



**California State Board of Pharmacy**

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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

EDMUND G. BROWN JR., GOVERNOR

July 21, 2011

TO: Members, Board of Pharmacy

RE: Strategic Planning of the Board of Pharmacy  
Agenda Item XVI

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**Attachments 1, 2, 3**

The Board of Pharmacy's Strategic Plan is being revised and updated into a plan for the next five years. The current plan is provided as **Attachment 1**.

This review process began in March 2011, when all board staff participated in an assessment of the board's strengths, weaknesses, opportunities and threats, and a review of the current plan's strategic issues to be addressed. This assessment was shared with you at the May board meeting, and is provided as **Attachment 2**.

In June, the Organizational Development Committee, comprised of Board President Weisser and Vice President Kajioka, selected a facilitator to lead the board in the update of the plan. A meeting was held with the selected consultant early in July, and plans finalized for the process and outcomes that will be pursued during the strategic planning session at this July board meeting.

Also in July, the board used its subscriber alert system to solicit comments from stakeholders via a short survey that was available for 10 days. The board received 116 responses, two were from consumers, the others were from individuals who identified themselves as licensees. The survey and a breakdown of the results of this survey are provided in two documents both provided in **Attachment 3**.

The afternoon session of the board meeting's second day will be used to develop the strategic plan update. The session will be lead by consultant Daniel Iocafano of MIG.

# STRATEGIC PLAN



# 2006 – 2011



CALIFORNIA STATE BOARD OF PHARMACY  
*Healthy Californians Through Quality Pharmacist's Care*

**REVISED 2010**

# Strategic Plan

California State Board of Pharmacy

2006  
2011

## Members:

Stanley C. Weisser, Pharmacist Member, President  
Randy Kajioka, Pharmacist Member, Vice President  
Gregory N. Lippe, Public Member, Treasurer

Ryan Brooks, Public Member  
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Rosalyn Hackworth, Public Member  
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Revised July 2010

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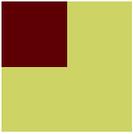
# President's Message



The strategic planning process of the California State Board of Pharmacy is an annual effort of the board members, staff and the public to anticipate and plan for events and issues for the coming year. Although the board considers its current strategic plan when going through the planning exercise, the board also attempts to predict upcoming changes in pharmacy practice, consumer needs and demands and health care trends. After a lengthy discussion of potential and existing issues, the participants go through a process to categorize, consolidate and finally prioritize the issues and then set the goals for the coming year. The resulting strategic plan keeps the board focused on established goals while allowing the flexibility of handling new questions and challenges as they arise.

Each board committee considers its individual strategic plan goals at every meeting and the progress on the goals are reviewed at each of the quarterly full board meetings. The careful planning and continuous monitoring of the strategic plan assures that the board achieves its stated objectives and performs with optimal efficiency.

The board publishes advance notice for each strategic planning meeting and encourages participation and contribution by all interested citizens of California who attend. Involvement of the board, its staff and the public results in a strategic plan that truly represents the public interest and serves the consumers of this state.



## CALIFORNIA STATE BOARD OF PHARMACY

### VISION STATEMENT

Healthy Californians through quality pharmacists care.

### MISSION STATEMENT

The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacists care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation, and enforcement.

## ABOUT THE CALIFORNIA STATE BOARD OF PHARMACY

The California State Board of Pharmacy (board) was established in 1891 to protect consumers by licensing and regulating those responsible for dispensing medications to the public. Today the board oversees all aspects of the practice of pharmacy in California: the practitioner (the pharmacists), the practice site (the pharmacies), and the product (drugs and devices). Additionally the board regulates drug wholesalers and other practitioners and specialized facilities that store and furnish prescription drugs. With an annual budget of nearly \$12 million and a staff of over 60, the board licenses nearly 120,000 individuals and firms, and enforces 13 complex and varied regulatory programs.

The board has five policy development committees to fulfill its charge. The five committees are: Enforcement, Communication and Public Education, Licensing, Legislation and Regulation, and Organizational Development. Each of these committees corresponds to a mission-related goal.



The board supports an active Web site, [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov), that provides consumer education material, application material for licensing and information for ensuring compliance with California Pharmacy Law . The Web site also provides times and information on board meetings as well as other critical forums vital to pharmacy services where public comments and input are sought and encouraged. ■ ■

## STRATEGIC ISSUES TO BE ADDRESSED

### 1. Cost of medical/pharmaceutical care

Providing necessary medication for all Californians is a concern; there is an increasing demand for affordable health care services. Also, spiraling medical care and prescription drug costs may influence people to take short cuts on their drug therapy or to seek medications from nontraditional pharmacy sources. Tiered pricing is a global reality. Due to global communication, patients can access drugs at different prices, worldwide. Patients seek lower cost medications from these sources because patients assume that prescription drugs are of the same quality as they are accustomed to obtaining from their neighborhood pharmacies. However, the cost of drugs drives unscrupulous individuals (such as counterfeiters and diverters) as well as conscientious health care providers to operate in this marketplace, the former endanger public health and confidence in the prescription drugs patients take.

### 2. Aging population



There are increasingly more senior citizens, and that population is living longer. Aging consumers often have decreased cognitive skills, eyesight and mobility. Consequently as the senior population increases so will the volume of prescriptions and the impact on pharmacists and pharmacy personnel to meet the demand. Specialized training of pharmacists may be necessary to better serve the needs of aging patients.

Many senior citizens, who previously may not have had prescription drug insurance coverage, will benefit from the new prescription drug benefit of Medicare that started in January 2006. However, this new benefit has been implemented with significant problems for some seniors, and as a complicated new program, will require public education and perhaps statutory modification.

### 3. Pharmacists' ability to provide care

The ability of pharmacy to provide optimal care for patients with chronic conditions is being challenged. Drugs are becoming more powerful and it is anticipated that more intervention by pharmacists will be required. The challenge is even greater when consumers fill multiple prescriptions at different pharmacies. The pharmacist shortage, increased consumer demand for prescription drugs, patient compliance in taking medications and polypharmacy are issues which will impact pharmacists' ability to provide care.

#### 4. **Changing demographics of California patients**

The diversity of California's population is growing with respect to race, ethnicity and linguistic skills, as is the segment that seeks drugs and products from foreign countries. This requires greater knowledge, understanding and skills from health care practitioners. The increasing diversity of patients is coupled with culturally-based beliefs that undervalue the need for licensed pharmacists and pharmacies, and instead encourage purchase of prescription drugs from nontraditional locations and providers.



There also is widespread belief that there must be a medication solution for every condition or disease state.

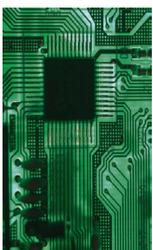
#### 5. **Laws governing pharmacists**

New laws enhancing pharmacists' roles as health care providers are needed. The laws must address several key issues including: expansion of the scope of pharmacy practice, the ratio of personnel overseen by pharmacists, delineation of the role of pharmacists relative to selling versus nonselling duties of personnel, and the responsibility for legal and regulatory compliance of the pharmacist-in-charge.

#### 6. **Integrity of the drug delivery system**

Implementation of the e-pedigree for prescription drugs will reduce the growing incidence of counterfeit, damaged, adulterated or misbranded medications in California's pharmacies. Additionally the federal government has demonstrated an increasing interest in regulating health care to safeguard consumer interests. New legislation and regulation may be created in response to emergency preparedness, disaster response and pandemics. Changes in the prescription drug benefits provided to Medicare beneficiaries will continue to command attention.

#### 7. **Technology Adaptation**



Technology will greatly impact the processing and dispensing of medication. Electronic prescribing and "channeling" to locations other than a traditional pharmacy may become the business model. Automated pharmacy systems and electronic prescribing will impact pharmacy. New methods of dispensing medications raise additional liability issues. New medication, perhaps engineered for specific patients, will become available at high costs and require special patient monitoring systems.

## 8. Internet issues

The availability of prescription drugs over the Internet is on the rise. Multiple and easy access of drugs without pharmacist participation is dangerous. Entities promoting illegal drug distribution schemes have taken advantage of the Internet. Monitoring and protecting the public from improper drug distribution from these Internet pharmacies is severely impaired with continued resource constraints by both the federal and state agencies with jurisdiction.

## 9. Disaster planning and response

Pharmacists need to be ready to be positioned to provide emergency care and medication in response to natural disasters, pandemics and terrorism. This requires specialized knowledge, advance planning and integration of local, state and federal resources that can be quickly mobilized. Specialized drug distribution channels will need to be authorized to permit emergency response.



Additionally, regulatory adjustments to the September 11 terrorism may affect persons' rights to privacy.

## 10. Qualified staff and Board Members

The state's fiscal crisis has affected the board's ability to investigate customer complaints or hire staff. The board lost 20 percent of its staff positions during the prior five years due to the state's hiring freezes. Loss of these staff has altered the provision of services by the board. The salary disparity between the private and public sectors in compensation for pharmacists will make it difficult to recruit and retain pharmacist inspectors. Moreover, for all staff, if wages remain essentially frozen, the retention of current employees could be impacted.

The diversity and involvement of all board members in policy development is important for public health and protection. At least a quorum of board members is needed to ensure the board can make decisions and act timely.

## 11. Pharmacy/health care in the 21st century

The state's health care practitioners (pharmacists, physicians, nurses) are being influenced by a variety of internal and external factors that affect and will continue to effect health care provided to patients. Improved patient care will result from improved integration among these professions. Also, a renewed emphasis on patient consultation will benefit patient knowledge about their drug therapy and thus improve their care.

## 12. Information Management

Creation, maintenance and transfer of electronic patient records and prescription orders will be the norm in the future. Patient records need to remain confidential and secured from unauthorized access. Pharmacies and wholesalers need to ensure the availability of an e-pedigree for drugs obtained, transferred and dispensed. It is likely that all controlled drugs dispensed in California will be tracked electronically by the CURES system.

**Patient records need to remain confidential and secured from unauthorized access. Pharmacies and wholesalers need to ensure the availability of an e-pedigree for drugs obtained, transferred and dispensed.**

# Summary of Goals



## Goal One

Exercise oversight on all pharmacy activities.

## Goal Two

Ensure the qualifications of licensees.

## Goal Three

Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

## Goal Four

Provide relevant information to consumers and licensees.

## Goal Five

Achieve the board's mission and goals.

# GOALS, OUTCOMES, OBJECTIVES, AND MEASURES

## ENFORCEMENT COMMITTEE

Goal 1: Exercise oversight on all pharmacy activities.

Outcome: Improve consumer protection.

Objective 1.1	Achieve 100 percent closure on all board investigations within 6 months.
Measure:	Percentage of cases closed.
Tasks:	<ol style="list-style-type: none"> <li>1. Complete all desk investigations within 90 days (for cases closed during quarter).</li> <li>2. Complete all field investigations within 120 days (for cases closed during quarter).</li> <li>3. Close (e.g., no violation, issue citation and fine, refer to the AG's Office) all board investigations and mediations within 180 days.</li> </ol>
Objective 1.2	Manage enforcement activities for achievement of performance expectations
Measure:	Percentage compliance with program requirements
Tasks:	<ol style="list-style-type: none"> <li>1. Administer the Pharmacists Recovery Program.</li> <li>2. Administer the probation monitoring program.</li> <li>3. Issue citations and fines within 30 days</li> <li>4. Issue letters of admonition within 30 days</li> <li>5. Obtain immediate public protection sanctions for egregious violations.</li> <li>6. Submit petitions to revoke probation within 30 days for noncompliance with terms of probation.</li> </ol>
Objective 1.3	Achieve 100 percent closure on all administrative cases (excluding board investigation time) within one year by June 30, 2011.
Measure:	Percentage closure of administrative cases within one year.
Objective 1.4	Inspect 100 percent of all licensed facilities once every 3 years by June 30, 2011.
Measure:	Percentage of licensed facilities inspected once every 3 year cycle.
Tasks:	<ol style="list-style-type: none"> <li>1. Inspect licensed premises to educate licensees proactively about legal requirements and practice standards to prevent serious violations that could harm the public.</li> <li>2. Inspect sterile compounding pharmacies initially before licensure and annually before renewal.</li> <li>3. Initiate investigations based upon violations discovered during routine inspections.</li> </ol>

Objective 1.5	Initiate policy review of 25 emerging enforcement issues by June 30, 2011.
Measure:	The number of issues.
Tasks:	<ol style="list-style-type: none"> <li>1. Monitor the implementation of e-pedigree on all prescription medications sold in California.</li> <li>2. Implement federal restrictions on ephedrine, pseudoephedrine or phenylpropanolamine products.</li> <li>3. Monitoring the efforts of the Drug Enforcement Administration and Department of Health and Human Services to implement e-prescribing for controlled substances.</li> <li>4. Evaluate establishment of an ethics course as an enforcement option.</li> <li>5. Participate in emerging issues of the national level affecting the health of Californians regarding their prescription medicine.</li> <li>6. Provide information about legal requirements involving e-prescribing to support the Governor's Health Care Initiative and its promotion of e-prescribing.</li> <li>7. Implement in California the Center for Medicare and Medicaid Service requirements for security prescription forms that will be required in only four months for all written Medicaid and Medicare prescriptions.</li> <li>8. Liaison with other state and federal agencies to achieve consumer protection.</li> <li>9. Work with the California Integrated Waste Management Board to implement requirements for model programs to take back unwanted prescription medicine from the public.</li> <li>10. Inspect California hospitals to ensure recalled heparin has been removed from patient care areas.</li> <li>11. Promulgate regulations required by SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) for recovery programs administered by Department of Consumer Affairs health care boards.</li> <li>12. Develop and release Request for Proposal for vendor for Department of Consumer Affairs health care boards that operate license recovery programs.</li> <li>13. Participate in Department of Consumer Affairs Consumer Protection Enforcement Initiative to strengthen board enforcement activities and reduce case investigation completion times for formal discipline.</li> <li>14. Initiate criminal conviction unit to review and investigate rap sheets received on licenses for arrests or convictions.</li> <li>15. Complete comprehensive review of investigative and enforcement internal processing to identify process improvements.</li> <li>16. Complete review of pharmacies dispensing prescriptions for Internet web site operators.</li> <li>17. Provide updates on the board's reporting to the Healthcare Integrity and Protections Data Bank (HIPDB).</li> </ol>

## LICENSING COMMITTEE

Goal 2: Ensure the qualifications of licensees.

Outcome: Qualified licensees

<p><b>Objective 2.1</b></p> <p><b>Measure:</b></p>	<p>Issue licenses within three working days of a completed application by June 30, 2011.</p> <p>Percentage of licenses issued within three work days</p>
<p><b>Tasks:</b></p>	<ol style="list-style-type: none"> <li>1. Review 100 percent of all applications within seven work days of receipt.</li> <li>2. Process 100 percent of all deficiency documents within five work days of receipt.</li> <li>3. Make a licensing decision within three work days after all deficiencies are corrected.</li> <li>4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements. <ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Intern pharmacists</li> <li>• Pharmacy technicians</li> <li>• Pharmacies</li> <li>• Non-resident pharmacies</li> <li>• Wholesaler drug facilities</li> <li>• Veterinary food animal drug retailers</li> <li>• Designated Representatives (the non-pharmacists who may operate sites other than pharmacies)</li> <li>• Out-of-state distributors</li> <li>• Clinics</li> <li>• Hypodermic needle and syringe distributors</li> <li>• Sterile Compounders</li> </ul> </li> <li>5. Withdrawn licenses to applicants not meeting board requirements.</li> <li>6. Deny applications to those who do not meet California standards.</li> <li>7. Respond to e-mail status requests and inquiries to designated e-mail addresses.</li> <li>8. Respond to telephone status request and inquiries.</li> </ol>
<p><b>Objective 2.2</b></p> <p><b>Measure:</b></p>	<p>Cashier 100 percent of all revenue received within two working days of receipt by June 30, 2011.</p> <p>Percentage of revenue cashiered application within 2 working days.</p>
<p><b>Tasks:</b></p>	<ol style="list-style-type: none"> <li>1. Cashier application fees.</li> <li>2. Cashier renewal fees.</li> <li>3. Cashier citations with fines.</li> <li>4. Cashier probation and cost recovery fees.</li> <li>5. Cashier request for information/license verification fees.</li> <li>6. Cashier fingerprint fees.</li> </ol>

<p><b>Objective 2.3</b></p> <p><b>Measure:</b></p>	<p><b>Update 100 percent of all information changes to licensing records within five working days by June 30, 2011.</b></p> <p><b>Percentage of licensing records changes within five working days</b></p>
<p><b>Tasks:</b></p>	<ol style="list-style-type: none"> <li>1. Make address and name changes.</li> <li>2. Process off-site storage applications.</li> <li>3. Transfer intern hours to other states</li> </ol>
<p><b>Objective 2.4</b></p> <p><b>Measure:</b></p>	<p><b>Implement at least 25 changes to improve licensing decisions by June 30, 2011.</b></p> <p><b>Number of implemented changes</b></p>
<p><b>Tasks:</b></p>	<ol style="list-style-type: none"> <li>1. Determine why 26 states do not allow the use of a CA license as the basis for transfer a pharmacist license to that state.</li> <li>2. Evaluate the drug distribution system of clinics and their appropriate licensure.</li> <li>3. Work with the Department of Corrections on the licensure of pharmacies in prisons.</li> <li>4. Work with local and state officials on emergency preparedness and planning for pandemic and disasters. Planning to include the storage and distribution of drugs to assure patient access and safety.</li> <li>5. Evaluate the need to issue a provisional license to pharmacy technician trainees.</li> <li>6. Evaluate use of a second pharmacy technician certification examination (ExCPT) as a possible qualifying route for registration of technicians.</li> <li>7. Review requirements for qualifications of pharmacy technicians with stakeholders.</li> <li>8. Implement the Department of Consumer Affairs Applicant Tracking System to facilitate implementation of I-Licensing system, allowing online renewal of licenses by 2008. Note: I-Licensing system has been cancelled and the BreEZe system will take its place.</li> <li>9. Participate with California's Schools of Pharmacy in reviewing basic level experiences required of intern pharmacists, in accordance with new ACPE standards.</li> <li>10. Implement new test administration requirements for the CPJE.</li> <li>11. Participate in ACPE reviews of California Schools of Pharmacy.</li> <li>12. Initiate review of Veterinary Food Animal Drug Retailer Designated Representative training.</li> <li>13. Convene Committee to evaluate drug distribution within hospitals.</li> <li>14. Improve reporting of and accounting for intern hours.</li> <li>15. Participate in initiatives to increase the number of pharmacists in California to meet demand.</li> <li>16. Assess the operations of specialty pharmacy services.</li> <li>17. Encourage use of technology where it benefits the public.</li> <li>18. Secure the implementation of e-prescribing in California by the earliest possible date.</li> <li>19. Ensure the public receives necessary pharmaceuticals in emergency response activities to the H1N1 pandemic.</li> <li>20. Automate fingerprint background results with the Department of Justice.</li> <li>21. Evaluate pharmacy technician application process to identify areas for improvement.</li> <li>22. Implement Fingerprint Requirement for Pharmacist Renewal.</li> <li>23. Evaluate licensing requirements for businesses seeking licensure that are under common ownership.</li> <li>24. Evaluate Continuing Education Requirement for Pharmacists.</li> </ol>

## LEGISLATION AND REGULATION COMMITTEE

**Goal 3:** Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

**Outcome:** Improve the health and safety of Californians.

<b>Objective 3.1</b>	Annually identify and respond with legislative changes to keep pharmacy laws current and consistent with the board's mission.
<b>Measure:</b>	100 percent successful enactment of promoted legislative changes.
<b>Tasks:</b>	<ol style="list-style-type: none"><li>1. Secure extension of board's sunset date.</li><li>2. Sponsor legislation to update pharmacy law.</li><li>3. Advocate the board's role and its positions regarding pharmacists' care and dispensing of dangerous drugs and devices.</li><li>4. Secure statutory standards for pharmacies that compound medications.</li><li>5. Secure implementation of e-pedigrees on prescription drugs dispensed in California.</li><li>6. Advocate the board's position on pending legislation affecting pharmacy practice and/or the board's jurisdiction.</li><li>7. Expand the conditions under which a pharmacist may administer an immunization independent of physician protocol.</li><li>8. Advocate the board's role as an advocate for consumers by redesigning prescription label for all medicines dispensed to California patients.</li><li>9. Secure statutory fee increase to ensure sufficient funding to fulfill all of the board's statutory obligations as a consumer protection agency.</li><li>10. Advocate legislation to enhance the board's enforcement activities.</li></ol>

<p><b>Objective 3.2</b></p>	<p><b>Annually identify and respond with regulatory changes to keep pharmacy regulations current and consistent with the board's mission.</b></p>
<p><b>Measure:</b></p>	<p><b>Percentage successful enactment of promoted regulatory changes</b></p>
<p><b>Tasks:</b></p>	<ol style="list-style-type: none"> <li>1. Authorize technicians to check technicians in inpatient pharmacies with clinical pharmacist programs (sections 1793.7-1793.8).</li> <li>2. Authorize the use of prescription drop boxes and automated delivery machines for outpatient pharmacies (sections 1713 and 1717(e)).</li> <li>3. Make technical changes in pharmacy regulations to keep the code updated. <ul style="list-style-type: none"> <li>Section 1706.2 criteria for abandonment of files</li> <li>Section 1775.4 contested citations</li> <li>Section 1709.1 designation of pharmacist-in-charge</li> <li>Section 1780 standards for wholesalers</li> <li>Section 1780.1 standards for veterinary food animal drug retailers</li> <li>Section 1781 Designated Representative certificate</li> <li>Section 1786 Designated Representative</li> </ul> </li> <li>4. Repeal the requirement to post a notice regarding electronic files (section 1717.2).</li> <li>5. Revise and update Disciplinary Guidelines revision and update (section 1760).</li> <li>6. Self-assessment of a wholesaler by the designated representative (section 1784).</li> <li>7. Exempt the address of records of interns from display on the board's Web site (section 1727.1).</li> <li>8. Modification of building standards for pharmacies – rulemaking by the California Building Standards Commission.</li> <li>9. Update Notice to Consumers Poster in conformance with AB 2583 (Chapter 487, Statutes 2006)(Section 1707.2).</li> <li>10. Secure changes without regulatory effect (Section 100 changes) to pharmacy regulations to keep them accurate and current.</li> <li>11. Increase fees to keep the board's contingency fund solvent and maintain operations.</li> <li>12. Secure regulatory standards for pharmacies that compound.</li> <li>13. Establish an ethics course.</li> <li>14. Pharmacist renewal requirements.</li> <li>15. Dishonest conduct during pharmacist examination; confidentiality of exam questions.</li> <li>16. Standardized, patient-centered prescription labels.</li> <li>17. Update protocol for pharmacists furnishing emergency contraception (EC).</li> <li>18. Board issued continuing education (CE) credit.</li> <li>19. Notice to Consumers re: Patient-Centered Prescription Labels.</li> <li>20. Update references to USP Standards (§1780)</li> <li>21. Veterinarian Food-Animal Drug Retailer Self-Assessment (§1785)</li> <li>22. Accreditation Agencies for Pharmacies that Compound (§1751.x)</li> </ol>
<p><b>Objective 3.3</b></p>	<p><b>Review five areas of pharmacy law for relevancy, currency and value for consumer protection by June 30, 2011.</b></p>
<p><b>Measure:</b></p>	<p><b>Number of areas of pharmacy law reviewed</b></p>
<p><b>Tasks:</b></p>	<ol style="list-style-type: none"> <li>1. Initiate review of the pharmacist-in-charge requirement.</li> </ol>

## 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>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.</li> <li>2. Restructure the board's Web site to make it more user friendly.</li> <li>3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics.</li> <li>4. Continue collaboration with schools of pharmacy for pharmacist interns to develop consumer fact sheets on health topics.</li> <li>5. Develop a Notice to Consumers to comply with requirements of AB 2583 (Nation) on patients' rights to secure legitimately prescribed medication from pharmacies.</li> <li>6. Evaluate the practice of pill splitting as a consumer protection issue.</li> <li>7. Evaluate the SCR 49 Medication Errors Report for implementation.</li> <li>8. Develop patient-centered standardized prescription container labels by 2011.</li> <li>9. Address and promote licensee and public education on minimizing prescription errors.</li> <li>10. Educate consumers about steps they can take to prevent receiving a medication error.</li> </ol>
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>1. Publish <i>The Script</i> two times annually.</li> <li>2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.</li> <li>3. Maintain important and timely licensee information on Web site.</li> </ol>
Objective 4.3	Develop communication venues for other health care professionals (e.g., physicians, nurses).
Measure:	Number of communication venues developed to other health care professionals.
Tasks:	
Objective 4.4	Participate in 12 forums, conferences and public education events annually.
Measure:	Number of forums participated.
Tasks:	<ol style="list-style-type: none"> <li>1. Participate in forums, conferences and educational fairs.</li> </ol>

## ORGANIZATIONAL DEVELOPMENT COMMITTEE

Goal 5: Achieve the board's mission and goals.

Outcome: An effective organization.

Objective 5.1	Obtain 100 percent approval for identified program needs by June 30, 2011.
Measure:	Percentage approved for identified program needs.
Tasks:	<ol style="list-style-type: none"> <li>1. Review workload and resources to streamline operations, target backlogs and maximize services.</li> <li>2. Develop budget change proposals to secure funding for needed resources.</li> <li>3. Perform strategic management of the board through all committees and board activities.</li> <li>4. Manage the board's financial resources to ensure fiscal viability and program integrity.</li> </ol>
Objective 5.2	Maintain 100 percent staffing of all board positions.
Measure:	Percentage staffing of board positions.
Tasks:	<ol style="list-style-type: none"> <li>1. Continue active recruitment of pharmacists for inspector positions.</li> <li>2. Vigorously recruit for any vacant positions.</li> <li>3. Perform annual performance and training assessments of all staff.</li> </ol>
Objective 5.3	Succession planning and workforce retention.
Measure:	Secure enhanced training of staff to improve job proficiency.
Tasks:	<ol style="list-style-type: none"> <li>1. Identify training for staff development.</li> </ol>
Objective 5.4	Implement 10 strategic initiatives to automate board processes by June 30, 2011.
Measure:	Number of strategic initiatives implemented to automate board processes
Tasks:	<ol style="list-style-type: none"> <li>1. Implement automated applicant tracking (ATS).</li> <li>2. Implement online license renewal and application submission features (BreZE).</li> <li>3. Integrate telephone features to improve board services without adding staff resources.</li> <li>4. Use the department's newly created "ad hoc" system to generate data for reports.</li> <li>5. Secure equipment needed to perform staff duties optimally.</li> <li>6. Implement automated program for staff-conducted drug audits.</li> <li>7. Implement template for drug audits completed by pharmacies.</li> <li>8. Develop template for hospital inspections to identify recalled heparin. (Completed April 2008)</li> <li>9. Participate in Department of Consumer Affairs pilot program to achieve scanning of paper files.</li> </ol>

<b>Objective 5.5</b>	<b>Provide for communication venues to communicate within the board by June 30, 2011.</b>
<b>Measure:</b>	<b>Number of communication venues to communicate within the board.</b>
<b>Tasks:</b>	<ol style="list-style-type: none"> <li>1. Continue the Communication Team to improve communication among staff and host biannual staff meetings.</li> <li>2. Continue Enforcement Team meetings with board members and enforcement staff.</li> <li>3. Convene annual inspector meetings to ensure standardized investigation and inspection processes, law and practice updates and earn continuing education credit.</li> <li>4. Transition from paper packets for board meeting materials to e-copies.</li> <li>5. Explore electronic voting of mail ballots for disciplinary decisions.</li> </ol>
<b>Objective 5.6</b>	<b>Annually conduct at least two outreach programs where public policy issues on health care are being discussed.</b>
<b>Measure:</b>	<b>Number of outreach programs conducted in one year.</b>
<b>Tasks:</b>	<ol style="list-style-type: none"> <li>1. Outreach programs 2006/2007.</li> <li>2. Outreach programs 2007/2008.</li> <li>3. Outreach programs 2008/2009.</li> <li>4. Professionals Achieving Consumer Trust Summit - November 2008.</li> <li>5. Board provides three presentations at the annual California Pharmacists Association Meeting.</li> <li>6. Workgroup on E-Pedigree holds March 2009 meeting where presentations made on FDA proposed standards for a unique identification number for serialization, Congressman Buyer's Office on federal legislation, and standards setting by GS1.</li> <li>7. Executive Officer attends National Association of Boards of Pharmacy Meeting with other state boards of pharmacy.</li> <li>8. Executive Staff attend Consumer Advisory Councils day-long presentation in San Francisco on substance abuse recovery programs for health care licensees.</li> <li>9. Outreach programs 2009/2010.</li> </ol>
<b>Objective 5.7</b>	<b>Perform succession planning to ensure continuity for board operations during staff retirements.</b>
<b>Measure:</b>	<b>Number of staff trained for advanced duties and promoted.</b>
<b>Tasks:</b>	
<b>Objective 5.8</b>	<b>Respond to all public record requests within 10 days.</b>
<b>Measure:</b>	<b>Percentage response to public record requests within 10 days</b>
<b>Tasks:</b>	<ol style="list-style-type: none"> <li>1. Respond to public records requests within 10 days (e.g., license verifications, investigative information, licensing information).</li> <li>2. Respond to subpoenas within the timeline specified.</li> <li>3. Respond to specific requests for data reports list.</li> </ol>

Goal Alignment Matrix – Strategic Issues					
Strategic Issues	Goal 1: Exercise oversight on all pharmacy activities	Goal 2: Ensure the qualifications of licensees.	Goal 3: Advocate legislation and promulgate regulations that advance the Vision and Mission of BOP.	Goal 4: Provide relevant information to consumers and licensees.	Goal 5: Achieve the Board's Mission and Goals.
1. Cost of medical/ pharma-ceutical care	X		X	X	X
2. Aging population	X	X		X	X
3. Pharmacists' ability to provide care	X	X	X	X	X
4. Changing demographics of CA patients	X	X	X	X	X
5. Laws governing pharmacists	X	X	X	X	
6. Integrity of the drug delivery system	X	X	X		
7. Technology adaptation	X		X	X	X
8. Internet Issues	X			X	X
9. Disaster planning and Response	X	X	X	X	X
10. Qualified staff	X	X			X
11. Pharmacy/ Healthcare Integration in the 21st century	X	X	X	X	X
12. Information Management	X	X	X	X	X



## SCANNING ASSESSMENT AND METHODOLOGY

In assessing the critical data that will influence the board's ability to fulfill its vision and mission, the strategic planning team completed several scanning activities in 2006. Board members, all staff and stakeholders participated in completing a survey questionnaire that was submitted to the strategic planning team for synthesis and analysis. This included review of the board's mission, vision, goals and strategic issues. Additionally a "SWOT" analysis (an acronym for strengths, weaknesses, opportunities and threats) was conducted during the survey as part of the scanning assessment.

In developing its strategic plan, the board relied upon the full participation of its entire staff, its board members and its interested stakeholders. The participation of each group has provided important information necessary for a dynamic strategic plan, capable of guiding the board in fulfilling its mission for several years.

In developing its strategic plan, the board relied upon the full participation of its entire staff, its board members and its interested stakeholders.

After each group performed the SWOT analyses described above, the board refined the strategic issues to be addressed during the April 2006 Meeting, and the results are summarized in this plan under **"Strategic Issues to be Addressed."**

Additional refinement of board objectives and activities was conducted during late spring 2006 by each of the board's strategic committees, and the final strategic plan for 2006-11 was approved at the July 2006 Board Meeting.

## SHARED VALUES/CORE PRINCIPLES

The Board of Pharmacy will exhibit:

- Vision
- Integrity
- Flexibility
- Commitment
- Loyalty to its mission
- Relevance to important issues
- Compassion, and
- Open-mindedness

These values will be exhibited when considering all matters before the board affecting the consumers of California and the profession of pharmacy.

## INTERNAL/EXTERNAL ASSESSMENT

The critical data stemming from the SWOT analysis is reflected below. The information represents a deliberative process of multiple iterations conducted with the board members, staff and stakeholders.

Strengths	Weaknesses
<p>1. Staff/Inspectors: Staff’s teamwork, dedication, diversity, and knowledge. Pharmacist inspectors provide necessary, specialized knowledge.</p> <p>2. Leadership: Support and communication provided by management, diversity and experience of board members.</p>	<p>1. Resources: Budget constraints and insufficient resources to meet mandated duties at desired levels</p> <p>2. Staffing Shortages: Insufficient staff to perform, manage, and review consumer protection activities of licensing, enforcement, and education programs.</p>
Opportunities	Threats
<p>1. Pharmacist’s Role: Pharmacy profession has large potential role in healthcare delivery. Pharmacists have opportunities in roles associated with patient care and not exclusively dispensing.</p> <p>2. Technology/Automation: Promoting legislation and regulations to foster the use of technological advances by pharmacies, attainment of operational efficiencies, decreased administrative burdens, and enhanced patient care services.</p> <p>3. Consumer Safety/Privacy: Promoting a nonpunitive learning environment approach to improving pharmacy patient safety. Continuing emphasis on patient safety by involving the pharmacist in patient care.</p> <p>4. Public education: Increasingly informed consumers means the profession must be able to deliver public education on drug use safety and healthcare issues.</p>	<p>1. Board of Pharmacy staffing is insufficient to perform mandated duties at desired levels.</p> <p>2. Board funding: Lack of funding for new programs; lack of fiscal control of board over much of its budget; budget constraints and deficits; hiring freeze.</p> <p>3. Cost of pharmaceuticals: Impacts of the increasing costs of pharmaceuticals cannot be managed or controlled by the consumer or the board.</p> <p>4. Pharmacy personnel shortage: Lack of licensees impedes the ability of patients to receive quality pharmacist care.</p>





*Healthy Californians Through Quality Pharmacist's Care*



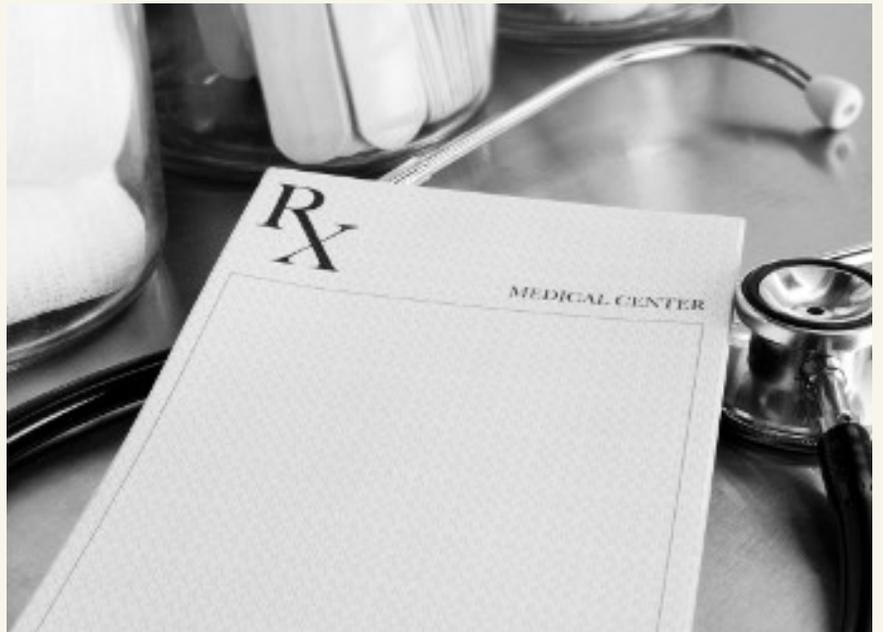
## STRATEGIC PLAN

California State Board of Pharmacy  
1625 North Market Blvd., Suite N-219  
Sacramento, CA 95834  
916 574.7900  
916 574.8618 fax  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)



# CALIFORNIA BOARD OF PHARMACY

2011 SWOT Analysis Report



## ABOUT THE BOARD

The California State Board of Pharmacy (Board) protects consumers by licensing and regulating all aspects of the practice of pharmacy in California, including the pharmacist, the pharmacy, and prescription drugs and devices. The Board also regulates drug wholesalers, specialized facilities, and other practitioners such as pharmacist interns and technicians.

## BACKGROUND

In preparation for the Board's upcoming Strategic Planning session, management and staff met on March 25th, 2011 in order to conduct a comprehensive environmental scan and S.W.O.T Analysis of the program. The meeting was facilitated by the Department of Consumer Affairs' Strategic Planning & Development Unit.

During the session, Board staff worked together to identify areas of particular strength and weakness within the California Board of Pharmacy. They also identified external threats and opportunities that could have a potential impact on the Board in the future. After completing the S.W.O.T analysis, staff reviewed the previous environmental scan that the Board conducted, and offered comments and suggestions on potential updates to the scan, based on recent changes in the marketplace.

The content from this session is designed to help Board members to understand the internal and external forces at play, as they are preparing to complete the upcoming Strategic Plan, which will drive the Board's actions over the next several years.



## ELEMENTS OF THE S.W.O.T.



Strengths: characteristics of the board that give it an advantage over others.



Weaknesses: are characteristics that place the board at a disadvantage relative to others.



Opportunities: external chances to make a greater impact in the State.



Threats: *external* elements in the environment that could cause trouble for the Board.

## STRENGTHS

- ❖ Job security: The Board has workload, and lots of it!
- ❖ The Board is innovative. We strive for changes, and are always looking for a better way to improve our processes.
- ❖ The Board has fairly respectable resources – funds, equipment, PC, Telecom. BlackBerrys etc.
- ❖ The Board is not in the general fund, safeguarding it from some budgetary issues. Being self-funded often allows the Board to purchase some equipment necessary to perform our jobs efficiently.
- ❖ The Board enjoys a good reputation with the public & within DCA.
- ❖ The Board has a good mix of experienced and new employees, which allows for fresh ideas alongside traditions, knowledge and policies. The Board’s diversity in education and skills make it more flexible.
- ❖ Good inter-office communication exists, which facilitates cross training & improved skills.
- ❖ The low turnover of staff means that the employees we have are more experienced.
- ❖ The Board fosters a team environment.

## STRENGTHS

- ❖ The Board has field staff throughout the State. Our inspectors are more credible because they are also licensees. Their background also makes them more thorough and much more effective.
- ❖ The Board is active in legislation and law making to further protect consumers.
- ❖ Board staff are committed to doing their part to protect consumers, and have high standards of performance. A real enthusiasm exists for consumer protection within the organization, from the top, down.
- ❖ The Board enjoys extremely supportive management. Great leadership currently exists at the EO and AEO level. Executive and administrative management are very experienced, with years in licensing, enforcement & legislation background.
- ❖ Being a small organization, we communicate effectively, people are available, and camaraderie exists. We are a family.
- ❖ The Board is result-oriented. We are the 1<sup>st</sup> line of defense. We also respond and use our enforcement effectively.
- ❖ The Board is utilizing the Deputy Attorney General and DOJ for fast legal action.
- ❖ TCT: the Board's spirit team is a definite strength.

## WEAKNESSES

- ❖ Licensees currently feel they are overregulated.
- ❖ The Board is forced to use antiquated software programs, such as: TEALE, CAS and ATS. Antiquated equipment also delays the Board's ability to act.
- ❖ There has been a delayed implementation of new technology that may improve productivity, such as expanded online services (e.g. online license renewal).
- ❖ The Board is short staffed with a high rate of vacancies. Staff resources have not grown, while the licensing base has been steadily increasing.
- ❖ There is a major lack of support from DCA Headquarters. Problem areas include Legal, purchasing through BSO, Human Resources and Travel (CAL Aters).
- ❖ Chronic budget problems cause major issues: furloughs, lack of resources, purchasing freezes, the hiring freeze, and budget cuts all adversely affect the staff.
- ❖ Travel restrictions applied to the Board do not allow out-of-state travel, significantly reducing the number of industry meetings staff can attend.
- ❖ State vehicles for inspectors were lost due to governmental budget constraints, such as the 20% deduction in state vehicle fleet, significantly impacting the Board.
- ❖ There is a lack of special job training. Licensing and enforcement cross-training should be done more often.

## WEAKNESSES

- ❖ Employees are being expected to do more with less equipment and staff.  
Overwhelming workload situations are occurring. In the front office, the volume of phone calls can be overwhelming to the staff
- ❖ The Board tends to be reactive opposed to proactive in terms of its approach to consumer protection.
- ❖ There are somewhat ambiguous laws for the board and licensees to adhere to.
- ❖ There's a clear lack of consumer awareness of what the board can do, caused by poor consumer education.
- ❖ Applicants, consumers, and licensees are unaware of the long time-frames involved in some of our processes and therefore become agitated.
- ❖ There is a lack of routine meetings or communication between field & office staff.
- ❖ Consumers are not always getting excellent service or information, primarily due to overworked staff.
- ❖ There is a time delay in prosecuting enforcement cases, originating in the AG office.
- ❖ The telephone system is inadequate, and the phone tree hasn't been updated in a long time.

## WEAKNESSES

- ❖ Low staff morale, primarily caused by the State's chronic budget problems, coupled with a lack of positive feedback to employees, sometimes creates a negative work environment.
- ❖ Office temperature control within the building is extremely frustrating.
- ❖ There is a lack of communication and networking with outside boards.
- ❖ The Web site is not very consumer or licensee friendly.
- ❖ The Board needs more office space. Currently the office we are in is very cramped.



## OPPORTUNITIES

- ❖ Increase consumer and licensee outreach and education. Focus on teaching licensees & consumers what the Board does and the time-frames involved in those processes.
- ❖ Better working relationships, joint investigations with other boards and outside agencies such as the DEA, AG, courts, law enforcement arresting agencies, County Pharmacy Association, Department of Health, training tech schools, OSHPD, etc.
- ❖ Develop more alliances. (California's financial restraints on out of state travel have limited some interactions to conference calls).
- ❖ Publish *The Script* more often, and educate Registered Pharmacists (RPH) about subscriber alerts.
- ❖ Require e-mail addresses from RPH.
- ❖ The Board should look into getting access to California Law Enforcement Telecommunication System (CLETS) and LexisNexus databases.
- ❖ Outside Training such as: Council on Licensure, Enforcement and Regulation (CLEAR).
- ❖ Capitalize on the ability to utilize the AG, Board of Pharmacy CURES data
- ❖ Develop a well-rounded disaster response plan.
- ❖ Institute inspection ride-a-longs

## THREATS

- ❖ Politicians with agendas, state bureaucracy, and conflicting interests at DCA and the SCSA.
- ❖ Public perception of state employees (we make too much, easy work, overcompensated benefits). Also, union busting efforts by politicians.
- ❖ Media sensationalism – Delivering inaccurate or incomplete information.
- ❖ Late budgets remove our authority to spend money.
- ❖ Increased attrition of staff.
- ❖ Pharmaceutical manufacturing lobbyists & corporations.
- ❖ The economic crisis will cause an increase in criminal activity due to financial hardship (i.e. increase in fraud).
- ❖ More people using and abusing prescription drugs, including some licensees.
- ❖ Pricing of pharmaceuticals in the states vs. out of country, and counterfeit drugs.
- ❖ Drug-related robberies are becoming more violent.
- ❖ Marijuana legislation and dispensaries could be a threat to the industry.
- ❖ Staff cutbacks are occurring in pharmacies due to the budget crisis.
- ❖ Potential environmental disasters.

## THREATS

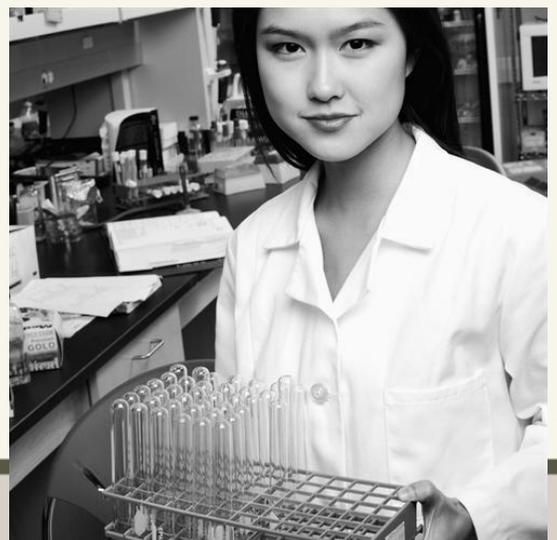
- ❖ AB 507: This pain med bill reduces ability to enforce CS diversion.
- ❖ Growth of Pharmaceutical industry and the inability to hire Board staff.
- ❖ Fraudulent qualifications such as fake diplomas are leading to unqualified licensees.
- ❖ The FDA is lacking resources & leadership.
- ❖ TCH Schools are unregulated and provide bad information .
- ❖ Increase in Pharmacy schools and licensed professionals, coupled with decreased jobs due to the economy.
- ❖ Special interests taking precedence over consumer protection.
- ❖ The Board is behind on applications and inspections.
- ❖ Budget cuts, furloughs and the hiring freeze have led to improper staffing, an inability to get technology i.e. breeze, proper equipment, etc.
- ❖ The complexity of the legislative process.
- ❖ Sunset Review.
- ❖ External resistance to our goals: manufacturers, chain stores, professional associations, etc.

## ENVIRONMENTAL SCAN

An Environmental Scan is an analysis and evaluation of internal conditions and external data and factors that affect the organization.

Comprehensive Environmental Scans include the following:

- ❖ *Forecasting business trends.*
- ❖ *Conducting internal and external scans.*
- ❖ *Describing the current workforce.*
- ❖ *Projecting workforce supply and demand.*
- ❖ *Identifying current and needed competencies (knowledge, skills, abilities and behaviors).*



# ENVIRONMENTAL SCAN

## 1. *Cost of medical/pharmaceutical care*

Providing necessary medication for all Californians is a concern; there is an increasing demand for affordable health care services. Also, spiraling medical care and prescription drug costs may influence people to take short cuts on their drug therapy or to seek medications from nontraditional pharmacy sources. Tiered pricing is a global reality. Due to global communication, patients can access drugs at different prices, worldwide. Patients seek lower cost medications from these sources because patients assume that prescription drugs are of the same quality as they are accustomed to obtaining from their neighborhood pharmacies. However, the cost of drugs drives unscrupulous individuals (such as counterfeiters and diverters) as well as conscientious health care providers to operate in this marketplace, the former endanger public health and confidence in the prescription drugs patients take.

### *Concepts for possible updates:*

- ❖ Advocate color-coded prescriptions, for family members to avoid confusion in the household.
- ❖ Recognize the increase in over-the-counter medicinal use, herbal drugs, and the inherent interactions
- ❖ Global market drug suppliers are having an impact (china, etc.) 80% of drug ingredients are coming from overseas.
- ❖ Compounding is occurring in physician's offices or out-of-state.
- ❖ Nurse Practitioners / Physician Assistants using and abusing drugs, and prescribing unethically.

## ENVIRONMENTAL SCAN

### **2. *Aging Population***

There are increasingly more senior citizens, and that population is living longer. Aging consumers often have decreased cognitive skills, eyesight and mobility. Consequently as the senior population increases so will the volume of prescriptions and the impact on pharmacists and pharmacy personnel to meet the demand. Specialized training of pharmacists may be necessary to better serve the needs of aging patients.

Many senior citizens, who previously may not have had prescription drug insurance coverage, will benefit from the new prescription drug benefit of Medicare that started in January 2006. However, this new benefit has been implemented with significant problems for some seniors, and as a complicated new program, will require public education and perhaps statutory modification.

#### ***Concepts for possible updates:***

- ❖ Increasing Baby Boomer population
- ❖ More opportunity for fraud with seniors.

## ENVIRONMENTAL SCAN

### **3. *Pharmacists' ability to provide care***

The ability of pharmacy to provide optimal care for patients with chronic conditions is being challenged. Drugs are becoming more powerful and it is anticipated that more intervention by pharmacists will be required. The challenge is even greater when consumers fill multiple prescriptions at different pharmacies. The pharmacist shortage, increased consumer demand for prescription drugs, patient compliance in taking medications and polypharmacy are issues which will impact pharmacists' ability to provide care.

#### ***Concepts for possible updates:***

- ❖ There is no more pharmacist shortage.
- ❖ In regards to consults, can family members sign off on them if they are picking up prescriptions?
- ❖ Changing role of the pharmacist. Pressure exists to to make unprofessional choices).
- ❖ Industry is a price driven market, less staff leads to problems, overworked pharmacists.
- ❖ Complex and powerful drugs being self-administered.

## ENVIRONMENTAL SCAN

### **4. *Changing demographics of California patients***

The diversity of California's population is growing with respect to race, ethnicity and linguistic skills, as is the segment that seeks drugs and products from foreign countries. This requires greater knowledge, understanding and skills from health care practitioners. The increasing diversity of patients is coupled with culturally-based beliefs that undervalue the need for licensed pharmacists and pharmacies, and instead encourage purchase of prescription drugs from nontraditional locations and providers.

There also is widespread belief that there must be a medication solution for every condition or disease state.

#### ***Concepts for possible updates:***

- ❖ Increase in offshoring to India. "Clerk" work is being done by for cheaper in another country. Phone banks are open before and after business hours in America.
- ❖ Wages have decreased, salary reductions continue.

## ENVIRONMENTAL SCAN

### **5. *Laws governing pharmacists***

New laws enhancing pharmacists' roles as health care providers are needed. The laws must address several key issues including: expansion of the scope of pharmacy practice, the ratio of personnel overseen by pharmacists, delineation of the role of pharmacists relative to selling versus non-selling duties of personnel, and the responsibility for legal and regulatory compliance of the pharmacist-in-charge.

#### ***Concepts for possible updates:***

- ❖ Discuss the criminal complaint unit.
- ❖ Schools are telling students to get pre-screened by the Board, which wastes time. Students are worried they aren't going to pass licensing application background check because of felonies, DUI's, etc.
- ❖ Auditing Tech applications requires regulation change
- ❖ CURES system data to read before prescribed drugs like OxyCotin.
- ❖ Consider changing over back to old vendor, information is ambiguous or not correct. No control at exists at DOJ.
- ❖ Renew a commitment to public education to consumers.

## ENVIRONMENTAL SCAN

### **6.***Integrity of the drug delivery system*

Implementation of the e-pedigree for prescription drugs will reduce the growing incidence of counterfeit, damaged, adulterated or misbranded medications in California's pharmacies. Additionally the federal government has demonstrated an increasing interest in regulating health care to safeguard consumer interests. New legislation and regulation may be created in response to emergency preparedness, disaster response and pandemics. Changes in the prescription drug benefits provided to Medicare beneficiaries will continue to command attention.

#### *Concepts for possible updates:*

- ❖ Require photo ID to pick-up prescriptions to reduce identity fraud. Photo of alternative authorized pick up could be kept on file.
- ❖ Picture ID's for Pharmacist/Techs/interns.

## ENVIRONMENTAL SCAN

### **7. *Technology Adaptation***

Technology will greatly impact the processing and dispensing of medication. Electronic prescribing and “channeling” to locations other than a traditional pharmacy may become the business model. Automated pharmacy systems and electronic prescribing will impact pharmacy. New methods of dispensing medications raise additional liability issues. New medication, perhaps engineered for specific patients, will become available at high costs and require special patient monitoring systems.

#### ***Concepts for possible updates:***

- ❖ False diplomas can be purchased online for \$300. Address this issue.

## ENVIRONMENTAL SCAN

### **8.***Internet Issues*

The availability of prescription drugs over the Internet is on the rise. Multiple and easy access of drugs without pharmacist participation is dangerous. Entities promoting illegal drug distribution schemes have taken advantage of the Internet. Monitoring and protecting the public from improper drug distribution from these Internet pharmacies is severely impaired with continued resource constraints by both the federal and state agencies with jurisdiction.

#### *Concepts for possible updates:*

- ❖ Telemedicine should be incorporated.

## ENVIRONMENTAL SCAN

### **9. *Disaster Planning & Response***

Pharmacists need to be ready to be positioned to provide emergency care and medication in response to natural disasters, pandemics and terrorism. This requires specialized knowledge, advance planning and integration of local, state and federal resources that can be quickly mobilized. Specialized drug distribution channels will need to be authorized to permit emergency response.

Additionally, regulatory adjustments to the September 11 terrorism may affect persons' rights to privacy.

#### ***Concepts for possible updates:***

- ❖ No comments

### **10. *Qualified Staff & Board Members***

The state's fiscal crisis has affected the board's ability to investigate customer complaints or hire staff. The board lost 20 percent of its staff positions during the prior five years due to the state's hiring freezes. Loss of these staff has altered the provision of services by the board. The salary disparity between the private and public sectors in compensation for pharmacists will make it difficult to recruit and retain pharmacist inspectors. Moreover, for all staff, if wages remain essentially frozen, the retention of current employees could be impacted.

The diversity and involvement of all board members in policy development is important for public health and protection. At least a quorum of board members is needed to ensure the board can make decisions and act timely.

#### ***Concepts for possible updates:***

- ❖ No comments

## ENVIRONMENTAL SCAN

### **11.** *Pharmacy and health care in the 21<sup>st</sup> century*

The state's health care practitioners (pharmacists, physicians, nurses) are being influenced by a variety of internal and external factors that affect and will continue to effect health care provided to patients. Improved patient care will result from improved integration among these professions. Also, a renewed emphasis on patient consultation will benefit patient knowledge about their drug therapy and thus improve their care.

#### *Concepts for possible updates:*

- ❖ National health care and its effect on regulators.
- ❖ Lack of pharmacist /customer relationship.
- ❖ Proliferation of special interests & lobbyists with alternative agendas.

## ENVIRONMENTAL SCAN

### **12.***Information management*

Creation, maintenance and transfer of electronic patient records and prescription orders will be the norm in the future. Patient records need to remain confidential and secured from unauthorized access. Pharmacies and wholesalers need to ensure the availability of an e-pedigree for drugs obtained, transferred and dispensed. It is likely that all controlled drugs dispensed in California will be tracked electronically by the CURES system.

#### *Concepts for possible updates:*

- ❖ Utilize wholesalers to identify individuals who are selling massive quantities of specific drugs (potentially illegally).
- ❖ Increase of schools/ tech schools coupled with the current economic climate, has eliminated shortage of pharmacists.
- ❖ Accreditation process not in place for tech schools.
- ❖ Required proof of diploma. Auditing certain % of diplomas submitted.
- ❖ Not enough control at Dept. of Education.
- ❖ Tech schools are misinforming students.

# California State Board of Pharmacy Stakeholder Survey

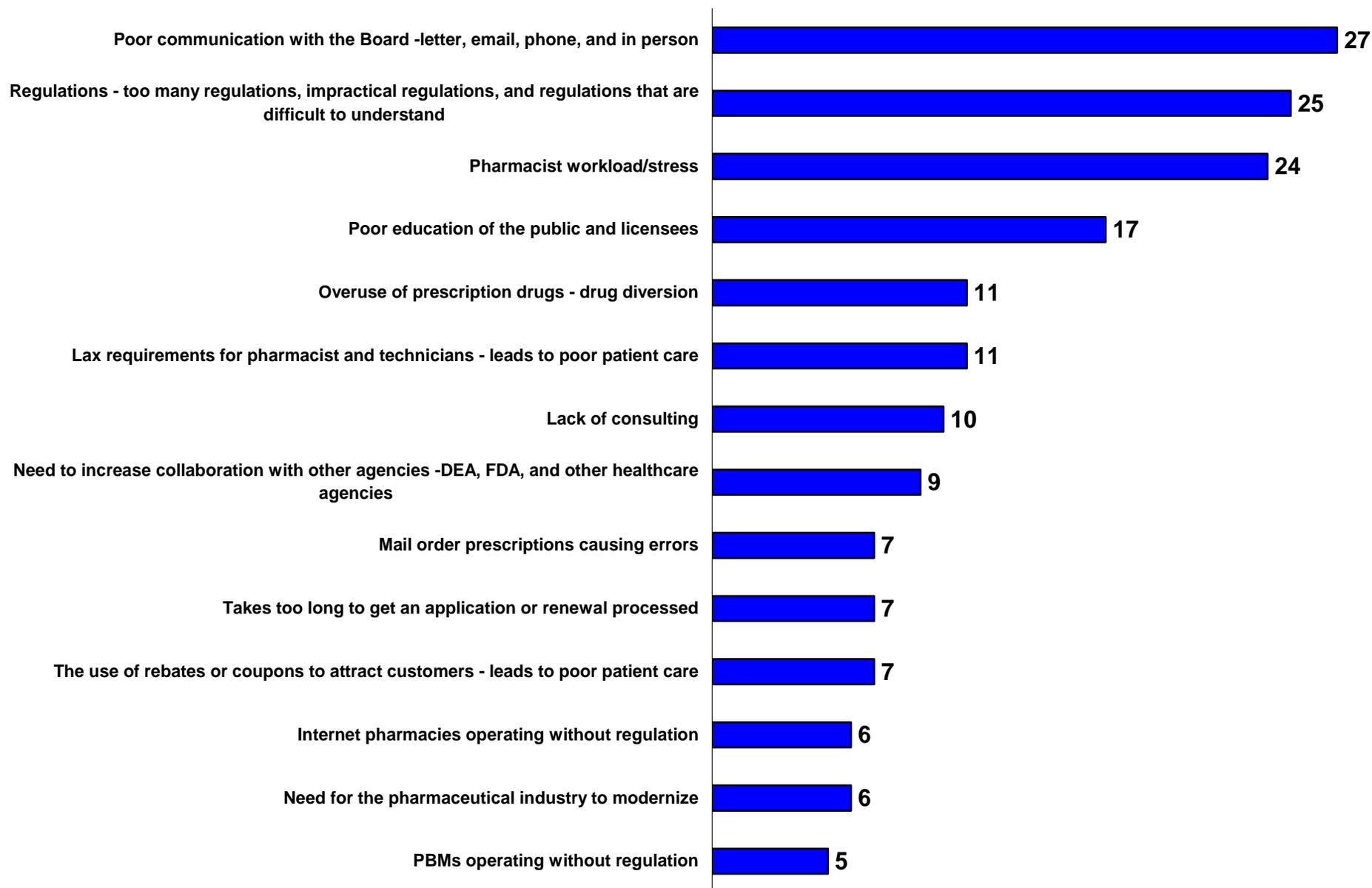
**Objective:** To give stakeholders the opportunity to contribute to the development of the Board of Pharmacy's Strategic Plan.

**Methodology:** A six question survey was developed by the Board of Pharmacy and the strategic planning consultant. The survey was available on the Board of Pharmacy's web site from July 11-18, 2011. The Board also sent out a notice of the availability of the survey via the subscriber alert system to encourage participation.

**Results:** A total of 116 people participated in the survey, which is a very small representation of the Board's licensees. The results were sorted into categories based on consistent themes. Attached are charts illustrating the compiled results of the survey, as well as the raw feedback.

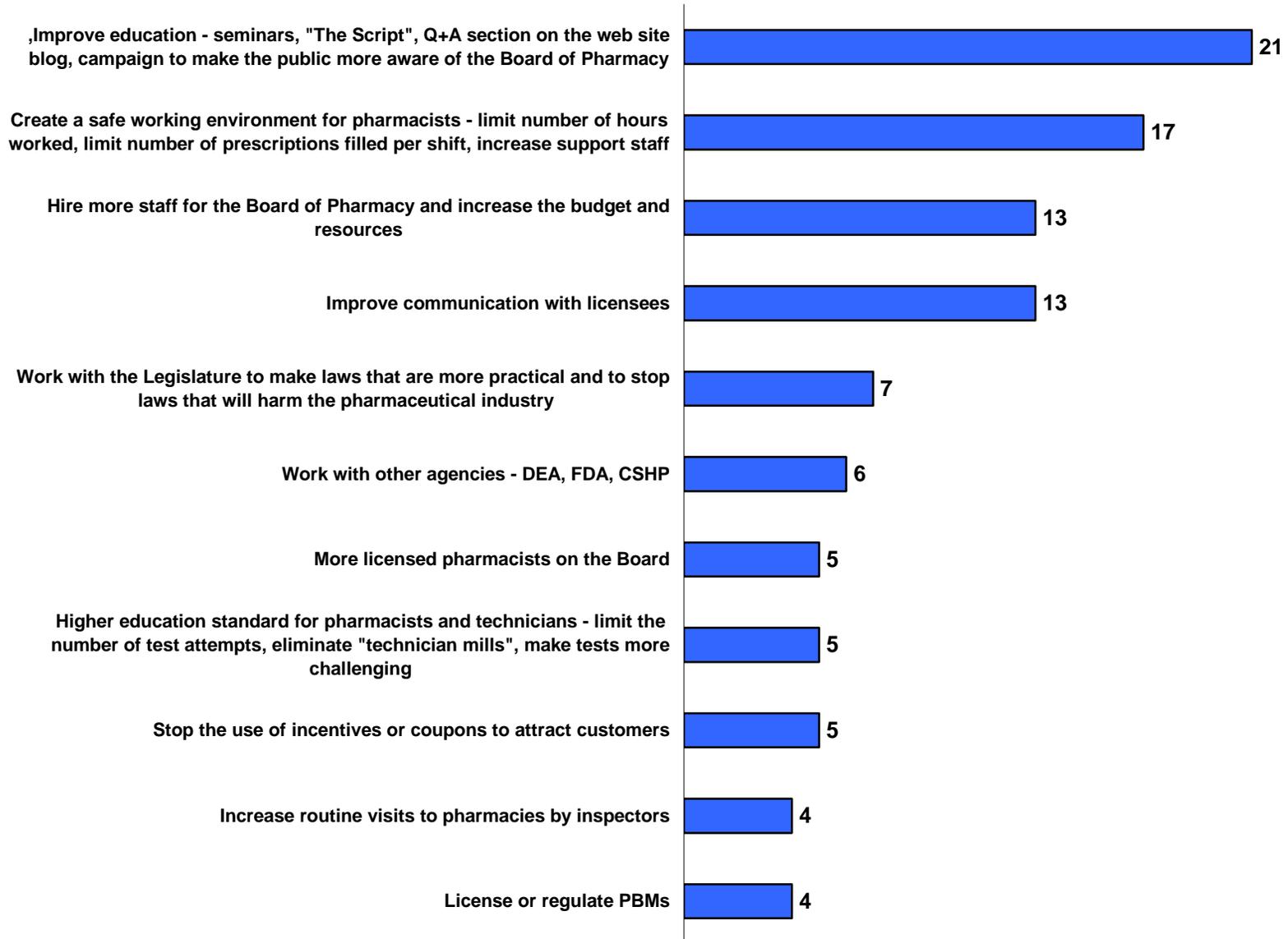
**Question #1: List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission statement.**

***\*\*Top responses\*\****

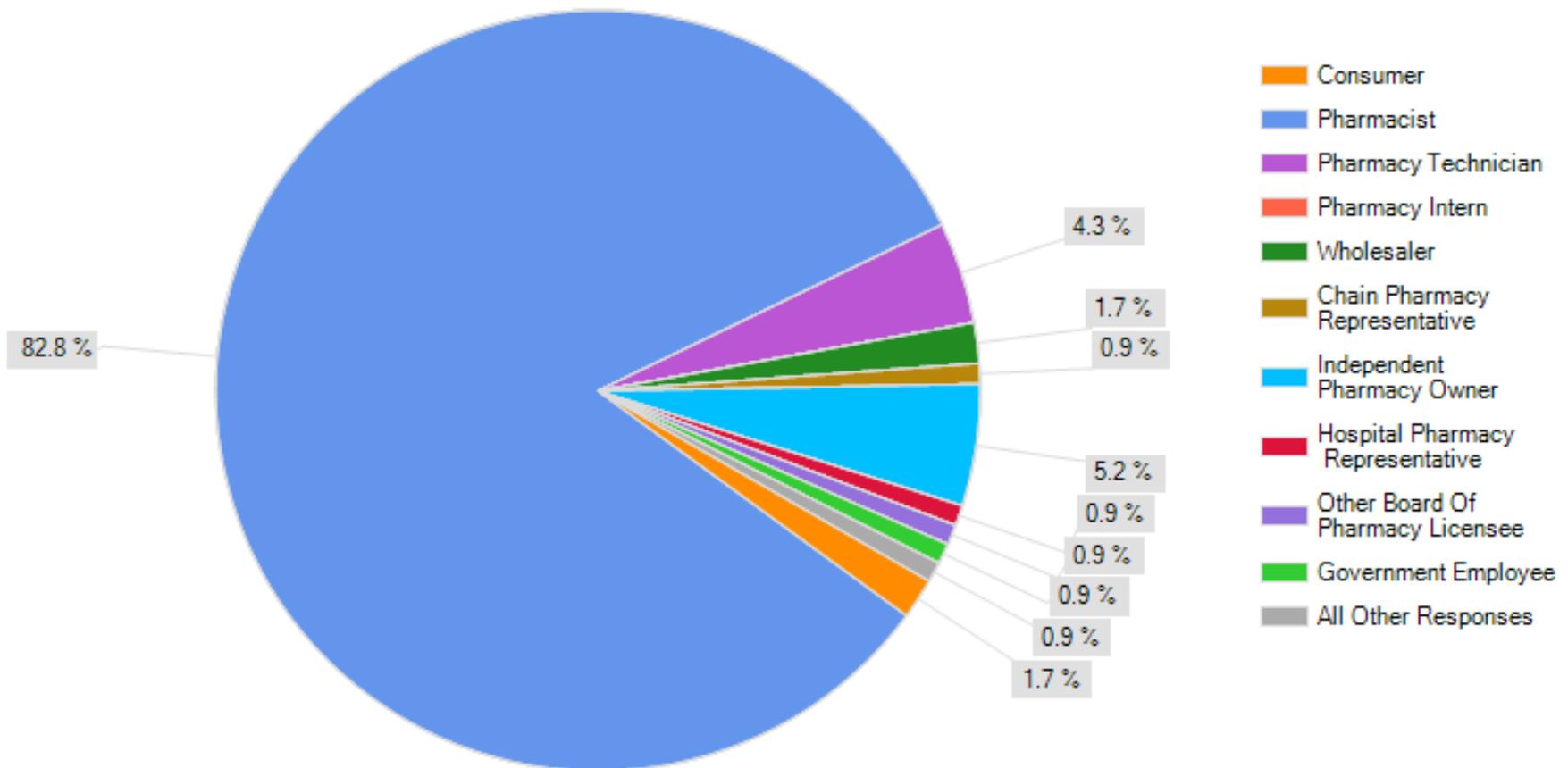


**Question #2 What do you view as the major opportunities for the Board of Pharmacy to address the issues and challenges you listed above?**

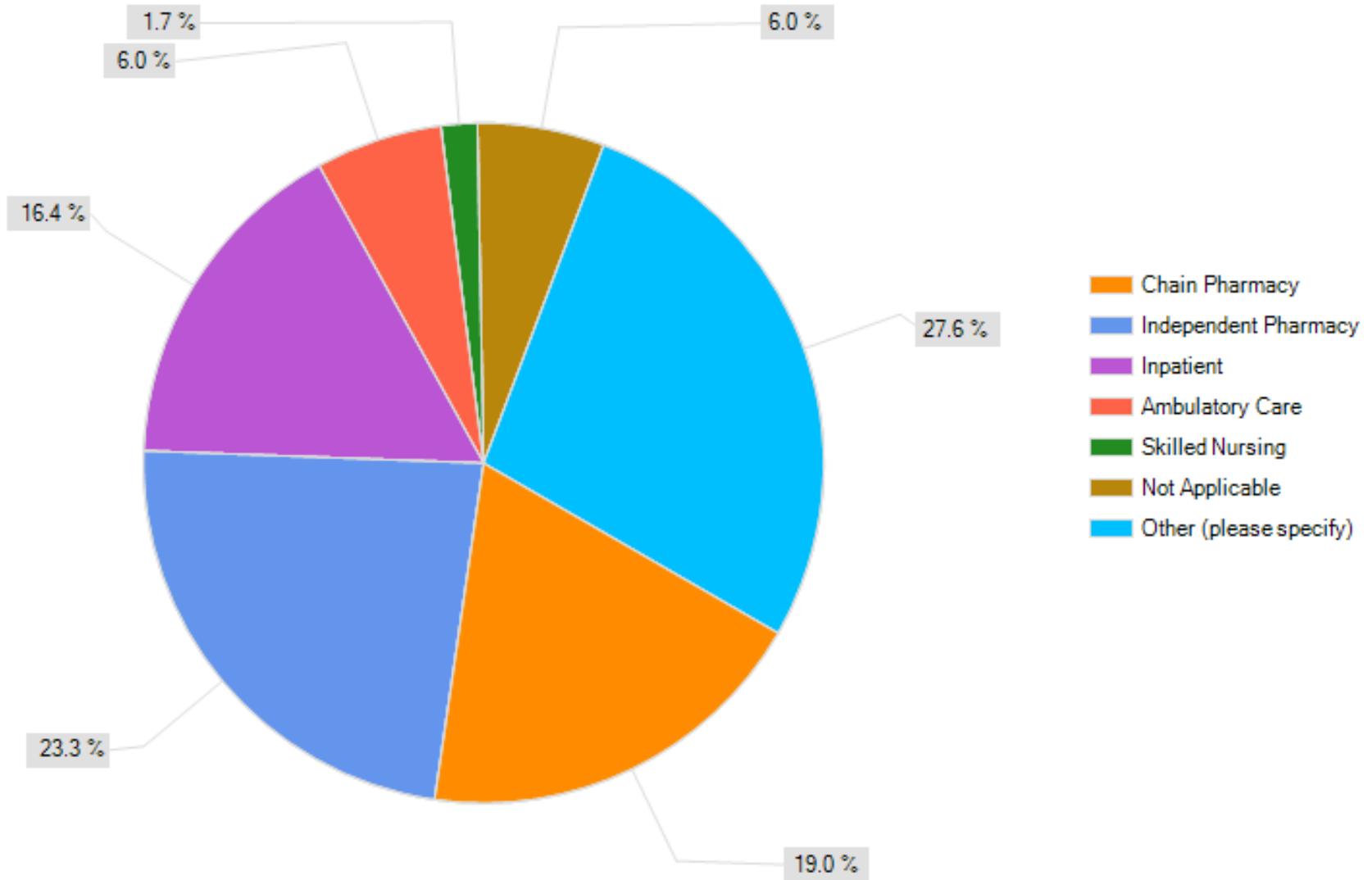
**\*\*Top responses\*\***



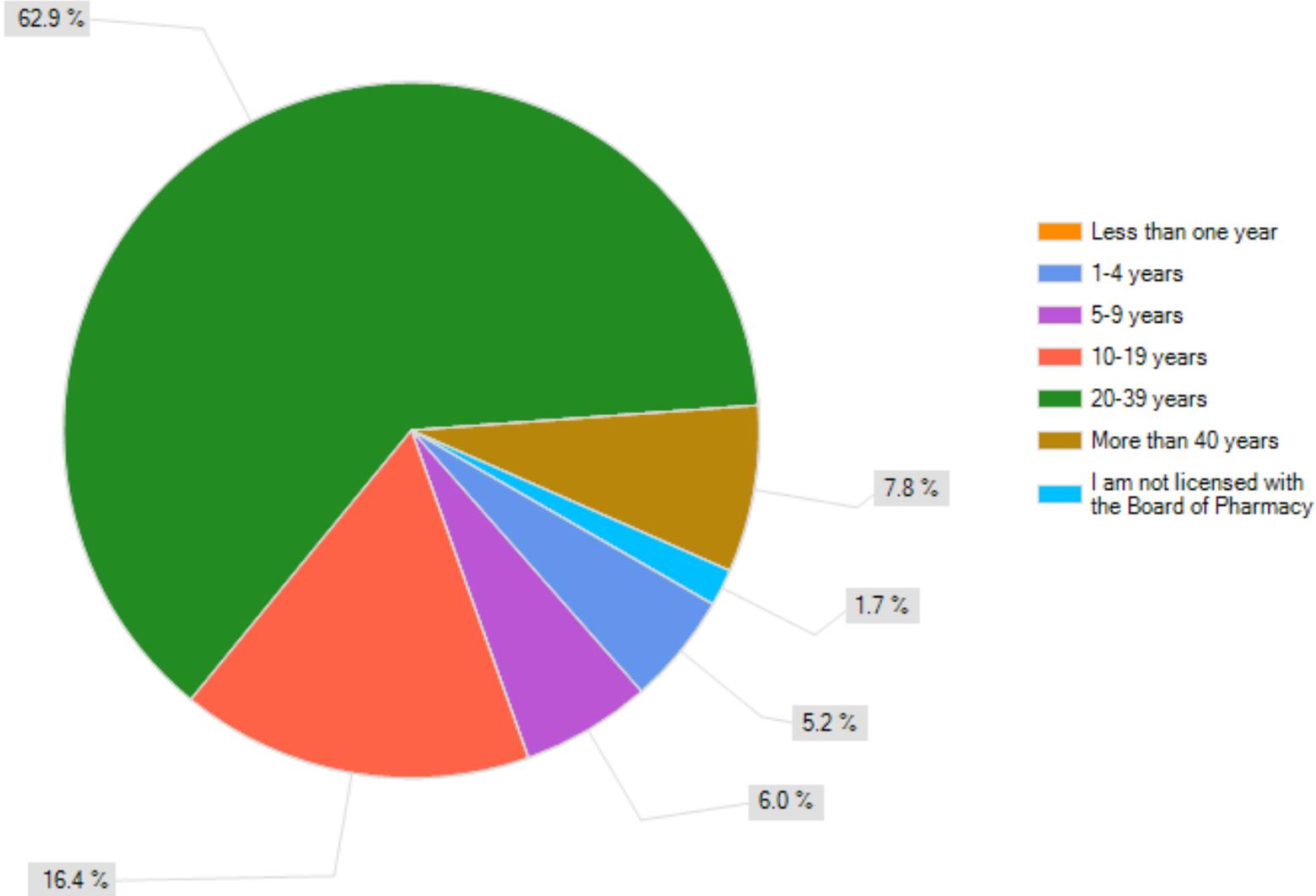
Question #3: I am currently a(n) \_\_\_\_\_.



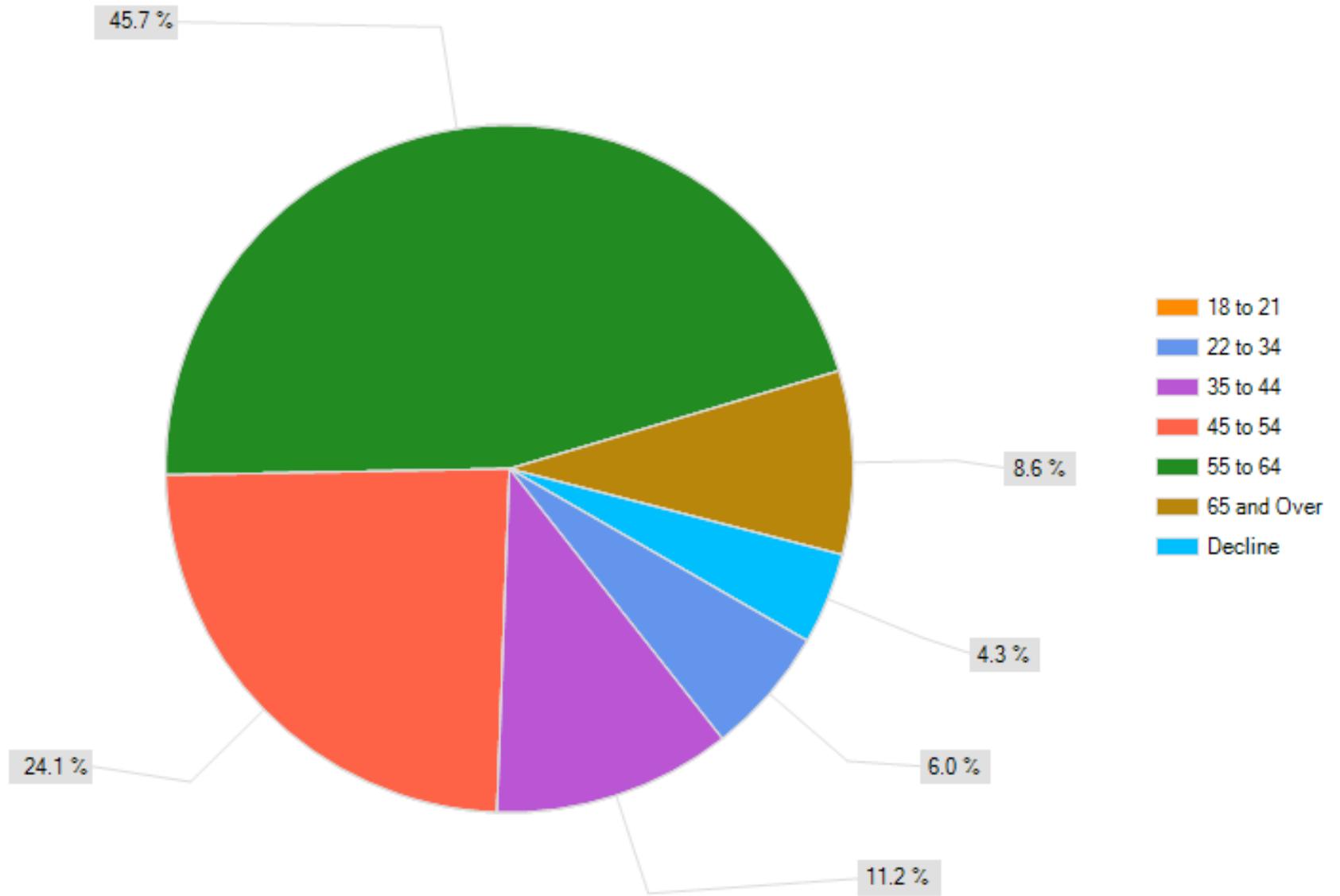
**Question #4: If you are licensed as a Pharmacist, Pharmacy Technician, or Pharmacy Intern please indicate the setting in which you work.**



**Question #5: Number of years licensed with the Board of Pharmacy (if applicable).**



### Question #6: Age.



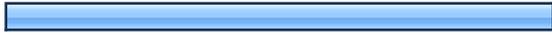
**1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below). Mission Statement: The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacist’s care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation, and enforcement.**

	Response Count
	116
answered question	116
skipped question	0

**2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

	Response Count
	116
answered question	116
skipped question	0

### 3. I am currently a(n) \_\_\_\_\_.

		Response Percent	Response Count
Consumer		1.7%	2
<b>Pharmacist</b>		<b>82.8%</b>	<b>96</b>
Pharmacy Technician		4.3%	5
Pharmacy Intern		0.0%	0
Wholesaler		1.7%	2
Chain Pharmacy Representative		0.9%	1
Independent Pharmacy Owner		5.2%	6
Hospital Pharmacy Representative		0.9%	1
Other Board Of Pharmacy Licensee		0.9%	1
Government Employee		0.9%	1
Other (please specify)		0.9%	1
		<b>answered question</b>	<b>116</b>
		<b>skipped question</b>	<b>0</b>

**4. If you are licensed as a Pharmacist, Pharmacy Technician, or Pharmacy Intern please indicate the setting in which you work.**

		<b>Response Percent</b>	<b>Response Count</b>
Chain Pharmacy		19.0%	22
Independent Pharmacy		23.3%	27
Inpatient		16.4%	19
Ambulatory Care		6.0%	7
Skilled Nursing		1.7%	2
Not Applicable		6.0%	7
<b>Other (please specify)</b>		<b>27.6%</b>	<b>32</b>
		<b>answered question</b>	<b>116</b>
		<b>skipped question</b>	<b>0</b>

## 5. Number of years licensed with the Board of Pharmacy (if applicable).

		Response Percent	Response Count
Less than one year		0.0%	0
1-4 years		5.2%	6
5-9 years		6.0%	7
10-19 years		16.4%	19
<b>20-39 years</b>		<b>62.9%</b>	<b>73</b>
More than 40 years		7.8%	9
I am not licensed with the Board of Pharmacy		1.7%	2
<b>answered question</b>			<b>116</b>
<b>skipped question</b>			<b>0</b>

## 6. Age.

		Response Percent	Response Count
18 to 21		0.0%	0
22 to 34		6.0%	7
35 to 44		11.2%	13
45 to 54		24.1%	28
<b>55 to 64</b>		<b>45.7%</b>	<b>53</b>
65 and Over		8.6%	10
Decline		4.3%	5
<b>answered question</b>			<b>116</b>
<b>skipped question</b>			<b>0</b>

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).** 4 of 36

**Mission Statement:** The Board of Pharmacy protects and promotes the health and safety of Californians by

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

**Mission Statement: The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of ...**

2	1. Licensure takes too long! Many times, longer than 3 months!! 2. There is no standardized way for consumers to dispose of unused and unwanted medications safely 3. PTCB-certified technicians have little to no opportunity to learn extemporaneous compounding or IV admixtures in an accelerated program 4. Drug use and diversion is a serious problem. Marijuana use by techs is also a problem 5. Patient doctor-shopping is a problem	Jul 18, 2011 11:01 PM
3	1) Mail order pharmacy and the incredible waste of medications associated with this. 2) Marijuana Dispensaries and the impact they have on traditional pharmaceutical distribution. 3) Oxycontin dispensing and safeguards to assure the safety of pharmacists and support staff working in pharmacies in the State of California. 4) Continual problem of receiving telephone orders from prescribers offices from the least trained individuals in the medical system. Telephone orders should be received ONLY from the prescriber. 5) Electronic prescribing- provide clear guidelines for practicing pharmacists especially with regards to controlled substances. Do not refer us to some other agencies website to figure it out. 6) Do not allow PBM's to audit licensed California pharmacies and seek recoupment of cost where a prescription has been filled in complete accordance with California law, but is missing a little fairy tale trailer that the PBM uses.	Jul 18, 2011 2:10 PM
4	-physical workspace issues -consumer education regarding medicatio -public education re pharmacy regulations	Jul 18, 2011 8:31 AM
5	-	Jul 17, 2011 3:02 PM
6	Increase of internet pharmacy with limited government oversight. Licensing of pharmacy technician requirement Drug pedigree law/compliance Consumer friendly prescription label Regular inspection to pharmacy sites	Jul 16, 2011 11:15 PM
7	* workload for the pharmacist- a tired pharmacist is a dangerous pharmacist. The Board must step in when a company adds programs designed to rush a pharmacist in doing his or her job (i.e. the Rite-Aid 15 minute guarantee)	Jul 16, 2011 10:42 PM
8	1. Work with the FDA and drug manufacturers to create single written drug information guides for medications. The current requirements, both state and federal, often result in redundant information and excessive paperwork. Patients are often overwhelmed with the amount of drug information they receive and do not read or keep the information they are given. 2. Make pseudo ephedrine prescription only. The Combat Methamphetamine Act is simply not working. Different pharmacies have different ways of logging the customer's information so there is not an effective way to cross reference store's records. 3. Investigate insurance companies and PBMs forcing patients to use mail order for their prescriptions. We often get patients coming into our pharmacy needing medication when their mail order prescriptions are late or incorrect asking us for refills that we are unable to fill because of a complication with their insurance and mail order prescriptions. 4. Also, Investigate insurance companies and PBMs forcing patients to use specific chain pharmacies. It let's us provide better care for our patients if we have an up to date record of their current medications when they come into our pharmacy. We have a lot of patients who have been using our pharmacy for many years and enjoy coming to a pharmacy where the staff is familiar with their medical and prescription history. 5. Encourage doctors to use contracts with patients on chronic pain medication. This would help	Jul 16, 2011 3:14 PM

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prevent the potential for a patient abusing the medication.

9	Collaborate with other State health provider Boards to improve the safe, effective, affordable use of medications by Californians.	Jul 16, 2011 1:45 PM
10	<p>In order for the board to effectively accomplish their mission statement something needs to be done to insure that the pharmacists are working in an environment conducive to providing the highest quality care. There should be limits to the amount of work required, limits to distractions(consultation windows, phones, etc.), stools available to rest and not just with a doctor's note, laws that make sense or that can be explained by the inspectors(practices with more than 25 docs being exempt from security blank features - what is that about? - are we supposed to close and count them?). Also we should have some regulations to protect the pharmacists from phoned prescriptions. We are at the mercy of overworked docs who have poorly trained staff who cannot read or speak english well enough - and yet we have little recourse. We put our licenses at the mercy of untrained and poorly spoken people, same with copies from other pharmacies - shouldn't there be some language competency exam included with the pharmacy exam since much of our job involves oral communication ( mispronunciations are a disaster waiting to happen)? The large corporations are now more powerful since the shortage is over(who lets all of these pharmacy schools open, anyway?) and their interpretations of the law to provide customer service often are in direct conflict with prudent standards of practice( monitoring refills on psychotropics and narcotics). A vice president of a large corporation stated that there is no law that says controls or psychotropics can't be filled early. There is no law that says a prescription is void after one year either(look at Kaiser) but we all use 1 year as a standard of practice, besides the computer won't allow it. If the board took care to make sure that the pharmacists environments were of the highest quality then the care would follow. We should think more of ourselves than putting pharmacies in venues that are not conducive to providing quality care(Do you think the store manager that barely finished high school is sympathetic to our plight - he is jealous that we make so much money, with no regard to the medical service we can provide or the devastating consequences should we not provide quality services). Help us be more effective by supporting the pharmacists and the practice of pharmacy. Please make laws that make sense and support the idea that we deserve respect from the corporations, the medical providers, the public and insurance companies. We are the medical profession that is floundering for recognition. We have been trying to get reimbursed for our clinical services for decades and we have no access to charts or clinical information. Yet we can be nurses(since they still have a shortage) giving injections making money for the corporations. We need respect and having the board start the process would be a great beginning.</p>	Jul 15, 2011 11:05 PM
11	Chain store pharmacies seem to be more interested in profits than the health and safety of Californians. The board of pharmacy should look into the large corporate pharmacy practice. The pharmacies are under staffed, and often don't consult or discourage consultation. The corporations tell their pharmacists that various corporate policies are the law. Many of their employee pharmacists believe their superiors, and don't bother or think to check current California or federal law. This sort of behavior benefits nobody but the stockholders. Maybe pharmacies in California should be pharmacist owned. The Board of	Jul 15, 2011 9:37 PM

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Pharmacy should promote the health and safety of licensed pharmacists. A pharmacist that is well satisfied in his/her profession will better care for their fellow Californians. The Board might want to peruse legislation to outlaw drug ads by the pharmaceutical companies. They only serve to put pressure on prescribers to write for those advertised drugs by partially informed patients.

12	1. Need to educate the public more about what pharmacist do. Not just put pills in a bottle and slap a label. 2. Speed does not mean CARE! stop chains from imposing time limits, it increases the time pressure and the probability of making an error. Not in the best interest of patients or pharmacist. 3. Protect the pharmacist from retaliation from employer. 4. Mandate enough staffing for the # of rx filled 5. Educate the public on the services the pharmacist provide especially the counseling. and mandate it!!! do not allow the chains to get away with it, by not staffing enough pharmacists to allow the counseling to occur	Jul 15, 2011 6:03 PM
13	The Board of Pharmacy is working hard to meet the DCA initiative for consumer protection. Many of the initiatives, labels, notices and languages are directly aimed at improving consumer safety, and the provision of pharmacist care. The area where the board needs to improve is in the provision of customer service to licensees. The California laws and rules are generally more stringent than other states, and licensees and permit holders have a difficult time when trying to get advice and direction on meeting the requirements. The board needs to develop accessible customer service processes that enable businesses to grow and operate in California. The current environment is not conducive to attracting new business.	Jul 15, 2011 2:12 PM
14	1. Protect the public and promote the the profession as an integral member of the healthcare team. 2. Promote Optimum Pharmacy Services without creating confusing, conflicting and onerous regulatory processes.	Jul 15, 2011 10:05 AM
15	1. More education on pharmacy law, regulations. What's new, problems the board is seeing that may help avoid problems for other licensees. 2. More pressure on institutions (processes) rather than individuals.	Jul 14, 2011 10:51 AM
16	nothing to add	Jul 14, 2011 10:34 AM
17	Pharmacist workload ancillary staffing Pharmacist ability to have adequate knowledge of new and existing Rules, Regulation and Laws and comply with such Medication management	Jul 14, 2011 9:25 AM
18	Have qualified doctors giving proper prescripion to legal imigrants. Stop these clinics from giving Califed Drugs just for payments. Too many of these patients are healthy with pain medicine and selling then on the streets. Stop it.	Jul 14, 2011 9:19 AM
19	1. help reduce prescription errors. 2. improve the workplace environment that indirectly reduces prescription errors/stress. 3. pharmacy owners and corporations need to better understand the relationship between prescription errors, workplace environment, safe staffing levels and profit. 4.waste of pharmaceuticals obtained through mail order. Mail order companies are requiring 90 day supplies which is leading to waste, confusion and abuse.	Jul 14, 2011 9:08 AM
20	address the workload retail pharmacists labor under	Jul 13, 2011 8:09 PM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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21	I BELIEVE THE BOARD HAS ENOUGH LAWS AND REGULATIONS ON FILE FOR THE ACCOMPLISHMENT OF THEIR MISSION AND SHOULD STOP PLACING FURTHER REGULATORY BURDENS ON PHARMACISTS SO THAT THEY CAN HAVE THE TIME TO MONITOR PATIENT SAFETY AND CONSULTATION ACTIVITIES WITHOUT ALL OF THE REGULATORY DUTIES DISTRACTING FROM PATIENT CARE	Jul 13, 2011 12:26 PM
22	1. Communication with the profession - the ability to contact and receive return calls is poor. Turn-around time is terrible. We should be able to call or e-mail and get a written response in 24 hours. 2. Collaboration with the profession. The BOP often regulates without planning/studying feasibility of regulations. Regulations need to be data driven and thoroughly thought out. Work with the profession for greater success. 13 people in Sacramento cannot protect the citizens of our state against unsafe medication practices from their armchairs - it takes collaboration with the people who know their profession. 3. Over-regulation and dated regulations. The Board needs to work with CDPH to update regulations to the 21st century. For example: requiring pharmacists to process outdated and recalls is ridiculous, to require pharmacists to do unit inspections is ridiculous and not in line with Joint Commission. 4. Lax requirements for pharmacist boards and technician qualifications. Changing to national boards was a mistake and has diluted the quality of pharmacists. Essentially NO standards for technician education is also a big mistake. 5. Efficiency of the department - You have not met your planned conversion to electronic licensure. Turn around time for licensure is ridiculously long.	Jul 13, 2011 12:26 PM
23	1. Pharmacist workload-maximum number of prescriptions per day per pharmacist. 2. Pharmacist workload-2 pharmacists must be present in the pharmacy to give vaccinations. 3. Reduce technicians/pharmacist ratio to 1:1-the rph shortage is now over. 4. Require mailorder pharmacies to contact patient by phone or e-mail to offer consultation. Mail order pharmacies must have a consultation hotline. 5. Ban the use of coupons, rebates etc. This puts an unfair burden of paperwork on the pharmacy and decreases patient care. 6 Ban the use of timing devices on pharmacists-quite simply under current conditions not all rx can be filled in 10-15 minutes.	Jul 13, 2011 10:42 AM
24	Narcotic use and narcotic prescribing is a big problem. I feel there needs to be restrictions on the use and that each and every provider MUST use the CURES system prior to dispensing and prescribing each and every time. Another area of concern is the over use of Phentermine. There should be a limit on how many times it can be prescribed and who is prescribing it. All prescriptions should be E-script and no call in prescriptions should be allowed anymore.	Jul 13, 2011 9:05 AM
25	Your Board has a genuine "Herculeon Task". I must say the wholesale unbridled criminality of brazen advertising on the internet is unchecked. The counterfeit phone calls from so called DEA agents are amazing to me. They have a wholesale extortion scam going.	Jul 13, 2011 8:21 AM
26	Have a Board requirement for a minimum 2hrs of California pharmacy law review each renewal period for pharmacists. Mandate all techs to be PTCB certified, not grandfathered. Limit number of pharmacy schools in state, jobs are getting too scarce. Monitor tech "mills". Create regulation against pharmacy companies mandating or advertising minimum Rx fill times. This is a definite hazard to the	Jul 13, 2011 8:09 AM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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public.

27	Protect the profession by regulating the fees given by insurance companies. The overhead of the Pharmacy should be reflected in these fees. Insurance payments are getting closer to the actual cost of the medication which does not take into account the monthly cost of the building, the Pharmacist, the Pharmacy Technician and other support staff, the labels, the vials, consultation, etc.	Jul 13, 2011 7:50 AM
28	Pharmacist are overworked at high volume stores. Years ago the excuse was there weren't enough pharmacist out there, now with a glut of pharmacist available some drug industries are still allowing 12 hours shift preferring overtime over overlap. Simple math shows eliminating the overtime will more than cover the cost of having another pharmacist for the overlap shift. My other concern is the never ending payroll cut reducing technician help despite volume growth. This is affecting everyone's ability to concentrate on the workflow and thereby consumer's safety. Turn over is another by-product of payroll cut. It's not so much of a problem if there's a high quality training program in place this is just not the case in most drug industries.	Jul 12, 2011 4:23 PM
29	how to overcome the tough economy with state budge cuts	Jul 12, 2011 4:17 PM
30	I'm appalled on how inefficient the boar of pharmacy has handled my application. Denise gave me the excuse of being under staff. It is the reason why my certification license application has not been issued. My application was send well before March 30 to the board of pharmacy in Sacramento, however, I was told because my checks and the application were reviewed on March 30 it is the start of my application process. My application had the correct documentation needed for a fast, accurate and efficient response. I have been in the state of California for over a month. Denise, who represents the process of the pharmacy technician applications, had informed me that I have to wait longer because of the lack of staff. Therefore, I'm without a job because the 7 interviews I have been to can't approve the application without the board of pharmacy sending proof to work legally as a certified pharmacy technician in the state of California. I no longer have enough money from my savings to pay my rent or buy food due to the neglect of the board of pharmacy of California.	Jul 12, 2011 4:11 PM
31	1. Have more consistent policies with the DEA regarding controlled substances. The board needs to get the DEA to better understand the position the board has. The DEA is too restrictive to meet the health challenges of Hospice and other patient care issues. 2. Internet pharmacy and out of state pharmacy. Is there a more automated way for the board to examine it's oversite of these underregulated areas of pharmacy in California? 3. With increase shortages of medications, the chance for diversion or misapporpriation becomes issues.	Jul 12, 2011 3:29 PM
32	1. make out of state pharmacies comply with the same rules and regulations as pharmacies located in california. The mission statement says that you are to protect CALIFORNIANS.. not just protect the FROM californians!	Jul 12, 2011 3:13 PM
33	Communication with registrants. Not all registrants check the web-site for info, or subscribe to auto e-updates from the Board.	Jul 12, 2011 3:02 PM
34	1. Clarify regulations such as sterile compounding so they increase safety and	Jul 12, 2011 1:43 PM

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not needlessly increase administrative burden 2. Listen to those in the profession. 3. Work much, much harder to educate and help licensees to understand laws and new laws. The newsletters and other education needs to happen. Most of us want to follow the laws and regulations. We need to be able to translate the laws into real operations. 4. Don't let lawmakers write and pass laws that only increase administrative burdens with no benefits. 5. Resist punitive reactions. This only makes licensees withdraw from help from the Board. 6. Remember that the inpatient pharmacy is much different from the retail pharmacy. Don't force hospitals to follow retail pharmacy rules.

35	Making the pharmacy laws easier to understand and easier to locate within the regulations. Catalogue for easy retrieval many of the law Q&A mentioned in the Script Newsletters. I find the Q&A very valuable because it many time addresses requirements not specific in the actual regulations.	Jul 12, 2011 10:19 AM
36	1. Aid with consumer education in areas such as compliance, pharmaceutical waste, being an informed patient, ... 2. Improve ability to openingly communicate with Board. Calling the Board and actually talking to a real person that can answer your question is next to impossible--need to improve access to people who can answer questions and provide guidance. 3. Improve the quality of FAQ's. Many times, the answers to the FAQ just rephrase the regulation--If the question is being asked, a little more guidance is being requested. 4. Consider providing annual presentations at state pharmacist meetings (e.g., CSHP) to go over new regs and discuss problems that are seen. (much like what is done for TJC).	Jul 12, 2011 8:45 AM
37	Advocating for California pharmacists against arbitrary decisions by the FDA and DEA. To find a way to reign in big Pharma thru all of the means listed above. Promote access to needed drugs for the poor elderly and less fortunate. Become involved returning pharmacy to profitability w/o having a big front end It seems there is too much emphasis on enforcement and not enough on education, communication licensing legislation and regulation except as they apply to enforcement	Jul 12, 2011 8:27 AM
38	Too many laws that are not realistic to be followed for pharmacy owners. Since they are not being completely enforced (may be due to budget cuts etc.) the concepts of some of these laws will be irrelevant.	Jul 12, 2011 6:23 AM
39	1- The overuse of Vicodin and Vicodin related compounds for minor pain managements. 2- The proliferation and ease of procurement of legend and control substances, often from doubtful sources, through Internet venues. 3- To protect the ability of Californians to exercise their right of freedom of choice of where to obtain pharmaceutical care; and for Californians to insist on receiving medication guidance from no less than a licensed pharmacist. 4- To free the pharmacist from ecumberment with repetitive, non-cognitive duties in order for him or her to spend more time with their patients. 5- To monitor the increasing trend of generic manufacturers fixing drug cost, when those manufacturers mutually agree to exclusivity of particular generic manufacturing.	Jul 11, 2011 10:47 PM
40	Freedom to not fill a prescription if doing so violates our conscious	Jul 11, 2011 10:37 PM
41	1.) Safety - constant interruptions 2) Safety - fast pace expected of pharmacists	Jul 11, 2011 10:31 PM

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to fill prescriptions - either due to time expectations from employer or due to under-staffing - can lead to preventable errors 3) Appropriate use - ability of pharmacist to choose a therapeutic alternative without consulting MD (unless DNS initialed by MD) 4) Enforcement/communication - better enforcement of the consulting laws to ensure patients get a consult, when required, and the information intended during a consult.

42	good statement	Jul 11, 2011 10:31 PM
43	1. Aggressively monitor the numerous mistakes that are going out of national chain stores because of heavy work loads and are not being documented because of lack of time or fear of repercussions from the company. 2. Monitor the lack of first fill patient consults at national chain stores.	Jul 11, 2011 9:59 PM
44	I have just one: Now that electronic transmission of Prescriptions has become widespread, the quality of incoming prescription data has reached a new, and dangerous, low. The public, governmental agencies, and academia have all been sold on the increased ACCURACY and reliability of electronic prescriptions. Yes, we no longer have to wonder what that scribble means -- but now we have a much more insidious problem: The perfectly readable incoming data is quite simply WRONG. Wrong drug, wrong strength, wrong patient, and most frequently - wrong sig. All perfectly readable. Ask any pharmacist, on a daily basis, we see sigs such as: Take 1 tablet at bedtime, every 6 hours, twice daily. For god's sake, which one, if any, is it? Of course, we have to contact the MD to clarify. The point is, we are seeing orders of magnitude more of these errors than we ever did before. One MD I recently spoke to about a nonsensical sig said: "Oh yeah, I played around with that one a lot". Perhaps the single greatest source of these errors is in the typical "drop-down arrow" interface in the prescribing software. Have you ever ordered something on the Internet, and selected an item off of a drop-down list of options? Ever accidentally clicked the item JUST ABOVE OR BELOW the item you meant to click on? Yes, and then you hopefully noticed at the last minute that you had clicked on Blue instead of Brown. This is happening with Drug Names, ALL THE TIME. The MD, and/or the staff member entering the data, is simply too busy to notice. They've already moved on to the next prescription. It also happens with the Strength, Qty, Sig, etc. We diligently discover and clarify the most obvious errors. But the ones that fall within normal parameters sail right on through, of course. Occasionally, the patient notices something unusual when the Rx is picked up, and begins a process of correction. The point is, with such an astronomical increase in bogus information, we can only stop so many of them. Some are bound to get through. We are like a hockey goalie trying to deal with hundreds of goal attempts instead of a dozen.	Jul 11, 2011 9:12 PM
45	can not think of anything at this time, I will give it some thought	Jul 11, 2011 8:04 PM
46	The Internet seems to be unleashing a plethora of unlicensed, unregulated, unsupervised opportunities for patients to receive a wide variety on controlled and uncontrolled medications from all over the world. This is a national problem, I realize. But the role of regulation has been a state function in the past. This may have to change. Another area of concern is the continued availability of API's from as overseas. Unreasonable shortages continue to plague pharmacists in the community as well has hospitals.	Jul 11, 2011 6:59 PM

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47	Enforcement against pharmacies dispensing controlled substances that are deemed inappropriate especially in high crime / diversion areas of California including immediate imprisonment for pharmacists AND technicians.	Jul 11, 2011 6:52 PM
48	pharmacist and pharmacy technician competencies (or lack thereof) current - up to date compendium of laws/regulations regarding controlled substances easier reporting of negligent pharmacists enforcement of laws/regulations accessibility of the public to information from the board	Jul 11, 2011 6:26 PM
49	1) Timely response to questions by pharmacists regarding patient care issues. I sent a question over a year ago, and it has never been answered. 2) Timely arrival of pharmacies' and pharmacists' license renewals. Our pharmacy license was expired for 1 month this year before the renewal arrived in the mail. 3) Better visibility of board inspectors to ensure pharmacy practice is conducted in accordance with regulations. Even as a PIC, I have never met a board inspector.	Jul 11, 2011 6:22 PM
50	Mail order pharmacy: 1. Many patients go without their required maintenance medications for up to 10 to 14 days while waiting for medications to be mailed. 2. Mailed medications that require refrigeration are left in a mail box for hours or days in severe heat until the patient gets the mail, and the medication (eg. insulin) has no potency left. 3. Consultations are not given at all. 4. Local pharmacies who are filling an emergency medication (eg. antibiotics or pain meds) do not know the patients other medications and can not assure safety or drug interactions. 5. Many filling errors have been brought to my attention from patients who bring in the medication which has many different errors from wrong patient, drug, directions, strength, or amount. Besides the inferior care and quality/assurance that the patients receive for their safety it is a violation of the FTC. Most PBM's are forcing patients to use the mail order pharmacy that the PBM owns. These patients are very upset and do not want to use the mail order but can not afford to do otherwise. Or patients are sent many letters explaining how if they use mail order they can get their meds for a lower copay or get more days supply for the same copay as a smaller day supply from their local pharmacy (this is unfair trade competition). And now they are telling prescribers that they will be financially penalized if they do not automatically send the patients prescriptions directly to the mail order pharmacy electronically. These are infringements to the Fair trade laws by the FTC period!	Jul 11, 2011 6:07 PM
51	Having competent pharmacists fulfilling the role of PIC. Not driving pharmacists away from being the PIC of pharmacies thru excess regulation. Evaluation of regulations so they make sense to all pharmacies while taking into account the additional labor cost associated with the implementation of regulations. Prevent the increase in healthcare cost due to regulations Better communication and dialog with the pharmacists who are actually practicing pharmacy.	Jul 11, 2011 5:32 PM
52	How about protecting the health and care of the pharmacists themselves?	Jul 11, 2011 5:18 PM
53	1. Standardize Technician training and licensure after completion of training and testing. 2. Help to bring Title 22 into current practice. i.e. automation, use of technicians to free pharmacists 3. standardize e prescribing 4. Expand Pharmacist's scope of practice to allow prescribing, refill authorization, MTM etc 5. Expand Technician scope of practice to allow reconciliation, taking prescriptions over the phone from a non-licensed prescribers; office person	Jul 11, 2011 5:04 PM

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54	Internet Pharmacies General Enforcement of Laws & Regs Better communication with licensees Education of licensees regarding new regs Controlled substances abuse prevention	Jul 11, 2011 4:19 PM
55	1.stop pandering to special interest groups - such as chain drug stores and so called consumer groups. Chains are allowed to mistreat and overwork pharmacists. Special interest groups pressure the BOP to overregulate such as the requirement to use multiple languages on Rx label. This will create far more commication and safety problems for pharmacists and consumers. All labels should be in English. Requiring the use of multiple languages will be a nightmare and reduce safe and proper use of medications. 2. increase staff and improve service at BOP in Sacramento. The staff is not helpful in answering questions and very slow to respond.	Jul 11, 2011 4:07 PM
56	1. Staffing (need to increase educated pharmacist on staff in order to provide appropriate guidance and direction). 2. Work with other pharmacy orginazations (ASHP, ACCP, on appropriate guidelines and education for proper direction) 3. Develop databases (pool information) with respect to medication information, medication policies, medication events, ADR, etc) for review from other institutions. 4. Refer/Offer appropriate training seminars for those within the profession 5. Increase relationship among all pharmacist's for better patient outcomes, and for increased roles within the profession.	Jul 11, 2011 4:02 PM
57	1. The Board needs to become pharmacist friendly and stop with your unneeded and unproductive initiatives. 2. Stop with all the "feel good" regulations. Pharmacist can't hold the hand and become the "mother" for every patient. Patients have some obligations as a "human". 3. Stop the costly regulation adoptions. The economy is bad and you are just adding unnecessarily to our costs and burdens. 4. Everyone, even Board Members, make mistakes from time to time. Do you fine yourselves when you screw up? 5. Become realistic as a partner to your pharmacist members, not the adversary. 6. Being pleasant couldn't hurt! Smiling won't break your face. After you correct these deficiencies I will give you some more ideas to improve your performance.	Jul 11, 2011 4:00 PM
58	Communications Legislation Regulations Enforment Licensing All of these need to be updated and watched and brought up to date.	Jul 11, 2011 3:45 PM
59	1. How to assess quality of the pharmacist's care? 2. What is the minimum quality acceptable?	Jul 11, 2011 3:29 PM
60	I understand that the primary mission of the California State Board of Pharmacy is to ensure the safety of the public, ie our patients. The problem is that our board, does not have the interest of the profession, of which, if things continue to erode, and decay, the profession of pharmacy will soon become a profession of the past . 1)Currently, the voice of the professional, ie; the practitioner is non-existent. The day of the independent practitioners are the minority, and therefore "Pharmacists" as a professional healthcare practitioner from a consumer standpoint, is that "Pharmacists work for...Walgreens, Rite-Aid, or CVS". Or, pharmacists work for a hospital. They are not considered as a"professional" or a "real" healthcare provider of services, and if not careful, many people(consumers) who do not understand the role of a pharmacist, may deem the pharmacist as "un-needed" in the healthcare model. 2) Since these	Jul 11, 2011 3:27 PM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

**Mission Statement: The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of ...**

three chains mentioned are the majority, and also control PBM's, as well as other PBM's that exist (Medco, Express scripts)own their own pharmacies, they have continued to shift contracts to their own specialty pharmacies, and mail order pharmacies, of which decrease even further the face to face interaction that is critical in providing quality healthcare required for patient safety, and good patient outcomes. 3)There was a time when the California License, was separate from the NAPLEX. The quality and caliber of the professional pharmacist, was very high during this time. I understand that during the pharmacist shortage, as well as due to financial restraints of the state, was some of the reasoning behind adopting the NAPLEX. The problem once again, is that I have come across many new pharmacist, who only view this as a "job" and not a profession, who have passed the NAPLEX, but do not truly possess the clinical expertise, nor the professionalism that was once seen in our noble profession. 4)Since the passing of Proposition 215 in 1996, the compassionate use act, the term Medical or Medicinal Marijuana was born. Currently, this has continued to grow into a big problem for California since the "dispensaries" have emerged all over the state. As we are aware, under federal law marijuana is a schedule I. Yet, if we term this medicinal use, we actually imply that it has therapuetic value, of which there is no true studies to support many of the claims for the current "medicinal use". Pharmacists are not protected from federal prosecution, as well as they do not play a role in the delivery, administration, or counseling of medicinal marijuana. 5) Polypharmacy continues to be a major problem for many elderly patients. Currently, the definition of polypharmacy is when a patient approaches 5 medications or more, yet a more appropriate definition would be the use of more than 1 medication at any current time. Several problems exist, since many chain pharmacies, as well as mail order pharmacies are reimbursed based on volume, ie; the more prescriptions they fill, the more money they make. Therefore, these entities continue to fill and refill medications, since this is how they stay in business, despite that maybe it would be in the patients best interest to change medications, or delete the use of certain medications. Under our current healthcare system, patients are seeing many different physicians, utilizing several pharmacies, of which no one is truly watching or checking with one another on proper use of pharmaceuticals.

61

1) Many pharmacies hire non-pharmacist managers to "manage" pharmacist PICs. Their agendas and understanding of the laws are usually ignored and often interfere with patient care, and with the pharmacist being able to practice due diligence. Some states already have this law on the books, but the CASBOP needs to make it law that no one can supervise a pharmacist, except another pharmacist. M.Ds have this law in place. This law needs to carry a stiff fine, for the companies that refuse to abide by it. 2) Do not allow nurses or PAs to prescribe. I have seen very few N.Ps or PAs in real practice that know medication or drug interactions, and have seen more harm than good. 3) Patients need to be confident that there is enough pharmacy staff to address their medication needs. A hospital or other pharmacy that short-staffs due to financial problems, is taking a risk with pt health, and probably has more issues than just pharmacy expenses. I would rather see a hospital close, than give sub-standard care. 4) Write more concise laws that address real life situations. Many of the laws on the books are ambiguous, and interpretation is questionable at best. Have an agent who is well-versed in the law available to answer questions during state board hours, and I am tired of asking for clarification, only to be told to read the very law that I am asking about. That does not help me help my pt.

Jul 11, 2011 3:10 PM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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5) Would like to know why there are so many drug recalls, and why the state boards, FDA, and other agencies aren't working together to try to resolve them. We allow alot of drug mfging to be done out of the country, only to have the integrity of the product in question, and sometimes harm comes to the pt.

62 Lack of accessibility and a system to deal with questions we all have in order to clarify gray areas in the regulations. Jul 11, 2011 3:08 PM

63 I think the main issue in most retail pharmacies is 2 things. The first thing is staffing. I think the chains cut us back so much on our auxillary help that it makes so hard to do the job that we have been hired to do. I think there needs to be legislation as to how much minimum staffing should be in place. I think its hard to educate the public when we are always running around and do not have a moment to think which leads to errors. The second issue is lunches. I don't think the pharmacist should be able to sign a waiver so that the employer does not have to pay us for time and a half over 8 hours. I think the board should make it mandatory for every pharmacy to close for 30 minutes for lunch so the pharmacist has time to relax. I think these things contribute to errors and that is not what any of us want. Jul 11, 2011 2:50 PM

64 1. In inpatient settings pharmacists have oversight and responsibility for multiple steps in the medication use process to ensure patient safety. (procurement, ordering, dispensing, administration and use) Over time with added regulations and focus on medication safety the hospital pharmacist's role has evolved to be more complex than ever before but our resources have not kept up with the growing demands on the hospital pharmacy. As a Director of pharmacy I often find myself going to great lengths to justify the pharmacy resources. It would be of great help if we had professional standards that would facilitate justification of pharmacist resoures to the demand. Jul 11, 2011 2:38 PM

65 I BELIEVE THE BOARD OF PHARMACY IS RESPONSIBLE FOR PROTECTING THE INDEPENDENT PHARMACIES FROM THE PBMS AND THE BIG CHAIN STORES, WHAT IS HAPPENING TO US IS NOT FARE. I FEEL THE BOARD IS FULLFILLING THEIR CURRENT MISSIONS . Jul 11, 2011 2:20 PM

66 1) Provide more practice guidance for expectations of pharmacists to achieve more consistent practice. (i.e. documentation in pharmacy records, documentation in medical records, evaluation of patients medication regimens, quality of consultation provided.) 2) More enforcement initiatives to improve the safe use of medications at both ambulatory and acute practice sites. Focus should be on optimizing pharmaceutical use led by pharmacists. 3) Stronger Board of Pharmacy members who are knowledgeable about the practice of pharmacy and can institute changes that are meaningful to patients and practice (rather than nonlicensed members telling the board what to do.) (Licensed Board members are usually "tougher" and have higher expectations.) 4) try to require more data requirements for changes in the law. Know what is actually going to enhance beneficial outcomes from new laws. 5) Institue more quality assurance requirements and hold practitioners and pharmacies to standards. For example, parts of the self assessment can be used for inspections. Jul 11, 2011 2:14 PM

67 1. Legislation should make sense for the entire profession - all disciplines should be represented. 2. Communication of new legislation, regulation, and Jul 11, 2011 2:08 PM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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enforcement 3. Education of patients needs to improve 4. Don't over legislate - new legislation should be focused on helping patients to take medication safely 5. Enforcement I'm sure is limited to BOP employees.

68	1. do away with mail order pharmacies 2. ensure that pharmacies are required to have enough staff so the pharmacist will have the time to truly consult with the patient.	Jul 11, 2011 1:53 PM
69	Please address the workplace issues of proper staffing, adequately trained personnel, and reasonable work hours, lunches, breaks. Safety of the patients is at risk with currently minimal staffing levels. Require adequate reimbursement by insurance companies for pharmacy services. Obviously, the pharmacies currently feel unable to negotiate proper fees with the present laws hampering normal contract processes.	Jul 11, 2011 1:40 PM
70	Minimum technological equipment required as standard of practice for error prevention. Workload Stress limitations or guidelines not only Rx to tech ratios but volume of work and variety of tasks that are required. Minimum time frame standards for an upgrade or fix to be mandated to occur.	Jul 11, 2011 1:30 PM
71	1. Establish a general staffing ratio in various practice settings (i.e., per 50 patients). For example, community hospitals should have X # of pharmacists and Y # of technicians at a minimum to safeguard the patients being treated. 2. Provide 'tips' or learning examples from real-life findings that impact DOPs/PICs. The appeal for future pharmacists to take on a PIC role is becoming scarce. If the BOP wishes to encourage such leaders, maybe a story board or lessons learned routine articles would be helpful.	Jul 11, 2011 1:26 PM
72	The Board of Pharmacy should legislate, regulate and enforce as a method to validate what the Board of Pharmacy and pharmacy practitioners determine what evidence based practice improves the outcomes and quality of care ensuring patient safety is being performed. If one pharmacist does not counsel a patient but another does, this fails the test. Rather than citing the former, one needs to provide this individuals with the tools to educate his/her patients,monitor the improvement and compliance with the regulations. Continued lack of compliance at this time should result in sanctions and especially if the individual knowingly ignored the regulation. The vast majority of time, pharmacists want and do comply. A point of frustration is the Board of Pharmacy's lack of returning telephone calls. See below under communication	Jul 11, 2011 1:24 PM
73	none so far	Jul 11, 2011 1:22 PM
74	Make it illegal for pharmacy to offer free gift card on new rx or transfer rx - patient using multiple pharmacy & hard to catch any drug interaction(s)	Jul 11, 2011 1:15 PM
75	misleading DTC ads to consumers poor health knowledge by general public general public views pharmacist as low value healthcare professional	Jul 11, 2011 12:54 PM
76	1. The proliferation of chain store pharmacies is a problem. There is no shortage of pharmacies in major cities, but they have a difficult time staffing them or getting PICs. I believe they should show be required to show staffing ability before being allowed to build more stores. 2. Pharmacies should be required to	Jul 11, 2011 12:45 PM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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fill all requests, within conscience guidelines, if they want to maintain their licenses. I frequently hear from patients that they can't get prescriptions filled for "hard to get" medicines, like sodium polystyrene sulfonate in sorbitol, or nitroglycerin 0.2% ointment. Other times they just don't want to go to the trouble to look up or order drugs for just one patient. 3. \$4.00 prescriptions. Chain stores offer these specials to get people in the doors and then tell them that doesn't apply to their prescription. This is a "bait and switch" program that emphasizes price over quality, service and safety.

77 Shortages are an obstacle to the provision of quality care. Can the board help with this. Technology-the increase requirements are draining resources. Can the state board help promote the sharing of technological resources. We all seem to be recreating the wheel. Pricing has become increasingly complex (340B etc.)...can the state board help with this? Over-regulation and Interfacing with other agencies...CDPH has become increasingly demanding. Can CBOF RX and CDPH more closely align themselves?

Jul 11, 2011 12:30 PM

78 Please regulate Pharmacy Benefit Managers (PBMs) so that pharmacists can pay attention to taking care of patients rather than paying attention to the insurance companies. The PBM should be only handling the financial transaction. They are in fact acting like Board of Pharmacy Inspectors. Work with the department of justice on laws such as SB151 forms. They are telling doctors the old forms "void if more than one controlled substance" are okay because it meets the spirit of the law.

Jul 11, 2011 12:29 PM

79 1-pharmacy technicians are having access to patient's profiles. The prescriptions having refills left for more than three months and technicians seeing that patient may not need them anymore or forget they have refills in the pharmacy. Then technicians will refill and took them with the use of cashiers working for the same store. Those prescriptions are having medical and insurance paid for and these medications will end up on the street use. In order to pick up medications all they do is to tell patients name and DOB. Easy for the employees's family member coming to pharmacy window to pick them up. How they should come on the new regulations for chronic medications on non compliant patients. The bad pharmacy technicians are preying on these scripts with refills left by patients. 2-pharmacy technicians are using cashier's identity code to do tricks and they never get caught. They do the tricks under another person's identity. 3-office workers at MD's office are making friends with pharmacy technicians and they do renew narcotics for patients without MD's authorization. Most busy pharmacists does not spent time calling to check them. 4-insurance and medical fraud are major issues in any pharmacies. The good and honest pharmacy technicians and pharmacists are isolated and looked down at second class citizens. The bad people are grouping all together at work and back up each other and lied against the good one making them quit and moving from one company to another. They are working as gang and scared those who do not join them. 5-some patients took three different identities specially Spanish speaking patients are having 2-3 DOB. State Board have to treat these patients as criminals because they can get away with computer tract down on them for narcotic prescriptions.

Jul 11, 2011 12:24 PM

80 1) Standardize patient package inserts. Patients are given so many that they get confused, or there is so much they don't bother to read. 2) Allowing certified

Jul 11, 2011 12:20 PM

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immunizing Pharmacists to immunize, under a protocol, without requiring us to be authorized under increasingly reluctant Physicians. 3) Lobby very intensely for legislation requiring regulation & transparency to PBMs. If this 3rd layer of beaurocracy were completely removed, we could manage drug benefits much more efficiently, get paid for counseling, and still save government, employers, and individuals, more than the PBMs are now. 4) Remove the emphyis of " cheapest is best " to " find a pharmacy & Pharmacist always available to discuss your medication regimen and health concerns." 5)Elevate the perception of Pharmacists & Pharmacy to " Health-Care Provider."

81	1. obtaining the ability to check drug usage for cash paying customers. 2. More regular (and much SMALLER - ie more easily readable and digestible) communications. 3. Allowing C2-5's by e-rx.	Jul 11, 2011 12:17 PM
82	The State Board of Pharmacy is supposed to be a consumer protection agency but on more than one occasion they have allowed themselves to become involved in frivolous untrue complaints squandering thousands of dollars of taxpayers money going after lone hard-working honest pharmacists and making accusations that are false. The pharmacist(s) must then spend thousands of dollars in attorney fees in order to disprove the accusations against him/her. This is backwards. The Board should do 2 things: 1. Look carefully at the background of the person making the complaint 2. Investigate all circumstances thoroughly before proceeding to issue a written citation against the pharmacist, which may later be proven to be false.	Jul 11, 2011 12:17 PM
83	Providing more and better educational materials that pharmacist can utilize when providing service to the public.	Jul 11, 2011 12:16 PM
84	1. Lack of funding to fulfill its current mission. Without adequate funding the Board is unable to protect health and safety of patients. 2. Board must look after interests of pharmacy practice also. I think there is too much influence by chain pharmacies which do not have pharmacists best interests in mind.	Jul 11, 2011 12:12 PM
85	1. Specific sections within the law book for: a. Hospital b. Retail	Jul 11, 2011 12:06 PM
86	No issues	Jul 11, 2011 12:06 PM
87	1) More emphasis on dispensing of prescriptions based on ethical judgement of pharmacists. Some doctors who prescribe inappropriate dosage and usage of controlled prescription medications leading to drug abuse view pharmacists role as only dispensing any prescriptions without input on dosage and appropriate uses of medications. 2) Take back programs required in all pharmacies 3) More outreach programs in community like education among consumers on proper dosage, drug interactions, etc	Jul 11, 2011 12:05 PM
88	1.We believe that the CA Board of Pharmacy should only enforce Pharmacy law on drug manufacturers, wholesalers and drug dispensing devices. 2.If the board is going to license, regulate and enforce law, there should be separate requirements for manufacturers and wholesalers who carry prescription devices that do not dispense drugs. 3. There should be a quicker turn around on the processing of licenses for both locations and individuals. The standard 4-6 weeks. 4. Questions from the public should be answered timely. There have	Jul 11, 2011 12:03 PM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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been times when we have had to email questions because phone calls are not being taken. There is also a slow response in email as well which makes follow up very challenging. 5. Self inspection checklists should be tailored to the types of business that the board regulates.

- |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 89 | 1. Mail order recipients do not receive their prescription on a timely basis and local pharmacies have to step-in to ensure they can continue with their prescription. 2. Insurance companies must update their reimbursement schedules more quickly to reflect price increases.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Jul 11, 2011 11:58 AM |
| 90 | Ensuring mandatory counseling of patients. Eliminate the check box that says, "I don't want counseling" used by many chain pharmacies. Require telephone consultation by phone for mail-order licensees. Make time pressures illegal for filling Rx's. Require hospital PIC to report directly to COO or CEO and th to have full authority an responsibility for the drug distribution system. Require specific education or management skills or years of experience to be a PIC in hospitals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Jul 11, 2011 11:55 AM |
| 91 | 1. Decreasing the time between BOP investigation and the termination of a pharmacist from an employer due to diversion or self medication of drugs. 2. Increasing the turn-around time for licensure renewal. 3. Eliminating the use in California of pharmacy coupons, like New York.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Jul 11, 2011 11:52 AM |
| 92 | Ensure that the Regulations actually promote health and safety in all practice settings. Specialty areas may actually find that regulations require that processes be such that they make it less likely to safely perform "medication management". Establish workload parameters to promote pharmacists having the time to work with patients the way they should without sacrificing safety in dispensing functions. Promote 2 Way communication between the board and the pharmacists. Economic issues have made it difficult to access the Board as a resource when they really need to be to be in touch with the practitioners. Provide Web based trainings for pharmacists centered around regulation application                                                                                                                                                                                                                                                                                                                                                                                                         | Jul 11, 2011 11:51 AM |
| 93 | Enforce online dispensing attempts and extortion from rogue criminals. Help immigration to not degrade health of indigents and poor Americans from good care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Jul 11, 2011 11:50 AM |
| 94 | HUGE ISSUE...I am the Department Head at Charter College here in Oxnard, CA. 93006. We have an excellent school and are producing IV techs that are going right into hospitals as well as great retail technicians. My 1st student to finish the program has waited 4 months to get her license and still has not received it. Please do not take this lightly as these kids NEED JOBS, which is why they choose our school...we have 100% placement so far out of 7 students finishing extern and graduating. Some pharmacies are willing to keep them on as a clerk until they get thier license, yet jobs like working at a county Hospital or Home Health Care pharmacies require that piece of paper/license. The student, Yvonne has talked to the 3 employees in the Dept, in Sacramento and they are very helpful, yet not all students are as resourceful as Ms. Vasquez. Is there nothing to do about the lag time? Is there Not enough employees in SBOP? IT IS IMPERATIVE THAT STUDENTS receive thier RPhT licenses faster than this, I have two waiting for jobs promised them right now but getting the license is | Jul 11, 2011 11:41 AM |

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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impeding them from a JOB, which we ALL know right now are hard to come by in the present state of our economy. I know I am writing for hundreds of other schools, Instructors, students and Program Directers. I IMPLORE YOU TO ACT ON THIS SITUATION ASAP. With regards, Tammy Grant, MS, RPhT Charter College, Oxnard Director of Pharmacy Technician Program 2000 Outlook Ctr. Crive Oxnard, CA 93006 tammy.grant@chartercollege.edu 805-827-6355 office 805-276-5445 Cell

95	1. Adulterated drugs (forgeries) in the medical supply pipeline. 2. Theft of high value drugs.	Jul 11, 2011 11:36 AM
96	for the board to fully investigate pharmacies who violate the anti-kick back statute eg., handing out free cellphones to prospective clients; sending bogus mails prompting the clients to change pharmacies because their insurance would "only cover meds from this pharmacy"; md's connected to pharmacies should not force their patients to get meds at those pharmacies.	Jul 11, 2011 11:36 AM
97	1. First and foremost the state board should cease being a revenue enhancing agency. In recent years it seem that the direction the board has gone is to raise revenue for the state, not educate and communicate. 2. Inspectors have a tendancey to intimidate rather than educate. 3. Continuity of the script newsletter is a must. This is a great educating medium. This is a perfect medium to educate and communicate with licensed pharmacists. 4. The board should quit trying to micro-manage the practice of pharmacy.	Jul 11, 2011 11:32 AM
98	1. Sterile products regulations. Applying regualtions to acute care hospitals when focus should be on non-acute care facilities trying to make sterile products, like community compounding pharmacy. 2. Expand pharmacist permitted procedures. 3. Work with Medical Board to gve physicians a better understanding of controlled substances. Fentanyl patches, methadone and such that require safety and regulation understanding. 4. Have more frequent SCRIPTs publications rahter than every 6 months. 5. Have education on expanding roles of the pharmacist and pharmacy technician. 6. Review regulations that contribute to cost increases and that undermine LEAN principles while not losing the patient safety aspects.	Jul 11, 2011 11:30 AM
99	Thorough background checks on technician and pharmacist applicants.	Jul 11, 2011 11:28 AM
100	1. Too many pharmacists 2. Appropriate discipline 3. Appropriateness of foreign training	Jul 11, 2011 11:28 AM
101	1. Revamp the take back program for DEA controlled substances so they are in line with the DEA to reduce confusion for ultimate users. 2. Inform long term care facilities and pharmacist in that regard what their options are for disposal of Controlled substances and other drugs from ultimate users. Also provide them with an understanding that all pharmaceuticals in CA are hazardous waste in the state of California and a business/comercial entity can not throw haz waste into their dumpster.	Jul 11, 2011 11:27 AM
102	1. Evaluate the safety of having physician offices COMPOUND low therapeutic dose (microgram) medications that should only be compounded in a pharmacy. 2. Evaluate compounding pharmacies (including those who ONLY compound	Jul 11, 2011 11:22 AM

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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non-sterile products) to assure that there is appropriate pharmacist oversight of technician work.-- this is to improve quality of compounding and ultimately safety of patients who consume those compounds! 3. Real, quality pharmacist care is costly. Please help regulate that the people of the State of California should receive this care and it should be paid for by the insurance companies as it is a requirement of pharmacy practice. Quality pharmacy care often DOES NOT involve dispensing a prescription and has no fee attached to an ancillary sale.

103 1- Drug recalls. 2- Drug addictions. 3-Drug distribution . 4- Drug and alcohol . Jul 11, 2011 11:20 AM  
5- Counterfeit drugs.

104 1. The new compounding regulations are wasteful and time consuming with Jul 11, 2011 11:18 AM  
minimal value to the public. 2. It is a challenge to put into regulation practices for both retail and hospital when the practices are so different. One solution does not always fit. 3. It is difficult to deal with so many special interest groups that have their own agenda. 4. There needs to be better input from the practitioners even though there have been great advances in this area. 5. Drug shortages and how we can take care of our patients.

105 You guys already have enough regulations to protect consumers! Jul 11, 2011 11:18 AM

106 1. The Board of Pharmacy has taken a blind approach to promoting health and Jul 11, 2011 11:17 AM  
safety of Californians by passing useless regulations (e.g. compounding regulations) which are very cumbersome, costly, do not accomplish the goal of protecting Californians in the hospital inpatient setting. 2. Decisions of the board are being made by non-pharmacists which are not based on evidence, but on assumptions that his "might" be a good thing. 3. Enforcement, being placed solely on the PIC, is unfair in large institutions, since the regulations target the outcome, rather than whether process that the PIC has control over, are in place. This discourages pharmacists from assuming these positions.

107 information through internet communication has been very helpful to me . It Jul 11, 2011 11:17 AM  
allowed me to know about issues before they appeared on the job; internet linked access on the job (through a portal ) also has been very valuable Medical information. LICENSING ISSUE objective2:4: ex: AZ "license to be reciprocated must have been obtained by examination (a primary license), current and in good standing. If it is not current and in good standing, please contact the state where you hold your primary license and find out what needs to be done to bring it current. Arizona will reciprocate a license from California or Florida obtained by NAPLEX, NABPLEX or the 5 part NABP pharmacist license examination taken after June 1, 1981."Soon most states denied access to CA licensees: It appears that CA licensees are segregated against in their attempts to transfer their license obtained before 2003..

108 A. Education -- timeliness and CE B. Enforcement -- coordination of similar Jul 11, 2011 11:16 AM  
repercussion for RPh as MD of infractions. C. Coordination of prescription drug databases -- possibly using RxNorm data mandates to allow for better continuum of care and tracking for duplicate therapy across multiple drug resources. D. Setting software vendor safety standards for all pharmacy computer systems -- all care arenas E. Make low cost CE available on law changes or issues identified by the BOP

**Q1. List five issues or challenges that you believe the Board of Pharmacy needs to address in order to fulfill its current mission (see Mission Statement below).**

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109	1. The Board must help pharmacy identify strategies and implement changes to help us better cope with the economic challenges the business of pharmacy faces today. 2. The Board must make changes to law and reg where technology can improve the safety and efficiencies of how pharmacy can be practiced. 3. The Board should work closer with other licensing agencies like the DHS' to help resolve and avoid conflicting law and regulation issues. 4. The Board should consider a LTC pharmacy license so that LTC pharmacies are not lumped together with other retail pharmacies. 5. The board should focus more on identifying violations of fraud, waste and abuse	Jul 11, 2011 11:11 AM
110	ensure licenses are current, ensure the every-2-year required assessment is on file and accurate. Anything other than those 2 things really is outside your scope	Jul 11, 2011 11:10 AM
111	1. Legitimately providing the retail customer with the opportunity for counseling on medications by the pharmacist-- rather than the tech just hitting the "decline" button when the prescription work load gets heavy.	Jul 11, 2011 11:09 AM
112	specific laws to govern LCF facilities	Jul 11, 2011 10:58 AM
113	Barriers to improvement in compounding and packaging practices through centralization and automation of these processes for health care systems.	Jul 11, 2011 10:57 AM
114	develop additional technician level of licensure based on education and certification with expanded role and responsibility.	Jul 11, 2011 10:56 AM
115	The board needs to be easier to communicate with. I call many State Boards of Pharmacy around the country and can easily talk with people and get answers in just about all of them. In CA, it is almost impossible to do that.	Jul 11, 2011 10:56 AM
116	n/a	Jul 11, 2011 10:52 AM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

1	The pharmacist to technician ratio should be increased. A ratio of 1 pharmacist to 1 technician for the first pharmacist does not allow a pharmacy to operate efficiently. This leads to the pharmacist needing to perform many technician functions leading to decreased availability of the pharmacist's time to protect and promote the health and safety of Californians. Pharmacists currently can supervise 2 student pharmacist and 2 student technicians thus the current ratio makes little sense as students require more intense supervision than trained technicians would. The ratio seems arbitrary and not helpful.	Jul 19, 2011 8:44 AM
2	The BOARD needs to hire more personnel to process the license applications for pharmacy professionals! This is a BIG MUST! Many applicants have been waiting for over 3 MONTHS for their license to be processed, and this costs some people jobs! California has HIGH unemployment, and hiring one or two more people to process applications can mean HUNDREDS or THOUSANDS of	Jul 18, 2011 11:01 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

	people getting hired! Please do something! It would be really helpful to allow license applicants to have a grace period of interim licensure as they wait for their license to clear so they can be hired directly off of their externship, for example.	
3	1) To spend less time on trivial complaints and more time on mentoring pharmacies rather than trying to discipline them. 2)	Jul 18, 2011 2:10 PM
4	-resources	Jul 18, 2011 8:31 AM
5	-	Jul 17, 2011 3:02 PM
6	If there is a 20% deduction in the state board of pharmacy's work force and hiring freeze, the biggest challenges will be enforcing of the law and routine pharmacy inspection. Most importantly, in order for the state board of pharmacy to protect and promote the health and safety of the consumer, there should be an exemption for the board to hire more employee. Indeed, the board generates revenue from the licensing fee and fine; the revenue that the board generates should not be mixed with the general fund like some other states. If the board hires more people, it creates job and helps to enforce the law better and bring in more fine/revenue. This is a win win win situation for the state.	Jul 16, 2011 11:15 PM
7	The Board has the power to limit or eliminate a company's ability to force pharmacist to work under unsafe conditions. The Board should protect the pharmacist, which will translate into safer working conditions and safer public health.	Jul 16, 2011 10:42 PM
8	Enlist the help of other state organizations to find quality solutions to these problems.	Jul 16, 2011 3:14 PM
9	Invite the California Nursing, Medicine, Nutrition (?) ... Boards to place a (non-voting) member on the Board of Pharmacy.	Jul 16, 2011 1:45 PM
10	Educational seminars for the public, any entity being licensed as a pharmacy not owned directly by a pharmacist, and medical providers as to what services we provide and how to utilize them to their fullest potential. When the board provides interpretations of laws in The Script that is very helpful, but being able to contact an inspector for clarification would also be helpful( and not just a 'reread the law again' comment, but a real concrete interpretation - guess they are worried about liability, too). Maybe explaining how some of the board's decisions are reached - yes I'm still awestruck by the 25 doc practice exemption to some of the security blank requirements. I want to set up a booth at the pharmacy schools and let them know only a handful of your class will actually become clinical and the rest will be groveling for corporate America filling fast and furiously to meet quotas without regard for all that education you will be paying for so dearly over the next several years. And if you don't comply with their demands, thanks to the proliferation of pharmacy schools, there are more than enough pharmacists waiting for your position. You may not think it from my rantings, but there is nothing like a good day helping someone with their drug therapy. Sadly these days are more and more infrequent. It is time for the board to help the profession regain respect.	Jul 15, 2011 11:05 PM
11	Challenge big business that puts big profit before public health in California. California is a bellwether state. It is often said, and truly so, as California goes, so does the rest of the nation. Stand up for better working conditions for	Jul 15, 2011 9:37 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

pharmacists. The FDA appears to be at the mercy and whim of the pharmaceutical industry. They can't help promote the health and safety of the citizenry to the extent that they should. It may be easier to control the bad policies of the pharmaceutical industry at a more local level. Help repeal confusing and impractical laws that relate to pharmacy practice. It might be a good idea for the Board to have some input into new legislation that affect pharmacy.

12	Every pharmacy should be visited once in a 3-5 year period as a routine, and also if there is an issue. The board needs to work with pharmacists to assist them with their questions in a timely manner. example: consider having a chat forum for a pharmacist to put a question and be able to get an answer from other pharmacist or board member, or faculty, etc., similar to the Pharmacist Letter. Advertising campaign to promote the pharmacist as an advocate for patients and their health. Send some directive and guidelines to big cooperation, to promote good safety practices destressing guaranteed time your Rx is ready.	Jul 15, 2011 6:03 PM
13	Developing (with stakeholders) processes that enable applicants access to detailed directions and advice in meeting the requirements of the laws and rules.	Jul 15, 2011 2:12 PM
14	1. Solicit input, direction and feedback from regional and state pharmacy groups. 2. With today's internet capabilities, the Board web site should have an efficient and effective search engine for Q/A and Regulatory Inquiries.	Jul 15, 2011 10:05 AM
15	1. Connecting with large number of pharmacist & technicians. Possible use of discussion boards, blogs, webcasts, conference calls. (Nevada has annual conference calls and live meetings.)	Jul 14, 2011 10:51 AM
16	n/a	Jul 14, 2011 10:34 AM
17	Possibility of Board of Pharmacy dealing with workload issues as maximum number of Rx's. Nursing has set limits with staffing in hospitals.	Jul 14, 2011 9:25 AM
18	Firstly make sure you are giving medi-cal to legal imigrant ONLY.....	Jul 14, 2011 9:19 AM
19	1and2. put into place a requirement for the MINIMUM number of pharmacists and ancillary personnel per shift based on the number of prescriptions filled per hour. This should include stiff penalties if not adhered to. Most pharmacies are working shorthanded due to corporate decisions to reduce staffing. In the past, chain representatives on the Board of Pharmacy supported high ratios of ancillary personnel to pharmacists -- now it's time for these representatives to establish realistic levels of staffing to meet the Board's Mission Statement. 3. The Board should provide basic information on economics that help corporate executives and pharmacy owners understand and better connect the relationship between no profit, the cash register and prescription errors. This should include providing the past results of fee studies not only completed in California but other parts of the country.	Jul 14, 2011 9:08 AM
20	address the workload retail pharmacists labor under	Jul 13, 2011 8:09 PM
21	STOP LOOKING FOR NEW LEGISLATION TO FURTHER REGULATE HOW THE PHARMACIST SPENDS HIS TIME TO HELP HIS PATIENTS WITH BETTER CAREE	Jul 13, 2011 12:26 PM
22	WAIT UNTIL NEW MEMBERS APPOINTED I have a real concern that the BOP	Jul 13, 2011 12:26 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

is undertaking a revision of the strategic plan when short 3 pharmacists - this is a slap in the face to the profession. Your opportunity to do this correctly is to wait until the Board is reconstituted and then work on the strategic plan. Proceeding without the complete complement of pharmacists is a waste of time, money and energy, because public members do not know the profession, and neither does the executive director.

23 The Board of Pharmacy must realize that pharmacists are employees and cannot control our own work environment. I would recommend partnering with the chain stores to look at the reality of the pharmacy environment. Jul 13, 2011 10:42 AM

24 I believe I gave some examples above. Jul 13, 2011 9:05 AM

25 Much has been done. Glad to see some oversight on +\$500 infractions and other elimination of those individuals that make the honest faculty members 'hot under the collar'. Moreover the public access to those who flaunt the diversion regs is laudable. Hope to see more oversight on 'NTI' drugs that are easily bought. Coumadin, digitalis glycosides, NSAIDS and anabolics among a few. The label in the native languages are a true life saver for those struggling. Jul 13, 2011 8:21 AM

26 Limit number of failed attempts to pass pharmacist exam to 3, not 4. Regulate "tech mills" through licensing and minimum standards. This would be an easy source of income for state. Board to approve need for new pharmacy schools and also schools need to be licensed by state. Ban drive-up pharmacies. Jul 13, 2011 8:09 AM

27 The profession of Pharmacy is a vital component of the Health Care Team. By helping to provide a stronger foundation for the profession, the Board will increase the confidence of it's members, their actions and therefore the nation. Jul 13, 2011 7:50 AM

28 I think each pharmacist shouldn't be allowed to fill more than 150 prescriptions( before credit-return )per shift. Employee pharmacist shouldn't be allowed to work more than 8 hours per day. Any drug industries with 10 stores or more should be required to have a quality training program in place. I believe with an investment in a quality training program will discourage turn over and increase consumer safety. Jul 12, 2011 4:23 PM

29 protecting the public Jul 12, 2011 4:17 PM

30 sending out letter to inform about the delays on application review. call or email applicant about any changes. communication will prevent misunderstanding and not allow professional like my self to experience a difficult life change like my self. Jul 12, 2011 4:11 PM

31 1. Increase visibility to the public in regards to the cautions of internet and unregulated pharmacies dealing in California. 2. Develop a method for proper channeling of drug shortages and/or educate the distribution system on proper management to best meet the supply problem. Provide a forum/mechanism for solution. Educate the pharmacy community. 3. Educate pharmacy regarding the new compounding regulations rather than just auditing and citing. Most pharmacies want to comply, but the regulations are ambiguous even for the inspectors. 4. Have more frequent communications/dialog with the public and pharmacies....ie, blog. Jul 12, 2011 3:29 PM

32 We see many patients receiving compounded medications from pharmacies that are licensed in california but are located out of state that do not follow the same labeling requirements and sterility testing. The higher standards that are imposed Jul 12, 2011 3:13 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

	(rightfully so) on california pharmacists DO have a cost. Patients opt to go out of state to receive mislabeled or improperly prepared medications at a lower cost	
33	Increase renewal fees to cover the expense of printing and mailing the Script to all registrants.	Jul 12, 2011 3:02 PM
34	1. Little recongition of hospital operations. 2. Not enough feedback from actual practitioners. 3. Laws passed by lawmakers with good intentions but no understanding how to operationalize the intentions. 4. Punitive approaches. 5. Poor, poor, poor, poor means of communication. Silence is not golden for the BOP. 6. Underfunding with no compensating reduction in work and scope. This leads to failure in goals. You must match the resources to the work and goals. 7. California politics and entrenched beaurocracy. This is out or touch with reality and painfully slow to react when answers are clear.	Jul 12, 2011 1:43 PM
35	Mentioned above.	Jul 12, 2011 10:19 AM
36	1. Provide education to pharmacist and consumers. 2. Improve accessibility to pharmacists. 3. Be more of a resource for pharmacists--we want to do the right thing, but sometimes need more help and guidance than given to comply with regulations.	Jul 12, 2011 8:45 AM
37	I wish I knew	Jul 12, 2011 8:27 AM
38	More practical laws; include more pharmacy owners on the board. More inspectors to be available for the owners; not to only enforce the law but also educate and assist if any questions.	Jul 12, 2011 6:23 AM
39	1- Consider the possibility of placing Vicondin , and Vicodin-like substances on Schedule II in California. Giving Californinans more over-the-counter less addicting, less harmful, pain management choices. Discuss the possibility of placing these medications in a third class, sold only under pharmacist supervision. 2- Agressive and proactive surveillance of Internet activities. To achieve this, the Board may need to increase its revenue stream by assesing higher fees from wholesalers and manufacturers. Consider working with undercover pharmacies. I suggested this approach to the Board once when I received a faxed Internet solicitation. 3- Follow the lead of other states by bringing the PBMs directly under the licensing and supervision of the Board for the purpose of: 1- enforcement of finical transparency; 2- allowing more Californinans access to medications prescribed by their physician without profit-motivated interference; 3- prevention of serious drug-drug interactions between medications dispensed by the pharmacy and those dispensed by the warehouses (mail orders); 4-accessing the pharmacist expertise, instead of a phone operated help given by technicians posing as pharmacists. 4-Grant more responsibilities, with the accompanying censures and penalties, to licensed Pharm Techs. Why does a pharmacist need to interrupt important duties in order to sign for the receipt of drug shipments? 5- Warning, then prohibition of distribution, in California, of all drugs manufactured by companies engaged in these activities. Otherwise, Let's hasten to create street vending machines empowered by modern technologies to read and dispense meds, and bill insurance; machines accessible 24 hours on every corner. We can all invest in companies manufacturing such machines, and partcipate in the wealth of America!	Jul 11, 2011 10:47 PM
40	.	Jul 11, 2011 10:37 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

41	<p>1) Require enough support staff to handle interruptions not requiring a pharmacist's input - too often the pharmacist is multi-tasking, increasing the chance of prescription errors. Pharmacists should not be pressured to multi-task due to under-staffing (ie focus should be solely on the correct medication, dose, &amp; patient with time allotted for consulting each new/changed prescription). When a prescription error can lead to injury or loss of life, this should be taken seriously. 2) The number of prescriptions a pharmacist is allowed to fill per day should be limited to a realistic number that takes into account the actual time a pharmacist is filling prescriptions (handling office duties, scheduling, payroll, etc would reduce number of prescriptions allowed by that individual). Incentives (coupon if wait is longer than "x" minutes) or employer pressure ("x" % of prescriptions are to be filled in "x" minutes) to fill a large number of prescriptions in a set amount of time should be against pharmacy regulations/laws - this is not professional and increases the risk of errors. We need to be allowed to be the professionals that we are - not a "fast food" environment. 3) Allow pharmacists to use their professional judgement and education to determine if a therapeutic alternative is appropriate (without consulting the MD when DNS is not indicated.) 4) Random audits of pharmacies as "secret shoppers" to verify consults are occurring - undercover news stories show consults are not occurring as required by law and personal experience of an elderly relative told to "sign here" for receipt of medication, not knowing they were also signing a document waiving a consult.</p>	Jul 11, 2011 10:31 PM
42	To keep continuing to education the professional in the profession.	Jul 11, 2011 10:31 PM
43	<p>Informing the public that although the pharmacist is performing a vital service, he in most cases does not have the time to provide a valuable consult or to give important advice regarding otc medications and supplements. Because of this it is of utmost importance for the patient to make sure that they understand what medication they are getting and to make absolutely sure that it is the correct medication and the right quantity.</p>	Jul 11, 2011 9:59 PM
44	<p>Electronic Prescriptions aren't going away, they're obviously here to stay. So how do we improve their accuracy? Requiring MD's to input the data is NOT the solution. They have very little time, and are no better at it than the average grade school kid. Their staff members are no better. Part of the problem is the software these MD's are using. Some of these programs are little more than glorified word processors. There is typically NO dosage checking process (ie-once-a-day Levaquin being written as 4 times a day). It's also rare that a dose is checked against an appropriate range for the patient's age. Fixing these software problems will be EXPENSIVE, and require frequent updates to whatever databases are produced - more layers of complexity to go wrong. Perhaps certain MINIMUM STANDARDS for prescribing software can be developed. Keep it to a minimum in this respect, or the EXPENSE and COMPLEXITY will be the achilles heel. In dispensing we double and triple-check our work, often using electronic aids (bar-code scanners, etc.). Should prescribing software be required to run through some sort of double-check process? Would it help at all? What would that process look like? The problems are many, and the solutions are few. The last thing we need is more time-wasting procedures that produce no improvement in the outcome. For now, how about we all RECOGNIZE that this is a big problem, and we try to get MD's and their staff to take it more seriously. One last comment: a few months ago a staff member from a local MD's office came in our store. We knew their new software was driving them crazy, so we asked her how it was going over there. She said they had been using the software for 6 months now, and that last week</p>	Jul 11, 2011 9:12 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

	was the first time she went to bed without sobbing. THAT'S how bad is, gentlemen.	
45	will have to give it some thought	Jul 11, 2011 8:04 PM
46	To police the Internet appears to be an insurmountable problem, but it is mandatory that it be addressed. To address the issue of unavailable Active Pharmaceutical Ingredients is probably also a federal issue. Possible requiring restructuring reimbursements so the work need not be sent offshore	Jul 11, 2011 6:59 PM
47	Hire pharmacists and technicians through a state agency or other means to work undercover and report and record suspicious activities. Again, mostly in high crime and high diversion areas.	Jul 11, 2011 6:52 PM
48	opportunities via the public sector - spreading the word of the board of pharmacy	Jul 11, 2011 6:26 PM
49	Difficult to answer. A review of budget, staffing, efficiency, and board priorities may be in order.	Jul 11, 2011 6:22 PM
50	Put a stop and limit the incentives and/or forcing of patients to use mail order when it is clear that it is an inferior level of care for the population at large. They should be able to chose mail order as an option without any financial penalty to the patient or the prescriber.	Jul 11, 2011 6:07 PM
51	Hold more meetings in more locations around the state so more pharmacists have the opportunities to participate in discussions regarding potential changes to the laws. Hold these meetings during evening hours so more pharmacists have the opportunity to attend.	Jul 11, 2011 5:32 PM
52	They probably can get data from other government agencies reflecting the physical well-being of pharmacists.	Jul 11, 2011 5:18 PM
53	Working with other state agencies (e.g. CDPH) and professional groups (e.g. CPhA, CSHP, CHA to accomplish the above) Reorganize the Board of Pharmacy to include a majority of pharmacists representing all practice site, technicians and public members.	Jul 11, 2011 5:04 PM
54	Given the state budget problems, opportunites are limited or non-existent. Electronic communications are very helpful but still pose significant hurdles to ensure the message(s) are received by licensees.	Jul 11, 2011 4:19 PM
55	The BOP should be addressing these issues on a continuing basis.	Jul 11, 2011 4:07 PM
56	1. Budget 2. Employee Satisfication, Desire, Will, Drive, Passion, Respect, etc 3. Informatic systems 4. Relationship with other pharmacy orginazations 5. Board members Outlook	Jul 11, 2011 4:02 PM
57	Implement rules and regulations that are practical and not punitive. Common sense would be helpful. Today would be a good time to become a more friendly Board and not so sour!	Jul 11, 2011 4:00 PM
58	Communications and Speech.	Jul 11, 2011 3:45 PM
59	1.To create standards for 'high-quality' pharmaceutical care. In the education world teachers now design lessons to accomodate standards of teaching.	Jul 11, 2011 3:29 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

60 The Board in order to continue to provide quality and safe pharmaceutical care for the patients of California, must advocate for the "profession" of pharmacy, to ensure that the profession will even exist for the future. As you are aware, more and more physicians, have started to dispense medications from their own offices, in order to offset their shrinking re-imbursements. These offices dispense medications, on-line adjudicate the insurance just like any other retail pharmacy, yet they do not have the expense or shall I say expertise of a pharmacist. Many have "Pharmacy Techs" operating as pharmacists, and are unsupervised. Under current regulations, physicians may dispense, as long as they comply with Article 12, 4170. The loop hole is that it does not state that they cannot have pharmacy techs operate unsupervised, nor does it state who can "dispense", who is qualified, etc. It only states that the drugs cannot be furnished by a nurse, or physician attendant. Also under this section, it clearly states that it will only have their own board regulate, or enforce. Consequently, the state board of pharmacy has no real jurisdiction, in the physicians office, and therefore cannot enforce or impose any quality care for the patient. In any event, the use of Pharmacy Technicians operating alone, dispensing medications, counseling patients, advising the physician etc, is clearly not in the patients best interest, nor is it safe for the consumers of California. One example of this type of physician dispensing is at Cancer Care Associates, located on 1791 East Fir, Fresno, CA 93720. Cancer Care Associates operates a very big facility much like any hospital, and it runs entirely with pharmacy technicians alone, dispensing medications, compounding IV's, consulting patients, and physicians. They have sent out a negative message to the public that a pharmacist is not necessary in the healthcare model. Consequently, many patients do not understand why a pharmacist even exists, if they can get their medications in this fashion. The state board of Pharmacy clearly should step in on behalf of the "profession" or "professional" to ensure the safety of our patients since this is clearly something no pharmacist, can do on their own. Over the last two decades, the independent pharmacist has slowly vanished from existence much like the dinosaurs that once walked and shook the earth's crust. Ironically, during this shift of not seeing your local pharmacist, and with the emergence of the big chain stores, mandatory mail order, PBM's, etc, we have continued to see an increase in health care costs, as well as an increase in use of medications. The California State Board of Pharmacy states that "Pharmacy practice is a dynamic patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of appropriate drug use, drug-related therapy, and communication for clinical and consultative purposes. Pharmacy practice is continually evolving to include more sophisticated and comprehensive patient care activities." Unfortunately, the way Big Chains, PBM's, as well as many consumers view pharmacist's, and the profession, is more of pushing a product rather than a service. If you took a poll of the consumers' out there, and ask them to name their physician, dentist, and veterinarian, most will be able to do this task. But if you asked them to name their pharmacist....most patients cannot answer that simple question. I honestly believe that good patient care, is all about building a relationship. It is much more about the total person, rather than what "pill" is in the bottle. The Board will always state "We are here to protect the public Your Associations are there to protect your profession". But clearly the Associations have stood by and are powerless as our "profession" continues to become more of a non-professional, as more regulatory agencies continue to restrict our time with other "duties" rather than allowing the pharmacist the time to spend with their patients. Pharmacists were once the number one most trusted professional. They are fully trained and qualified healthcare professionals, who, by definition are the

Jul 11, 2011 3:27 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

"Medication Experts". Yet under current medicare regulations, we now have a code for MTM, yet we are not even recognized as real providers, and therefore cannot be reimbursed for our services. The funny thing is that the nurse can provide that service, or a social worker, the MD, etc, and they are all recognized as healthcare providers. This brings me to the "medicinal use" of marijuana. Legally we cannot advise, or speak with a patient in regards to how this "medicinal" agent works within disease states, or other medication interactions. Yet, some "no-degree" dispenser is now qualified to dispense this agent, and advise on how it will work within certain disease states??? As Pharmacists we have the privilege to practice the art of pharmacy. Within that practice is the responsibility to protect the patient from potential harm in regards to proper medication management as well as disease state management. This agent unfortunately with the way things have gone in California is no exception. We look to the board for some guidance. We cannot shy away from this subject because of the "political nature" of this substance. If we as pharmacists, or as a profession shy away from this or are placed on the "sidelines" then eventually, we are allowing someone else without any clinical training to become the medication experts. At this point, if we are no longer the medication experts, then what is the future of this profession if any non-clinical person can preform our cognitive services? Over the last several years, I have seen a drastic decrease in the clinical expertise as well as professionalism of many of the practicing pharmacists. At one time, California use to not honor the NAPLEX exam. During this time, many of us not only took the California State Board of Pharmacy Licensure Exam, but we would also take the NAPLEX exam, so that we would be able to practice in other states out side of California. I can honestly tell you that the NAPLEX exam was so much simpler than the California State Board of Pharmacy Exam. I had no problem passing the California Boards, but I waited a few years to take the NAPLEX, and I walked in without studying and had no problem passing the exam. In light of this, and looking forward, I would like to make the request that possibly the California State Board of Pharmacy reinstate the California State Board of Pharmacy Licensure Exam. I personally think this will raise the level of practicing pharmacists in our state. Currently, the trend, of a "Pharmacist Shortage" is now over, and in fact I would have to say we have more pharmacists than jobs currently available. Thank you for allowing me to participate in this questionnaire. I hope you find what I have to say useful, and will further the growth and strength of the profession of pharmacy to ensure the highest safety standards for the consumers of California.

61	Listen to the pharmacists as well as the consumers. So often only the consumers (pts) are heard, but the pharmacists are the ones on the inside that are the observers to so much. Open up the lines of communication. In the past, the board had an attitude of "we aren't here to protect the pharmacists", and while we are aware of the purpose of the state board, we are also aware that if certain laws do not protect us in order to do our jobs, the consumer will suffer.	Jul 11, 2011 3:10 PM
62	Instead of the witch hunting, how about assisting those who reach out to you for help so they can assure they are doing it all by the book!	Jul 11, 2011 3:08 PM
63	see above	Jul 11, 2011 2:50 PM
64	1. Establish Staffing Matrix for inpatient pharmacies to guide with the minimum number of pharmacist required for x number of patients. (similar to nursing and patient ratios in place for various care settings)	Jul 11, 2011 2:38 PM
65	AGAIN THE BOARD CHALLENGES SHOULD INCLUDE PROTECTING THE	Jul 11, 2011 2:20 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

INDEPENDENTS FROM THE SHARKS, WE ALL WILL BE OUT OF BUSINESS SOON, IF NOT MANY OF US ARE OUT ALREADY...THAT IS SAD. WE GIVE THE BEST CARE TO THE PUBLIC,AND I BELIEVE THIS IS THE CASE IN ALMOST EVERY INDEPENDEN PHARMACY.

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|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 66 | 1) Be able to manage budgets since board is self funded to utilize resources as needed (for example more AG time to prosecute cases). 2) To act upon cases and have the resources to limit dangerous and bad practice faster. (More inspectors/assistants, more inspections more frequently to protect the public and hold licensees to legal/regulatory requirements). 3) Increase "marketing" of what the Board enforcement personnel do to highlight their successes. 4) To increase well trained inspectors (by increasing the numbers and funding for training and partnering) who can communicate and enforce laws and practice standards. 5) Increase staffing in office to improve communications with the public and licensee. 6) Increase and improve licensee communications, provide education of standards and expectations. (Some things haven't changed in the 25 years I've been in practice.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Jul 11, 2011 2:14 PM |
| 67 | 1. Have advisory groups at pharmacist meetings that represent a cross section of practices. 2. Have CE webinar's 3. Continue to support education of patients through incentives 4. New legislation should be focused on helping patients to take medication safely 5. Self reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Jul 11, 2011 2:08 PM |
| 68 | 1. require mail order pharmacies to have their pharmacist call each patient who receives a new medication and consult with them. better yet - just outlaw the mail orders 2. pass a law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jul 11, 2011 1:53 PM |
| 69 | With inspections, it will be found that many pharmacies are non-compliant in many areas, this is not a matter of overt non-compliance, but rather an indication of inadequate staffing to properly manage and operate a pharmacy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Jul 11, 2011 1:40 PM |
| 70 | Vareity of pharmacy ownerships.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Jul 11, 2011 1:30 PM |
| 71 | Provide more guidance for pharmacists and help in ways that don't promote punitive measures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Jul 11, 2011 1:26 PM |
| 72 | 1. Better communication, it is currently a unilateral discussion where Board members do not have a true working knowledge of the current practice of pharmacy in the many diverse practice settings. Thus communication is from the Board down and not based upon good information and knowledge. 2. Better relationship between the pharmacists and technicians with the current pharmacy board staff. There is a sense of "I am overworked so you can just wait", "I am here for public safety and you better comply or else!" attitude. This permeates from the Executive Director down to the staff. Even if it is a perception, perception is reality. That being said it is not a perception but reality. Telephone calls and emails are rarely returned in a timely manner. The Board of Pharmacy is responsible for ensuring the execution of services are being provided to ensure patient safety protecting the public. Lack of Board oversight of the Executive Director's performance needs change. 3. Board members need to commit to becoming educated in the practice of pharmacy. Every Board member needs to take time to perform site visits, provide "town hall meetings", show up to the board meetings, attend state and local pharmacy meetings. ie. The Executive Director attended the CSHP meeting and after part way through my sentence, she cut me off and said "we have no money, we can't do that". That may be true, but perhaps she should listen, take input in a gracious manner, | Jul 11, 2011 1:24 PM |

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

	collect more data and information.....	
73	thru legislation if needed	Jul 11, 2011 1:22 PM
74	hard to get across all companies to stop this practice	Jul 11, 2011 1:15 PM
75	public education to counteract misleading DTC drug ads public education to make healthy lifestyle choices public awareness program demonstrating healthy outcomes when pharmacist is integral	Jul 11, 2011 12:54 PM
76	1. Presently the Board is no more than a rubber stamp to authorize more pharmacies where they aren't needed. Nothing is done to get more pharmacies into rural areas where there is no access to good pharmacy care. 2. Chains, with rare exceptions of certain individual pharmacists, are only interested in filling quantities, not providing quality service and helping patients get benefit from the drugs they take. Most pharmacists have no idea how to mix the 2 examples shown above, and these are 2 of the simplest compounds to make. If pharmacies chose to be called professional they should be willing to help all patients, not just those with high profit, fast moving products. 3. Coupon specials are unprofessional, and lead to downgrading the value of pharmaceuticals. The Board preaches counseling and then allows price to be the driving force for where consumers go for their prescriptions.	Jul 11, 2011 12:45 PM
77	See above.	Jul 11, 2011 12:30 PM
78	The board of pharmacy has the opportunity to set the standard for PBM regulation and free the pharmacist to TAKE CARE OF PATIENTS. Since the PBMs get billions of dollars with their fines for clerical errors it will be a new source of revenue for the board. It may also alert the Board in case there is really an unethical pharmacy doing business. Maybe the Pharmacy Board should meet with other Boards (for those who prescribe) and the Department of Justice to iron out all of the mismatched regulation enforcement.	Jul 11, 2011 12:29 PM
79	Yes. There should have implementation to make pharmacy technicians and pharmacists following strict rules for these problems because it is getting out of hands now.	Jul 11, 2011 12:24 PM
80	All of above	Jul 11, 2011 12:20 PM
81	Upgrading computer software manpower/cost combining federal with state laws	Jul 11, 2011 12:17 PM
82	See 1. and 2. above	Jul 11, 2011 12:17 PM
83	Require physician to write indication for drug usage. To avoid error sound-alike and look-alike drug and to better assist pharmacist when s/he is reviewing the prescription and counseling the patient since there are multiple indications for the drugs.	Jul 11, 2011 12:16 PM
84	1. Must advocate for more funding. 2. Must advocate for pharmacists--which ultimately will ensure patient safety.	Jul 11, 2011 12:12 PM
85	Work with pharmacist-in-charge in correcting issues as opposed to going straight to fines (as in the Heparin recalls).	Jul 11, 2011 12:06 PM
86	N/A	Jul 11, 2011 12:06 PM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

87	1) Legal liabilities should be more clear cut on pharmacists dispensing prescriptions that are inappropriate 2) Institute a take back program in all pharmacies	Jul 11, 2011 12:05 PM
88	The CA Board of Pharmacy should become more familiar with businesses that are not pharmaceutical and do not carry drugs nor drug dispensing devices. The self inspection checklists should be tailored for the types of business that the BOP regulates. Also, the designated rep in charge model should not apply to medical equipment companies that do not carry drugs nor drug dispensing devices as it makes more sense in the pharmaceutical world to have a pharmacist in charge. If there is one or multiple designated representatives in a location that delivers wholesale equipment, all should be in charge of inventory. The CA BOP should fill positions quickly to ensure that staff is not overworked and not able to work with a sense of urgency to meet the needs of the public.	Jul 11, 2011 12:03 PM
89	Prescriptions for California residents must be filled by California pharmacies.	Jul 11, 2011 11:58 AM
90	Data from Federal and State agencies detailing the proliferation of med errors and their attendant harm and cost to society.	Jul 11, 2011 11:55 AM
91	1. Manpower, I would assume. Increase the number of investigators working on tracking the issue. 2. Again, either automate, or increase manpower. 3. Introduce legislation to ban the use of pharmacy coupons in the State legislature.	Jul 11, 2011 11:52 AM
92	Web Training Identify unique types of practices and work with them to ensure that regulations match the circumstances Assess workload standards for safe practices. NOt just ratios of Techs to PHarmacists but how many prescriptions can a pharmacist fill and still be able to counsel and call physicians and research clinical issues without jeopardizing patient care. Establish accessible means of dialogue between the board and the professionals that it governs.	Jul 11, 2011 11:51 AM
93	Although vastly improved steps taken to assure less diversion some cannot navigate the process. Too much Internet access blatantly in disregard to lawful access.	Jul 11, 2011 11:50 AM
94	Getting Technicians into the workforce much faster than 4-5 months.	Jul 11, 2011 11:41 AM
95	1. Encourage drug makers to sell directly to a pharmacy.	Jul 11, 2011 11:36 AM
96	equal opportunity for private owned companies who has been servicing these clients truthfully for years; proper service for clients (minimize confusion and anxiety on their part.)	Jul 11, 2011 11:36 AM
97	1. The state board can back off of the fine system currently in use. 2. Inspectors should regularly stop by stores to say hello and find out what problems pharmacies and pharmacists are having to report back top the board. 3. Continue the newsletter with emphasis on FAQ's and direct answers. Too often the answers given in the newsletter are nebulous and do not specifically answer the question. 4. This is the practice of pharmacy. Good pharmacist are running scared of the board and are too often afraid to make decisions or recommendations when the answer is not in black and white.	Jul 11, 2011 11:32 AM
98	1. Make sterile products more practice setting based and hold non-acute care facilities accountable to the regulations. 2. Educate physicians on methadone use inthe treatment of addiction patients and the regulations and licensure	Jul 11, 2011 11:30 AM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

	around such use. 3. Take a look at regulations that increase costs and don't contribute to patient safety such as document retention regulations and Sterile and Non-sterile products compounding. 4. Expanding roles and regulations for pharmacy technicians in a practice setting based approach.	
99	Do thorough background checks so no one slips thru the cracks. Perhaps go back and do background checks on licensees.	Jul 11, 2011 11:28 AM
100	1. Go back to a difficult state exam that will weed out the masses of pharmacists who should not be pharmacists. 2. Pull more licenses for serious offenses 3. Stop accepting foreign-trained pharmacists	Jul 11, 2011 11:28 AM
101	1. & 2. Are interrelated items and should be addressed by training and requirement posters displayed in the LTC and Pharmacy for the staff as a reminder. Could also require self-certification of the the staff similar to the requirement for listed chemicals and Designated Representatives.	Jul 11, 2011 11:27 AM
102	All three may improve the safety of patients consuming pharmaceuticals. 1 and 2 will raise the bar on quality of compounding medications and provide excellent pharmaceutical options for patients to receive true customized care. #1 may also provide a revenue stream to the BOP as medical practices that wish to continue to compound their own creams, capsules and injectables will have to obtain/maintain a license with the BOP. #3 will increase the frequency of patient interactions with the well educated pharmacist and hence increase appropriate use/prevention of misuse of medications.	Jul 11, 2011 11:22 AM
103	These topics are always on the newspaper I hope that Board of Pharmacy can follow and do something about them.	Jul 11, 2011 11:20 AM
104	Listen and meet with the professionals taking care of the patients. Again I see more of this happening but we are all trying to provide the best and safest care to the public.	Jul 11, 2011 11:18 AM
105	Why is renewing my Pharmacist License always a problem?? Please send out renewals more than 60 days in advance so I can get everything ready without a problem..	Jul 11, 2011 11:18 AM
106	The pharmacists on the Board need to assure that regulations are based on evidence that a problem not only a exists, but that the solution proposed will solve the problem and be something that can be achieved by the targeted pharmacies. This means that the scope of the regulations must fit the intent of the regulation. Where is the data to show that a problem existed in the inpatient setting due to lack of documentation of product lot# and expirations dates, and laborious documentation of everything involved in this process?	Jul 11, 2011 11:17 AM
107	1) Continue with internet accessibility for information propagation. 2) extends privileges to pre 2003-CA registered pharmacists so their licences are recognized as valid and transferable in other states. It looks at this point that the famously difficult license to obtain has no more value that a foreign license .	Jul 11, 2011 11:17 AM
108	As outlined in #1	Jul 11, 2011 11:16 AM
109	Mixed in with the issues listed above	Jul 11, 2011 11:11 AM
110	be consultative. Give PIC an opportunity to fix before you fine or reprimand	Jul 11, 2011 11:10 AM

**Q2. What do you view as the major opportunities for the Board of Pharmacy to address the challenges and issues you listed above?**

111	These should be addressed at the retail level by having prescriptions filled for "selected anonymous test patients" to provide information to BOP that could be used to evaluate pharmacist services and determine if BOP requirements are being met.	Jul 11, 2011 11:09 AM
112	LCF regulations	Jul 11, 2011 10:58 AM
113	Work with other State agencies and the Governor's office to increase understanding that requiring licensure as a manufacturer (State) and registration with the FDA to allow the centralized/automated approach will deter these improvements and perpetuate the current deficiencies in individual hospital practice.	Jul 11, 2011 10:57 AM
114	same	Jul 11, 2011 10:56 AM
115	Communication, answer your phones!	Jul 11, 2011 10:56 AM
116	n/a	Jul 11, 2011 10:52 AM

**Q3. I am currently a(n) \_\_\_\_\_.**

1	Department Head of a Pharmacy Technician College	Jul 11, 2011 11:41 AM
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**Q4. If you are licensed as a Pharmacist, Pharmacy Technician, or Pharmacy Intern please indicate the setting in which you work.**

1	Academic	Jul 18, 2011 11:01 PM
2	HMO	Jul 18, 2011 8:31 AM
3	community clinic	Jul 15, 2011 9:37 PM
4	work in Ambulatory Clinic and Chain Pharmacy	Jul 15, 2011 6:03 PM
5	Home infusion, mail service	Jul 15, 2011 2:12 PM
6	Hospital Out Patient Pharmacy	Jul 15, 2011 10:05 AM
7	Public Health	Jul 14, 2011 10:34 AM
8	Corrections	Jul 14, 2011 9:25 AM
9	Retired RPhT	Jul 13, 2011 8:21 AM
10	Outpatient for Kaiser (HMO)	Jul 12, 2011 3:02 PM
11	Home infusion	Jul 12, 2011 10:19 AM

**Q4. If you are licensed as a Pharmacist, Pharmacy Technician, or Pharmacy Intern please indicate the setting in which you work.**

12	home infusion	Jul 11, 2011 10:37 PM
13	HMO Pharmacy	Jul 11, 2011 10:31 PM
14	Grocery store chain	Jul 11, 2011 5:18 PM
15	Various - including retail, institutional and consulting services	Jul 11, 2011 4:07 PM
16	Concered Pharmacist with many years of experience.	Jul 11, 2011 3:45 PM
17	Home Infusion Care	Jul 11, 2011 3:29 PM
18	Manager of several sites for regulatory compliance.	Jul 11, 2011 2:14 PM
19	Home Care - Infusion pharmacy.	Jul 11, 2011 2:08 PM
20	PBM	Jul 11, 2011 12:54 PM
21	Hospital with an Outpatient Pharmacy	Jul 11, 2011 12:16 PM
22	County Mental Health Department.	Jul 11, 2011 12:12 PM
23	Hospital	Jul 11, 2011 12:06 PM
24	CDPH	Jul 11, 2011 11:55 AM
25	Prison	Jul 11, 2011 11:51 AM
26	Father 89 years old.	Jul 11, 2011 11:50 AM
27	I am an administrator and Instructor at a Pharmacy Technician Program at Charter college.	Jul 11, 2011 11:41 AM
28	Risk manager, litigation consultant	Jul 11, 2011 11:28 AM
29	Regulatory	Jul 11, 2011 11:09 AM
30	managed care	Jul 11, 2011 10:58 AM
31	PBM	Jul 11, 2011 10:56 AM
32	mail order	Jul 11, 2011 10:52 AM