staff information booth at the Sacramento AARP-sponsored Ask A Pharmacist event.</i></p> <p><i>Jan. 2007: Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Secure Pharma 2007, the supply chain security conference in Philadelphia.</i></p> <p><i>Feb. 2007: The board hosts an information booth for two days at CPhA's annual meeting.</i></p> <p><i>March 2007: Inspector Wong and Analyst Abbe staff information booth at the 2007 Consumer Protection Day forum in San Diego.</i></p> <p><i>April 2007: Presentation on being a pharmacist at a career day presentation in Southern California.</i></p> <p><i>May 2007: The board staffed a public information booth at the Family Safety and Health Expo at Safetyville in Sacramento, at the Sacramento Chapter of the American Diabetes Association Health Fair. Also provided information about California's electronic pedigree requirements for prescription medicine to a full session at the National Association of Boards of Pharmacy annual meeting.</i></p> <p><i>June 2007: Board Member participated in panel discussion that will be released as a web cast on prescription errors with Lyle Bootman and Michael Cohen hosted by Drug Topics.</i></p> <p><i>July 2007: Staff met with visiting dignitaries from Australia who were interested in learning about California's controlled substances requirements.</i></p> <p><i>Aug. 2007: The board staffed a public information booth at the California State Fair.</i></p> <p><i>Sept. 2007: Major presentation made on California's standards to LogiPharma in Philadelphia.</i></p> <p><i>The board staffed a public information booth at the Senior Fraud Fest event.</i></p> <p><i>The board staffed a public information booth at the Siskiyou County Fairgrounds.</i></p> <p><i>Major presentation made on California's standards at HDMA's conference in Berkeley.</i></p>

	<p>Oct. 2007: Executive Officer Herold and Supervising Inspector Nurse speak at EPCglobal's annual U.S. Exposition on California's pedigree requirements. Executive Officer Herold and Supervising Inspector Nurse speak about California's electronic pedigree requirements at CSHP's Seminar. President Powers speaks to the Renaissance Society about pedigree issues, purchasing drugs online and other consumer issues involving pharmacy. The board staffed a public information booth at the Annual Marin County Senior Information Fair and at the CSHP's Seminar.</p> <p>Nov. 2007: Executive Officer Herold provides information about the board's emergency response activities at CPhA's Synergy Conference. Executive Officer Herold and Supervising Inspector Nurse speak at the NACDS/HDMA conference on California's e-pedigree requirements.</p> <p>Feb. 2008: Board Member Schell provided information on the board's compounding requirements at CPhA's annual meeting. Executive Officer Herold and President Powers presented information about medication errors at CPhA's annual meeting. Public Outreach Coordinator staffed a booth at a DCA outreach event held at Cal Expo in Sacramento. Supervising Inspector Nurse provided information about e-pedigree law via teleconference to a Secure Pharmacy Conference in Philadelphia.</p> <p>March 2008: Inspector Ming provided information about pharmacy law to UCSF students. Executive Officer Herold provided a presentation along with FDA's Ilisa Bernstein on counterfeit drugs at the American Pharmacists Association Annual Meeting in San Diego.</p> <p>April 2008: Public Outreach Coordinator attended a large public health fair at the Los Angeles Convention Center. Over 60,000 people attended. Board Member Gaul provided information about the board's compounding regulations to a group of pharmacists, physicians and others. Executive Officer Herold provided information about Board of Pharmacy activities at a CSHP Board of Directors Meeting.</p> <p>May 2008: Resource Analyst Anderson provided a presentation at Loma Linda University detailing the board's licensing process of pharmacists. Board Members Ruth Conroy and Stanley Goldenberg addressed pharmacy students about pharmacy law and the board at the University of the Pacific. The Executive Officer Herold gave a poster presentation on the board's e-pedigree requirements at the annual National Associations of Boards of Pharmacy (NABP) meeting. The Assistant Executive Officer Sodergren attended the California Pharmacy Foundation Meeting and provided information on SB 472 and the board's efforts to standardize the prescription label. Board staff attended a "Senior Seminar and Meet the Pharmacist Day" in San Diego. At the event the board distributed consumer brochures and interviewed attendees about their prescription labels. Board Members Ken Schell and Stan Weisser delivered the commencement address at Loma Linda University. Board Member Weisser received an honorary doctorate. Board staff attended "Senior Day at the Park" and distributed consumer brochures and interviewed attendees about their prescription labels.</p>
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June 2008: Board staff attended a Senior Health Expo in Riverside, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.
 Executive Officer Herold and Supervising Inspector Nurse provided a presentation via video conference at the Fourth Global Forum on Pharmaceutical AntiCounterfeiting, an international counterfeiting event. Associate Analyst Abbe staffed a booth at Community Alliance Day in Merced. Materials were distributed to about 500 attendees.
 Executive Officer Herold and Board Member Ravnar presented at the California Society of Health-Systems Pharmacist (CSHP) legislative day. Board staff attended a Family Health & Safety Expo in Sacramento, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.

July 2008: Board Member Goldenberg provided information about pharmacy law to medical staff at the Jewish Home Hospital.
 Board Inspector Orlandella represented the board to a group of seniors and provided general information and responded to questions in Roseville, CA. Executive Officer Herold provided a presentation to a group of 150 individuals and agencies regarding California law and drug take back programs in communities.
 Board staff attended the Lotus Festival in Bakersfield, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.

Aug. 2008: Associate Analysts Durst and Abbe and Assistant Executive Officer Sodergren staffed the department's booth at the State Fair and distribute brochures, respond to public questions and elicit suggestions to improve the labeling on prescription labels.
 Executive Officer Herold provided a presentation at a conference sponsored by the California Integrated Waste Management Board on the board's concerns with drug take back programs and sharps container returns.

Sept. 2008: Executive Officer Herold provided a presentation to AstraZeniga's government relations staff on SB 1307.
 Executive Officer Herold provided a presentation at the Generic Pharmaceutical Associations annual meeting on SB 1307.
 Executive Officer Herold participated in a web cast on California's pedigree requirements and SB 1307 (Ridley-Thomas) hosted by software provider SAP. Board President Schell and Executive Officer Herold made a presentation at a national meeting held in Sacramento regarding California's pharmacy law and the requirements barring needles and syringes being inappropriately discarded in landfills and other locations.