California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

STANDARD OF CARE COMMITTEE CHAIR REPORT
October 25, 2022

Seung Oh, Licensee Member, Chairperson
Maria Serpa, Licensee Member, Vice-Chairperson
Renee Barker, Licensee Member
Indira Cameron-Banks, Public Member
Jessica Crowley, Licensee Member
Nicole Thibeau, Licensee Member

I. Call to Order and Establishment of Quorum

II. Public Comment for Items Not on the Agenda, Matters for Future Meetings
*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a).)

III. Discussion, Consideration and Approval of Draft Minutes from the August 25, 2022, Committee Meeting Minutes
Attachment 1 includes a copy of the draft minutes from the Committee's August 25, 2022, Meeting.

IV. Discussion and Consideration of Results of Pharmacy Survey Related to Current Practice and Possible Movement to Standard of Care Enforcement model

Relevant Law
Business and Professions Code Section 4301.3 requires the Board to convene a workgroup of interested stakeholder to discuss whether moving to a standard of care enforcement model would be feasible and appropriate for the regulation of pharmacy and make recommendations to the Legislature about the outcome of these discussion through a report as specified.

For Committee Discussion and Consideration
During its last meeting, members discussed that not all licensees are available to participate in public meetings scheduled and determined it appropriate to develop and release of a survey of California licensed pharmacists is appropriate as another means of soliciting feedback for the Committee's future consideration.

The Committee discussed the basic framework for the survey questions. Following the meeting President Oh finalized the survey questions with staff. Prior to release the questions were also reviewed and changes incorporated as recommended by DCA staff with expertise in survey design.

The survey was available September 12 through October 3 with subscriber alerts released during the survey period. The Board received 1,788 responses. Ninety-eight percent of the respondents indicated they are currently licensed in California and eighty-seven percent indicated they are actively practicing as a pharmacist. Responses were received from a variety of practice settings including:

- 46.5% community pharmacy
- 23% hospital pharmacy
- 8.5% ambulatory care
- 22% other (including academia, pharmacy benefit managers, compounding, administration, closed door, mail order, etc.)

For Committee Consideration and Discussion

During the meeting members will have an opportunity to review the survey results which hopefully provide another dataset for members to consider as part of its evaluation about whether the Board should recommend a more robust use of a standard of care enforcement model.

Attachment 2 includes presentation slides providing summary information on survey responses.

V. Discussion and Consideration of Policy Questions Related to Standard of Care Enforcement Model in the Practice of Pharmacy

Background

Consistent with the provisions of section 4301.1, the Board established a Standard of Care Ad Hoc Committee to establish a means for members and stakeholders to discuss whether moving to a standard of care enforcement model would be feasible and appropriate for the regulation of pharmacy. The Legislature never defined how it interpreted a standard of care enforcement model.

As part of the Committee's first meeting, all interested parties were provided with an opportunity to present on the topic. In addition, participants received a joint presentation by counsel from DCA and the Office of the Attorney General regarding legal issues associated with a standard of care and what that model entails.

Members have been advised that the Board's enforcement model is a hybrid model including the potential for discipline based on violations of specific California or federal law and for violations of standard of care in general.

As an example, under state and federal law, a pharmacist must exercise corresponding responsibility; however, the law does not detail out the specific actions a pharmacist must take when fulfilling this responsibility. Court and Board cases have established certain red flags that should guide pharmacists in exercising this statutory responsibility, however, there is not a checklist of required actions that would constitute compliance with this duty. Rather, the discipline cases are fact specific and could also involve breaches of standard of care – i.e., what a reasonable pharmacist would do under the fact pattern presented. Although the legal requirements have long existed, the board has dedicated significant to time educating licensees about their obligations.

In contrast, as another example, California Code of Regulations Section 1707.2 provides that a pharmacist is required to provide patient consultation in all settings under specified conditions including, 1)upon request; 2) **whenever the pharmacist deems it warranted in the exercise of his or her professional judgement**; 3) whenever the prescription drug has not previously been dispensed; 4) whenever the prescription drug has not previously dispensed to a patient in the same dosage from, strength or with the same written directions, is dispensed by the pharmacy. In this scenario, there are bright line rules established as well as requirements for use of professional judgement.

Throughout these meetings members have also received significant comments about current pharmacist patient care services outside of the traditional dispensing role of pharmacists. The expanded patient care role of a pharmacist has resulted in improved patient access and patient outcomes. Presentations provided highlight the benefits to patients and the healthcare system. Many commenters have stated that they view the standard of care model as a means to expand a pharmacist's scope of practice rather than being bound by protocols and other detailed requirements for a pharmacist to provide patient care (i.e., provision of PEP and PrEP, hormonal contraceptives, smoking cessation and other areas that permit pharmacists within specific confines to provide certain care directly to a patient without reliance on a physician prescription).

These conversations are noteworthy as they demonstrate the benefit of pharmacist-driven patient care; however, they may not be related to the topic before the Board which is to consider whether moving to a standard of care enforcement **model** would be feasible and appropriate for the regulation of pharmacy. In order to provide a report to the Legislature, we

suggest that the Committee and then the Board focus on defining a standard of care enforcement model and answer questions regarding their views of whether it would be appropriate to change the current disciplinary process to *solely* a standard of care model or whether the existing hybrid model should be retained. We then suggest that the Committee consider the other comments whether movement to a standard of care model for pharmacists might be appropriate and feasible in determining their scope of practice.

For Committee Consideration and Discussion

During the meeting members and stakeholders will have the opportunity to consider the legislative mandate regarding whether it is feasible and appropriate to move to standard of care enforcement model. It is recommended that the Committee concentrate first on the appropriateness of any such change and consider feasibility if it determines that movement or change is appropriate.

As part of the discussion, it is recommended that the comments focus on consideration of the question through the lens of the Board's consumer protection mandate as reflected in Business and Professions Code section 4001.1 that states that "[w]henever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public should be paramount." Because a report is being prepared for the Legislature to consider, we still believe it is proper to identify other interests but also any safety issues that could enable the Legislature to do any required weighing of competing interests.

1. With the understanding of the Board's current enforcement model approach that is a hybrid model, does the Committee believe that changing the current structure is appropriate for facilities, including pharmacies, wholesale distributors, 3PLs or other facilities licensed by the Board
    a. For example, does the Committee believe that an enforcement action should only be allowed against a facility for a violation of standard of care by a pharmacist even if a specific federal or state statute or rule is violated?
    b. Does the Committee as a theoretical matter believe that disciplinary actions against facility licensees could continue to be predicated on either violation of a specific State or federal statute or rule?
    c. If yes, does the Committee believe that changes to some of the prescriptive statutes and regulations should be changed or modernized?
2. Does the Committee believe a standard of care enforcement model is feasible and appropriate in the regulation of pharmacy personnel

excluding pharmacists (i.e., designated representatives, pharmacy interns, and/or pharmacy technicians)?

   a. For example, if a violation of cold chain storage requirements is found at a wholesale distributor, does the Committee believe that a disciplinary action against the designated representative responsible for compliance with federal and state requirements should be subject to discipline for the violation of the specific requirement?
   b. Pharmacy technicians currently operate under the direction and supervision of pharmacists.

3. **Pharmacists**—does the Committee believe that pharmacists and PICs should continue to face potential discipline for violations of state or federal statutes and/or standard of care breaches or only if a pharmacist breaches a standard of care?
   a. For example, a pharmacist dispenses a Schedule II controlled substance that was not on the correct prescription as required under Health & Safety Code. Should the pharmacist face potential discipline for the breach of H&SC provision or should testimony about what other pharmacists handle such prescriptions be enough to counter a violation of this statute.
   b. Does this analysis change by setting – i.e., retail chains versus hospitals?
4. Many commenters suggested that a standard of care enforcement model meant expanding a pharmacist's scope of practice by using a standard of care model rather than prescriptive requirements when pharmacists are exercising clinical judgment as opposed to their traditional dispensing role.
   a. Does the Committee believe that there are specific provisions included in a pharmacist's scope of practice that require compliance with specific pharmacy statutory provisions or regulations that would be appropriate to consider replacing with a standard of care (e.g., naloxone, travel medicines, PEP/PrEP etc.? If yes, which ones)?
   b. Does the Committee believe that the practice setting makes a difference in this analysis?
5. Does the Committee believe an expanded use of a standard of care model for scope of practice could expand access to care or improves patient outcomes?
   a. Does the Committee believe that setting minimum requirements on training or education or requirements to ensure baseline competence across the State is preferable or to allow for deviations based on geography, size of practice or other variables?
6. Does the Committee believe that under current working conditions, a transition to more expanded scope of practice is possible and appropriate? If so, under what conditions?

7. If the Committee believes that expanding some pharmacist clinical duties by using a standard of care model is appropriate, does the Committee believe it is appropriate to allow a business to develop policies and procedures for pharmacist to follow, or could such practice impede a pharmacist's ability to exercise professional judgement?
    a. For instance, should patient care policies be required to be developed by the PIC or merely approved by PIC?
    b. Could practice setting impact the power that the pharmacist has in setting appropriate patient care responses if scope of practice is expanded by standard of care model.
8. In light of the survey responses provided, does the Committee believe steps need to be taken to ensure pharmacists are empowered to provide appropriate patient care versus policies and procedures developed by corporations or business entities that would dictate patient care?
    a. How does Board ensure that patient care policies are being developed by licensed pharmacists?
    b. If the Committee believes that moving scope of practice to a standard of care model is appropriate for all settings, does it believe, similar to the Medical Practice Act, that there should be a bar on the corporate practice of pharmacy?
9. What aspects of pharmacist's practice, if any, does the Committee believe should not transition to an expanded standard of care enforcement model, (e.g., compounding)?
    a. For example, does the Committee believe that a potential expansion of scope of practice should be limited by setting or limited to clinical practice (i.e., pharmacists providing direct patient care outside of their traditional dispensing role)
10. Does the Committee believe, as part of its report to the Legislature, expansion of the scope of practice for pharmacists is appropriate? If so, how and in what areas?

VI. Future Committee Meeting Dates

a. February 1, 2023
b. May 10, 2023

VIII. Adjournment

Attachment 1

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STANDARD OF CARE COMMITTEE
Draft MEETING MINUTES

DATE: August 25, 2022

LOCATION: Note: Pursuant to the provisions of Government Code section 11153, neither a public location nor teleconference locations are provided. Public participation also provided via WebEx

COMMITTEE MEMBERS PRESENT:
Seung Oh, Licensee Member, Chair
Maria Serpa, Licensee Member, Vice Chair
Renee Barker, Licensee Member
Indira Cameron-Banks, Public Member
Jessi Crowley, Licensee Member
Nicole Thibeau, Licensee Member

STAFF MEMBERS PRESENT:
Anne Sodergren, Executive Officer
Laura Freedman, DCA Staff Counsel
Debbie Damoth, Executive Specialist Manager

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Oh called the meeting to order at 1:00 p.m. Chairperson Oh reminded everyone present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. The meeting moderator provided instructions on how to participate during the meeting, including the process to provide public comment.

Chairperson Oh took roll call. Members present included: Maria Serpa, Licensee Member; Renee Barker, Licensee Member; Indira Cameron-Banks, Public Member; Jessi Crowley, Licensee Member; Nicole Thibeau, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided the opportunity to provide comments for items not on the agenda; however, none were provided.

III. Approval of June 22, 2022, Committee Meeting Minutes

Chairperson Oh referenced the draft minutes for the June 22, 2022, Standard of Care Committee Meeting in the meeting materials.

Members were provided the opportunity to provide comment; however, no comments were made.

Motion: Approve the June 22, 2022, Standard of Care Committee Meeting minutes as presented in the meeting materials.

M/S: Serpa/Crowley

Members of the public were provided the opportunity to provide comment; however, no comments were made.

Support: 6 **Oppose: 0** **Abstain: 0** **Not Present: 0**

Committee Member	Vote
Barker	Support
Cameron-Banks	Support
Crowley	Support
Oh	Support
Serpa	Support
Thibeau	Support

IV. Presentation on Improving Patient Outcomes Through a Standard of Care Model: Collaboration with Payers, Providers, and Pharmacists. Presenters Include Dr. Steven Chen, Pharm D, FASHP; Dr. Richard Dang, Pharm D, APh, BCACP; Dr. Michael Hochman M.D.; Dr. Alex Kang, Pharm D

Chairperson Oh advised following the last meeting, staff received a request to allow an opportunity to present before the Committee on patient safety and health outcomes. As the chair of the Committee, Dr. Oh approved the request for

the presentation to be provided today. Dr. Oh introduced and welcomed the presenters: Dr. Steven Chen, Dr. Richard Dang, Dr. Michael Hochman, and Dr. Alex Kang.

Dr. Richard Dang presented Improving Patient Safety and Outcomes through a Standard of Care Model: Collaborating with Payors, Providers and Pharmacists. Dr. Dang noted he would be presenting with Dr. Chen, Dr. Hochman, and Dr. Kang. Dr. Dang stated the purpose of their presentation was to provide a summary of evidence and real-world applications in California of how pharmacists enabled to practice at the top of licensure provides an added layer of patient safety/protection while improving health outcome.

Dr. Dang explained how the standard of care model increases equity and access through the community pharmacy as noted by an article published in the Journal of the American Pharmacist Association. Dr. Dang noted the study identified in large metropolitan areas, 62.8 percent of the pharmacies were chain pharmacies while in rural areas, 76.5 percent of pharmacies were franchises or independent pharmacies. Dr. Dang noted if the standard of care is limited in certain practice settings it will hamper equity and access in rural locations. Dr. Dang noted California had 25 counties (43.1percent) with low pharmacy density (fewer than 1.38 pharmacy per 10,000 residents).

Dr. Dang added community pharmacies are suited for the provision of clinical pharmacy and health services and especially independent pharmacies, are important for equitable access to care. Dr. Dang noted limiting the settings in which standard of care would apply would be a step backwards.

Dr. Dang continued Business and Professions Code (BPC) section 4052 related to the scope of practice details what a pharmacist can and can't do. Dr. Dang noted changing to the standard of care model would simplify the law. Dr. Dang noted the other part of the conversation is personnel and staffing and payment/reimbursement and should be discussed.

Dr. Chen presented about the Evidence and the California Right Meds Collaborative. Dr. Chen identified the value of comprehensive medication management and making sure the right medication is chosen for a patient's diagnosis at the right dose. Dr. Chen noted other health care entities that support overwhelming evidence of pharmacists practicing at the top of licensure to achieve outcomes documented in literature.

Dr. Chen referenced the article "A Cluster-Randomized Trial of Blood Pressure Reduction in Black Barbershops" published int eh New England Journal of Medication 2018; 278:129-1301(Victor, M.D., Ronald G., Kathleen Lynch, Pharm.D.,

et. al.). Dr. Chen reviewed the importance of involving pharmacists, pharmacists' role in Barbershop HTN Program and the results of the Barbershop Project.

Dr. Chen reviewed the $12 Million grant for the USC/AltaMed Center for Medicare and Medicaid Innovation Health Award: Specific Aims included 10 teams (pharmacist, resident and clinical pharmacy technician), telehealth clinical pharmacy and the outcomes: healthcare quality, safety, total cost/ROI, patient and provider satisfaction and patient access. Dr. Chen reviewed the grant's value proposition and medication-related problems identified.

Dr. Chen reviewed the California Right Meds Collaborative's (CRMC) vision and mission. Dr. Chen explained health plans sent high-risk patients to the specifically trained pharmacists at pharmacies. Dr. Chen explained the training and ongoing support the pharmacists received. Dr. Chen reviewed the keys to making the program work including partnering with vetted pharmacies, training platforms, and rigorous quality improvement process. Dr. Chen reviewed the process for developing the value-based payment for CMM; quality improvement report card; health plan partnership; and preliminary impact results. Dr. Chen reviewed the LA Care CRMC impact and updated outcomes. Dr. Chen identified next steps as increasing the number of pharmacies and patients as well as health plan partners with the addition of a psychiatric component. Dr. Chen reviewed the value summary for patients, front-line provider, and health plan/payers.

Dr. Hochman presented about the physician experience with pharmacists. Dr. Hochman commented the impact of the pharmacists being involved is very dramatic. Dr. Hochman explained the interaction with using a clinical pharmacist. Dr. Hochman reviewed the medication-related problems identified through the CMMI Program. Dr. Hochman noted pharmacists outperformed doctors in the results for the patients. Dr. Hochman stated this program hits the quadruple aim: improved clinician experience, better outcomes, lower costs, and improved patient experience. Dr. Hochman explained Healthcare in Action: A Member Organization of SCAN about street medicine opportunities with pharmacists.

Dr. Kang presented on payer perspective on pharmacist clinical services as the Director of Pharmacy at LA Care Health Plan. Dr. Kang provided an overview of the Plan's demographics. Dr. Kang noted independent pharmacies were important to use because the pharmacist speaks the language of the patients. This helps with increases in adherence for patient compliance. Dr. Kang noted the pharmacists are trained and can spend time with the patients which increases patient compliance and health outcomes. Dr. Kang reviewed the outcomes he has seen and noted the pharmacy is the easiest access to health care for patients.

Members were provided the opportunity to comment.

Member Thibeau requested thoughts for more unique ways to use this program. (e.g., unhoused population, etc.).

Dr. Kang advised they had a pharmacy that delivered to homeless populations. Dr. Kang added it could be expanded to independent pharmacists who have the flexibility, language skills, and mental health experience. He stated LA CARE now partners with LA County Mental Health. Dr. Kang stated without standard of care, the paperwork is difficult. Dr. Chen advised they have developed a program to help pharmacists empower pharmacists to help homeless and mental health.

Member Thibeau inquired if this could be used and set up quickly for public health emergencies.

Dr. Dang commented this is an example of how standard of care could help with public health emergencies. With the change in law that allowed pharmacists to administer vaccines, pharmacists were better able respond quickly to public emergencies rather than wait for approval of waivers. Dr. Dang would like to see the standard of care applied to vaccines to other therapeutics.

Member Crowley commented the programs are impressive and show pharmacists can help address gaps and health inequities. Dr. Crowley commented on the Barbershop and was impressed up her that key trusted community leaders should be involved in outreach. Dr. Crowley noted the pharmacists came to the people in the barbershop and would be interested in a controlled group vs. barbershop. Dr. Crowley inquired about any measurement for pharmacist burnout in the UCS CMMI study.

Dr. Chen agreed the barbershop was the key to the barbershop project and noted in the community pharmacy leader in the pharmacy is often the pharmacy technician. The challenge was efficiency.

Dr. Chen commented in the three-year sprint there was no burnout in the CMMI but it wasn't measured. Dr. Dang added pharmacist burnout is important to address with the standard of care model and can tie in staffing, valued and reimbursement model. Dr. Chen noted having the pharmacy technician providing support really helped.

Member Crowley inquired about the CRMC vetting process and expectation of pharmacy.

Dr. Chen advised they reached out to the providers and identified pharmacies interested in joining the program. Surveys were sent to identified clinical services provided (e.g., experience, outcome metrics, etc.). An onsite assessment is completed with the health plan and CRMC.

Member Crowley inquired about health literacy measured through the program. Dr. Chen stated they had patient satisfaction surveys and were able to demonstrate patient satisfaction.

Member Crowley thanked Dr. Dang for pointing out staffing levels in the standard of care model and inquired how pharmacies and pharmacists were compensated.

Dr. Chen advised they looked at the cost of delivery care per patient which was about $1,000 divided into value-based payment model where part went to the pharmacy as fee for service and part was held until the metrics were met.

Member Crowley appreciated the limitations in a chain setting and leveraging the independent pharmacies to overcome the cultural barrier in settings like the independent pharmacy. Dr. Crowley inquired if they were looking for a separate standard of care model for independent vs. chain pharmacy setting.

Dr. Kang commented the chain pharmacies need more time to implement noting independent pharmacies have more flexibility. Dr. Kang stated the goal was to have the independent pharmacies make a living wage and the model expand to the chain pharmacies. Dr. Chen commented they tried for over a year to get a chain on board but it took a year before corporate would not allow for the participation.

Member Barker inquired regarding pharmacies vetted and trained in the CRMC what was defined as a failure. Dr. Barker asked if they were supported to succeed.

Dr. Chen advised the failed pharmacies were independent solo pharmacists who thought they could do it but through the granular quality improvement metrics were able to identify by the second or third visit, there was an issue. Dr. Chen noted sometimes it was evident that they didn't have the time to dedicate to the process.

Member Barker inquired how could rural participation be increased.

Dr. Chen advised with telehealth there was already a template and noted telehealth had a good history of working in rural areas.

Member Barker asked about the title, training, and ratio for the clinical pharmacy technician. Dr. Chen noted there were many activities done by a clinical pharmacist that doesn't require a PharmD such as calling, following up, translation, managing patient assistant program, etc. Then, they trained the pharmacy technicians on all those items.

Chairperson Oh noted no one disputes value added and improved patient outcomes. As current law allows for this model, Dr. Oh inquired what improvements standard of care enforcement model would bring.

Dr. Dang advised all this was happening under a collaborative practice agreement (CPA) which takes a lot of work to put into place and more difficult for independent pharmacies to establish. Dr. Dang advised having to established CPAs for individual providers disincentivizes participation and delays care. The standard of care enforcement model would reduce barriers to allow more locations to engage in the activities and apply services quicker.

Chairperson Oh noted with the current staffing and resource challenges and inquired how the increased complex workload be balanced so that it doesn't negatively impact the pharmacists. Dr. Oh noted the Board licenses pharmacies that include chain and independent pharmacies.

Dr. Chen noted they didn't want to put the patient at risk and were moving toward getting a full panel size enrollment for 200 patients to each pharmacist. Dr. Chen noted with value-based model, it will support a full-time pharmacist and pharmacy technician. Dr. Chen didn't see a big divide between chain and independent pharmacies and wouldn't be surprised if a chain joins or mirrors the program.

Dr. Dang commented more personnel is needed and maybe different ratios are required. Dr. Dang suggested the ratio may need to be tied to the number of services to ensure adequate staffing or requires minimum number of staff to provide services.

Dr. Kang commented the goal of the program is to allow independent pharmacies to be profitable and sustainable.

Member Crowley inquired how many patients were under the care of each pharmacist.

Dr. Chen advised for CMMI, 350-700 patients were assigned to a pharmacy team (pharmacist and pharmacy technician) with the ideal number being about 350 in an integrated health system. Dr. Chen advised in the CRMC the pharmacy that has the highest enrollment today is close to 100 patients. Dr. Chen advised the pharmacists were fully dedicated in response to Dr. Crowley.

Member Crowley commented 200 patients is alarming and spoke in concern that this would be added to the current workload of a pharmacist in a chain setting.

Dr. Chen responded this was why they wanted to make sure that the volume could sustain additional personnel so that it wouldn't be added workload.

Dr. Dang clarified these 250 patients aren't seen in a day but through the duration of the program. Dr. Dang advised a PCP has a panel ranging from 1,000-3,000 patients. A community retail setting would be much lower. This would be a pharmacist and pharmacy technician in addition to the regular pharmacy staff dispensing prescriptions. Dr. Chen advised 16 visits a day can support a panel of 200-250 patients.

Member Crowley inquired would happen if the panel dropped below 200-250 patients and was no longer financially sustainable.

Dr. Kang stated 250 is not enough and need more pharmacists. Dr. Kang was pushing for the standard of care enforcement model to add more pharmacists. Dr. Chen advised about 15-20 percent of the population need these services.

Chairperson Oh spoke of concern about the unofficial disparities between the practice setting of a pharmacist (e.g., dispensing, clinical, etc.). Dr. Oh inquired as to what could be proposed to reduce the barriers and not create a division.

Dr. Dang provided the USC also has hybrid staffing model where pharmacists are doing both dispensing and clinical services. Dr. Chen advised a combination of dedicated and hybrid noting that a pharmacist doesn't have to have clinical background and can be trained in this model.

Counsel Freeman commented that the Committee is focused on the task that the legislature gave to determine if the standard of care enforcement model is feasible and appropriate for pharmacy. Ms. Freeman noted the Board allows for a standard of care which is the standard expected of all pharmacists when practicing. Ms. Freeman noted the discussion today seemed to be a scope of practice discussion noting it was a legitimate discussion but wanted to point out for the Committee to be mindful of what is being discussed.

Members of the public were provided the opportunity to comment.

A pharmacist commented on the excellent presentation and commented there was no place in Chapter 9 where standard of care was mentioned. The pharmacist stated the reason this was being discussed was to try to create a regulatory environment that supports pharmacists as health care providers.

A pharmacist inquired how the standard of care enforcement model would impact advanced pharmacists in BPC 4052. Dr. Dang responded that BPC 4052 was a good example of standard of care being used currently and how it can be applied.

A pharmacist representative of CSHP spoke in support of the concept as California has a history of pharmacists being involved. The representative commented migration to the advanced practice enforcement model would help the patients receive timely health care.

Chairperson Oh thanked all and encouraged all to monitor the Medication Error Reduction and Workforce Committee and Board Meetings.

V. Discussion and Consideration of Statistics, including information on Pharmacy Ownership and Investigation Timeframes

Chairperson Oh advised the meeting materials include the data requested by the Committee at its last meeting noting that Board of Pharmacy's time frames are less than Medical Board time frames.

Members were provided an opportunity to provide comment; however, no comments were made.

Members of the public were provided an opportunity to provide comment; however, no comments were made.

VI. Discussion and Consideration Development of Pharmacy Survey Related to Current Practice and Possible Movement to Standard of Care

Chairperson Oh noted concern that the Committee has generally not received input from pharmacists a key stakeholder in this discussion. Dr. Oh supported development and release of a survey to solicit feedback from pharmacists on current issues as suggested in the meeting materials. Dr. Oh stated belief that this information is necessary as the Committee completes the comprehensive review of the issue. Dr. Oh noted this information could assist in developing a recommendation and demonstrating the efforts undertaken by the Committee and Board to solicit feedback from stakeholders.

Chairperson Oh noted the survey would not be intended for formal research but rather similar to a short questionnaire as a means to provide an additional method to obtain input in this process. Dr. Oh added if the Committee was agreeable with this approach, Dr. Oh could work with staff to finalize the survey in consultation with DCA experts and release the survey ideally in sufficient time to allow the Committee to review general results as part of the next meeting.

Members were provided an opportunity to provide comment.

Member Serpa inquired about information that is identifiable for pharmacy, pharmacist, or workplace and if identifiable the Board is liable to open an investigation. Ms. Freemen commented if needed comments can be elevated. Ms. Sodergren advised intent would be to be similar to the Medication Error Reduction and Workforce survey and add a reminder during the survey to not include workplace names.

Member Serpa inquired of the survey could include a pathway for individuals to report employers if needed. Ms. Sodergren stated it could be added at the end of the survey.

Members agreed to adding a definition or concept of what standard of care means to the survey.

Member Crowley recommended separating question five into two questions.

Members reached consensus to have Chairperson Oh to work with staff to develop the survey so that results could be distributed at the October meeting.

Members of the public were provided an opportunity to provide comment.

A representative of CCAP requested in the introduction of the survey there be a reference indicating that the results will be reflected at the October meeting.

VII. Future Committee Meeting Dates

Chairperson Oh reported the next Committee Meeting was scheduled for October 25, 2022.

VIII. Adjournment

The meeting adjourned at 3:08 p.m.

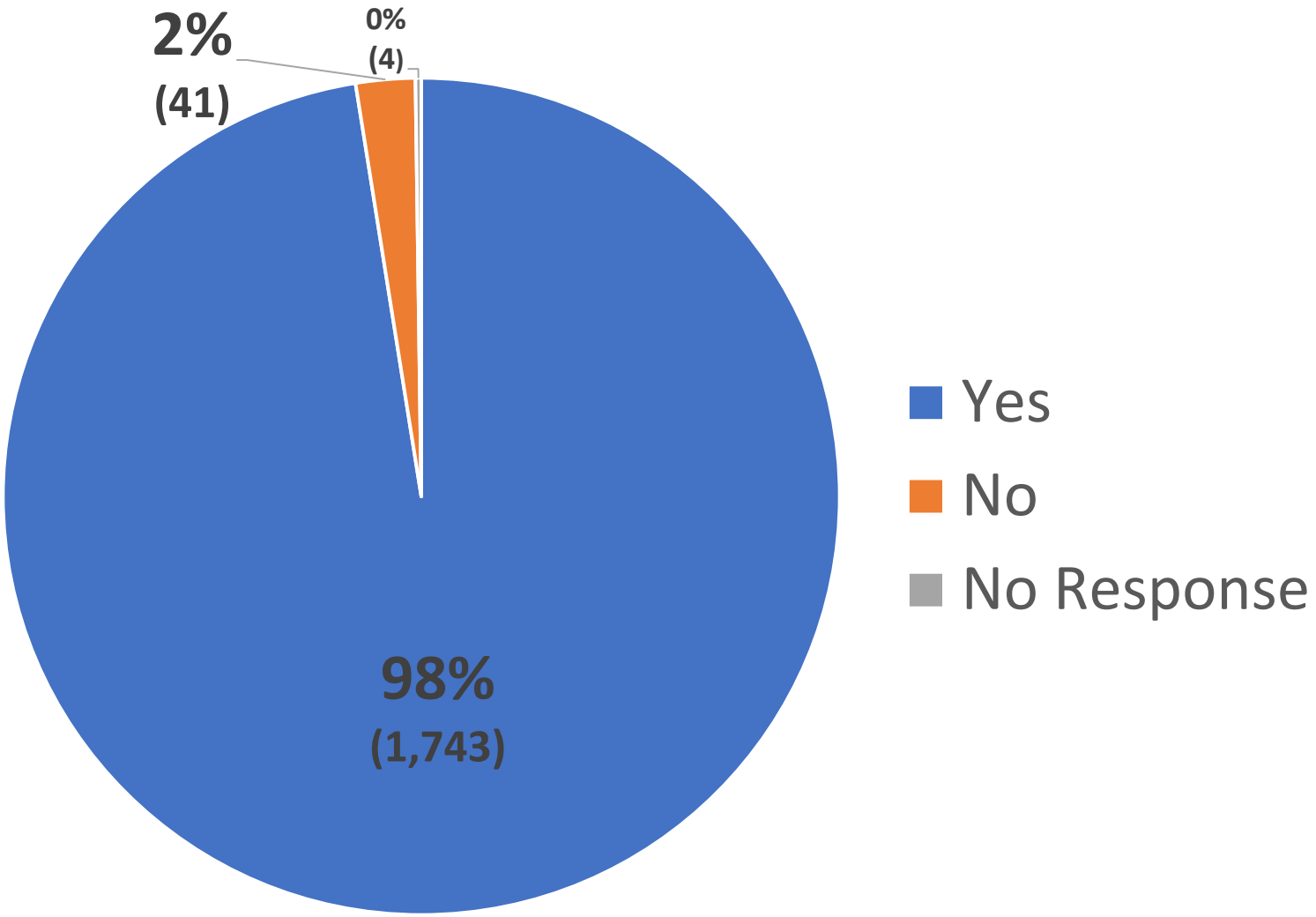
Attachment 2

Standard of Care Survey

CA Board of Pharmacy

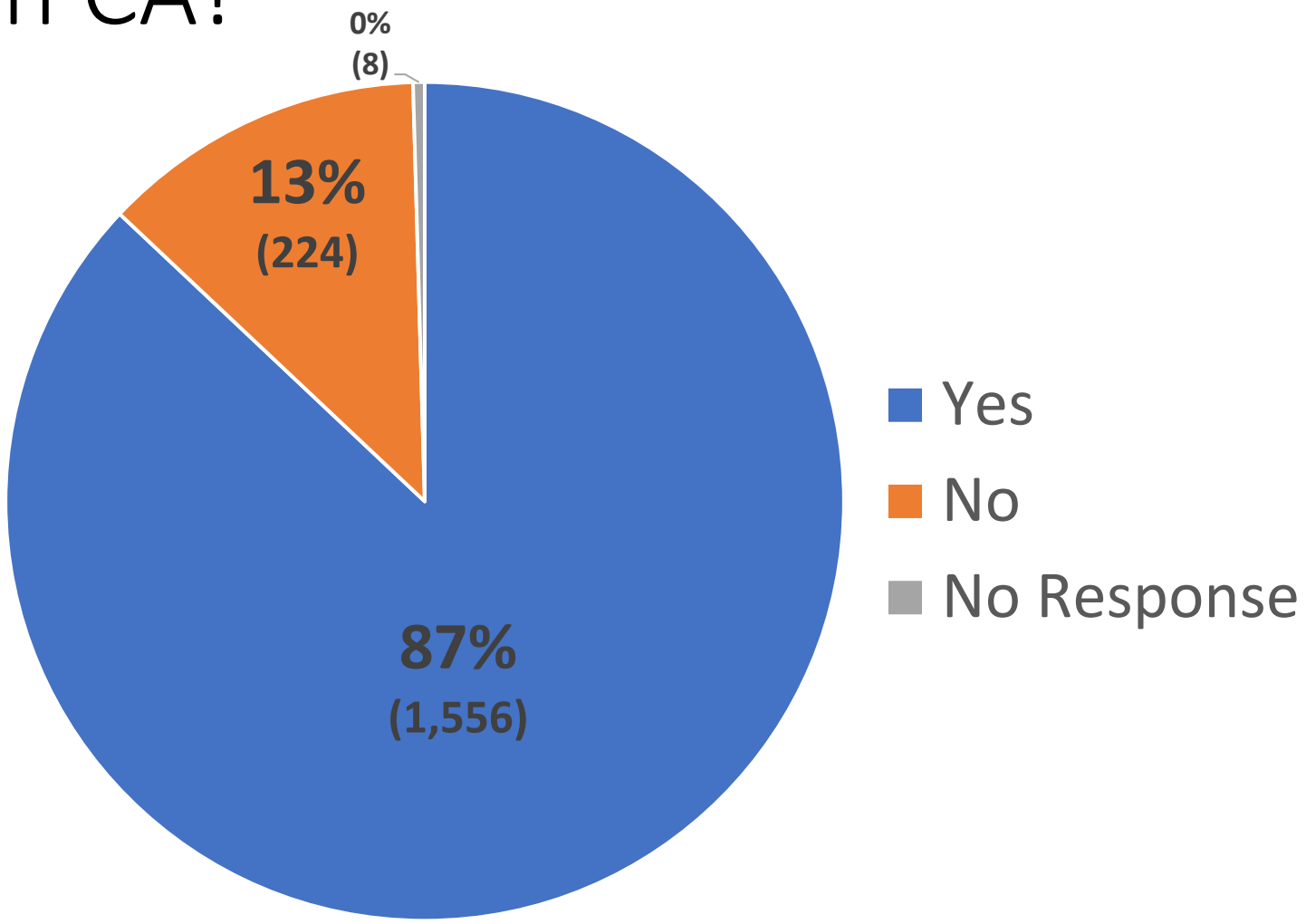
Department of Consumer Affairs

Q1 Are you currently licensed as a pharmacist in CA?



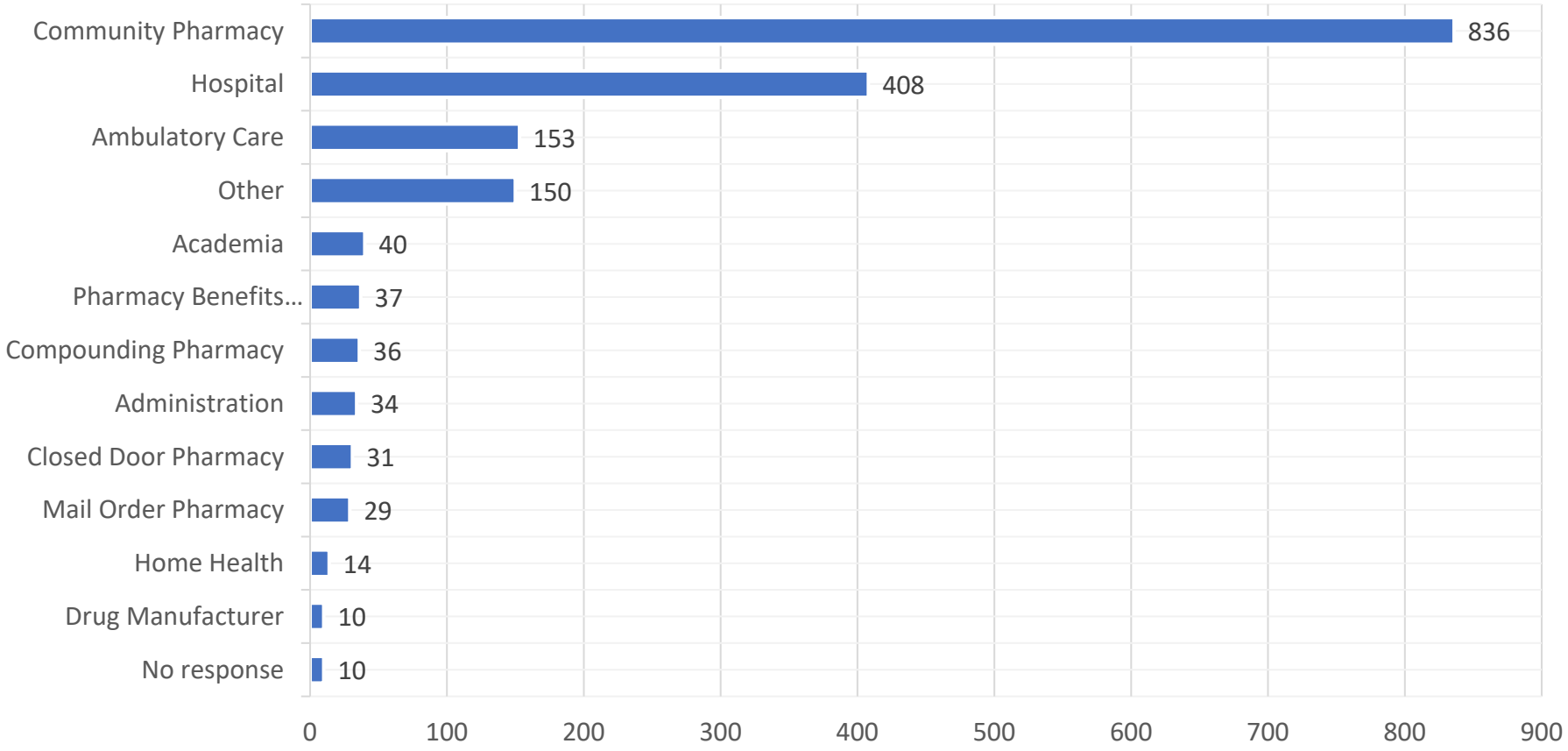
Total Respondents: 1,788

Q2 Are you currently actively practicing as a pharmacist in CA?



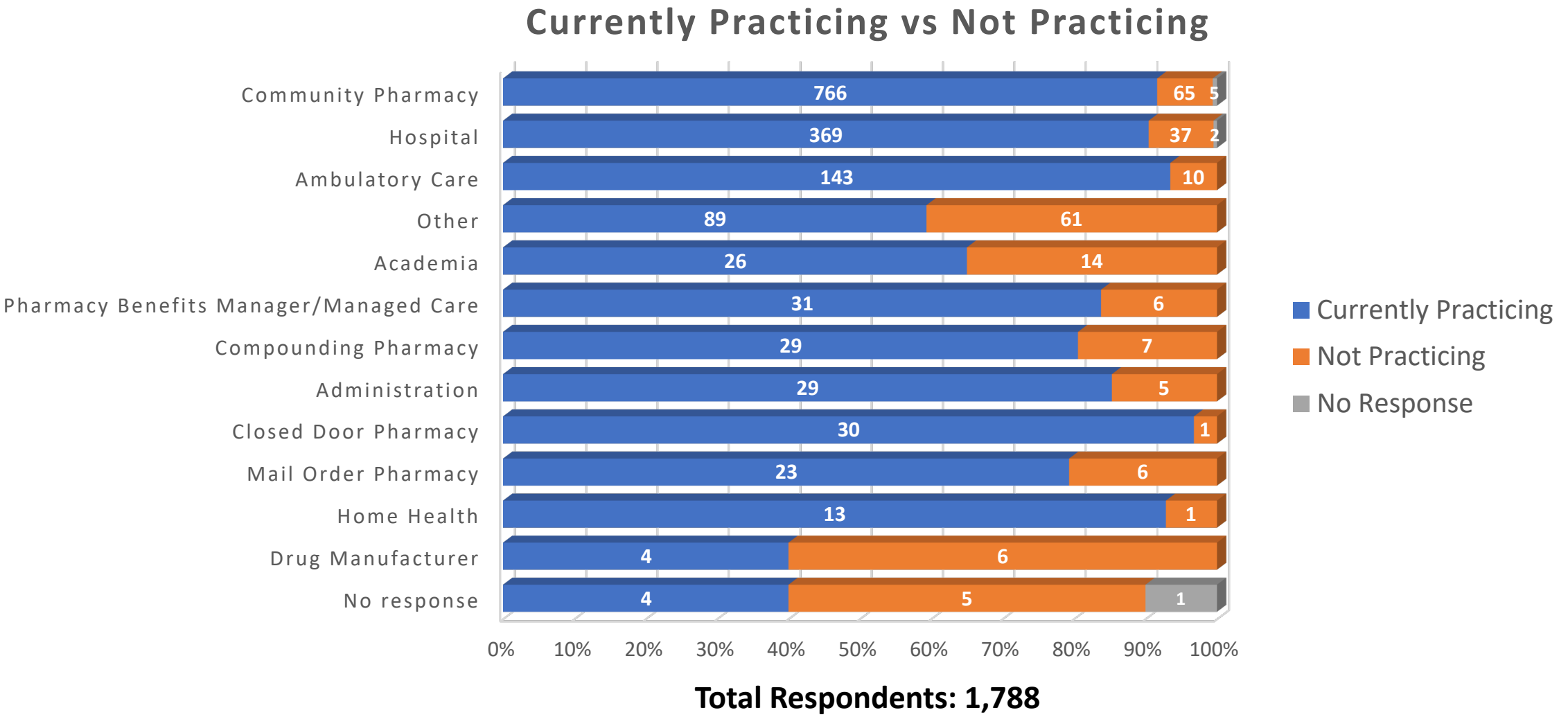
Total Respondents: 1,788

Q3 Which of the following best describes your practice setting?



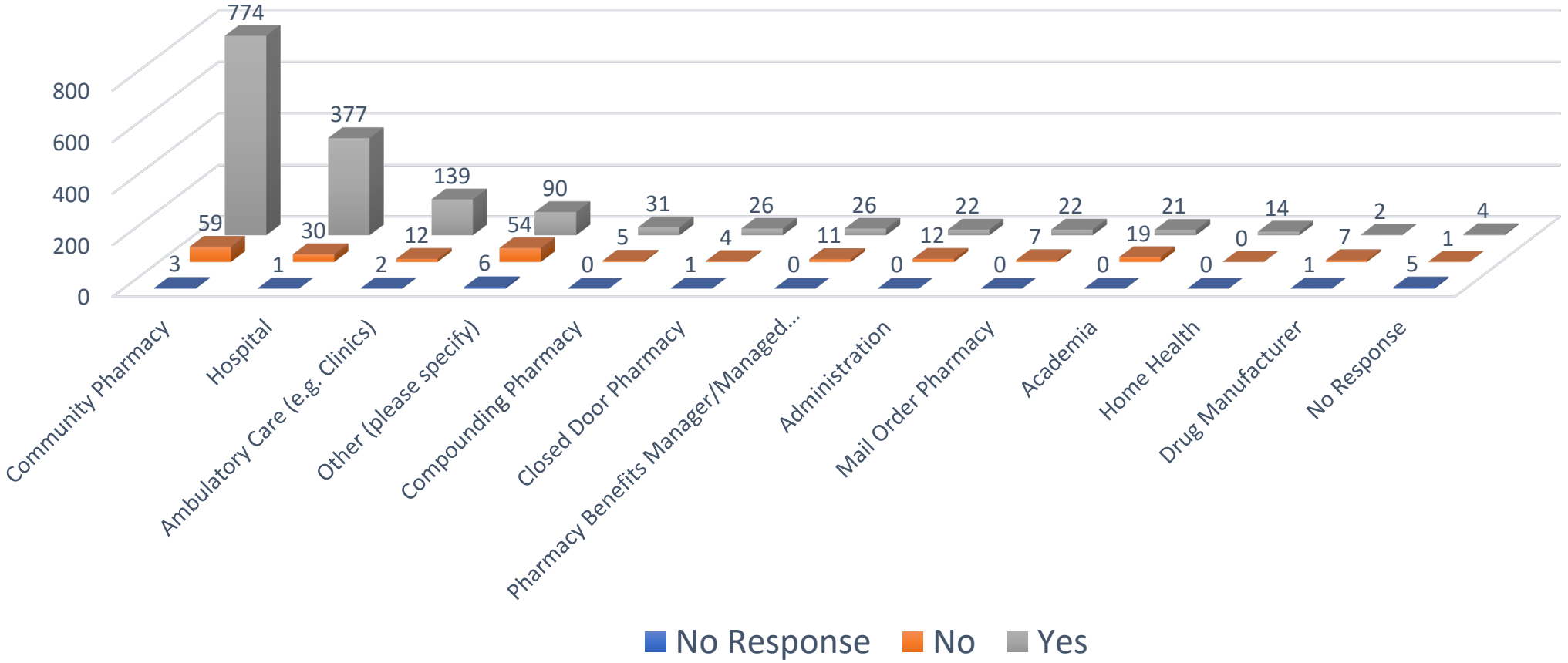
Total Respondents: 1,788

Q3 Which of the following best describes your practice setting?



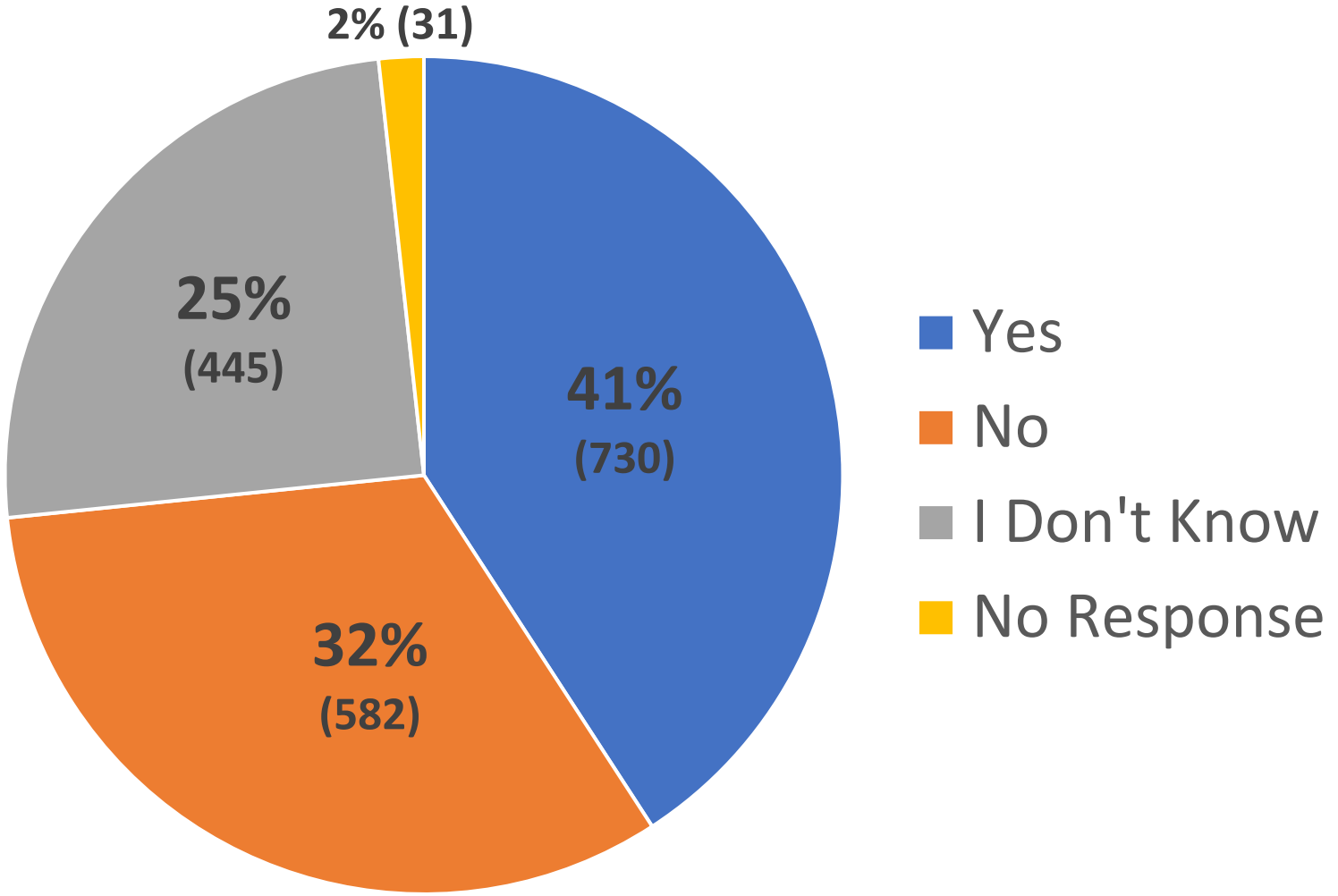
Total Respondents: 1,788

Q4 In your practice, do you provide patient care services (included but not limited to dispensing, MTM, drug monitoring, and other clinical services)?



Total Respondents: 1,788

Q5 Do you believe there are additional functions that should be added to a pharmacist's scope of practice?



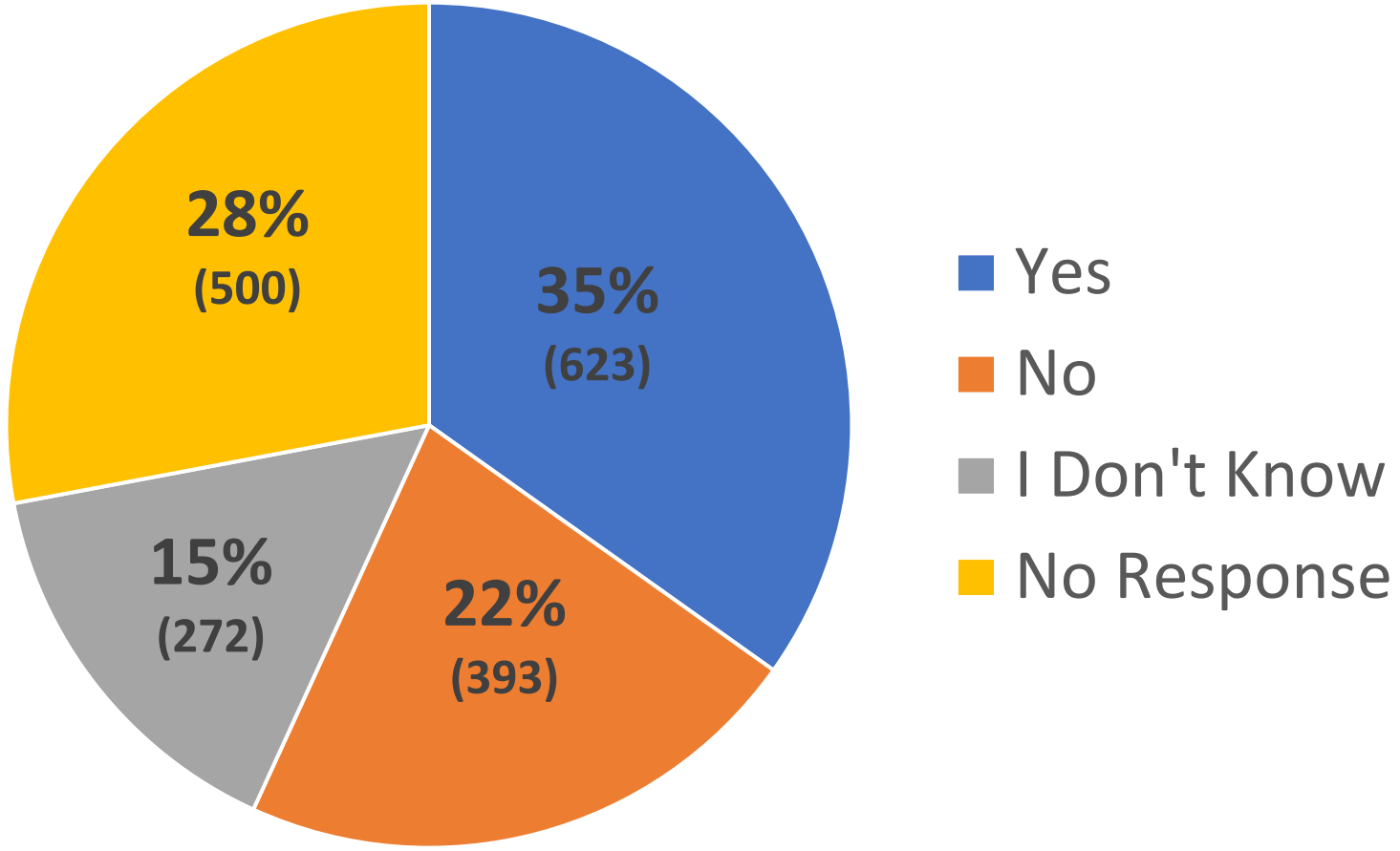
Total Respondents: 1,788

Q5 Do you believe there are additional functions that should be added to a pharmacist's scope of practice?

Common responses

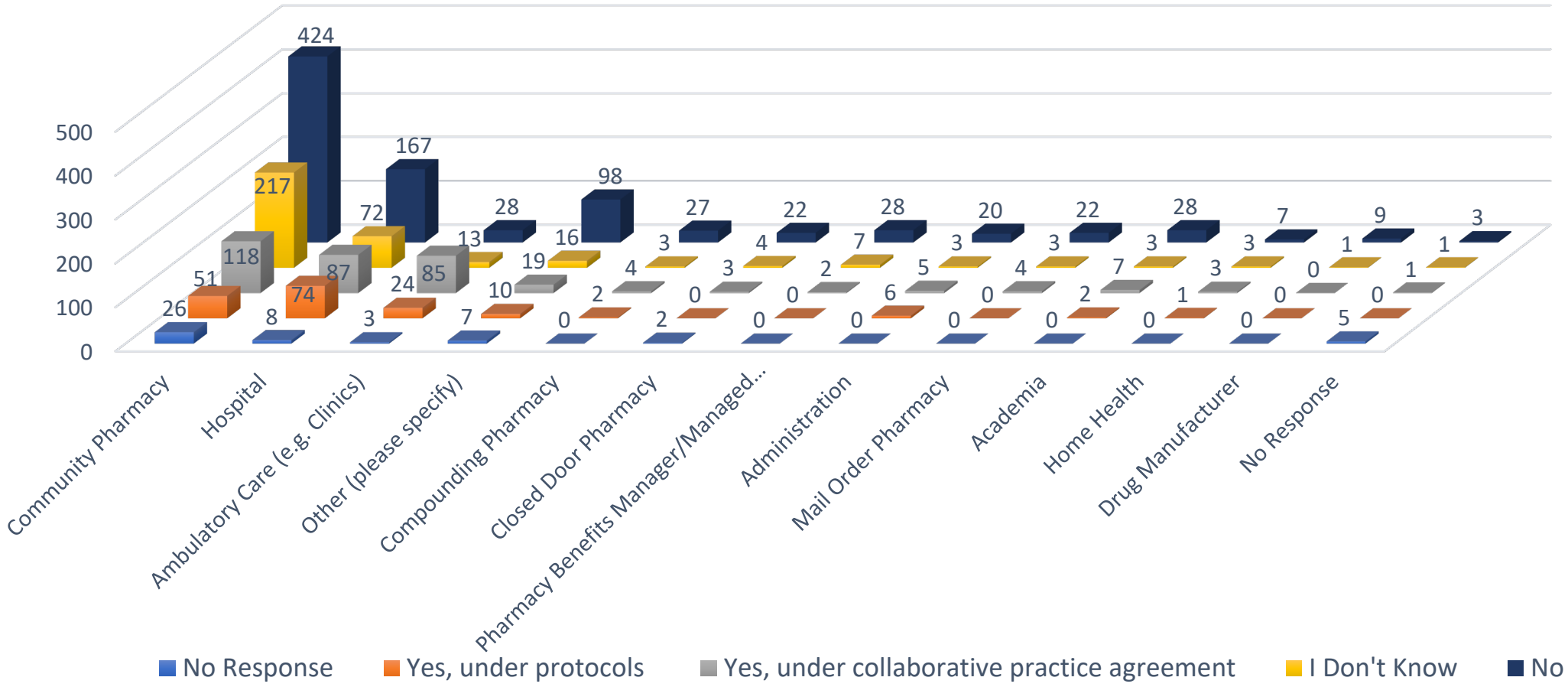
- Dosage change, discontinuation (some indicating under protocol of CPA)
- Ordering Lab
- Prescriptive authority (some indicating under protocol or CPA)
- Vaccinations

Q6 If you answered YES to question 5, do you believe that protocols should be required to perform these additional duties?



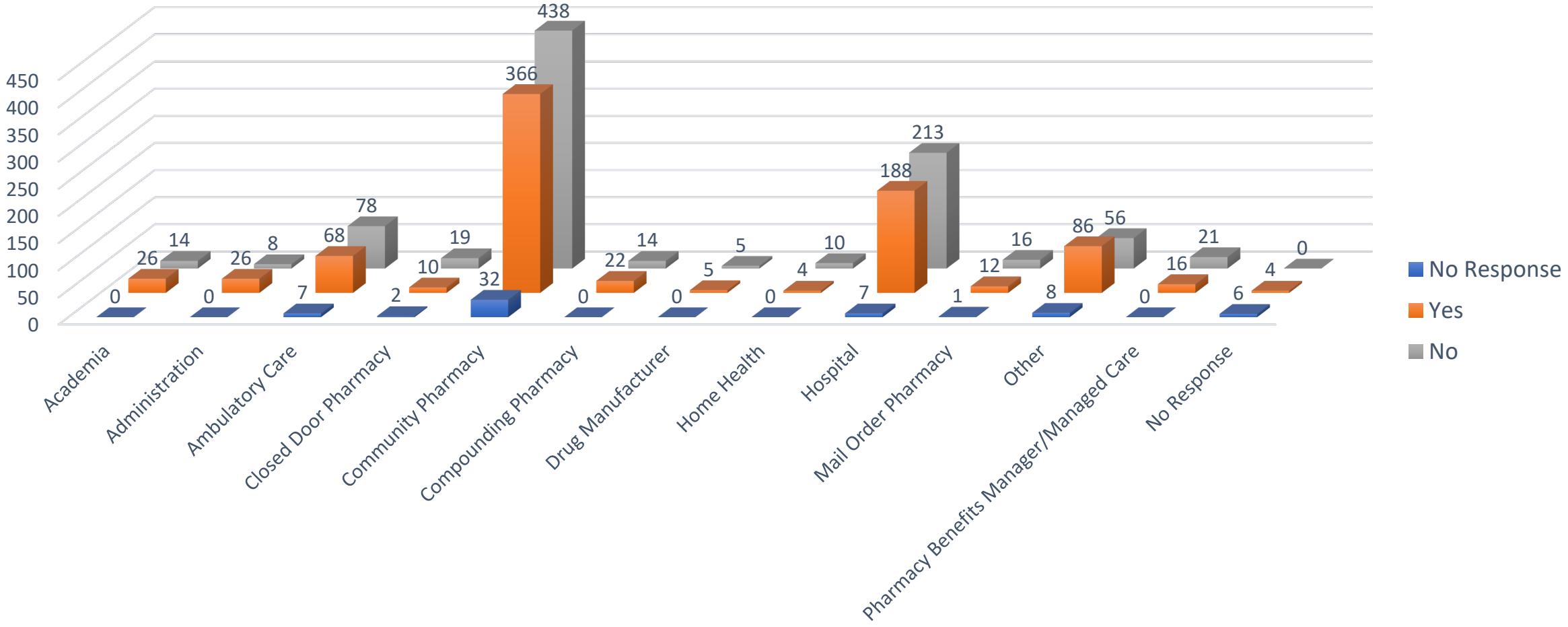
Total Respondents: 1,788

Q7 Do you currently provide patient care services under a collaborative practice agreement or under protocols described in BPC 4052.1 and BPC 4052.2?



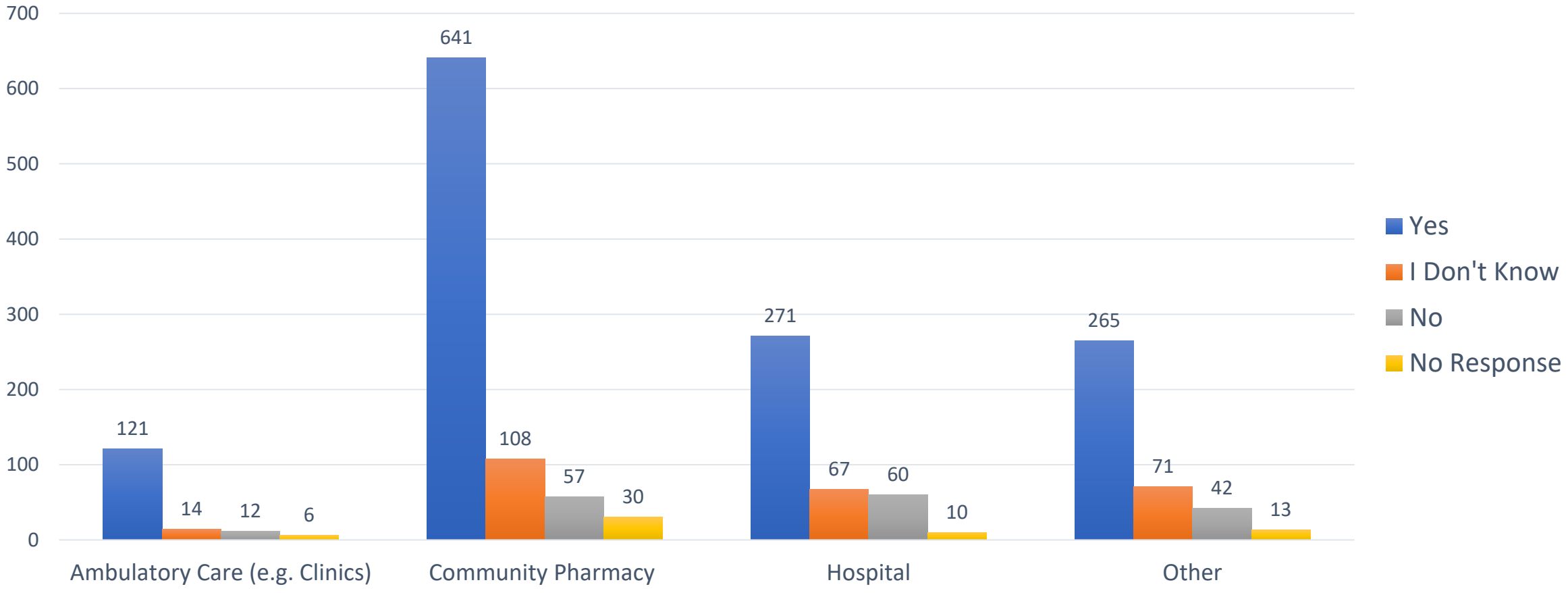
Total Respondents: 1,788

Q8 Are you aware that CA recently enacted legislation that expands collaborative practice agreement authority to all pharmacists to initiate, adjust, or discontinue drug therapy under specified conditions as described in BPC 4052(a)(13)?



Total Respondents: 1,788

Q9 Do you believe there are barriers to providing patient care?



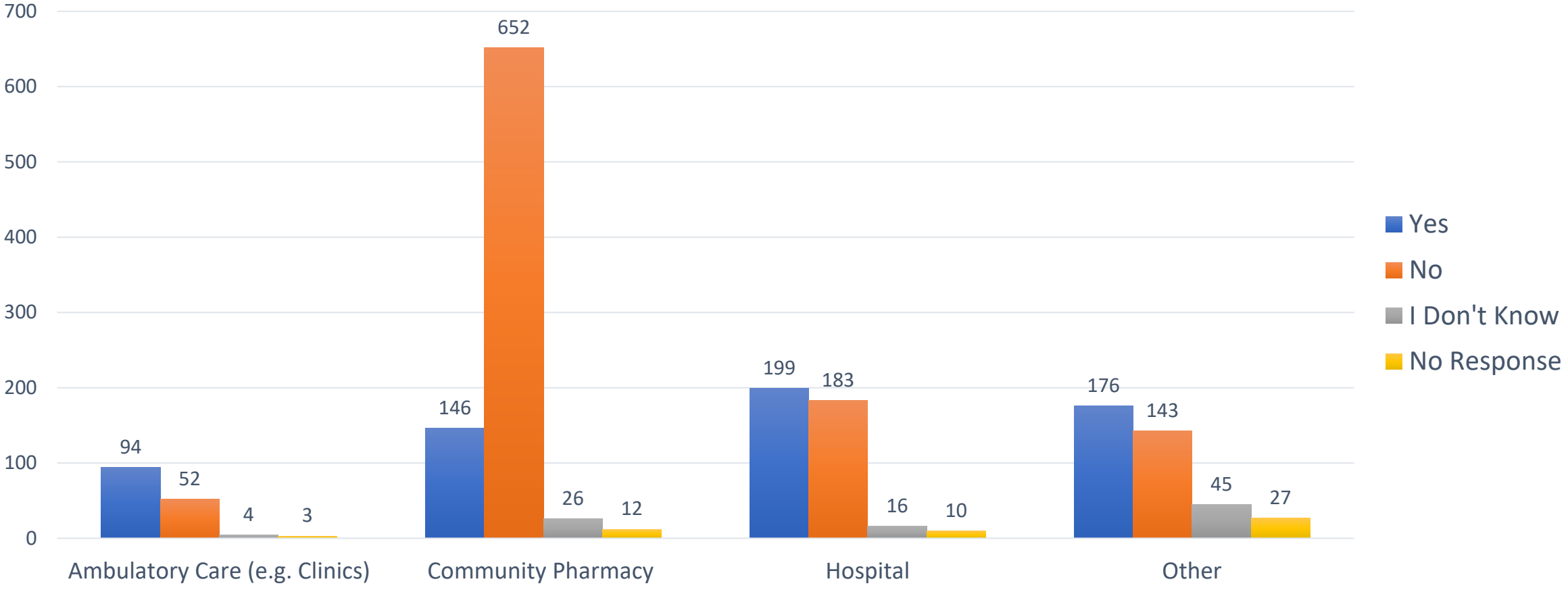
Total Respondents: 1,788

Q9 Do you believe there are barriers to providing patient care?

Common responses

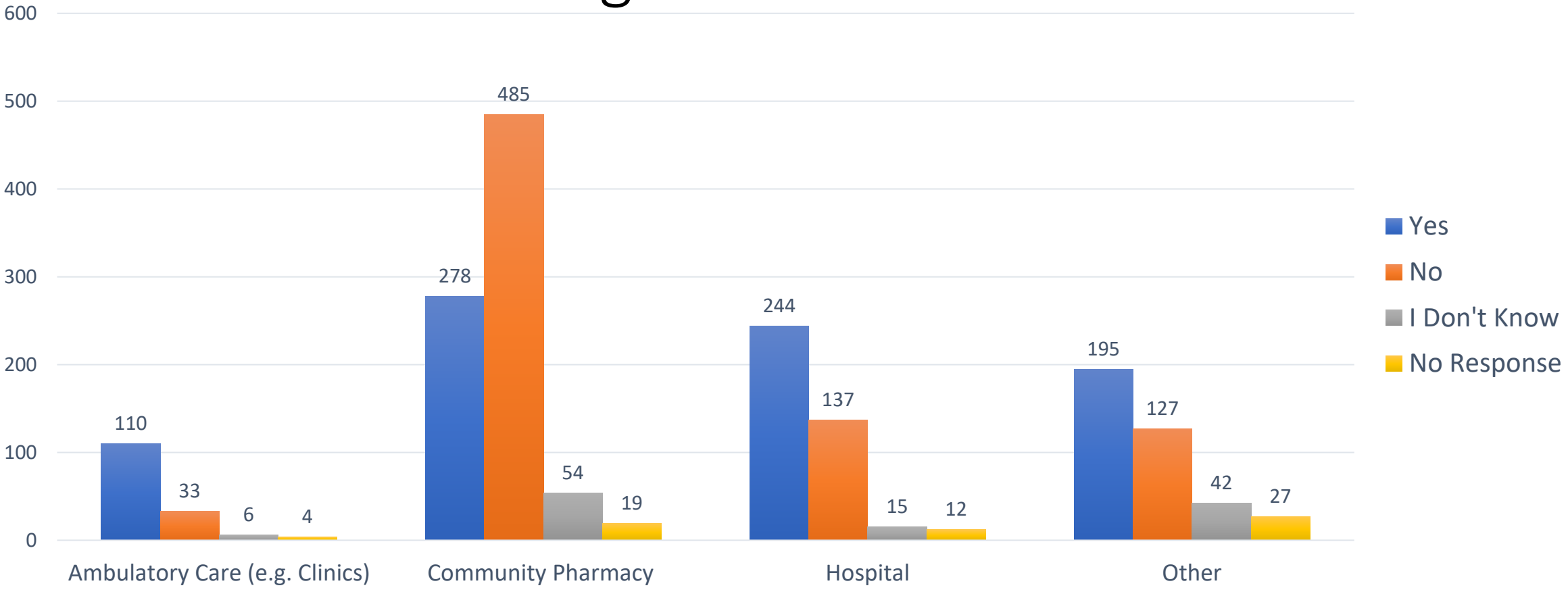
- Lack of access to patient information (Labs, medical records, etc.)
- Insufficient staffing
- Workload and/or metrics
- Inadequate time
- Other HCPs resistance
- Insurance and Reimbursement

Q10 Do you believe that your current work conditions allow sufficient time to make patient-based decisions?



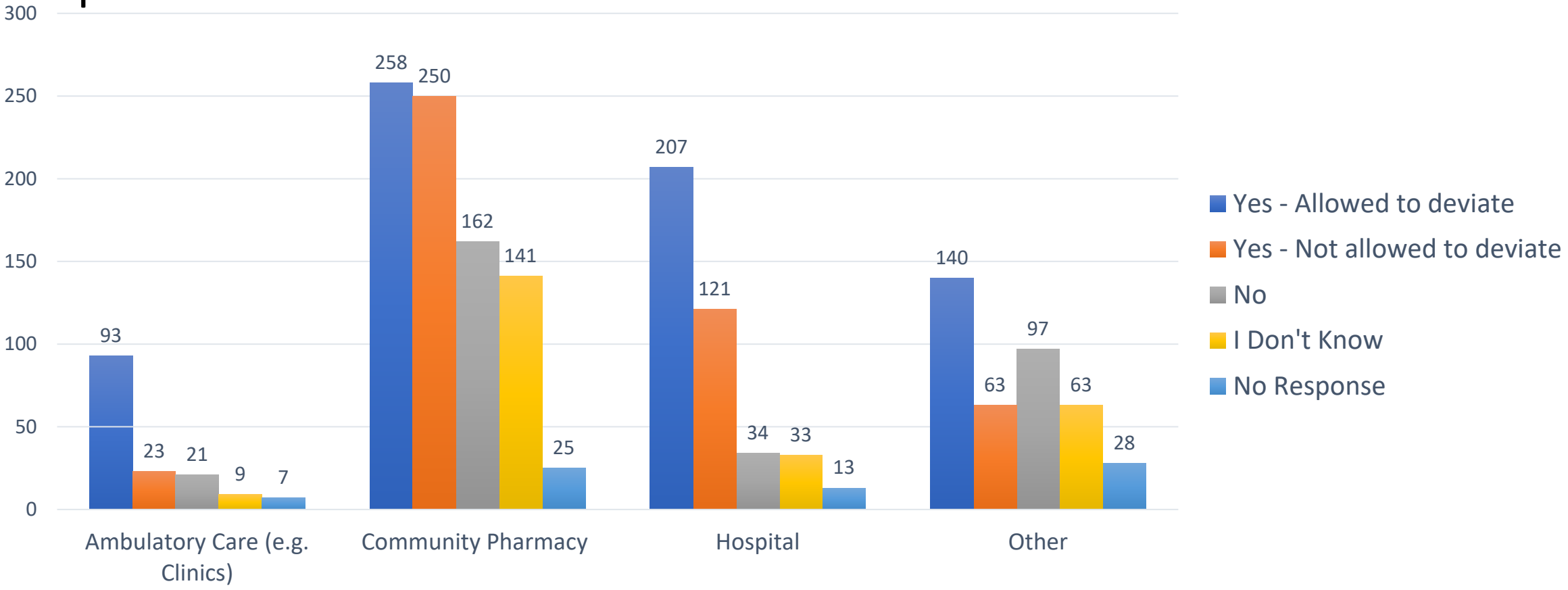
Total Respondents: 1,788

Q11 Do you believe that you have sufficient autonomy to make patient-based decisions in your current work setting?



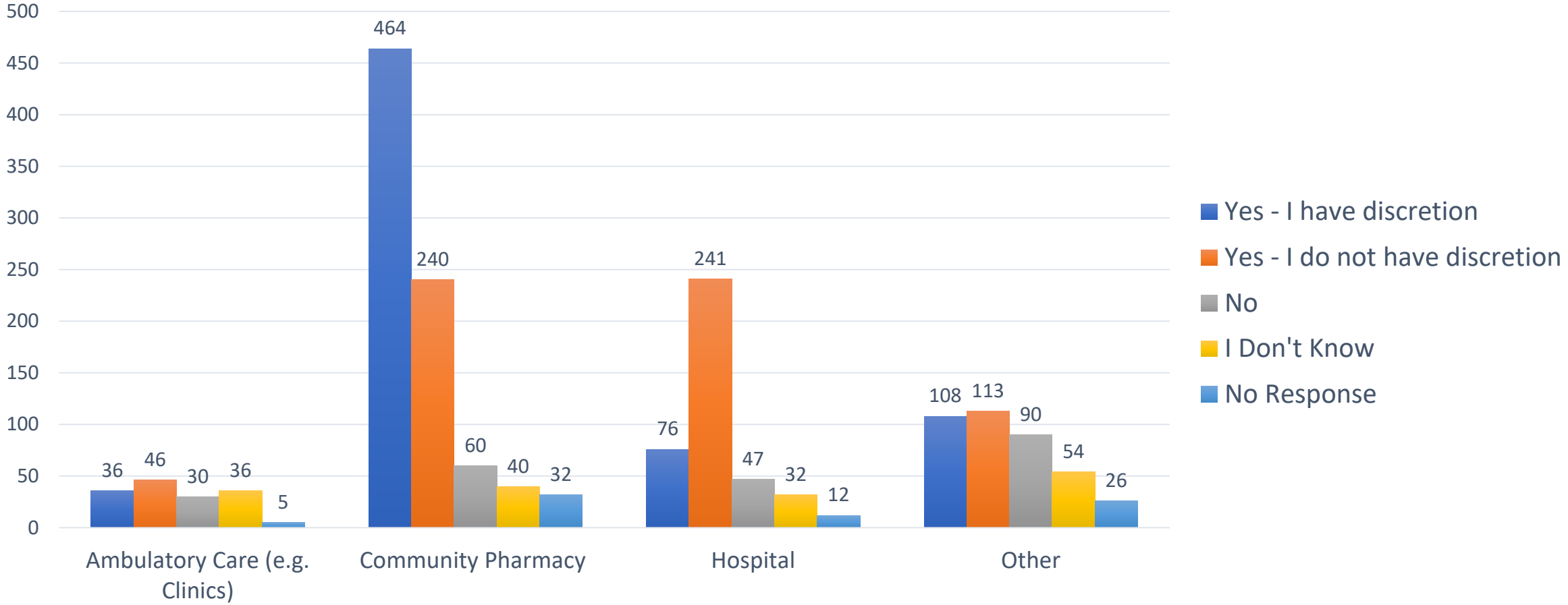
Total Respondents: 1,788

Q12 Does your employer develop policies and procedures that define how you must perform specified functions?



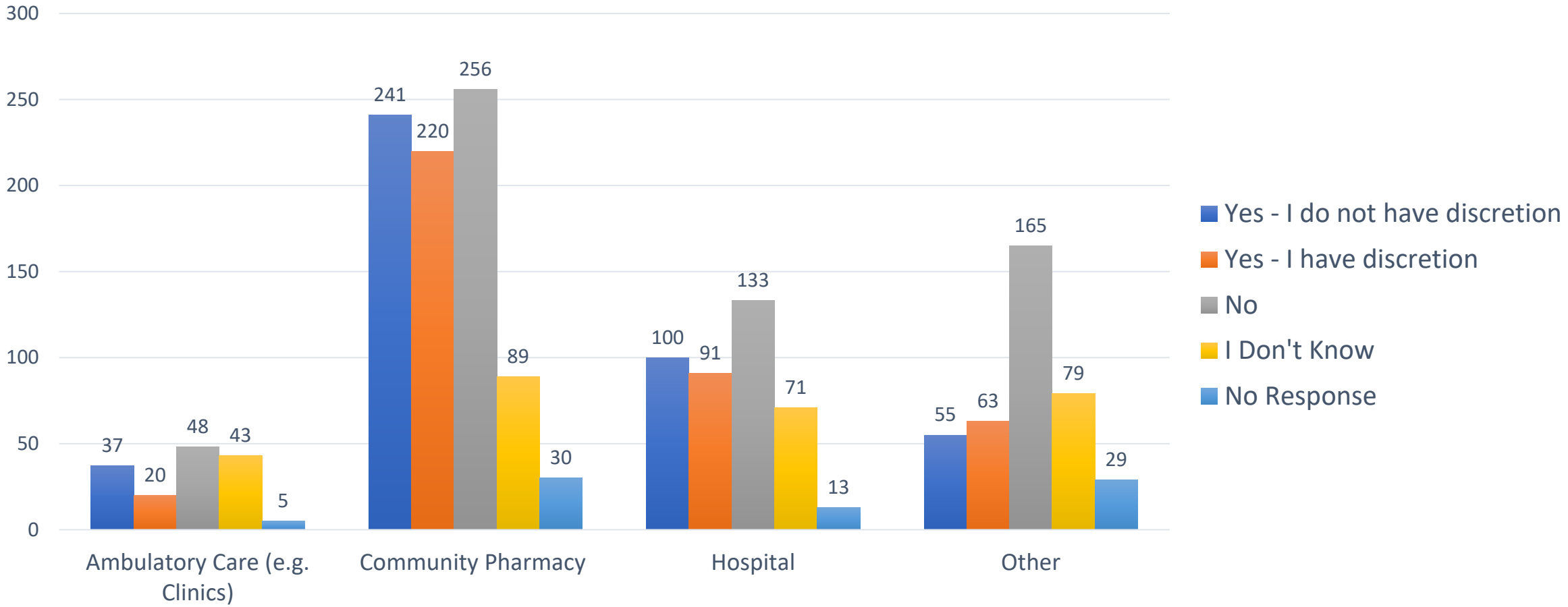
Total Respondents: 1,788

Q13 Has your employer developed policies and procedures related to dispensing of controlled substances?



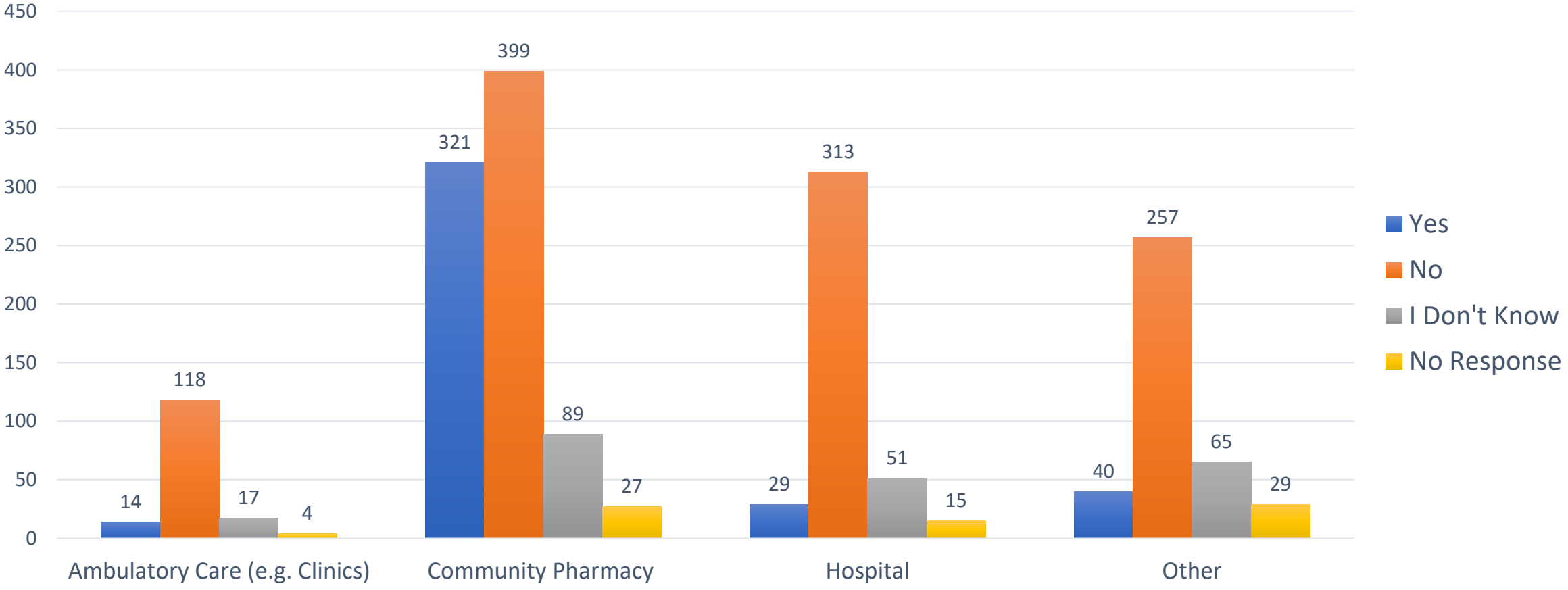
Total Respondents: 1,788

Q14 Has your employer developed a system to block the dispensing of certain types of prescriptions?



Total Respondents: 1,788

Q15 Does your employer have policies and procedures that incentivize performing certain services?



Total Respondents: 1,788