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

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

DATE: October 2, 2008

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

BOARD MEMBERS PRESENT: Shirley Wheat, Chairperson
Bill Powers, Public Member
Hank Hough, Public Member

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

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

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

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

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

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

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

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

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

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

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

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

Comments from the board:

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

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

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

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

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

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

Public Comment:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ms. Herold was commended for the written comments provided.

Public Comment:

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

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

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

- Report of Patient Surveys Undertaken

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Comment:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Comment:

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

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

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

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

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

5. Development of New Consumer Brochures by the Board

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

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

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

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

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

Public Comment:

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

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

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

6. Request from PPSI to Develop Consumer Brochures

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

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

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

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

Public Comment:

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

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

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

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

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

7. Update on The Script

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

Comments from the board:

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

8. Update on Public Outreach Activities

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

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

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

9. Public Comment for Items Not on the Agenda

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

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

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