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

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE MEETING SUMMARY

Date: April 3, 2007

Location: Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Boulevard
Sacramento, CA 95834

Board Members Present: Ken Schell, PharmD, Board Member and Chairperson
Henry Hough, Board Member

Board Members Absent: Bill Powers, Board President
Andrea Zinder, Board Member

Staff Present: Virginia Herold, Executive Officer
Anne Sodergren, Legislation and Regulation Manager
Karen Abbe, Public and Licensee Education Analyst

Call to Order

Chairperson Schell called the meeting to order at 1:48 p.m.

1. Discussion About the Practice of Pill Splitting

During the Subcommittee on Medicare Drug Benefit Plans on November 30, 2006, the committee was asked to consider the safety of pill splitting by patients. Charles Phillips, M.D., attended the subcommittee meeting and stated that he was concerned with the practice of pill splitting due to pills not splitting evenly resulting in uneven dosing, and the resultant crumbled residue of drug product in the bottom of pill containers.

Subcommittee Chairperson Goldenberg asked Dr. Phillips to provide information on this topic at a future board meeting. Dr. Phillips subsequently attended the board meeting held on January 31, 2007, and provided his testimony against the practice of pill splitting. Several other speakers provided their comments in support of pill splitting.

The board referred the matter to (both) the Communication and Public Education Committee and the Legislation and Regulation Committee for further discussion. The meeting materials packet for this meeting included the following attachments from the January 31, 2007 Board Meeting:

From BOP

1. Excerpts from the (draft) minutes regarding the discussion on pill splitting

From Dr. Charles Phillips

- NABP 2nd Quarter 2000 newsletter containing an article entitled "Tablet-Splitting Policies Raise Concern"
- NABP Resolution No. 97-4-01 entitled "Opposition to Mandated Tablet Splitting"
- Numerous additional articles, labeled in the packet as "con"

From Dr. John Jones (United Health Care)

- Frequently Asked Questions from United Health Care entitled "Half Tablet Program – Effective August 15, 2006"

From Dr. Steven Gray (Kaiser Permanente)

- Various news articles and scientific research on the subject of pill splitting, including an article from Consumer Reports, labeled as "pro"

Dr. Schell stated that the Legislation and Regulation Committee met earlier in the day, but the meeting was truncated due to time constraints. Dr. Phillips provided comments during the Legislation and Regulation Committee meeting, and Dr. Schell opened the floor to carry on the discussion regarding pill splitting.

Dr. Schell stated that he wants the audience to bring suggestions to the committee on how best to serve the public in educating people on the issue of pill splitting. He stated that Dr. Phillips provided a wealth of information at the January 2007 Board meeting, and he called on him to make additional comments and suggestions.

Dr. Phillips stated that the committee was gracious to arrange this forum. He referred to the notebooks he provided earlier in the day. Each notebook contained a cover letter to each committee (Legislation & Regulation, and Communication & Public Education), as well as articles and other supporting documentation.

He stated that on the theory the board would not take instant action on this issue, he drafted "informed consent" language. The informed consent language encompasses items #1 - #6 in his cover letter to each committee. Items #6 - #10 provide other

information to regarding pill splitting. The 10 items and two footnotes are shown below (without modifications or alterations to the spelling or content provided by Dr. Phillips).

1. Your prescription has the option of being filled by pills that are split into usually unequal pieces for the saving of health system moneys; you have a right to know where this money goes since you are taking on the disease risk of uneven dosing[12].

2. after reading all of these notes you can chose to have the split of the double size pill approach or the unsplit whole pill without any pressure, influence, criticism, fear of reprisal, or thought that your caregiver might even be annoyed (in case he or she is tracked for pharmacy costs of his or her patients);

3. The research on this topic involved patients who split their pills every day and took the large and small fragments within two days, thus balancing out the dosage; these were on pills that stick around a long time so it has been presumed safe.

4. If you are being asked to split pills in large numbers all at once, there is no research to say that is safe and, in fact, it would be most likely unsafe[13]; bouncing cholesterol, blood pressure, diabetes, etc. has no likelihood of being safe and is most likely to accelerate your disease process;

5. The most common problem surfacing in pill splitting – as discovered by NASA in the contract review of VA practices – is the doubling of pills, and this commonly occurs to about 9% of the splitters about three times a month; your physician and pharmacist need to be sure that a double dose is safe for you on occasion (too tired to split a pill some sleepy morning);

6. There is also no science that says that if you split 200 days of medication that the exposed surfaces of the pills will not add oxygen or water in a way that changes their effect, since pill splitting was never part of the animal or human studies on the way to this after sale practice of dispensing; there have been warnings about this;

7. The newest pill splitters – which you need to request – have child safety plastics that prevent fingers from being cut; but no splitter is child proof to be opened so that any pills or fragments left in the pill splitter can be of harm to your children, grandchildren, or young visitors.

8. You need to replace the one or several pill fragments back into your pill bottle but be able to find them before they migrate down to the bottom; ask your pharmacist how to do this safely;

9. The average time calculated in the US and Canada for safe counseling on pill splitters by pharmacy students or pharmacists is considerable[14]; expect that counseling to be needed on the first few refills and twice a year so that you do not fall into several common error patterns;

10. The California Board of Pharmacy would like to hear about any errors that occur in pill splitting is this largest of states at phone number 916-___-____.

[12] This would be the place where an HMO could explain the vast savings that accrue and the split of profits with the physicians. Perhaps the accumulation of $1 billion by CEO Dr. William Mc Guire while making these decisions might suggest that his decisions involved a hand in the cookie jar. I once tried to talk him out of pill splitting; but he continued undaunted.

[13] Note Kaiser has offered up no research of its own, although a surprising number of investigators on this topic have ended up Kaiser-financed-related before the day of publication – two pharmacists and one "pharmaco-economist." It is unclear to me whether or not Dr. Stafford, the pharmaco-economist – who did not study safety in pill splitting beyond the theoretical – ever gave out one pill in his life. His supposed ties to Harvard, Yale, and Stanford did not seem to change the practice – almost no pill splitting – of any of them.

Dr. Schell thanked Dr. Phillips for his presentation, and stated that we have a tremendous opportunity to educate the public on this issue. He recommended that the board do two things:

1. Distribute a document related to myths and facts about pill splitting, providing substance to the public so they will have the information necessary to make decisions

2. Look at the clinical impact of pill splitting to see if harm is done to patients, and whether patients remain stable (based on clinical outcomes)

Mr. Hough said this issue falls under consumer protection, and he considers this part of his continuing education. He said the information is interesting and astounding, and something that the board should consider and publicize.

Sandra Bauer introduced herself as a former board member. She said that the issue of pill splitting is relevant, but focusing on cost sends the wrong signal. Pill splitting goes down the wrong road, and it's complicated. It's not a safe practice. Ms. Bauer asked that the board say that pill splitting is a bad practice.

Dr. Schell asked about pricing strategies and why different dosages of the same medication can be priced the same.

Dr. Phillips stated that came as a result of the pharmaceutical industry in 1992 when they started "flat pricing."

Dr. Schell asked if there were any other comments on the issue. There were none.

2. Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Three years ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The project involves UCSF students developing one-page fact sheets on diverse health care topics for public education.

An important objective of the fact sheets was to develop new educational materials for issues that emerge in the health care area and for which there is no or little written consumer information available. This would aid the interns who develop the materials and gain the experience of developing consumer informational materials. It also benefits the board, because it gains an invigorated set of public informational materials that are topical and not generally available.

The UCSF's Center for Consumer Self Care works directly with the students to develop the fact sheets, which are then reviewed by faculty members and then by the board. The board distributes these fact sheets at community health fairs and has them available online. The fact sheet format is intended to be attractive whether printed or photocopied.

So far, nine fact sheets have been developed in the first year. These fact sheets have been translated by the board into Spanish, Vietnamese and Chinese, and are available on the board's Web site.

Bill Soller, PhD, of the UCSF Center for Consumer Self Care is overseeing this project. At the September 2006 committee meeting, Dr. Soller provided four new fact sheets. The committee recommended changes, which were provided to Dr. Soller. In January the board's new consumer outreach analyst Karen Abbe noted several additional changes that need to be made to the fact sheets.

Dr. Soller attended this meeting and distributed the following fact sheets:

- Falls - with emphasis on medicines that put you at risk - talk to your pharmacist/read the label
- Consumer reporting of adverse drug events - based on FDA quote, "Consumers can play an important public health role by reporting to FDA any adverse reactions or other problems with products the Agency regulates. When problems with FDA-regulated products occur, the Agency wants to know about them and has several ways for the public to make reports. Timely reporting by consumers, health professionals, and FDA-regulated companies allows the Agency to take prompt action. FDA evaluates the reports to determine how serious the problem is, and if necessary, may request additional information from the person who filed the report before taking action."
- Driving when you are taking medicines
- Tips for Parents - read the label (teaspoons and tablespoons, more is not better, ask your pharmacist)
- Allergies to medicines - what to look for, what to do before purchase, read label/ask your pharmacist, consumer reports to MedWatch current listing on Web site

Topics Suggested for Consumer Fact Sheet Series

1. Different dosage form of drugs -- the ability for patients to request a specific type of product (liquid or capsule) that would best fit the patients' needs for a given type of medication. Also differences between tablespoons, mLs, cc, teaspoon measures.
2. Falls - with emphasis on medicines that put you at risk - talk to your pharmacist/read the label

3. Consumer reporting of adverse drug events -- based on FDA quote, "Consumers can play an important public health role by reporting to FDA any adverse reactions or other problems with products the Agency regulates. When problems with FDA-regulated products occur, the Agency wants to know about them and has several ways for the public to make reports. Timely reporting by consumers, health professionals, and FDA-regulated companies allows the Agency to take prompt action. FDA evaluates the reports to determine how serious the problem is, and if necessary, may request additional information from the person who filed the report before taking action."
4. Driving when you are taking medicines
5. Rebound headaches and the danger of taking too many OTC pain relievers for headaches
6. Hormone replacement therapy -- what is the current thinking?
7. Pediatric issues
8. Poison control issues
9. Ask for drug product information and labels in your native language if you cannot read English
10. Cough and cold meds and addiction issues (specifically, dextromethorophan)
11. Taking your Medicines Right (four fact sheets)
    - How to Use an Rx Label
    - How to Use an OTC Label
    - How to Use a Dietary Supplement Label
    - How to Use a Food Label
12. Take Only as Directed (three fact sheets)
    - Dangers of Double Dosing
    - Disposal of Out of Date Medicines
    - Tips on How to Take your Medicine Safely
13. Ask your Pharmacist or Doctor
    - Have a question?
    - Ask your Pharmacist for Native Language Materials/Labeling
14. Questions to Ask About your Condition or Medicine:
    - Diabetes: Questions to Ask
    - Cardiovascular Disease: Questions to Ask
    - Asthma: Questions to Ask
    - Depression: Questions to Ask
    - Arthritis and Pain: Questions to Ask
15. What Can I do to Prevent Disease?
    - Regular Check Ups
    - Screening
    - What Medicare Offers
16. Childhood Illnesses and Conditions
    - Head Lice
    - Fever Reducers: Questions to Ask
    - Immunizations: Questions to Ask & Schedules
17. Questions to Ask About Your Medicines
    - What Are Drug Interactions?

- Ask Your Pharmacist: Medicare Part D Prescription Drug Benefit
- Medication Therapy Management – What Is It?
- Drinking and Taking Medicines

18. Learn More about your Medicine
    - Credible Sources on the Internet

Medicine Safety

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

Health Topics

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

Tips for Parents

- read the label
- teaspoons and tablespoons
- more is not better
- ask your pharmacist

Aspirin for Heart Attack and Stroke

- aspirin is not for everyone
- risks associated with aspirin
- what to think about before starting daily aspirin

Counterfeit Medicines

- dangers of using counterfeit medicines
- what to look for
- ask your pharmacist

Consumer Drug information on the Internet

- how to judge reliable information
- sites to trust
- where to look
- ask your pharmacist

Allergies to Medicines

- what to look for

- what to do
- before purchase, read the label – inactive ingredient section
- consumer reports to FDA (MedWatch)
- ask your pharmacist

Immunizations

- immunization schedules
- what schools require
- awareness alert that some pharmacies provide immunization services
- ask your pharmacist

Dr. Soller said that the best way to pursue the fact sheets is to have them be developed in an ongoing fashion. He recommended that as issues arise such as pill splitting, a new fact sheet can be put out.

Dr. Soller stated that he has used grounded theory in the fact sheets, and used specific consumer language that a consumer would use. He provided color copies of four fact sheets for consideration by the committee. He recommended a conference call with staff to be sure that final editing is in place.

Dr. Schell asked about citations previously requested on the "An aspirin a day?" and "Medication Errors" fact sheets.

Dr. Soller responded that the problem is space and type size. He maintains references and is sure they are current.

Ms. Herold clarified that the board requested the citations for annotation purposes, not necessarily to be placed on the actual fact sheets for consumers. In the event the board is queried about references, we can show we've done due diligence.

Dr. Soller responded that he would provide annotated copies for the board. He then provided background information on some of the new fact sheets he presented.

The fact sheet entitled "Preventing Falls" came up by a resident who was on the NIH Web site. A portion of the site was devoted to what medications can cause falls. Dr. Soller believes the fact sheet developed presents the information in a more readable format.

The fact sheet entitled "Is the site reliable?" was taken from information from the FDA. It was not put into a sixth grade reading level because it is more oriented to web savvy consumers. The FDA prepared this fact sheet through a web quality survey, and collectively put the recommendations together. Borrowing this information would make FDA a partner in the fact sheets.

The fact sheet entitled "Your Right as a patient and consumer of healthcare" came from the Board of Pharmacy's Web site. Dr. Soller stated that his student copied the

information from the board's Web site. Dr. Soller said that he didn't know until later that the information was gleaned from the board's Web site. He recommends that the information be reworked and condensed, and will be revised.

Mr. Hough asked about studies that show that seniors do not take their medications as directed. He stated that he's been taking blood pressure medication since 1981, and he is systematic about it.

Dr. Soller stated that rough figures show that 50% of patients are not "adherent to medications" after one year of taking meds. He wants to find funding to promote adherence to medications, and he's looked into that. He agrees that it's a good issue to get behind.

Fred Mayer, R.Ph., M.P.H., President of Pharmacists Planning Service, Inc. (PPSI), introduced himself and said he wants to ask for a brochure on acetaminophen or Tylenol.

Dr. Soller replied that there was already a fact sheet on this topic produced in this fact sheet series: "What's the deal with double dosing – Acetaminophen, that's what." He suggested that it would be appropriate to take ideas on how to improve the message.

Sandra Bauer stated that it is important to create a "brand" so that all publications are identifiable as board materials. She would like to see the board's logo with the mortar and pedestal at the top of every publication.

Dr. Soller stated that the board logo and phrase is shown on each fact sheet, though not at the top.

Ms. Bauer stated that the board used to have the same color and logo on all brochures (i.e., Health Notes) and hammered down the "Be Aware and Take Care, Talk to Your Pharmacist" slogan. She suggested that the board cannot state this too many times.

Ms. Herold clarified that the board does maintain "branding." With the newly revised fact sheets, we will have 15 consumer fact sheets. They are accessible and downloadable on the board's Web site, and user friendly. They are distributed by the board and Department of Consumer Affairs at health fairs, available on the board's Web site, and have been promoted to pharmacists for downloading to patients in the board's newsletter.

Ms. Bauer suggested that the web addresses for the actual fact sheets be placed on the fact sheets so that people can readily download extra copies. The board's Web address is a start, but the actual Web page for each fact sheet would be more helpful.

Ms. Herold said the board will add the link to our Web page that lists the publications. From that page, consumers can link to all the fact sheets.

Ms. Herold stated that she had been approached by two interns from other schools of pharmacy who are interested in developing fact sheets for this project. She suggested that if two people came to her, there are probably other students that are interested in working on this project as well. She asked Dr. Soller how we can we expand this beyond just UCSF.

Dr. Soller replied that it could work, and he wouldn't have a problem working with other students.

Ms. Herold responded that she will provide these students with Dr. Soller's contact information. There are 30-40 topics in the potential "hopper" that could be addressed.

Dr. Schell thanked everyone for the comments regarding the consumer fact sheets.

3. Update on the Activities of the California Health Communication Partnership

Dr. Schell stated that the board is a founding member of the California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion.

There have been three major campaigns since the formation of the group about three years ago. The last campaign ended in the fall of 2006, and was the second year of the cancer screening campaign, which aimed at educating the public about the need for an importance of breast cancer or prostate cancer screening. The campaign was titled: "It's Your Life, Do it Today." Outside funding from a private foundation enabled the use of a vendor that specializes in distributing prewritten consumer columns for small and typically weekly newspapers. There were also public service announcements intended for airing on radio. This great expands the exposure and reach of the campaign.

Dr. Soller stated that the California Health Communication Partnership completed two campaigns for breast cancer screening and two on prostate cancer screening. The campaigns won awards and he is still receiving trickling reports on how the information is being published. He said the message is out to a lot of people.

He added that it is a struggle to find that outside group that would fund medication adherence or a similar campaign, for example on generics.

Dr. Schell asked if there were any comments or questions regarding the Partnership. There were none. He thanked Dr. Soller for his presentations.

4. Update Report of The Script

The next issue of *The Script* is planned for publication and distribution in July 2007. The focus of that issue will be on application of laws, and questions and answers about pharmacy practice asked of the board.

5. Development of New Consumer Brochures

Dr. Schell stated that Consumer Outreach Analyst Karen Abbe has initiated work on building and revising some of the board's public education materials.

In draft manuscript form in the committee's packet are:

- *Board of Pharmacy Informational Brochures*

  Ms. Abbe has revised two brochures about the board. One draft is an overview of the board, and the other is information about filing a complaint with the board. The manuscripts will be converted into publications by the next meeting.

Currently under development are:

- *Prescription Drug Discount Program for Medicare Recipients*

  The board has started revision of the "Prescription Drug Discount Program for Medicare Recipients" brochure that was developed in response to SB 393 (Speier, Chapter 946, Statutes of 1999). This state program allows Medicare recipients to obtain medications at the MediCal price if the patients pay out of pocket for the medication. The brochure needs to be meshed with the Medicare Part D Plan benefits that became available to beneficiaries in 2006.

- *Informational Fact Sheets for Applicants*

  The board produces detailed instructions for applicants for the pharmacist examination, however, some applicants do not read this information or retain it.

  To improve the application process, the board will soon develop specialized fact sheets on:

  - Information about applying for the CPJE or a California intern pharmacist license specifically for pharmacists licensed in other states
  - Information about how foreign graduates can qualify for a pharmacist license in California

- *Under review for possible development are:*

  - The Beers list of medications that should not be provided to elderly patients (although it is no longer known as the Beers list)

– Update of Facts About Older Adults and Medicines (revision)

Dr. Schell also noted that the board's staff plans to develop a section of its Web site as a resource on prescription errors. The board has been actively involved in a number of activities aimed at reducing errors, including the board's quality assurance program requirements that mandate that pharmacies evaluate every prescription error.

Public awareness has been heightened by the recently released SCR 49 Report on Medication Errors.

The board's Web site will include data such as that presented at the July 2006 Board Meeting on prescription error data identified by the board through investigations of consumer complaints. It will also include information from other sources – ways to prevent errors, frequently confused drug names, etc. It will have link to other Web sites as well.

Staff plans to have this section of the Web site developed by the October Board Meeting, when the new Web site is rolled out.

Dr. Schell asked if there were any questions or comments regarding the development of new consumer brochures. There were none.

6. Miscellaneous Consumer Issues/Articles in the Media

Dr. Schell stated that several articles of consumer interest were included in this meeting materials packet. During this meeting, the committee can review and discuss these items.

Dr. Schell brought the committee's attention to the Wall Street Journal article dated March 15, 2007 entitled "Many Americans Disregard Doctors' Course of Treatment." He said that an interactive health care poll revealed that 44 percent of Americans say they or an immediate family member have ignored a doctor's course of treatment or sought a second opinion because they felt the doctor's orders were unnecessary or overly aggressive. This was a concern as medicine could be misused. Fifty-five percent of people thought under-treatment was an issue too. This will fold into our discussions about medication safety.

Dr. Schell noted that the San Diego Union-Tribune article dated March 13, 2007 entitled "Health Illiteracy Hampers Wellness" spoke about patients walking out of doctor's offices not knowing what they were told. Patients say they don't have enough time with the doctors. They don't know what meds they're getting or what they're for. These news articles will be important during deliberations about medication safety.

Dr. Schell also noted the American Society of Health-System Pharmacists (ASHP) press release dated March 1, 2007 regarding accidental poisonings. He referred to six tips for caregivers of seniors provided by the ASHP including:

- Keep a list of your medications
- Communicate
- Learn about their medicines
- Use one pharmacy
- Keep a journal
- Maintain a schedule

The press release also provided five tips for caregivers of children.

Dr. Schell asked if there were any comments or questions from the public. There were none.

7. Update on the Board's Public Outreach Activities

Dr. Schell summarized the board's public outreach activities performed since the January 2007 report to the board. There have been six presentations to professional association meetings and a booth staffed at two public outreach fairs.

Dr. Schell stated that future presentations are planned.

Dr. Schell stated that the board places an emphasis on these requests for public and licensee education.

8. Review and Discussion of the SCR 49 Medication Errors Report

Dr. Schell stated that on March 6, 2007, the Medication Errors Panel, brought together by SCR 49, released its report on "Prescription for Improving Patient Safety: Addressing Medication Errors." A copy of the report was included in the meeting material packet, as was the executive summary and an article from The Sacramento Bee.

There are 12 recommendations in the report as follows:

A. Communication Improvements, with an emphasis on improving the quality and accuracy of communications between prescribers, pharmacists and patients.

1. Improve the legibility of handwritten prescriptions and establish a deadline for prescribers and pharmacies to use electronic prescribing.
2. Require that the intended use of the medication be included on all prescriptions and require that the intended use of the medication be included on the medication label unless disapproved by the prescriber or patient.

3. Improve access to and awareness of language translation services by pharmacists at community pharmacies and encourage consumers to seek out pharmacists who speak their language and understand their cultural needs.
4. Promote development and use of medication packaging, dispensing systems, prescription container labels and written supplemental materials that effectively communicate to consumers accurate, easy-to-understand information about the risks and benefits of their medication, and how and where to obtain medication consultation from a pharmacist.

B. Consumer Education to increase consumer awareness regarding the proper use – and dangers of misuse – of prescription and over-the-counter medications.

5. Identify and disseminate information about best practices and effective methods for educating consumers about their role in reducing medication errors.
6. Establish an ongoing public education campaign to prevent medication errors, targeting outpatients and persons in community settings.
7. Develop and implement strategies to increase the involvement of public and private sector entities in educating consumers about improving medication safety and effectiveness.

C. Pharmacy Standards and Incentives, with a focus on information and mediation consultations given by pharmacists to their patients as a means of educating consumers about drug safety.

8. Help ensure quality and consistency of medication consultation provided by pharmacists within and among pharmacies.
9. Establish standards for Medication Therapy Management programs and create incentives for their implementation and ongoing use by pharmacists and other healthcare providers.

D. Training and Education for healthcare providers on various medication safety practices

10. Create training requirements for pharmacists and other healthcare professionals that address medication safety practices and related programs, including medication consultation and medication therapy management programs.

E. Research, with a focus on obtaining information about the incidence, nature and frequency of medication errors in the community setting.

11. Establish and support efforts to collect data regarding the nature and prevalence of medication errors and prevention methods for reducing errors, especially focused on persons at high risk for medication errors and in community, ambulatory and outpatient settings.

F. Other: relating to the obstacles that pharmacists face in providing drug consultation to patients, encompassing a variety of factors such as manpower shortages and lack of payment systems to cover the time and expense associated with these tasks. Before additional duties can be imposed upon pharmacists in outpatient settings, these issues must be addressed:

12. Convene a panel of stakeholders to identify and propose specific actions and strategies to overcome barriers to qualified pharmacists being recognized and paid as health care providers.

Dr. Schell said that this meeting is the first opportunity for the board to review this report, and that the board will closely review and work with the findings of the report. He asked for comments on the report.

Ms. Bauer said it has been fun to be here today. She liked the meeting packet, the material on the website, and all the activities and materials the board is producing. She stated that this committee was established in 1995 as part of the strategic plan. It was started with lots of hope and $10,000, and she was the first committee member.

Ms. Bauer stated that in 1999 the committee received an award from NCPIE. At that time, they were astounded that 50% of medications were taken incorrectly because people are not well educated or not licensed – it's a gap in communication between the pharmacy and the patient.

Ms. Bauer stated that the goal of educating consumers and pharmacists is still relevant. The profession of pharmacy is about talking to the patient. Patient consultation is the most effective way to be sure patients receive the right medication, at the right time, and take it in the right way. She stated that with respect to the Medication Errors Panel, she will provide the board with summaries of all testimony heard by the SCR 49 Panel and that forms the basis of the recommendations made in the report.

Ms. Bauer encouraged the board to find ways to increase communication between pharmacists and patients. In her experience, when consultations take place, errors are caught or do not happen in the first place.

The pharmacy industry spends billions per year – some of these improvements recommended in the SCR 49 report will be very cost effective and prevent patient harm. She applauds the work that the board is doing and looks forward to working with the board in the future. The last person to speak to the consumer should be the pharmacist, and hopefully not a clerk handing the patient a bag. The practice of pharmacy must be part of the future marketplace. English literacy, health literacy, cultural issues, handicaps in vision and hearing all contribute to problems that consumers have in taking medications.

Dr. Schell asked if there were any other comments on the Medication Errors Report.

Fred S. Mayer, RPh, MPH, President of Pharmacists Planning Service, Inc. (PPSI) distributed a document containing 13 simple points on how to fix the system. He endorses the four pieces of legislation addressing prescription errors. Mr. Mayer elaborated on the 13 points, and other materials in his handouts. He spoke briefly and passionately about the importance of pharmacists consulting with patients. He also encouraged dispensing of 90 day supplies of drugs instead of 30 day supplies, because it will allow more time for pharmacists to consult with patients because fewer patients will need to enter a pharmacy each month.

Mr. Mayer asked the committee what they would do with this information. If nothing is done, then we will have more media coverage as was shown on the recent 20/20 TV program. He believes that pharmacists can prevent 50 percent of medication errors with consultations.

Mr. Hough noted that his favorite page is page 35 of Mr. Mayer's hand-out showing the tiny print that consumers are expected to read disclosing warnings about a specific drug.

Mr. Mayer said the simplest solution is patient counseling. He said that he can't spend time counseling his patients when he's filling 200 prescriptions in a day. He believes that between counseling on all prescriptions and giving a 90 day supply at a time, this will help reduce medication errors.

Dr. Schell said he would like to acknowledge everyone for testifying today. The board has already started to move on the medication errors issue. The board is taking this issue very seriously. He invited the public to send letters or documents to the board, and that the board appreciates all the speakers.

Ms. Herold stated that during the April 2007 Board Meeting, we will have time set aside to talk about SCR 49, so it will address the issue as a whole, not as a subcommittee.

Dr. Schell added that the committee will echo comments submitted to the board for those who cannot attend.

9. Update of the Committee's Strategic Plan for 2007-08

In July 2006, the board finalized its strategic plan for 2006-2011. Each year in the spring, the board revises its plan to keep it current. It is now time to review the plan for 2007-08.

Dr. Schell stated that we don't have enough voting members today, so this matter will be taken up at the next board meeting.

10. Creation of New Board Web Page and Addition of Materials to Board's Web Site

In July 2006, the board completed its redesign of the board's Web site to conform to the parameters established by the Governor's Office. This completed a process started about a year before to redesign the board's Web site so it was consistent with other state agencies.

The board recently received notice that it is time to redesign our Web page again to confirm to the new look for state agency web pages. The deadline for conversion to the new format is November 2007.

Board staff has begun work on the new format, and should meet the November deadline. This time the board will be on the leading edge of the conversion, instead of being among the last to convert to the new format.

Ms. Abbe added that two new Web pages had recently been posted to the board's Web site under the section devoted to "Information for Consumers." Each of the two new Web pages provided helpful links for consumers as follows:

FDA Information Regarding Medications and Medical Devices

- FDA Recalls, Market Withdrawals and Safety Alerts in the Last 60 Days
- FDA Information Regarding Medication Errors
- Information About Products Regulated by the FDA
- Drug Interactions: What You Should Know, FDA
- Drugs@FDA, a Database Offering Detailed Information About All Drugs Approved by the FDA
- Be an Active Member of Your Health Care Team, an FDA Presentation
- FDA Safety Information and Adverse Event Reporting Program

Medication Safety and Drug Interaction Checker Web Sites

- American Society of Health-System Pharmacists Offer Tips and Advice for Using Medications Safely and Effectively
- As You Age: A Guide to Aging, Medicines and Alcohol, U.S. Department of Health and Human Services
- Consumer Reports Guides to Prescription, OTC and Natural Medicines, http://www.consumerreports.org/mg/a-z-drug-index/A.htm and http://www.consumerreports.org/mg/natural-medicine/index.htm (Note: Some pages on the Consumer Reports site require a paid subscription)
- My Medicines, a form for listing your medications and supplements
- Herb and Drug Interactions, Mayo Clinic
- Your Medicine: Play It Safe, Agency for Healthcare Research and Quality
- Caremark - click on Drug Interactions under the heading Health Resources

- Drugs.com
- Drugstore.com
- Express Scripts - click on Check Interactions
- Medscape - search for "drug interaction checker"
- University of Maryland Medical Center
- Walgreens (Requires free site registration)
- Wal-Mart - click on Learn About Drug Interactions under heading for Drug Information

Adjournment

There being no additional business, Chairperson Schell adjourned the meeting at 3:45 p.m.