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

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE MINUTES

Date: September 14, 2007

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

Board Members Present: Ken Schell, PharmD, Chairperson
Susan L. Ravnan, PharmD
Andrea Zinder, Public Member
Henry Hough, Public 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 2:03 p.m. He recognized Dr. Marcus Ravnan who was in attendance.

Dr. Schell noted that the board recognizes pharmacists with 50 years of licensure, and a pin is presented to those pharmacists who reach that milestone and attend a board meeting to be formally recognized. The board has a new 50-year pin, and Dr. Schell stated that the new pin is very well designed.

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

Dr. Schell advised that the meeting materials contained the background information on this topic. Dr. Soller, who had been heading up the consumer fact sheet series with UCSF's Center for Consumer Self Care, was unable to attend this committee meeting.

Dr. Schell stated that he and Executive Officer Herold went to UCSF on August 9th to speak with Dr. Soller about the fact sheet series. During that meeting, Dr. Soller reaffirmed that UCSF could not continue participation in the project without funding. UCSF offered to produce 16 additional consumer fact sheets for a stipend of $25,000.

Ms. Herold said that the board could consider redirecting money to do this project. However, four inspectors and one supervising inspector will be hired this year, and once those positions are filled, it's unlikely there will be a surplus to draw from for this project.

Ms. Zinder commented that her understanding was that Dr. Soller had been hands-on for this project, and she was concerned that the board would not be able to find another person of his caliber. She added that if we paid Dr. Soller, we could continue with this project.

Dr. Schell responded that he agreed with Ms. Zinder about her concern to maintain a high level of quality. If we could work something out financially with UCSF, that would be fine, and he understood that they could not continue to provide free services. He advised that he and Board Member Ravnan agreed to contact other pharmacy schools to learn if they were interested in having their interns develop fact sheets in conjunction with the board.

Dr. Ravnan stated that she contacted Touro and UOP on the matter. Touro said they were on board, and would love to have their students develop fact sheets.

Dr. Schell added that he spoke to UCSD's School of Pharmacy. Their students may be able to produce the fact sheet as part of their course work. He encouraged spreading the project among more than one school. He offered to write a formal letter to UCSD about what we're looking for. He will bring up these ideas at the October 2007 Board Meeting.

Mr. Hough said he thought it was a wonderful thing for students to get involved with this project because it's an educational opportunity, as well as a benefit to consumers. He also thought that competition is a good thing, so maybe an award could be made to a pharmacy intern for the best fact sheet. He also encouraged Dr. Ravnan to bring students into the project through her role at North State University.

Dr. Schell agreed that a competition is a fabulous idea. At the October 2007 Board Meeting, he will present the idea of a self-care pamphlet of the year.

Ms. Herold added that we owe the students a general template so they can format the fact sheets around that template. We would also require annotated versions of the fact sheets so that the board would know the origin of the statistics and other information provided on each fact sheet. Footnotes are particularly important when quoting statistics. We need to keep up due diligence to be sure the information we put out is accurate.

Dr. Ravnan suggested that one fact sheet should be able to be put out every other month. Each fact sheet should have specific criteria. The board could choose the best consumer fact sheet from those submitted for consideration. An alternative to contracting with UCSF would be to use a special service that produces this type of information, which would be less expensive than the quote provided by Dr. Soller.

Dr. Schell said that at the next board meeting, we would advise that we have not shut the door on UCSF, but the committee is pursuing other schools of pharmacy to participate in the project. He asked if there were any other questions on the matter. There were none.

2. Update Report on *The Script*

Dr. Schell advised that the next issue of *The Script* is planned for publication and distribution in January 2008. The focus of this issue will be on new laws, questions and answers about pharmacy practice asked of the board, and new regulation requirements. The issue will also include detailed information about e-pedigree implementation and the board's forthcoming fee increases.

Dr. Ravnan asked about an item in *The Script* relating to a pharmacist-in-charge (PIC). She asked what a PIC should do if he or she is on a leave of absence for a week or a month. Should there be an interim PIC?

Ms. Herold responded that for a week's absence, the PIC would be considered "on vacation." For a one-week period, the PIC is still responsible for activities in the pharmacy. If a PIC is absent longer period of time, for example for a month or months, an interim PIC should probably be on board.

Dr. Schell asked if there was any guidance for a leave of absence that was longer than one month.

Ms. Herold responded that professional judgment should prevail.

Dr. Ravnan asked if there is a board form for a PIC to fill out.

Ms. Herold said these questions should be run as a Q&A in *The Script*. She said that a PIC may not be in the pharmacy every day, but the PIC is still responsible for the pharmacy.

Dr. Schell asked about separate DEA numbers. He asked whether each practitioner had to have their own DEA number, or if they could they fall under the same DEA number as the facility.

Ms. Herold suggested we ask DEA that question because it's a DEA technical issue.

Ms. Herold responded that she would ask *The* Script Editor Hope Tamraz to look into it.

Dr. Schell suggested that legislation affecting how consumers dispose of medications should be put in a future issue of *The Script.*

Ms. Herold added that that is a major consumer issue, and legislation has been passed that is on the Governor's desk to create parameters for drug take-back programs.

Dr. Schell emphasized that he is concerned about consumers dropping off medicines in grocery stores, which will create a challenge in controlling particular items.

3. Development of New Consumer Brochures

Dr. Schell summarized the background information provided in the meeting materials regarding new consumer brochures. He said that the public would be well served by the recent updates made to the board's outreach materials.

Ms. Abbe emphasized that comments about the board's outreach material are encouraged. She added that the board's motto "Be Aware and Take Care" should be more prominent on the brochures, and there should be a consistent theme and format in the materials. Minimal printing of the brochures will be done as additional revisions are made.

Ms. Zinder noted an error in a text box in the brochure relating to buying drugs from foreign countries. The wording in the text box is truncated in the middle of a sentence.

Ms. Abbe said that that error would be corrected.

Ms. Herold added that we need to warn patients about counterfeit drugs obtained from unauthorized Internet pharmacies, so Ms. Abbe should add information about counterfeit drugs to that brochure.

Mr. Hough asked who establishes the standards and criteria for brochures in various languages. He asked if the language translations are based on the percentage of our population.

Ms. Herold added a past member of the board had a primary role to represent various minorities. That member said he wanted to represent the perspective of other minorities. Since that time, the board has typically translated materials into Spanish, Chinese, and Vietnamese. The board has also had the Notice to Consumers poster translated into seven different languages, including Russian. Materials must be consistent with DCA and vetted through translators. There are expenses involved, so we have to look at whether people are requesting the material in other languages.

Mr. Hough emphasized that we must bear in mind that English is our main language.

Dr. Schell suggested we either set a comment period, or change the brochures the next time we go to press.

Ms. Herold added that it is beneficial to periodically review these materials. We will incorporate the changes prior to each printing, unless there is an obvious error.

Dr. Ravnan noted that the draft fact sheet called the Traveling Medicine Chest contained an error. Senakot is used to relieve constipation, not diarrhea.

Ms. Herold noted that Ms. Abbe drafted two fact sheets relating to becoming a licensed pharmacist in California. The drafts will be reviewed. In the meantime, please refer to Ms. Herold's draft article entitled, "Becoming a Licensed Pharmacist in California" contained in the meeting materials. She wants applicants to know up front that the process can take 4-5 months.

Dr. Schell suggested that the information be mailed to students of pharmacy and residency programs because they really don't understand the system. We cannot change our process so that residencies can get their candidates starting on certain dates. He supports investing the time to put this information together.

Ms. Herold responded that we will convert this information into something attractive.

4. Update on Proposed Forum on Medicare Part D Plans

Dr. Schell summarized the information in the meeting materials.

Since 2005, the board has been working with stakeholders to aid patients in receiving benefits under the federal Medicare Modernization Act, and specifically the Medicare Part D plans implemented in January 2006. The board has held six public forums over the last one and one-half years to discuss difficulties patients and providers are having with the plans, in hopes of finding resolutions. However, any structural changes to the program need to be made at the federal level.

At the April 2007 Board Meeting, the board directed staff to seek a public forum, in conjunction with a member of the California Congressional Delegation, perhaps Pete Stark or Nancy Pelosi. The goal would be to discuss implementation issues impacting patient safety that warrant legislative correction.

Since the July 2007 Board Meeting, Board President Powers and Ms. Herold have been in contact with Congressman Pete Stark. The result was Congressman Stark's assessment that the White House would not make any modifications to the program, so holding a forum would not be productive. He encouraged the board to continue with its outreach activities, and to consider holding similar discussions with other state boards of pharmacy.

Dr. Schell commented that the board should consider how much of its resources it can devote to this issue. We have made our best effort, but we haven't heard from our two senators on the issue. He suggested that because next year is an election year, we could consider making a push for the issue at that time.

Dr. Ravnan stated that the Partners in D Program have a grant to do 3-year study, but she hopes it will be ongoing. There are a couple of schools involved, including UOP. During the Medicare Part D enrollment period, faculty and students will be out in the public helping patients pick a program to enroll in. Patients can contact them later for help in navigating the programs, staying out of the gap, and looking at costs.

Dr. Ravnan said students in a course at UOP will have extensive training in Medicare and the Part D program. It will be a whole outreach program. When the students leave college, it's hoped that they can continue to use it in their practice.

Ms. Zinder asked for clarification as to whether the outreach would be limited to helping patients select the best PDP, or whether it would also help them once they run into problems with a plan that they're enrolled in.

Dr. Ravnan said it will be both. Patients can call to make an appointment to talk to someone if they are having problems with the plan they have enrolled in.

Ms. Ravnan stated that UOP will participate in AARP events coming up, and they will go other places where seniors are. They are looking at different ways to conduct the outreach effort.

Ms. Herold noted that Board Member Goldenberg suggested that pharmacists provide a "mock bill" when filling prescriptions covered under Part D. The mock bill would show the value of the service, and patients will appreciate the value provided by the pharmacist. The mock bill would demonstrate that the patient is not being charged for the full value of the medicine, but this is what the value is. Other professionals are not giving away free services, so this would be a way to recognize the value of the service provided by pharmacists.

Dr. Schell added that patients sometimes downplay the value of a service that they think is free. A mock bill would add value to the service provided by the pharmacist.

Ms. Herold added that Congressman Stark made it clear that he's done everything he could do at this point. His involvement now could bring partisanship to the issue. Congressman Stark sees the board as having credibility on the issue, and he encouraged us to work with other boards of pharmacy on the issue.

5. Medication Compliance Report by the National Council on Patient Information and Education

Dr. Schell noted that patients might not get better if they don't take the medicine as prescribed. He referred to the five items provided in the meeting materials relating to medication compliance.

- Enhancing Prescription Medicine Adherence: A National Action Plan – from the National Council on Patient Information and Education (NCPIE), this publication identifies action steps that can significantly impact medication adherence

- 'Take as Directed' a lot easier with these new tools – from DrugTopics.com, this article looks at new ways to increase medication compliance

- America's Other Drug Problem, Poor Medication Adherence – from PharmacyFoundation.org, this article references the NCPIE report and looks at ways to increase medication adherence

- Millions of Patients Not Taking Prescription Drugs Properly, Report Says – from kaisernetwork.org, this article references the NCPIE report and other articles in the media relating to medication compliance

- Medication Adherence – from *Pharmacist's Letter*, this article relates to medication adherence

Mr. Hough commented that he had heard of this problem before, and he has great difficulty with irresponsible patients. His own experience is that he has been taking blood pressure medication since 1981, and other medications in conjunction, and he takes them habitually. He considers it like brushing teeth, and he questions whether we also need to educate people on teeth brushing.

Mr. Hough added that there's a limit, and we shouldn't pamper people, especially seniors. Patients who are mentally disabled and need help are one thing. We can publish materials and do surveys, but patients still have responsibility to take their medicines as directed.

Dr. Schell stated that he has trouble with his own family members in taking medications as directed. He added that it's like leading a horse to water.

Ms. Herold added that these issues are part of NCPIE's national agenda. There are literacy issues that affect compliance. In addition, container labeling could cross into the issue of compliance.

6. Board of Pharmacy Web Site Redesign

Dr. Schell summarized the information in the meeting materials. The Governor's Office has directed all state agencies to have a state-standardized Web site by November 1, 2007. Two board staff have been working part time on this project.

Ms. Herold added that she met with the two staff working part-time on the Web site project, and the redesign is 60% complete. She wants the redesign in place no later than November 1, 2007.

7. Miscellaneous Consumer Issues/Articles in the Media

Dr. Schell noted that there are some compelling articles contained in the meeting materials. There are also copies of other items, like the letter to the FDA from Stanley Miller dated May 15, 2007. In his letter, Mr. Miller suggested the country of manufacture be added to the label. A response from the FDA was sent to Mr. Miller dated June 12, 2007, and a subsequent letter to the board was mailed about June 28, 2007.

Ms. Zinder asked whether the country of origin for a medication can be identified.

Ms. Herold responded that medication can be manufactured in different countries in FDA-licensed facilities.

Ms. Zinder asked if brand names can be produced in more than one country.

Dr. Schell responded, yes.

Ms. Herold stated that the chain of distribution will show who manufactured the drug but not necessarily where it was manufactured. Pedigree will help resolve questions about where a drug has been, and which wholesalers have owned it. The pedigree will show that they accepted a product.

Dr. Schell also noted an article in the meeting materials referring to the FDA's reversal of its long-standing opposition to establishing a behind-the-counter class of non-prescription drugs. He added that this would create some opportunities for the board in public safety. Creating a separate class may force California to look at its laws.

Dr. Schell asked if there any other items to discuss or bring to the attention of the committee regarding consumer issue or articles in the media.

Ms. Zinder said she wanted to comment on an issue of consumer outreach. She went to her neighborhood Rite Aid and saw 15 different over-the-counter products for an illness. She said all the products treated the same symptoms, but each were slightly different. She asked whether we should help guide consumers.

Dr. Ravnan said consumers should talk to their pharmacists.

Dr. Schell said he had been cautioned by attorneys not to advise consumers in the product aisles. If he were to give advice, he would suggest getting the product with the least number of drugs which will give you the result you want.

Dr. Ravnan stated that she tries to educate people to look for a particular ingredient in a product. For example, look for a suppressant if you have a cough.

Dr. Schell warned that you don't always want to suppress a cough.

Dr. Ravnan said we're getting into the practice of medicine.

Ms. Herold said we could say that certain active ingredients do this, and talk to a pharmacist or your health care providers. We could make a list of common symptoms and common elements to treat those symptoms.

Ms. Zinder suggested putting this topic on the long list of fact sheets to be developed.

Ms. Herold added that it may be helpful during the cold season.

8. Update on the Board's Public Outreach Activities

Dr. Schell referred to the list of public and licensee outreach activities that have been performed since June 2007. He noted that there were several outreach activities in the last quarter. The information in the meeting materials also noted several future outreach events that board members and staff will be participating in.

Dr. Schell said that board members and staff should advise Ms. Herold that they are providing outreach, and the lists of activities are provided to the full board.

Adjournment

There being no additional business, Chairperson Schell adjourned the meeting at 3:24 p.m.