# STRATEGIC PLAN

# 2006 – 2011

CALIFORNIA STATE BOARD OF PHARMACY

*Healthy Californians Through Quality Pharmacist's Care*

# Strategic Plan

*California State Board of Pharmacy*

State of California Department of Consumer Affairs

2006
2011

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# President's Message

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

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

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

## CALIFORNIA STATE BOARD OF PHARMACY

### VISION STATEMENT

**Healthy Californians through quality pharmacist's care.**

### MISSION STATEMENT

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

## ABOUT THE CALIFORNIA STATE BOARD OF PHARMACY

The California State Board of Pharmacy (board) was established in 1891 to protect consumers by licensing and regulating those responsible for dispensing medications to the public. Today the board oversees all aspects of the practice of pharmacy in California: the practitioner (the pharmacists), the practice site (the pharmacies), and the product (drugs and devices). Additionally the board regulates drug wholesalers and other practitioners and specialized facilities. With an annual budget of nearly $8 million and a staff of just over 50, the board licenses over 90,000 individuals and firms, and enforces 12 complex and varied regulatory programs.

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

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

## STRATEGIC ISSUES TO BE ADDRESSED

### 1. Cost of medical/pharmaceutical care

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

### 2. Aging population

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

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

### 3. Pharmacists' ability to provide care

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

## 4. Changing demographics of California patients

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

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

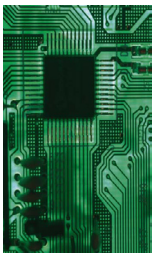
## 5. Laws governing pharmacists

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

## 6. Integrity of the drug delivery system

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

## 7. Technology Adaptation



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

## 8. Internet issues

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

## 9. Disaster planning and response

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

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

## 10. Qualified staff and Board Members

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

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

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

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

## 12. Information Management

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

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

# Summary of Goals

## Goal One

Exercise oversight on all pharmacy activities.

## Goal Two

Ensure the qualifications of licensees.

## Goal Three

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

## Goal Four

Provide relevant information to consumers and licensees.

## Goal Five

Achieve the board's mission and goals.

## GOALS, OUTCOMES, OBJECTIVES, AND MEASURES

## ENFORCEMENT COMMITTEE

Goal 1: Exercise oversight on all pharmacy activities.

Outcome: Improve consumer protection.

| | |
|---|---|
| Objective 1.1<br><br>Measure: | Achieve 100 percent closure or referral on all cases within 6 months by June 30, 2011:<br><br>Percentage of cases closed or referred within 6 months |
| Tasks: | 1. Mediate all consumer complaints within 90 days.<br>2. Investigate all other cases within 120 days.<br>3. Close (e.g. issue citation and fine, refer to the AG's Office) all board investigations and mediations within 180 days. |
| | |
| Objective 1.2<br><br>Measure: | Manage enforcement activities for achievement of performance expectations<br><br>Percentage compliance with program requirements |
| Tasks: | 1. Administer the Pharmacists Recovery Program.<br>2. Administer the probation monitoring program.<br>3. Issue citations and fines within 30 days<br>4. Issue letters of admonition within 30 days<br>5. Obtain immediate public protection sanctions for egregious violations.<br>6. Pursue petitions to revoke probation within 90 days for noncompliance with probationary conditions. |
| | |
| Objective 1.3<br><br>Measure: | Achieve 100 percent closure on all administrative cases within one year by June 30, 2011.<br><br>Percentage closure of administrative cases within 1 year |
| | |
| Objective 1.4<br><br>Measure: | Inspect 100 percent of all licensed facilities once every 3 years by June 30, 2011.<br><br>Percentage of licensed facilities inspected once every 3 years |
| Tasks: | 1. Inspect licensed premises to educate licensees proactively about legal requirements and practice standards to prevent serious violations that could harm the public.<br>2. Inspect sterile compounding pharmacies annually before renewal or before initial licensure.<br>3. Initiate investigations based upon violations discovered during routine inspections. |
| | |
| Objective 1.5<br><br>Measure: | Initiate policy review of 25 emerging enforcement issues by June 30, 2011<br><br>The number of issues |
| Tasks: | 1. Monitor the implementation of e-pedigree on all prescription medications sold in California<br>2. Implement federal restrictions on ephedrine, pseudoephedrine or phenylpropanolamine products<br>3. Monitor the efforts of the DEA and DHHS to implement electronic prescribing for controlled substances. |
| | |

## LICENSING COMMITTEE

Goal 2: Ensure the qualifications of licensees.

Outcome: Qualified licensees

| | |
|---|---|
| Objective 2.1<br><br>Measure: | Issue licenses within three working days of a completed application by June 30, 2011.<br><br>Percentage of licenses issued within 3 work days |
| Tasks: | 1. Review 100 percent of all applications within 7 work days of receipt.<br>2. Process 100 percent of all deficiency documents within 5 work days of receipt.<br>3. Make a licensing decision within 3 work days after all deficiencies are corrected.<br>4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements.<br>• Pharmacists<br>• Intern pharmacists<br>• Pharmacy technicians<br>• Foreign educated pharmacists (evaluations)<br>• Pharmacies<br>• Non-resident pharmacies<br>• Wholesaler drug facilities<br>• Veterinary food animal drug retailers<br>• Exemptees (the non-pharmacists who may operate sites other than pharmacies)<br>• Out-of-state distributors<br>• Clinics<br>• Hypodermic needle and syringe distributors<br>5. Withdraw applications of applicants not meeting board requirements or where the application has been abandoned. |
| | |
| Objective 2.2<br><br>Measure: | Cashier 100 percent of all application and renewal fees within two working days of receipt by June 30, 2005.<br><br>Percentage of cashiered application and renewal fees within 2 working days |
| Tasks: | 1. Cashier application fees.<br>2. Cashier renewal fees<br>3. Secure online renewal of licenses |
| | |

| | |
|---|---|
| Objective 2.3<br><br>Measure: | Update 100 percent of all information changes to licensing records within 5 working days by June 30, 2005.<br><br>Percentage of licensing records changes within 5 working days |
| Tasks: | 1. Make address and name changes.<br>2. Process discontinuance of businesses forms and related components.<br>3. Process changes in pharmacist-in-charge and designated representative-in-charge.<br>4. Process off-site storage applications.<br>5. Transfer of intern hours to other states |
| | |
| Objective 2.4<br><br>Measure: | Implement at least 25 changes to improve licensing decisions by June 30, 2011.<br><br>Number of implemented changes |
| Tasks: | 1. Determine why 26 states do not allow the use of a CA license as the basis for transfer a pharmacist license to that state.<br>2. Work with the University of California to evaluate the drug distribution system of its clinics and their appropriate licensure.<br>3. Work with the Department of Corrections on the licensure of pharmacies in prisons.<br>4. Work with local and state officials on emergency preparedness and planning for pandemic and disasters. Planning to include the storage and distribution of drugs to as sure patient access and safety.<br>5. Evaluate the need to issue a provisional license to pharmacy technician trainees. |
| | |
| Objective 2.5<br><br>Measure: | Evaluate five emerging public policy initiatives affecting pharmacists' care or public safety by June 30, 2011.<br><br>Number of public policy initiatives evaluated |
| Tasks: | |
| | |

## LEGISLATION AND REGULATION COMMITTEE

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

Outcome: Improve the health and safety of Californians.

| | |
|---|---|
| Objective 3.1 | Annually identify and respond with legislative changes to keep pharmacy laws current and consistent with the board's mission. |
| Measure: | 100 percent successful enactment of promoted legislative changes |
| Tasks: | 1. Secure extension of board's sunset date (SB 1476).<br>2. Sponsor legislation to update pharmacy law (SB 1475).<br>3. Advocate the board's role and its positions regarding pharmacists' care and dispensing of dangerous drugs and devices (AB 2408).<br>4. Secure statutory standards for pharmacies that compound medications (AB 595)<br>5. Secure implementation of e-pedigrees on prescription drugs dispensed in California (SB 1476) |
| | |
| Objective 3.2 | Annually identify and respond with regulatory changes to keep pharmacy regulations current and consistent with the board's mission. |
| Measure: | Percentage successful enactment of promoted regulatory changes |
| Tasks: | 1. Authorize technicians to check technicians in inpatient pharmacies with clinical pharmacist programs (sections 1793.7-1793.8).<br>2. Authorize the use of prescription drop boxes and automated delivery machines for outpatient pharmacies (sections 1713 and 1717(e))<br>3. Make technical changes in pharmacy regulations to keep the code updated<br>Section 1706.2 criteria for abandonment of files<br>Section 1775.4 contested citations<br>Section 1709.1 designation of pharmacist-in-charge<br>Section 1780 standards for wholesalers<br>Section 1780.1 standards for veterinary food animal drug retailers<br>Section 1781 exemption certificate<br>Section 1786 exemptions<br>4. Notice of posting regarding electronic files (section 1717.2)<br>5. Disciplinary guidelines revision and update (section 1760)<br>6. Self-assessment of a wholesaler by the designated representative section (1784)<br>7. Exempt the address of records of interns from display on the board's Web site (section 1727.1)<br>8. Modification of building standards for pharmacies – rulemaking by the California Building Standards Commission |
| | |
| Objective 3.3 | Review 5 areas of pharmacy law for relevancy, currency and value for consumer protection by June 30, 2011. |
| Measure: | Number of areas of pharmacy law reviewed |
| Tasks: | |
| | |

## COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Goal 4: Provide relevant information to consumers and licensees.

Outcome: Improved consumer awareness and licensee knowledge.

| | |
|---|---|
| Objective 4.1<br><br>Measure: | Develop a minimum of 10 communication venues to the public by June 30, 2011.<br><br>Number of communication venues developed to the public |
| Tasks: | 1. Assess the effectiveness of the board's educational materials and outreach: survey consumers to identify whether board-produced materials are valued and what new materials are desired.<br>2. Restructure the board's Web site to make it more user friendly.<br>3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics.<br>4. Continue collaboration with UCSF's Center for Consumer Self Care for pharmacist interns to develop consumer fact sheets on health topics.<br>5. Develop a Notice to Consumers to comply with requirements of SB 2583 (Nation) on patients' rights to secure legitimately prescribed medication from pharmacies. |
| | |
| Objective 4.2<br><br>Measure: | Develop 10 communication venues to licensees by June 30, 2011.<br><br>Number of communication venues developed to licensees |
| Tasks: | 1. Publish *The Script* two times annually.<br>2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.<br>3. Maintain important and timely licensee information on Web site. |
| | |
| Objective 4.3<br><br>Measure: | Participate in 12 forums, conferences and public education events annually<br><br>Number of forums participated |
| Tasks: | 1. Participate in forums, conferences and educational fairs. |
| | |

## ORGANIZATIONAL DEVELOPMENT COMMITTEE

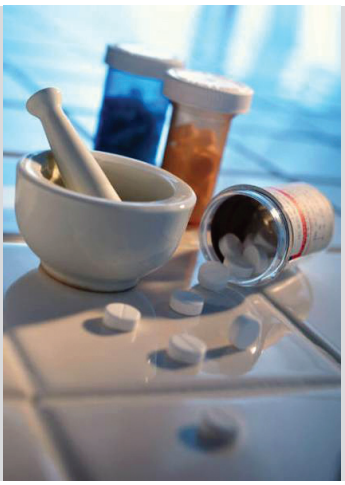
Goal 5: Achieve the board's mission and goals.

Outcome: An effective organization

| | |
|---|---|
| Objective 5.1<br><br>Measure: | Obtain 100 percent approval for identified program needs by June 30, 2011.<br><br>Percentage approved for identified program needs |
| Tasks: | 1. Review workload and resources to streamline operations, target backlogs and maximize services.<br>2. Develop budget change proposals to secure funding for needed resources.<br>3. Perform strategic management of the board through all committees and board activities.<br>4. Manage the board's financial resources to ensure fiscal viability and program integrity. |
| | |
| Objective 5.2<br><br>Measure: | Maintain 100 percent staffing of all board positions.<br><br>Percentage staffing of board positions |
| Tasks: | 1. Continue active recruitment of pharmacists for inspector positions.<br>2. Vigorously recruit for any vacant positions.<br>3. Perform annual performance and training assessments of all staff. |
| | |
| Objective 5.3<br><br>Measure: | Implement 10 strategic initiatives to automate board processes by June 30, 2011.<br><br>Number of strategic initiatives implemented to automate board processes |
| Tasks: | 1. Implement automated applicant tracking (ATS).<br>2. Implement online license renewal and application submission features (I-Licensing).<br>3. Integrate telephonic features to improve board services without adding staff resources.<br>4. Use the department's newly created "ad hoc" system to generate data for reports. |
| | |
| Objective 5.4<br><br>Measure: | Provide for communication venues to communicate within the board by June 30, 2011.<br><br>Number of communication venues to communicate within the board |
| Tasks: | 1. Continue the Communication Team to improve communication among staff and host quarterly staff meetings.<br>2. Continue Enforcement Team meetings with board members and enforcement staff.<br>3. Convene annual inspector meetings to ensure standardized investigation and inspection processes, law and practice updates and earn continuing education credit. |
| | |
| Objective 5.5<br><br>Measure: | Annually conduct at least 2 outreach programs where public policy issues on health care are being discussed.<br><br>Number of outreach programs conducted in one year |
| Tasks: | 1. Convene the Subcommittee on Medicare Part D Implementation<br>2. Convene the Workgroup to implement the e-Pedigree<br>3. Host the National Association of Boards of Pharmacy District 7 and 8 Meeting in California<br>4. Attend outreach programs. |
| | |

| Objective 5.6 | Respond to all public record requests within 10 days. |
|---|---|
| Measure: | Percentage response to public record requests within 10 days |
| Tasks: | 1. Respond to public records requests within 10 days (e.g., license verifications, investigative information, licensing information).<br>2. Respond to subpoenas within the timeline specified.<br>3. Respond to specific requests for data reports |

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



## SCANNING ASSESSMENT AND METHODOLOGY

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

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

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

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

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

## SHARED VALUES/CORE PRINCIPLES

The Board of Pharmacy will exhibit:

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

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

## INTERNAL/EXTERNAL ASSESSMENT

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

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

*Healthy Californians Through Quality Pharmacist's Care*

# STRATEGIC PLAN

California State Board of Pharmacy
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