



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504
WASHINGTON STATE BOARD OF PHARMACY
Meeting Minutes
January 10, 2013
Department of Health
Point Plaza East Conference Room 152/153
310 Israel Rd SE
Tumwater WA 98501

CONVENE

Chair Christopher Barry called the meeting to order at 9:07 a.m., January 10, 2013

Board Members:

Christopher Barry, RPh, Chair
Emma Zavala-Suarez, Public Member
Gary Harris, RPh,
Elizabeth Jensen, PharmD
Donna Feild, RPh, MBA, Vice Chair
Dan Rubin, Public Member

Absent Board Members:

Sepi Soleimanpour, RPh, MBA-HA

Guest / Presenters:

Tim McCrea, Pharmacy Manager for Safeway
Alyson Kohl, Suicide Education Study Project
Manager for Dept of Health
Jennifer Kreidler-Moss, PharmD, BCACP,
BCPP, AE-C
Candace Joy, Executive Vice President,
WA State Veterinary Medical Association
Ngoc-Diep Thi Pham, Pharmacist Intern

Staff Members:

Joyce Roper, AAG
Christopher Humberson, Executive Director
Grant Chester, Chief Investigator
Tina Lacey, Pharmacy Investigator
Tim Fuller, Pharmacist Consultant
Cathy Williams, Pharmacist Consultant
Doreen Beebe, Program Manager
Leann George, Secretary Senior

- 1.1 Approval of Business Meeting Agenda
- 1.2 Approval of Amended September 27, 2012 Business Meeting Minutes
- 1.3 Approval of the November 7, 2012 Business Meeting Minutes
- 1.4 Approval of Consent Agenda

MOTION: Donna Feild moves that the board approves 1.1, 1.2, and 1.3. Gary Harris second.

MOTION CARRIED: 6-0.

CONSENT AGENDA

Items listed under the consent agenda are considered routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.

- 1) NPLEx Monthly Report Acceptance
- 2) Pharmacies and Other Firm Application Approval
- 5) Pharmacy Technician – Specialized Functions Approval
 - Wenatchee Valley Medical – Tech ck Tech
- 8) Electronic Prescription Transmission System Approval
 - a. NewCrop LLC – Renewal
 - b. PetNet Solutions - Renewal
 - c. DCS Pharmacy Inc WinPharm
 - d. DrFirst Inc – Renewal
 - e. OCHIN-Epic

Items listed under the consent agenda are considered routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Items 3, 4, 6, 9, 10, and 11** were **deleted** from the agenda. Item 7 was removed for discussion.

MOTION: Dan Rubin moved that the board approve items 1, 2, 5, and 8. Donna Feild second.

MOTION CARRIED: 6-0.

Gary Harris was presented a plaque for the 8 years he served on the board.

REPORTS

Board Member

Dan Rubin reported:

- Mr. Rubin was able to participate on the first phone call regarding legislative issues.

Elizabeth Jensen reported:

- Elizabeth has been participating on the rules project conference calls. She finds these phone calls to be useful and informative.

- She also was able to listen to the webinar provided by the state about the use of marijuana by health care professionals.

Donna Feild reported:

- She attended ASHP and was able to recruit a good bunch of new residents.

Gary Harris reported:

- Mr. Harris in March he will be presenting his annual lecture on Pharmacy Law and Ethics at Washington State University.

Executive Director

Christopher Humberson reported:

- Kitty Slater, Rules Coordinator transferred to OII position starting Jan 2nd and we are in process of hiring for the position.
- Began the Rules Workgroup process of conference calls to focus on topics of rule rewriting. These were in five areas of pharmacy operations and will be reviewed in today's meeting in more detail.
- Attended Webinar on I-502, Marijuana use by health professionals.
 - Bottom line is that it will be treated similar to alcohol in enforcement actions. Impairment means just that. With respect to drug testing by employers, private businesses may have their own rules on employees. Any business receiving federal money must adhere to federal rules, which include use of a class 1 drug substance.....

COMPOUNDING ISSUES:

1428 in state pharmacies licensed in Washington, approx. 80 that do significant compounding. 584 non-resident pharmacies currently licensed. Currently there is no provision for fining companies that violate RCW or WAC. This would be a helpful enforcement tool where suspending, revoking or denying a license may not be necessary.

- Submitted reports to both houses of Congress on December 7th regarding our current compounding laws, rules and inspection process of compounding pharmacies. Each state was asked to submit answers to questions:
 - 6 Questions from the U.S. House Committee
 - 9 Questions from the U.S. Senate HELP Committee
 - What our rules currently say on compounding?
 - Do we use USP 797 as standard?
 - What actions we have taken thus far?
 - Define compounding in your state
 - What are operating budgets for BOP and inspections for last ten years and what disciplinary actions you have taken and for what?
- NECC Updates and Actions; January 2013
 - NECC agreed to an order revoking their license on Nov 29th, 2012 by the Board of Pharmacy.
 - No patients in Washington have yet been affected by any NECC products that were sent into Washington State.

- Article in January newsletter regarding compounding rules in Washington State, Web site, and Listserv with information on compounding rules updated in December 2012.
- Letter addressed to licensed non-hospital pharmacies on compounding practices finalized and being sent this Jan 2013.
- Inquiries from state congressional members and public continue to come in and are answered in a timely fashion
- Looking at options to enhance licensing information provided by all compounding pharmacies.
- State of Washington was represented by Steve Saxe on December 19th at an FDA meeting on Compounding practices held in Washington DC. He was there representing the entire Department of Health and State of Washington. This meeting included a general discussion and breakout sessions to discuss any regional issues. Discussion points of this session were that:
 - Traditional compounding has its place, but large volume compounding/interstate distribution has created new issues.
 - Those companies engaged in high risk compounding across state lines should be licensed as a drug manufacturers and regulated by the FDA with assistance from State Boards of Pharmacy. Additional resources to train pharmacy board inspectors in compounding inspection procedures would be welcome.
 - 1992 FDA compounding guidelines were never fully supported or embraced. Then added CFR 503(a) to the federal register. However, these do not allow for large volume anticipatory compounding.
 - Possible considerations include three tiered approach. The three tiers include: compounding, non-traditional compounding, manufacturing
 - Having a centralized database of information, perhaps co-ordinate with NABP would provide needed pharmacy information and communication with all state BOP.
 - Washington would support a specific mandated national standard to enforce in non-traditional compounding facilities and would contribute to collective enforcement of these types of facilities.
 - It was clear that products NECC shipped to Washington State were not produced in response to specific patient prescription orders, as in the law in Washington State.
 - Summary of Breakout sessions;
 - Comfortable with their own states. Unsure of other states.
 - Improved communication needed with State and Fed.
 - Large uncovered area is physician compounding
 - Definitions are critical (including a clear definition of what FDA approval would mean)
 - How to do assays of compounded material?
 - When companies can advertise
 - Addressing the drug shortages that contributed to compounding issues?
- Met with Oregon Executive Director Gary Schnabel on Dec 7th to meet members of Oregon Pharmacy team and review areas where Washington and Oregon can work together on

issues of concern to both states. Suggested at that meeting the Washington BOP might want to consider a survey of Washington pharmacists on working conditions similar to Oregon 2011 survey and compile results. I reviewed with Gary their rules on pharmacy business practices and their process for stakeholder work and rule development.

- Met in December with University of Washington Pharmacy Law class for a lecture on rules work students have done with Dr. Tom Hazlet and their input into the rules process as future pharmacists.
- PMP Program was included in Gov. Gregoire's budget for next two years.
- Met with Board of Naturopathy in November and emphasized the need to address educating professionals in Washington State on limitations of prescribing, which will be done by their board
- Presented department recognition to Doreen Beebe, Tim Fuller and Cathy Williams for twenty five years of service with Department of Health, BOP and State of Washington.

Assistant Attorney General

Joyce Roper reported:

- Since the last meeting a reply brief was submitted in Stormans case.
- Joyce has been working with Chris Humberson regarding compounding issues.
- Joyce introduced Debra Defreyn a new AAG

Consultant Pharmacists

Tim Fuller reported:

- Visit and dialogue with UW Law Class of Dr. Tom Hazlet
- Local Health Jurisdiction-Pharmacy MOU Operational Plan Working Group
 - ✓ how do you invoke assistance; what kind of disasters; standardizing
- Office of Superintendent of Public Instructions
 - ✓ update of the Bulletin Administration of Medications
 - ✓ growing number of issues and guides for schools

Chief Investigator/Field Investigator

Grant Chester reported:

- Grant introduced Brad Dykstra as the newest pharmacist investigator. Mr. Dykstra was a 2007 graduate of Washington State University and has a retail pharmacy background. He will replace Jim Doll who retires on March 1, 2013. Mr. Dykstra will be the investigator for SW Washington which includes Cowlitz, Clark, Lewis, Skamania, and Thurston counties.
- We recently completed our 2012 Pharmacy Inspection Customer Satisfaction Survey which is part of the information packet you have already received. I used extreme caution in interpreting the data and believe the survey was very favorable. However, since there was less than 40% participation (16.8%) the survey can only be considered representative of the pharmacists who responded. It cannot be interpreted as representative of the larger pharmacist population. In order to have a survey representative of the larger population there has to be a 70% or greater participation.
 - ✓ The 5 year trend in pharmacies receiving unsatisfactory or conditional inspections has gradually increased from 2.7% to 7%.

- ✓ This is primarily pharmacies failing to learn from the educational approach to correct deficiencies from previous inspections. This results in additional points being taken off on the following inspection and in some cases a conditional or unsatisfactory examination.
- ✓ There is no discernible pattern for types of pharmacies. 70% or greater participation.
- ✓ Other than during an investigation, when pharmacist investigators discover that pharmacy firms / persons are or may be in violation of a law or rule it is considered an educational opportunity and technical assistance is provided and documented.

Consent Agenda Item 7

Donna Feild shared her concerns. Her concern was there anything on the review form that focused on overrides. Tim Fuller explained this has just become a focus regarding the Automate Drug Dispensing Devices. This is not on the review form. Mr. Fuller will update the review form to focus on the override portion of the policy.

- 7) Automated Drug Dispensing Device Approval
 - a. SCCA at Evergreen Health, Kirkland
 - b. Hoagland Pharmacy - Whatcom Hospice House, Bellingham
 - c. Summit Pacific Medical Center, Elma
 - d. Peace Island Hospital at Friday Harbor
 - e. Northwest Hospital and Medical Center, Seattle

MOTION: Donna Feild moved that the board will approve Consent Agenda Item 7 now that it has been agreed that the override portion of a policy will be added to the review form. Gary Harris seconded. **MOTION CARRIED: 6-0.**

PRESENTATIONS

Safeway Call Center

Tim Fuller provided the board a brief background on the Safeway Call Center that was approved April 2012. Tim McCrea Safeway Pharmacy Manager presented the status report to the board.

Safeway Seattle Division Call Center Overview of responsibilities

1. Resource for Patient Information

Answer questions that may be posed by patients that cannot reach their pharmacy. *(minimal use)

2. Transfer and Process prescriptions to include Phone forwarding if needed.

- ✓ For hard to staff pharmacies *(This service has helped many pharmacies manage workflow)
 - Bad weather
 - Sick Tech (Unable to physically staff)
- ✓ Have calls forwarded to call center as needed *(Not yet implemented)
 - New prescriptions
 - Refills
 - Patient questions
 - Third party billing issues *(Very successful especially for immunizations)

- ✓ Process prescriptions in the refill queue and e-scripts for pharmacies as needed. *(This has been very successful 19,905 refills & 8,186 e-scripts in 2012)
- 3. Outcomes/MTM *(Very successful 1,231 MTM in 2012)
 - Assist pharmacy with calling and scheduling interventions
 - Be a resource for pharmacists on MTM issues.
- 4. Immunizations
 - Assist in review of recommended immunizations *(successful)
 - Assist in review and processing of third party billing *(successful)
 - Assist in identification of potential patents *(13% success rate)
 - Assist in vaccine allocations
- 5. Rx transfers
 - ✓ Transfer prescriptions in/out: to other pharmacies to allows the pharmacy staff to concentrate on their customers in the store. *(29,573 in 2012)

Policy and Procedure Call Center Pharmacists and Technicians doing MTM

Overview:

- Outcomes® is a MTM Service Company that utilizes community pharmacists as providers of Medication Therapy Management (MTM) services of the following types:
 - Comprehensive Medication Reviews (CMR)
 - Physician Consultations
 - Patient Compliance Consultations
 - Patient Education & Monitoring (most common)
 - TIPS*
- Simply put, pharmacists are able to bill for services they are currently uncompensated for, such as calls placed to a prescriber for formulary reasons, unsafe doses or interactions, and even counseling a patient on a new medication.
- Example: Medication A is not covered by patient's insurance formulary. Action: pharmacist consults with physician and medication is changed to B. Pharmacist provides and educates patient on medication B. Patient receives a follow-up call in 3 days to monitor satisfaction with medication B.
- Billable services: \$20 for calling doctor and \$10 for counseling and monitoring the patient. Two different claim submissions for the same prescription!
- Adjudication Edits in PDX will notify you of which patients are eligible for Outcomes® Services. This is not a universal program, it applies to a select group of individuals that are identified through the messaging.

Summary

The Safeway Seattle Division Call Center has been very successful at improving pharmacy workflow and overall job satisfaction for our Washington State pharmacy personnel which ultimately improves patient satisfaction and welfare since our staff are able to spend more time with patients face to face in our pharmacies.

Our Quality and Assurance has found some areas to improve including; increase call center hours, increase staff training, increase staff to implement / increase approved services. We also learned from the Q&A that our local number was better to distribute than our original "1-855 RX TRANS" due to high customer cell phone use. Also, we would like to expand to support our pharmacies in Idaho and Montana. We are also in the process of developing a web based transfer form to better communication

between our pharmacies and the call center which will expedite the transfer process. We will continue to monitor our Policy and Procedures along with our Quality Control to continue to improve our call center.

I would like to thank the Board of Pharmacy, Investigators, Tim Fuller, Cathleen Williams and Doreen Beebe for all their help in this process and allowing us to improve our pharmacy services to our patients in new and innovative ways.

The board requested that Tim McCrea report back after one year for another update.

The Suicide, Assessment, Treatment and Management Act

The 2012 Legislature passed engrossed substitute house bill 2366, which requires certain health professions to include as part of their continuing education training in suicide assessment, treatment, and management. Alyson Kohl, Department of Health Suicide Study Program Manager discussed with the board whether to recommend the inclusion of pharmacy professionals in those healthcare providers best suited to influence suicidal ideation.

ESHB 2366 Suicide Assessment, Treatment and Management Act of 2012

- Section 1 requires mental health professions to obtain CEU's on Suicide every 6 years.
- Occupational Therapist representatives volunteered to be part of the bill thus O.T.'s are also to obtain these CEU's if they see clients
- Section 2 requires a study of evidence based training programs

ESHB 2366 Section 3

- Conduct a Study evaluating the effect of evidence-based suicide assessment, treatment and management training on the ability of licensed healthcare professionals to identify, refer, treat and manage patients with suicidal ideation.

According to the Law the Purpose of the Study is:

- 1) Conduct a literature review regarding the relationship between healthcare providers completion of training and suicide rates
- 2) Assess which healthcare professionals are best suited to positively influence individuals with suicidal ideation
- 3) Evaluate the impact of healthcare professional suicide training on veterans with suicidal ideation
- 4) 4) Review curricula of healthcare professional training programs at state educational institutions regarding suicide prevention

Nationwide & Statewide Focus

- The US Surgeon General just released the 2012 National Strategy for Suicide Prevention
- ESHB 2366 is an attempt in Washington to decrease suicides
- The study will help the Washington Legislature determine future steps based on research.

What we will be doing during the study

- Obtaining educational curricula and contacting schools to identify if suicide information is being taught
- Reviewing current continuing education programs
- Researching what's being done nationally and globally

- Asking Washington healthcare professionals for information and feedback about education and experience regarding potential clients with suicidal ideation **via an online survey to members of professional associations**
- Please encourage members to complete the survey
- Survey link may be sent to fellow providers (who are not members of associations) as well.

Questions to be answered

- Is expertise at identifying suicide risk considered a requirement for your profession?
- Are members of your profession expected to be trained in the assessment of suicide risk or suicide prevention?
- Approximately how often do you think potentially suicidal clients are seen in your profession?

Peninsula Community Health Services – Workload Balancing

Cathy Williams gave the board a brief overview of the proposal. She introduced Dr. Jennifer Kreidler-Moss who presented a proposal for Peninsula Community Health Services to use the PDX system to implement workload balancing.

Peninsula Community Health Services (PCHS)

- 4 Independent Retail Pharmacies
 - 6th Street – Bremerton
 - Port Orchard
 - Poulsbo
 - Wheaton Way - Bremerton
- Mission is to provide access to low-cost medications and pharmacy services otherwise unavailable to patients with financial barriers.

Workload Balancing

- Distributing work across all sites which does not require actual patient or drug contact
 - Not counseling
 - Not filling (labeling and preparing the medication for dispensing)
 - Not drug verification (correct drug in the bottle, correct cap, correct quantity)
- Software automatically prioritizes the entire patient group so every task is given the appropriate time and attention (think today’s work today regardless of site)
- Easy, permanent communication within filling software all the way to check-out step with ability to require input (no loose sticky notes to get lost)

Why add workload balancing

- Customer Service
 - One group of patients to be serviced by all staff based on stated pick-up times (one large queue of daily work to be accomplished)
 - We have patients that routinely see providers at multiple clinics and use more than one of our pharmacies based on transportation issues (e.g. bus schedule, rides with Access or Para Transit, other appointments for self, family, friends)
 - We see all patients at any clinic as one group to serve and try to staff accordingly
- Efficiency
 - We do not cover the costs of the program based on retail sales
 - Our mission calls for access to all patients but load balancing will help justify staffing at slower sites

- Allows a better distribution of pharmacist time so that time spent on patient care can be increased (we will be able to increase appointment slots at all sites)
- Patient Safety
 - Work is allocated based on real-time volume so staff at one site is not being unnecessarily pressured while another site is “slow” and could help

Old Rx Filling – PDX Legacy

- Rx gets to technician
- Technician places into colored basket based on planned pick-up day
 - Red = waiting
 - White = not waiting
- Label prints and technician prepares Rx (pharmacist overrides DURs if present)
- Pharmacist performs manual check for accuracy and initials bottle and hardcopy

Gaps in Old System

- Label previously printed immediately upon order entry (if no DURs) prior to pharmacist verification for accuracy
- No automatic capture of counseling pharmacist identity
- No automatic capture of the filling technician identity
- All steps are recorded to the individual employee level
 - No more errant scribbles (or lack of scribbles) on hardcopies that are supposed to mean something
- Each step can be locked down more stringently by security role to the appropriate staff person even within a licensure level (e.g. float RPhs)

PDX - Enterprise Pharmacy System

- Additional document from PDX highlighting Central Fill and Remote Processing
- Huge undertaking for our FQHC
 - Incredible cost compared to our old system
 - No quick return on investment
 - Committed to patient safety as an organization
 - Potential to improve safety (more robust, modern system)
 - Potential to improve efficiency (work spread across more available staff)
 - We honestly believe this will increase safety and service for our vulnerable patients.

Patient Safety with Load Balancing

- One patient database
 - Allows crosschecks between sites – our patients tend to travel between sites based on provider openings
- One prescription filling profile
 - Allows crosschecks between sites– our patients tend to travel between sites based on provider openings
- One queue of pending work based on anticipated pick-up time
 - Scraps of paper can get lost/shredded/mis-filed
 - Manual prioritization of work which was previously largely based on technician judgment – “unpopular” baskets could keep getting moved to the bottom

Load Balancing Workflow

- Functionality will only be enabled for process items which are largely clerical in nature and do not require in-person interaction with the patient or drug

PDX - Enterprise Pharmacy System

- Order Entry – Rxs to be filled (timing of pick up)
- Data Entry – Technician enters info into filling software
- Data Verification – Pharmacist verifies accuracy and completes DURs
- Fill – Label prints and technician prepares Rx
- Call – Holding queue of Rxs needing technician attention (refill too soon, prior authorizations, needs refills)
- Third Party - Holding queue of Rxs needing technician attention for insurance rejects
- Product Verification – Pharmacist physical verification of labeled product
- MTM – Pharmacist notification queue of pending MTM events
- Will Call/Counseling – Queue of where an Rx is in the workflow

Quality Markers

- Robust Quality Department set up to handle medical accreditation (e.g. JCAHO, AAAHC)
- Unusual Occurrences are tracked by type, confounding factors, and staff involvement
- Referral process to Peer Review with Root Cause Analysis for sentinel events
- In other words, the Pharmacy Program is held to a very high standard as has become expected in the healthcare industry.

Set-Up for Success

- Teamwork – shared workload on the medical side already using collaborative drug therapy agreements (CDTAs) – Anticoagulation, Vaccines, ECP, Refill Authorization & Adjustment
- Technology
 - Pharmacy has complete access to electronic medical record
 - Most documentation occurs in the medical record
- Innovative Practice
 - Progressive
 - Highly motivated group
 - Patient Centered Medical Home - Pharmacists are an integral part of the team (clinical visits and prescription dispensing)

MOTION: Donna Feild moved that the board approve the proposal by Peninsula Community Health Services to use the PDX system to implement workload balancing with a 1 year follow up. Dan Rubin second. **MOTION CARRIED: 6-0.**

DISCUSSION

Drug Repackaging/Reuse

Tina Lacey, Pharmacy Investigator led the discussion with the board. They revisited and discussed public comments received regarding the guidelines detailing requirements for the return and reprocessing of drug products in long term care pharmacies - includes community based care settings (WAC 246-865-060 and WAC 246-869-130 return, repackaging, and reuse of drugs).

The pharmacist investigators are reporting growing concern with repackaged modified unit dose (bubble pack) medications being returned and reused multiple times after being initially dispensed to community long term care facilities. These facilities have grown in numbers throughout the state and include assisted living facilities, boarding homes, residential treatment facilities and adult family

homes, in addition to nursing homes. The facilities listed vary in staffing, oversight, security, control and storage of medications.

The relevant rules **WAC 246-865** and **WAC 246-869** were developed and promulgated in 1991. These rules apply to extended care facilities defined in rule as nursing homes. The rules are silent relative to the community care facilities listed above in paragraph one.

After Tina Lacey went through proposed guidelines and there was some discussion with Joyce Roper's input. The proposed guidelines are inconsistent with the current rules and would be a risk for the board to make changes. This will need to go to rulemaking.

MOTION: Donna Feild moved that the board authorize that requirements for the return and reprocessing of drug products in long term care pharmacies - includes community based care settings be moved to rulemaking. Elizabeth Jensen second. **MOTION CARRIED: 6-0.**

The board adjourned for Executive Session and Case Presentations at 12:07 p. m.

The board reconvened from Executive Session and Case Presentations at 1:07 p.m.

DISCUSSION Cont'd
2013 Legislative Session

- “Meet Me” calls began January 7, 2013. These are conference calls held every Tuesday for 30 min. They designed to speak to specific legislation that Department of Health boards and commissions are involved in. Several board and commission members along with staff participate on these conference **calls, calls**; a summary review of each bill is done by staff with some time for input from folks that participate on the call.
- **HB1003** Prohibits a person who applies or holds a license or temporary practice permit and has a final finding issued by the Department of Social and Health Services of abuse or neglect of a minor or abuse of anement neglect or financial exploitation of a vulnerable adult for practicing in a health care position in the state until proceedings of the appropriate disciplinary or authority have been completed.
- Legislation starts Monday January 14, 2013 at 10:00 am.
- The board will be provided a weekly summary of bills that involve pharmacy. There will be an update at board meetings as well.
- There will be a bill regarding e prescribing that will be re introduced this year.
- Another bill is about providing public health facilities giving public health nurses the authority to provide drugs or devices for purposes of communicable diseases or birth control and will be very specific only for patients that frequent local health jurisdiction only

Disposal of Controlled Substances

The board discussed the federal Drug Enforcement Administration's (DEA) proposed rulemaking to implement the Secure and Responsible Disposal Act of 2010 for possible comment. Public comment must be post marked on or before February 19, 2013.

Joyce Roper, AAG pointed out that the DEA did not recognize a common carrier that was registered. The board recommended that board staff seek clarification on the registered transportation.

Dispensing Prescriptions Written for Animals

Candace Joy, Executive Vice President, Washington State Veterinary Medical Association requested audience with the board to discuss a pharmacist's role and responsibility for counseling and educating clients while filling a veterinary prescription.

There is an alarming trend in recurring problems by pharmacists unfamiliar with veterinary pharmacology and physiology. Survey respondents reported the following unauthorized changes to veterinary prescriptions by retail and online pharmacists:

- 1) Pharmacists are switching drugs, altering dosages, and changing the quantities from what was prescribed. These unauthorized changes are largely because of a lack of knowledge in veterinary pharmacology and physiology and also because pharmacies are not keeping an adequate supply of the appropriate veterinary drugs.
- 2) Pharmacies are dispensing larger quantities than were prescribed as they work to provide a cost savings to the pet owner and build customer loyalty.
- 3) Pharmacists are counseling pet owners with incorrect information with regard to administration.

- 4) Pharmacists are unaware of adverse drug reactions in pets.
- 5) Pharmacists are telling the client that the veterinarian was wrong and should not have prescribed the drug accordingly, undermining the veterinary-client-patient relationship and casting doubt on the veterinarian's competency.
- 6) Written instructions are not being included on the medications and instead "use as directed" is printed on the label.
- 7) Online pharmacies are also issuing prescriptions beyond the allotted time or without approval of the prescribing veterinarian.
- 8) Compounding pharmacies are not providing adequate quality control.
- 9) Retail pharmacies are not charging the appropriate sales tax.

The board suggested that Candace put together some materials to educate pharmacist. The board would like staff to prepare an article in the newsletter that can direct pharmacists where to get general information regarding dispensing vet medications. Lisa Hodgson, Executive Director for Veterinarian Board of Governors will work on the education portion of this issue. Christopher Humberson, Executive Director for Board of Pharmacy will support focus on this matter and answer any questions to the Veterinary Board of Governors via email.

NABP – Pharmacist Assessment for Remediation Evaluation

Christopher Humberson led the discussion with the board on the potential of utilizing the National Association of Boards of Pharmacy computer-based assessment tool when imposing conditions/sanctions in cases involving noncompliance with pharmacy practice standards.

- The Pharmacist Assessment for Remediation Evaluation (PARE) is a multi-dimensional assessment that the boards of pharmacy may use as an auxiliary tool when making decisions regarding pharmacist practice deficiencies that are due to noncompliance with pharmacy practice standards, laws or regulations, and result in compromises to patient safety.
- The PARE is a computer-based assessment that consists of 210 multiple choice questions. Examinees have a maximum of 4.5 hours to complete the exam. The questions will be drawn from three content domains:
 - ✓ Medication Safety and the Practice of Pharmacy (Area 1 - 50% of questions)
 - ✓ Professional Ethics/Pharmacist Judgment (Area 2 - 25% of questions)
 - ✓ Clinical Pharmacy Practice (Area 3 - 25% of questions)
- To pass the PARE, you must achieve an overall score of at least 80 as well as a minimum score of 75 in each of the three content areas. In the case of a Fail, the score report will include the overall score and performance in each of the three content areas.
- The PARE is a Web-based examination administered via computer. The Board of Pharmacy will decide whether to allow the examinee to use their own laptop for testing or supply a laptop/desk-top.
- After registration, NABP will email the registrant a PDF copy of the *PARE Examinee Handbook*, which contains details about the processes and procedures on the test day as well as the Authorization/Release and Confidentiality Agreement. Examinees may review the agreement prior to testing and will be asked to agree to it electronically on the test day.
- The PARE will be administered in a two-week testing window approximately four times per calendar year. The next available testing windows will be:
 - ✓ February 11-22, 2013
 - ✓ June 3-14, 2013
 - ✓ September 16-27, 2013
 - ✓ December 2-13, 2013
- The fee for the PARE is \$250.

Request for Exception to 91 day Waiting Period

A board panel was asked to consider a request by a Pharmacist Intern to authorize NABP to waive the 91 day waiting period following a “no score” report on the North American Pharmacist License Exam.

MOTION: Elizabeth Jensen moved that the board approve the request by Ngoc-Diep Thi Pham, Pharmacist Intern to waive the 91 day waiting period following a “no score” report to take the North American Pharmacist License Exam. Emma Zavala-Suarez second. **MOTION CARRIED: 3-0.**

Rules Re-write Project for Pharmacy

Christopher Humberson led the discussion on the progress and recommendations for next steps offered by workgroups established to further flesh out rule priorities for R2P2. The five topic areas identified at the board's strategic planning session formed the following workgroups.

1. Pharmacist/Pharmacy Interns: **MOTION:** Donna Feild moved to authorized staff to file a CR101 to initiate rules to update and establish minimum core standards of practice for pharmacists, opening all applicable WAC chapters. Dan Rubin second. **MOTION CARRIED: 6-0.**
2. Pharmacy Technology: **MOTION:** Donna Feild moved that the board develop a new chapter on Pharmacy Technology. Elizabeth Jensen second. **MOTION CARRIED: 6-0.**
3. Pharmacy Ancillary Staff: The board and board staff agreed to go back and reconfigure what direction to go with this rule workgroup.
4. Pharmacy Operations: **MOTION:** Elizabeth Jensen moved that the board prepare to file a CR101 to add this to chapter 246.869. Dan Rubin second. **MOTION CARRIED: 6-0.**
5. Compounding: **MOTION:** Donna Feild moved that the board file the CR 101 for the Compounding chapter. Dan Rubin second. **MOTION CARRIED: 6-0.**

Correspondence

The board discussed any correspondence received or distributed.

- WStateResponse.NECC.House
- WStateResponse.NECC.Senate

OPEN FORUM

There being no further business, the board adjourned at 4:15 p.m.

PRESENTATION OF AGREED ORDERS

CLOSED SESSION

Next scheduled business meetings: February 21, 2013 – 9:00 a.m.
Blackriver Training and Conference Center
800 Oakesdale Ave SW
Renton WA 98057

Respectfully Submitted by:

Leann George, Program Support

Approved on February 21, 2013

Christopher Barry, Chair
Washington State Board of Pharmacy