



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*  
**PHARMACY QUALITY ASSURANCE COMMISSION**  
*Regular Scheduled*  
**MEETING MINUTES**  
Department of Health  
PPE 152 & 153  
Tumwater, WA 98501

**CONVENE**

Chair Al Linggi called the meeting to order January 29, 2015.

*Commission Members:*

Christopher Barry, RPh, Chair  
Gary Harris, RPh,  
Steve Anderson, RPh  
Dan Rubin MPP, Public Member, Vice Chair  
Elizabeth Jensen, PharmD  
Maureen Sparks, CPhT  
Al Linggi, RPh, MBA  
Tim Lynch, PharmD  
Nancy Hecox, PharmD

*Absent Commission Members:*

Sepi Soleimanpour, RPh, MBA-MHA

*Guest / Presenters:*

Thomas Kloetting, RPh, D.Ph. from Grays Harbor  
Community Hospital  
Neal Matthews, Director of Pharmacy for Ocean  
Beach of Hospital  
Linda Kaino, Chief of Nursing Officer  
Glen Adams, Pharmacy Director for Confluence  
Rick Canning, Exec. VP for Confluence Outpatient Services  
Richard Bennet, Sr. VP Quality for Confluence  
Craig Peterson, Operations Manager  
Carol Sue Jones, Legal Counsel for Confluence  
Ray Bender, Product Manager for Centricity  
Meredith Esonis, Sales Support Project Manager  
For Centricity  
Francis Toan, Program Manager for MedRx  
Joshua Marker, Corporate Counsel  
Cathy Null, RPh, Harborview Medical Center  
Beverly Sheridan, RPh, Harborview Medical Center  
Heidi Bragg, MBA, RPh, Director of Regulatory  
Compliance for Cardinal Health  
Michael Mone, JD; VP Associate General Counsel Cardinal Health  
Ajay Sinha, RPh, Director of Pharmacy, Fairfax Behavioral Health  
George Dimaris, RPh for Fairfax Behavioral Health

*Staff Members:*

Joyce Roper, AAG  
Christopher Humberson R.Ph, Executive Director  
Tyler Varnum, Pharmacy Investigator  
Julie Faun, Pharmacy Investigator  
Lisa Roberts, R.Ph. Pharmacy Consultant  
Cathy Williams R.Ph, Pharmacist Consultant  
Doreen Beebe, Program Manager  
Peggy Crain, Rules Coordinator  
Irina Tiginyanu, Pharmacy Technician Analyst  
Leann George, Secretary Senior

*Absent Staff Members:*

Gordon MacDonald R.Ph, Chief Investigator

**CALL TO ORDER**

- 1.1 Approval of Business Meeting Agenda.
- 1.2 Approval of December 11, 2014 Meeting Minutes.

**MOTION:** Dan Rubin moved that the commission approve 1.1. Chris Barry second. **MOTION CARRIED: 9-0.**

**MOTION:** Dan Rubin moved that the commission approve 1.2. Maureen Sparks second. **MOTION CARRIED: 9-0.**

**CONSENT AGENDA**

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

- 2.1 NPLEx Monthly Report Acceptance
  - December 2014
- 2.2 Pharmacies and Other Firm Application Approval
  - New and Closed Pharmaceutical Firms Report
- 2.3 Pharmacy Tech Training Program Approval
  - Ritzville Pharmacy
- 2.4 Pharmacy Technician – Specialized Functions Approval
  - Western State Hospital – Unit Dose Checking (tech check tech)
- 2.5 Automated Drug Distribution Device Approval
  - Okanogan Douglas District Hospital Pharmacy

Items 2.6, 2.7, and 2.8 were deleted from the consent agenda.

**MOTION:** Elizabeth Jensen moved that the commission approve items 2.1, 2.2 & 2.3 and pull items 2.4 & 2.5 were pulled for from the consent agenda for further discussion Gary Harris second. **MOTION CARRIED: 9-0.**

## **REPORTS**

### **Commission Members**

#### *Christopher Barry reported:*

- Chris has an engagement to speak to a class at the Washington State University on the topic of the Washington State Pharmacy Quality Assurance Commission in February. Mr. Barry asked Eleanor Carbett, Pharmacy Investigator to participate with him.

#### *Maureen Sparks reported:*

- January 5 & 6 she flew to Dallas, Texas for ASHP accreditation survey of a pharmacy technician program. Maureen felt she learned a lot and it was very interesting.
- February 7 Maureen will be participating in Pharmacy Technician day with WSPA at Clover Park Technical College that allows technicians CE.

#### *Gary Harris reported:*

- Mr. Harris met with the University of Washington (UW) Pharmacy Alumni Association.
- He has been selected to be a member of UW strategic planning advisory committee.

#### *Steve Anderson reported:*

- He participated in the webinar/video conference for the Business Practice Meeting on January 6.
- Mr. Anderson took and passed the MPJE Tennessee, Arizona and Virginia.

#### *Elizabeth Jensen reported:*

- Elizabeth sat in on the webinar/video conference for the Business Practice Meeting on January 6.

#### *Tim Lynch reported:*

- Tim is part of a workgroup working with the Nursing Commission regarding student nurses having access to ADDD's this will be ongoing.
- Attended ASHP mid-year meeting participated in discussion from commission members that are health system pharmacists. The discussion was about pertinent issues impacting hospital and health system pharmacy.
- He participated in the webinar/video conference for the Business Practice Meeting on January 6 as a public member.

#### *Nancy Hecox reported:*

- She is prepping for attending sterile boot camp in March with Julie Faun and Brad Dykstra. Been online taking 40-50 online monograph classes you must pass before arriving in Denver.
- Monday she and Tyler Varnum visited the 3 Confluence sites.

*Dan Rubin reported:*

- A lot of work on business practice committee.
- Late December Dan was asked to represent the commission on the legislative meet me calls.

*Al Linggi reported:*

- Continue to work on Technology task force. CR101 and CR102 asking stakeholders to assist in looking at different technical aspect associated with pharmacy. A few people have volunteered.
- Al attended the ASHP mid-year meeting.
- He also sat in on the webinar/video conference for the Business Practice Meeting on January 6.

Executive Director

*Chris Humberson reported:*

- Participated in meeting of Business practice Committee
- Presented talk to Veterinary Association on Pharmacy Issues and met with WSU Veterinary Faculty.
- Attended a NABP Compounding Workshop to help develop a uniform inspection format for interstate use.
- Chaired meeting of Unintentional Poisoning Workgroup for DOH on opioid overdoses
- Spoke at Pharmacy Student Day at Legislature
- Met with WSHA representatives in Seattle to discuss common issues of concern

Assistant Attorney General

*Joyce Roper reported:*

- She prepared two memos for PQAC, which, at this point, attorney client memos. The memos have been distributed to the commission members and address two topics: an overview of the authority to regulate firms, at the request of Dan Rubin to potentially be used for the business practices committee and a memo regarding Confluence's request for approval. There will be further discussion when these topics come up in the agenda.

Consultant Pharmacists

*Lisa Roberts reported:*

- She has been working for months now with Surescripts regarding electronic prescribing. The gentleman she has been working with will be flying in for a meeting February 2 with Lisa, Al and Chris Humberson to discuss the issues.

Supervising Pharmacist Investigator/Field Investigator

*Gordon MacDonald reported:*

- During the month of November, Pharmacist Investigators devoted 735 hours to inspections, 263 hours to investigations and 104 hours providing technical assistance/education. Investigations were completed on 24 cases with 119 cases open.

- During the month of December, Pharmacist Investigators devoted 837 hours on inspections, 378 hours on investigations and 94 hours providing technical assistance/education. Investigations were completed on 18 cases with 126 cases open.
- Following is an updated Pharmacy License by Type report for January 2015. The report reflects an increase in 36 out of state firms gaining licensure and 14 in state firms gaining licensure over the December Report. Of special note, there are a total of 2101 in state firms and 1916 out of state firms licensed by the commission. In state firms are closely regulated and monitored by the commission while out of state firms are not subject to the same level of commission oversight.
- During 2014 the pharmacist investigator team conducted 591 pharmacy inspections. Eighty-three of these inspections (14%) were follow up re-inspections which were conducted due to Conditional (80-89 points) and/or Unsatisfactory (79 points or less) scores earned on routine inspections of pharmacies (WAC 246-869-190 (4)(5)).

## **RULEMAKING AND POLICY DEVELOPMENT/DISCUSSION**

### **2015 Legislative Session Update**

Several bills related to Pharmacy have been introduced:

HB 1369 on student volunteers

HB 1625 on providing drugs to ambulances

HB 1671 on Opioid overdose medications

SB5268 on eye drop refills

SB 5291 on epi pen uses in facilities

SB 5441 on patient medication coordination

SB 5460 on prepackaged ER medication

SB 5549 on Pharmacy assistant's fee

### **Compounding rules update:**

Chris Humberson updated the commission members on the compounding rule. There was an extension put on the comment deadline which is now February 15, 2014. The draft has been out since October 1, 2014. The path going forward is once comments are in they will be sorted by topic, than evaluated by the Compounding Committee. The crosswalk is completed and will be sent out the beginning of February. The committee will be working on stake holder suggestions and prepare a second draft for first part of May to go back out for more comments.

### **Technology Committee Update**

Al Linggi provided the commission an update. The CR101 has been submitted. There has been reasonable amount of work. The committee has looked at some states that have contemporary rules. They reached out to stakeholders asking for them to step up from industry and community practice with respect to the use of technology and they have received excellent responses and many offers to help support the committee. They will be working towards stakeholder meeting. There is a lot of work to be done and Al encourages stake holders to participate as much as possible.

## **Pharmacy Business Practice Committee Update**

Dan Rubin provided the commission members update.

The Committee met three times since the Commission's December 11, 2014 business meeting: immediately after the December 11 meeting; on January 6, 2015; and on January 15, 2015.

A major part of all these meetings was devoted to presentation and discussion of preliminary results from the 2014 Pharmacy Survey. On December 11 the committee heard a preliminary report on responses to the open comments field of the survey (Question 23), which was released on December 8 and is available on the "Rules in Progress" section of the PQAC website.

Some public comments at the meeting noted that payment pressure is enormous throughout the health care industry; that some negative comments might result from poor fit between individual staff and their specific job duties; and requested the committee to be evidence-based and focus on patient safety. There were suggestions on further analysis (by respondent profession, role, site, etc.) and some beginning discussion of quality improvement approaches in use.

The January 6 committee meeting focused on presentation and discussion of the structured questions in the survey. The January 6 meeting also included brief presentation and committee discussion of a high level "Road Map" showing stages in the committee's work.

Discussion of both structured and "comment" questions from the survey continued at the January 15 meeting, which incorporated five sites. On January 15 the committee formalized moving forward to additional "stages" (on the Road Map) in three areas:

- Workload, pacing, interruptions, and staffing (the highest priority);
- Prescription transfers (a more focused topic, possibly simpler); and
- QI practices.

Specifically the work now proceeds to:

- The part of problem definition that focuses on demonstrated impact on patients/public (distinct from the experiences, perceptions and fears of staff);
- Common understanding of our current legal environment in these topical areas (statute and rules); and
- Preliminary review of remedies and standards used in various settings/jurisdictions, as a first step in scanning for possible actions.

Efforts to accommodate multiple sites through technology continue to pose challenges. The committee is inclined to build on in-person meeting opportunities the days of Commission Business meetings; focus multi-site teleconferences on discussion (without attempting to also manage complex visual presentations); and use Webinar methods for other meetings that do involve visual presentations.

## **PUBLIC RULES HEARING**

### **Rules Hearing**

The purpose of the proposed changes to chapter 246-870 WAC and WAC 246-887-020,-030 is to implement Substitute Senate Bill 5416 to redefine electronic communication of prescription information; revise prescription dispensing requirements for Schedule II through V controlled substances; and to rename the Board of Pharmacy to the Pharmacy Quality Assurance Commission. The proposed rule was filed with the Code Reviser's office on November 26, 2014. The notice was published in the Washington State Registry as **WSR# 14-24-076**.

Peggy Crain summarized the proposed rule and explained the amendments. Peggy followed her presentation by answering questions from the commission.

The Chair opened the hearing to public testimony. After the commission heard and responded to the few comments, Peggy shared the four written comments she received for discussion with the commission. A copy of the summary of the testimony/comments and commission's response will be sent out on Listserv and mailed to individuals upon request.

Joyce Roper had already responded via memo to two of the comments Peggy received regarding Schedule V prescriptions. Peggy Crain requested to have this memo added to the rule file.

**MOTION:** Elizabeth Jensen moved to waive the attorney client privilege specific to the memo from Joyce Roper sent to Chris Humberson October 7, 2014. Dan Rubin second. **MOTION CARRIED: 9-0.**

A copy of the summary will be put into the rules file and sent to those who signed up for comment, those attending this hearing and those who request a copy.

*The hearing was concluded at 10:48 am.*

**MOTION:** Chris Barry moved to adopt the proposed language as written for WAC 246-887-020 Uniform Controlled Substances Act. Gary Harris second. **MOTION CARRIED: 9-0.**

**MOTION:** Steve Anderson moved to repeal WAC 246-887-030 Dispensing Schedule V Controlled Substances. Elizabeth Jensen second. **MOTION CARRIED: 9-0.**

**MOTION:** Nancy Hecox moved to adopt the proposed language as written for Chapter 246-870 WAC Electronic Transmission of Prescription Information, including the floor amendment to 246-870-060 to make it clear that only non-controlled legend drugs may be transmitted electronically by a prescriber using a computer system and received by a pharmacy via fax machine. Steve Anderson second. Motion rescinded.

**MOTION:** Dan Rubin moved to table the proposed language as written for Chapter 246-870 WAC Electronic Transmission of Prescription Information, including the floor amendment to 246-870-060 to make it clear that only non-controlled legend drugs may be transmitted electronically by a prescriber using a computer system and received by a pharmacy via fax machine for 30 days. Nancy Hecox second. **MOTION CARRIED: 9-0.**

Peggy will prepare a summary paper, along with amended language and submit to the listserv for 30 days another hearing held on proposed language at the next meeting. Commission is looking for some clear definitions.

## CONSENT AGENDA

### 2.5 Automated Drug Distribution Device Approval

- Okanogan Douglas District Hospital Pharmacy

The commission asked Lisa Roberts about some clarification regarding possible double dispensing and how long a fired employee will lose privileges for use of ADDD. After minimal discussion Lisa Roberts was able to answer the concerns of the commission.

**MOTION:** Tim Lynch moved to approve Consent Agenda Item 2.5 Okanogan Douglas District Hospital Pharmacy ADDD. Elizabeth Jensen second. **MOTION CARRIED: 9-0.**

### 2.4 Pharmacy Technician – Specialized Functions Approval

- Western State Hospital – Unit Dose Checking (tech check tech)

Commission members wanted to have confirmation from Cathy Williams whether the policy and procedure were in the documents sent by Western State Hospital. Cathy Williams confirmed that along with all other documents were received. There were some other missing documents so this agenda item will be postponed until March 12, 2014.

### Exception Application Criteria Matrix

Al Linggi and Kyle Karinen, DOH Attorney led the discussion asking the commission to consider adopting a process for delegation of authority and criteria to approve or deny applicants based on standards identified in the policy.

This was brought to the commission at the last meeting and Kyle was asked to make some revisions regarding all the concerns and to make this pharmacy specific. There was some further discussion about the amended matrix. This is just a guideline to assist in making consistent decisions regarding discipline. Every situation is still looked upon as a case by case basis.

**MOTION:** Dan Rubin moved that the commission adopt the Exception Application Criteria Matrix and after six months of use bring this back for a follow up discussion. Tim Lynch second. **MOTION CARRIED: 9-0.**

*The board adjourned for Executive Session and Case Presentations at 12:15 p. m.*

*The board reconvened from Executive Session and Case Presentations at 1:18 p.m.*

### List and Label Request

Dan Rubin led the discussion asking the chosen panel to recognize Health Market Science, Inc. as an educational organization.

**MOTION:** Nancy Hecox moved to deny the request from Health Market Science, Inc. to be recognized as an educational organization. Gary Harris second. **MOTION CARRIED: 5-0.**

**Remote Pharmacy Services:**

Al Linggi led the discussion asking Commissioner Nancy Hecox and Inspector Tyler Varnum to provide their findings after their visit to both Omak and Moses Lake sites. Then the commission was asked to discuss recommendations by the taskforce regarding Central Washington Hospital/Confluence Health pilot project to provide remote supervision of pharmacy technician preparing sterile parenteral products for patients at satellite infusions center. Julie Faun, Pharmacy Investigator was also asked to provide feedback and answer questions about her findings.

On January 26, 2015 Commission Member Nancy Hecox and investigator Tyler Varnum performed a site visit at three Confluence Health oncology related infusion locations, Moses Lake, Omak and the parent facility at Wenatchee Valley Hospital. The Moses Lake revisit revealed some positive changes had been made since the previous observations in November of 2014. Namely, the ISO 5 area of the hood had been cleared, the room was less cluttered and all cardboard boxes had been removed. Coats and flowers were gone. However food and drink were still present. It was commented that after the initial November 2014 visit these and other changes had been made. Mrs. Hecox observed the technician in the preparation of three compounds while Investigator Varnum interviewed Pharmacists Glenn Adams and Craig Pedersen. Hecox found that some elements of the compounding facility did not meet USP 797.

**CONCLUSIONS:**

1. Considering that USP 797 was published in 2004, the Moses Lake pilot project has been in existence since late 2012 and current state law has required USP compliance since May of 2013, the facility is still in the process of meeting the minimum standards of USP 797.
2. The compounding sites are currently unlicensed with elements of pharmacy practice being conducted.
3. Federal and State regulations may pose an issue when narcotics are stored in ADDDs with no DEA licensure for the facility.
4. There are questions and concerns about the room cleanliness, security, and air flow where the ISO boxes are placed to meet minimum USP797 standards.
5. There are questions about BUD dating meeting USP 797 standards.
6. Current pharmacists do appear to be well trained and credentialed.
7. Licensure of each site as a pharmacy would enable Confluence Health to get a pharmacy DEA license for the narcotic over site, and would normally place a pharmacist at each site.
8. Aside from providing immediate and in-person supervision of technicians, on-site pharmacists could, through CDTA's, provide bowel, skin, pain, refill and chronic medication prescription authorizations along with MTM, DUR and valuable on site drug information duties.
9. On site pharmacists could also provide remote order verification (reverse-check orders) back to the hospital, giving the pharmacist a full time function.

**MOTION:** Chris Barry moved that the commission waive the attorney client privilege to release the memo written by Joyce Roper on January 28, 2015 responding to the Confluence's request for approval. Steve Anderson second. Elizabeth Jensen, and Maureen

Sparks abstained. **MOTION CARRIED: 7-0. (Motion corrected per request at the March 12, 2015 meeting)**

**MOTION:** Gary Harris moved that the Pharmacy Investigator inspect Confluence, Omak and Moses Lake Clinics at a mutual agreed time. The investigator will provide detailed issues found for Confluence to resolve by April 30<sup>th</sup>, 2015. Confluence will be given three months to meet current Washington State standards of USP797 and legal requirements of pharmacy practice. Dan Rubin second. **MOTION CARRIED: 9-0.**

This continues to be a hot topic with two plus hours of detailed discussion. If you would like more details, staff can provide further information.

#### **Attorney Client Privilege**

**MOTION:** Dan Rubin moved that the commission waive the attorney client privilege to release the memo written by Joyce Roper on January 26, 2015 regarding Regulatory Authorities of Licensed Business Entities. Elizabeth Jensen second. **MOTION CARRIED: 9-0.**

#### **National Association of Boards of Pharmacy's 111<sup>th</sup> Annual Meeting**

Doreen Beebe led the discussion asking the commission to identify attendee(s) and name a voting delegate.

**MOTION:** Christopher Barry moved that Dan Rubin attend the NABP 111<sup>th</sup> Annual Meeting as the voting delegate and Chris Humberson attend as the alternate Elizabeth Jensen second. **MOTION CARRIED: 9-0.**

#### **Correspondence**

The Commission may discuss any correspondence received or distributed.

- a. Kelley Ross – Central Fill Proposal Follow-up
- b. King County's Secure Medicine Return Regulations – Update
- c. Letter re: WSPQAC article on Changes Permitted with Hydrocodone/APAP Prescriptions
- d. Washington State University, College of Pharmacy re: Preceptors

#### **PRESENTATIONS**

Grays Harbor Community Hospital East

Lisa Roberts introduced Thomas Kloeping, RPh, and D.Ph. from Grays Harbor Community Hospital East. He shared a brief presentation to the commission asking them to approve his proposal to receive remote medication order processing from their West Campus Pharmacy.

- Grays Harbor Community Hospital East Campus is located in Aberdeen, Washington. The facility includes a twenty-six bed Chemical Dependency Unit (**NOT** a Residential Treatment Facility), Wound Care Outpatient, and a seven bed Special Procedure Center.
- There is a licensed pharmacy at the East Campus Facility with limited pharmacy hours of Monday, Wednesday, and Friday from 8:00am to 10:00am.
- Medication orders from the East Campus facility are primarily generated from the Chemical Dependency Unit. The East Campus pharmacy is requesting approval to receive Remote Medication Order Processing from their commonly owned, West Campus Pharmacy when East Campus Pharmacy is closed.
- Grays Harbor Community Hospital West Campus is a licensed 96-bed public hospital located in Aberdeen, Washington. The West Campus Pharmacy is not open 24 hrs. /day, but would be able to provide Remote Medication Order Processing services during hours of operation: 6:00 am to 11:30 pm weekdays and 6:00am to 9:30pm weekends and holidays.
- West Campus would not be performing 24/7 Remote Medication Order Processing services to East Campus as they are closed at night for 6.5 to 8.5 hours depending upon the day of the week.
- There is an on-call pharmacist available after-hours for questions or to come in to mix IV products, but he does not have the capability to verify orders during this time.
- The pharmacy director has stated administration would like him to stretch his staffing to cover the pharmacy 24 hours/day without any additional staffing.
- The pharmacy director reports he is trying to come up with a scheduling plan to accomplish this. This pharmacy had multiple points deducted during inspection for not providing 24/7 pharmacy services.

Grays Harbor Community Hospital West Campus Pharmacy is also requesting approval to provide remote medication order processing to their East Campus facility.

**MOTION:** Christopher Barry moved the commission approve Grays Harbor Community Hospital East’s proposal to receive remote medication order processing from their West Campus Pharmacy. He must provide the commission and staff with a copy of the Q&A to identify breaches and a copy of the policy and procedures that identifies what the course of action would be should this happen and report back in one year. Tim Lynch second.

**MOTION CARRIED: 9-0.**

**MOTION:** Elizabeth Jensen moved that the commission approve Grays Harbor Community Hospital West Campus Pharmacy request to provide remote medication order processing to their East Campus facility with a report back in one year. Steve Anderson second. **MOTION CARRIED: 9-0.**

### **Ocean Beach Hospital**

Lisa Roberts provided the commission some background on this proposal. Neal Matthews, Director of Pharmacy introduced his panel Linda Kaino, Chief Nursing Officer. Ocean Beach Hospital asked the commission to approve his request to utilize Medications Review’s remote medication order processing. Overview

- Critical Access Hospital
- Located in Ilwaco, WA
- 15-bed Medical Unit, Emergency, Surgical and Outpatient Services
- Trauma Level 4
- Pharmacy Managed by one full time pharmacist
- Uses Pyxis Automated Drug Distribution Device for medication distribution control

#### Remote Order Entry

- For the last year OBH has entered most all of the orders via CPOE and the RPh verifies.
- Provides 24-hour pharmacy services in accordance with WAC 246-873-050 including:
  - \* Order entry
  - \* DUR checks
  - \* Drug information
  - \* Dosage calculation

#### Procedure Overview

- Order is entered into CPOE and scanned into EMR.
- Remote order entry pharmacist receives order and checks order against patient profile for accuracy completeness and contraindications
- Pharmacist verifies order
- Nurse can then access medication from the Pyxis Medstation for administration

#### Advantages (safety)

- Every order is reviewed by a pharmacist for accuracy, allergies, interactions, etc prior to administration by nursing staff
- Orders are verified promptly, 24/7
- Nursing staff has immediate access to a pharmacist via phone 24/7 365 days a year

#### Remote Access Security

- Accessed via private VPN tunnel
- SHA1 AES 256 Bit Encryption
- Access to system granted to Medication Review by OBH IT department per hospital policy and procedure

#### Remote Order Entry Wrap-up

- Valuable service to small rural hospitals
- Increases medication safety
- Ensures 24 hour pharmacy coverage
- Increases quality of patient care

**MOTION:** Elizabeth Jensen moved that the commission approve the proposal from Ocean Beach Hospital to utilize Medications Review’s remote medication order processing with a report back in one year. The commission would like to see a quarterly report and how much this is used along with some customer service feedback. Dan Rubin second. **MOTION CARRIED: 9-0.**

#### **GE Healthcare – Centricity**

Pharmacy Consultant Lisa Roberts, PharmD. provided the Commission with some background regarding GE Healthcare. Lisa introduced Ray Bender, RPh and Product Manager, along with Meredith Esonis, Sales Support Project Manager from GE Healthcare. They were seeking approval for two electronic prescription transmission systems:

- a. Centricity Practice Solutions (CPS): An Electronic Medical Record (EMR) that uses a SQL Server database typically used by smaller practices.

- b. Centricity Electronic Medical Record (EMR): An Electronic Medical Record using an Oracle database generally used by larger practices. The Oracle database typically requires a dedicated administration person, and it performs better when there are large numbers of concurrent users.

These two systems are nearly identical with only minor differences in how the applications interact with the different databases. These systems are currently not permitted to transmit controlled substance prescriptions.

The three areas of concern for these systems were as follows:

1. These systems permit a Prescriber Agent to prescribe if the prescriber allows this regardless that this is not permitted in WA State under WAC 246-870-020. Since the clients set the privileges for their own employees, the Prescriber Agent is a viable feature that the clients could enable if they wanted to. GE Healthcare stated they cannot disable this feature as their system is used in other states that do utilize Prescriber Agents.
2. These systems support an “electronic faxing” feature which could send the prescription to the pharmacy without a manual, wet signature. GE Healthcare states this feature cannot be disabled as their system is used in other states that do permit utilizing electronic faxing with no manual signatures.
3. There is no dedicated route field in the XML data field. WAC 246-870-030 (2) (5) requires a route on an electronic prescription.

The discussion was whether electronic prescription transmission systems should be permitted in WA State when they have features not lawful in this state. There was considerable discussion with Commission Members regarding security, prescriber delegates, and features in these systems not permitted in this state. GE Healthcare is currently working with Surescripts to incorporate a route field. GE Healthcare stated they placed a statement in their WA State Policies and Procedures to inform all clients not to enable these features in question.

**MOTION:** Tim Lynch moved that the commission approve Centricity’s request for two electronic prescription transmission systems as stated with the understanding that the technology committee will be reviewing requirements related to electronic transmission and should requirements or standards change Centricity is required to meet those new requirements. Christopher Barry second. Gary Harris opposed. **MOTION CARRIED: 8-1.**

### **Practice Fusion**

Pharmacy Consultant Lisa Roberts provided the commission a brief background of Practice Fusion’s proposal. Francis Toan, Program Manager, and Joshua Marker, Corporate Counsel, for Practice Fusion were requesting approval for their electronic prescription transmission system, Practice Fusion.

This system offers a free, on-line, cloud based electronic prescribing system to physicians. This system was disabled by Surescripts in December 2014 after they discovered Practice Fusion was conducting business in Washington State without first obtaining the required Washington State Pharmacy Commission approval. The commission staff subsequently worked with the company to expedite their request for consideration at the January 29<sup>th</sup> commission meeting.

Commission Members had significant concerns and engaged in lengthy discussion regarding access and security of their platform, issues related to provider patient marketing practices that may not include affirmative patient notification, and no dedicated route field as required in current regulation.

**MOTION:** Gary Harris moved that the commission deny this request for Practice Fusion’s electronic prescription transmission system on the basis of prescribing security concerns, marketing concerns, and lack of route. Steve Anderson second. **MOTION CARRIED: 8-0.** Tim Lynch was excused prior to the vote. Practice Fusion was invited to work with staff to remedy concerns and return for reconsideration.

### **Harborview Medical Center**

Cathy Williams led this discussion and introduced Beverly Sheridan from Harborview Medical Center who requested approval for centralized prescription processing by its outpatient/retail pharmacies with centralized prescription filling at the Pat Steel Pharmacy.

#### **Central Fill Requirements**

- HMC central fill policy and procedure submitted for approval
- All retail pharmacies at Harborview are licensed in Washington state, are under common ownership, and share electronic files used to process prescriptions
- Patient medication records required by WAC 246-875-020 are maintained in the shared electronic system accessible and auditable at all licensed locations
- Controlled substances are not included in this Central Fill Application, which is limited to small subset of patient prescriptions packaged in strip-packs

#### **HMC Fastpak Program Overview**

- Harborview Medical Center Ambulatory Pharmacy Services 2000 prescriptions filled per day in 6 licensed retail pharmacies
- Some patient populations have challenges maintaining compliance with complicated medication regimens o125 patients are currently included in FastPak program
- Patients are screened/identified as candidates for FastPak by their primary care provider and/or clinical pharmacist
- Clinical pharmacist provides education on the FastPak program to the patient. This includes notification to the patient that a different pharmacy will be filling their FastPak medications. This education is documented in the electronic health record.
- Patients pick up FastPak prescriptions from their regular HMC pharmacy (note: not all medications are included in FastPak)

#### **Eligibility criteria for patients**

- Patient has two or more prescriptions for chronic medications that are dosed three or more times per day
- Stable drug regimen
- Patient engaged and attempting to be compliant, but may be confused about dosing or schedule (i.e. cognitive issues, elderly)
- Patient has no social support to help with compliance (i.e. no family or caregiver, homeless)
- Patient must be seen in a Harborview Clinic which has a dedicated clinical pharmacist for education, monitoring and follow-up

#### **Central Fill Pharmacy Responsibilities**

- FastPak/central fill prescriptions are processed in Pharmacy’s Cerner Etreby computer system
- After order entry and verification by a pharmacist, prescriptions are flagged in Etreby as FastPak
- Flagged FastPak medications are compiled for filling by the AutoMed packaging machine
- Designated pharmacy technicians are responsible for maintenance of the Automated packaging machine
- Completed FastPak strip-packs are checked for accuracy by a pharmacist
- FastPak pharmacy technicians prepare delivery receipts, which are sent with the FastPak prescriptions to the dispensing pharmacy

- FastPak pharmacy technicians ensure receipt of signed delivery paperwork from dispensing pharmacy and filing in the central fill pharmacy

**Dispensing Pharmacy Responsibilities**

- Pharmacy personnel sign delivery log from central pharmacy
- Signed delivery log is faxed back to the central fill pharmacy, and original copy filed in dispensing pharmacy
- Pharmacists counsel and dispense FastPak to patient

**HMC Fastpak Quality Assurance**

- Central fill pharmacist reviews profiles for all FastPak patients every 28 days. If patient is not compliant with FastPak pick-up, the central fill pharmacist communicates this information to the patient’s primary care provider or clinical pharmacist for further follow-up
- Clinical pharmacists routinely monitor and manage FastPak patients. If a patient is not compliant, their clinical status is not improving, or they have new social support, they may be taken off FastPak. The clinical pharmacist notifies the central fill pharmacy when patients are to be removed from FastPak Program
- If a Fastpak patient is admitted to the hospital, the central fill Fastpak team is notified by an automated email alert. (FastPak patients are flagged in the Cerner system by central fill pharmacy staff). The central fill pharmacist places a hold on FastPak, and ensures updated orders are received prior to resuming FastPak fills after discharge
- FastPak pharmacy technicians are responsible for routine maintenance of the packaging machine using recommendations from AmerisourceBergen
- Medication errors or near misses involving FastPaks are reported via an online tool - Patient Safety Net (a University Health System Consortium application.) Harborview’s medication safety pharmacist and area managers review and respond to all PSN reports. If system changes are implemented, changes are evaluated at an appropriate interval to ensure desired outcomes

**MOTION:** Christopher Barry moved that the commission approve the proposal from Harborview Medical Center for centralized prescription processing by its outpatient/retail pharmacies with centralized prescription filling at the Pat Steel Pharmacy. They are asked to report to Cathy Williams who will provide a specific list that the commission would like to see in their report back. Steve Anderson second.  
**MOTION CARRIED: 8-0.**

**STATUS**

**Cardinal Health**

Cathy Williams gave the commission background on Cardinal Health’s Remote Order Entry Services to Whidbey Island Hospital that was approved in July 2013. Cathy read a letter that was written by Director of Pharmacy from Whidbey Island Hospital he wasn’t able to attend. The letter was responding to the outcomes of approved services. Heidi Bragg, Director of Regulatory Compliance and Michael Mone, VP Associate General Counsel handed out a copy of a Consultation Category Report to the commission members. They provided a brief statistical update to the commission on their remote order entry services to Whidbey Island Hospital. There were a few questions from the commission.

## **FairFax Hospital Everett/Kirkland**

Cathy Williams introduced A. J. Sinah and George Dimaris from Fairfax Behavioral Health. They updated the commission on the use of their approved Remote Order Entry Services from Rx Remote Solutions since they were given approval.

### **Remote Pharmacy Data 2014**

#### **Kirkland Site: Mar - Dec 2014**

- Total Orders: 9,361
- Ave. Orders per Day: 25.65
- Total Interventions: 119
- Average Turnaround Times: 2.00 minutes
- Average Processing Time: 1.99 minutes

#### **Everett Site: Sept - Dec 2014**

- Total Orders: 397
- Ave. Orders per Day: 1.09
- Total Interventions: 6
- Average Turnaround Times: 0.95 minutes
- Average Processing Times: 0.91 minutes

### **Remote Pharmacy Quality Review**

- Review of Daily Client Communication reports
- Daily review of new admit profiles
- Monthly review of intervention reports
- Monthly Summary Data of Activity reported to P&T Committee and Med Exec Committee
- Other issues encountered by Rx Remote (e.g. nursing issues)

### **Remote Pharmacy Solution Ongoing Improvements**

- Monthly phone meeting with RX Remote Director to discuss operational issues
- Formulary Updates
- Policy and Procedure Updates
- Rx Remote site specific education

### **Remote Pharmacy Future Plans**

- Continue remote services with RX Remote Solutions, per original commission approval in January, 2014.
- Approval for expansion of services to new and future Fairfax BH Sites (including Monroe, WA Summer 2015)

## **OPEN FORUM**

*Jeff Rochon from WSPA* shared that he personally can't wait until the technology rules are complete so we have more time on other topics.

Legislation that the WSPA is running and their intent: Patient Medication Coordination, very clearly removing the barriers for patients by pro rating their copays. Pharmacy Benefit Management that was passed last year hasn't been forced or really adopted in any way shape or form by the payers they are suggesting the wording says they don't need to implement just update some things, WSPA is working to fix this. The other bill is regarding medical services provided by pharmacists WSPA and others are working diligently on the loopholes that exclude pharmacists from contracting for medical services and the concern is that pharmacists that are not getting compensated for their work.

*Ian Corbridge from the Washington State Hospital Association* thanked Christopher Humberson and Lisa Hodgson for their input on ways HB1402/SB5460 can be strengthened. HCE licensing issues there are still a lot of outstanding questions and issues. WISHA requested back in October that commission provide a formal written position on the HCE licensing issue to date it hasn't been seen. The request is that the commission put a stay on the enforcement until there is clarity. He asked that the commission put a 2 week extension on the ability to comment on the compounding rules after the crosswalk is sent out.

*Lis Houchen from NACDS* asked the commission changes that occurred with the licensing of Canadian Applicants. It used to be a real streamlined process that took about 3 months. The concern is that the process is taking much longer and they are being asked to take the FPJE. When did this change occur, how was it changed and why? Doreen Beebe shared that the board had a policy that allowed them to come in like U.S. graduates. A few years ago they withdrew that policy. They are now recognized as foreign graduates.

*Paul Leyva from Roadrunner Pharmacy* wanted to support the veterinary community and the needs they have for quality compounding medication on which their patients depend on, particularly in the face of allocation shortages, backorder and discontinued medications and the growing need for customized solutions for companion pets. Often time's regulators are not fully aware of the fundamental differences of how a veterinary practice operates when compared to a human practice. Veterinarians are expected by you and me to treat our pets on the spot for emergency care. He just wanted to remind the board that veterinarians do practice differently and continue to clarify the need for vets offices to use compounding and the ability to dispense small amounts.

*Billy Chow from Bartell Drugs* had a few concerns he wanted to get the commission guidance on. Bartell Drug's has been contemplating a single click container for closures so all prescriptions will be dispensed as a child safety closure. The intent is to do away with collecting signatures for a non-child resistant closure. The commission will work with Bartell Drugs to make sure they are compliant. Bartell Drugs has adopted a wireless a thermometer does Bartell Drugs need to dispose the manual thermometer? Chris Humberson will discuss this with Tyler Varnum and Gordon MacDonald to clarify this.

## **BUSINESS MEETING ADJOURNED**

*There being no further business, the board adjourned at 6:45 pm.*

*Respectfully Submitted by:*

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*Leann George, Program Support  
Approved March 12, 2015*

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*Al Linggi, Chair  
Washington State Board of Pharmacy*