STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

WASHINGTON STATE BOARD OF PHARMACY

Meeting Minutes
March 6, 2008
Department of Health
310 Israel Road SE Room 152/153
Tumwater, WA 98501
Board Office: (360) 236-4825

CONVENE

Chair Rebecca Hille called the meeting to order at 9:03 a.m. March 6, 2008.

Board Members present:
- Gary Harris, RPh, Vice-Chair
- Dan Connolly, RPh
- George Roe, RPh

Board Members absent:
- Rosemarie Duffy, RN – Public Member
- Vandana Slatter, PharmD

Staff Members present:
- Steven Saxe, Executive Director (Acting)
- Lisa Salmi, Executive Manager
- Joyce Roper, AAG Advisor
- Kristi Weeks, Staff Attorney
- Grant Chester, Chief Investigator
- Jim Lewis, Pharmacist Investigator
- Grace Cheung, Pharmacist Investigator
- Tim Fuller, Pharmacist Consultant
- Cathy Williams, Pharmacist Consultant
- Doreen Beebe, Program Manager
- Leann George, Program Staff

Guests/Presenters:
- Patti Rathbun, Department of Health-Policy Development Coordinator
- Ruth Kerschbaum, Certified Chemical Dependency Counselor - WRAPP
- Dr. Andre Rossi – DOC Director of Pharmacy
- Kathleen Porter, PharmD – Bellegrove Pharmacy
- Eileen Morgenstern, Pharmacy Technician – Bellegrove Pharmacy

Mission Statement

The mission of the Board of Pharmacy is to achieve the highest standards in the practice of pharmacy, to promote public health and safety and to effectively communicate with the Governor, Legislature, the Department of Health, the public and profession.

Vision Statement

The Washington State Board of Pharmacy leads in creating a climate for the patient-focused practice of pharmacy.

Pharmacists inform, educate, consult, manage drug therapy and provide products as an integral part of an accessible, quality –based health care system.

As an outcome, the citizens of Washington State:

- Are well informed about medications;
- Take responsibility for their health;
- Utilize pharmacists and other health care providers appropriately; and
- Experience the highest level of health and wellness.

CONSENT AGENDA

1.1 Pharmacist License Application Approval
- William Mullberry – Nuclear Pharmacist

1.2 Pharmacy & Other Firm Application Approval
- New and Closed Pharmaceutical Firms January 1, 2008 – February 14, 2008

1.4 Pharmacy Tech Training Program Approval
- Dawn Eastmand – Fred Meyer, Portland OR
- Barbara Brandys – Valley Career College in El Cajon, CA
- Kambrea Lagrosa – Cambridge College in Beaverton, OR
- Reliant Rx Pharmacy – Spokane, WA

1.5 Collaborative Drug Therapy Agreement Acceptance
- Thomas Kloepping, Grays Harbor Community Hospital – Vancomycin
- Various Pharmacist, St. Johns Medical Center – Renal Dosing
- Kristen Eglington, Providence Hospice of Seattle – Symptom Management Algorithms for Pain and Palliative Care

1.6 Automated Drug Dispensing Device Acceptance
- St Mary Medical Center – Walla Walla, WA

1.8 Board Minute Approval
- January 24, 2008 Meeting Minutes

Items listed under the consent agenda are considered to be routine agency matters and will be approved by a single motion of the Board without separate discussion. Items 1.3 and 1.7 have been deleted from the agenda. **MOTION:** George Roe moved that the Board approve items 1.1, 1.2, 1.4, 1.5, 1.6, and with minor corrections to 1.8. Consent Agenda. Dan Connolly second. **MOTION CARRIED** 3 – 0.

Changes to January meeting minutes included corrections to vote taken on consent agenda items to 5 in favor and 0 opposed and spelling of Madame Chair's last name under Special Announcement.

REPORTS

Executive Director

Steven Saxe reported:

Staff is focused on getting through Legislation session.

Governor Gregoire's proposed budget included 1.4 million dollars for funding the Prescription Monitoring Program (PMP). The Senate had a proposal for $900,000 based on the department submitting an application for the Bureau of Justice PMP Implementation grant.. Thanks to Grant Chester, Lisa Salmi, and staff for working so hard to get this in on time.

We are continuing to move forward with the Health Systems Quality Assurance re-organization. More detailed organization charts should be ready by the end of April or the beginning of May.

Board Member

Rebecca Hille reported:

Chair Hille accompanied representative of the American Council of Pharmaceutical Education (ACPE), as an observer, during an accreditation site visit of the University of Washington with the ACPE the draft reports will be turned into the ACPE before their June meeting.

Assistant Attorney General

Joyce Roper reported:

February 15, 2008 the district court judge presiding over the Storman's case heard two motions to stay the preliminary injunction and proceedings and a motion to modify the injunction so it would apply only to the plaintiffs and not to all pharmacies and pharmacists in Washington.

The judge denied all motions for modification, to stay the underlying proceedings, and to stay the preliminary injunction. He asked that the parties come together and work out a limited discovery schedule.

On February 29, 2008 the Attorney General's Office filed its opening brief in the appeal to the Ninth Circuit. The defendant interveners did the same. We expect many amicus to be filed.

Consultant Pharmacists

Tim Fuller reported:

Emergency Response Planning continues to work on the availability of medications. The federal Drug Administration has assisted in working with the Centers for Disease Control on extending expiration dates on drugs such as campax. Our recent focus has been on the Pandemic Flu and making available Tamiflu by extending its five year expiration date for two additional years if stored properly.

Mr. Fuller acknowledged UW Pharmacy Extern Riley Benz for her work with board staff and her contributions in putting together telepharmacy guidelines for the board's consideration.

Cathy Williams reported:

Prescription Drug Discount Card is currently undergoing a performance audit. It has been successful to date. There are approximately 72,000 people using this program. This is Governor Gregiore's effort to provide prescription coverage to those who don't have insurance or their insurance does not cover medications they need.

Washington Patient Safety Coalition has been working on a project to build a tool for patients to list their medications and have that updated by their providers. In doing so, they discovered there are several tools on the internet and through other sources that provide the same objective. They have decided to survey providers, pharmacist, and consumers to help raise medication awareness.

Stan Jeppesen and Cathy Williams attended the UW on March 8, 2008 to help the students prepare for the Multi-state Pharmacist Jurisprudence Examination (MPJE).

Chief Investigator

Grant Chester reported:

Gregory Lang has accepted the full time pharmacist investigator position for the Seattle area. His will start on March 16, 2008. Joseph Honda will come out of retirement to fill the part-time pharmacist investigator position. The temporary appointment is for up to 6 months and will also begin March 16, 2006. He will assist in the training of Mr. Lang.

Tim Fuller and Cathy Williams have continued to keep current on review and approvals of continuing education requests, ancillary personnel utilization plans, technician training programs and collaborative agreement protocols. Mr. Fuller is continuing to work on reviewing electronic prescription application backlog.

Riley Benz the pharmacy extern from the UW did a very nice job and helped Tim Fuller in developing background information for the CR102 process related to Carisoprodol rules.

February 14, 2008 the request for the "Harold Rogers Prescription Drug Monitoring Program" was submitted. The grant request was received and reviewed by the Department of Justice, Bureau of Justice and assigned an agency tracking Number.

All Investigators are involved in ILRS (new licensing and disciplinary program) training in February. Mr. Chester was involved in the Inspection and Investigation Office workgroup lead by Health Professions Quality Assurance Deputy Director Patricia Latsch throughout February..

DISCUSSION

2008 Legislative Session Update

Lisa Salmi updated the board on the status of the 2008 legislative bills. We started out strong we had prepared over 19 bills for analysis. There are now only 2 bills alive.

SB6241 – Prohibiting the sale and use of prescriber identifiable prescription data for marketing or promotional purpose without authorization. There would be a $50,000 penalty for failure to comply. The Attorney General office would enforce. This bill is waiting for a hearing in the house. The cut-off date is Friday.

HB1103 – UDA improving patient safety through increased regulations. This bill is waiting for a hearing before the Senate it has to be passed by Friday.

Steven Saxe discussed

SB 6457 - Health events and incident reporting. This bill clarifies the public reporting of "ADVERSE EVENTS". This will allow notification to be released publicly on a yearly aggregate report which will include the facility and the incident. The facility will be able to volunteer "contextual information." This bill appears to be moving forward.

Accreditation of Schools/Colleges of Pharmacy.

MOTION: George Roe approved the American Council on Pharmaceutical Education (ACPE) Accredited Professional Programs of Colleges and Schools of Pharmacy as the official list of approved pharmacy programs. Dan Connolly second. **MOTION CARRIED.** 3-0

Continuing Education (CE) Audits.

MOTION: George Roe moved to approve Health Professions Quality Assurance Procedure 321 regarding the process used to conduct CE audits. Gary Harris second. **MOTION CARRIED.** 3-0

National Association of Boards of Pharmacy Proposed Resolutions.

MOTION: George Roe moved that a resolution regarding Household Pharmaceutical Waste Take Back Program be submitted to the NABP with the addition of (facilitate): the NABP convene a task force to **facilitate** development of a uniform medication return program. Dan Connolly second. **MOTION CARRIED** 3-0

Pseudoephedrine Packaging Exemption Request.

MOTION: Dan Connolly moved the approval of the request by L. Perrigo Company of Allegan for an exemption of the 3 gram per package limit on pseudoephedrine products. Gary Harris offered an amendment to state the 240mg of pseudoephedrine sulfate per tablet, pill packaging of 15 or less. Dan Connolly accepted the amendment, George Roe second.
MOTION CARRIED. 3-0
Gary Harris moved to delegate the authority to approve similar requests to staff. . George Roe second. **MOTION CARRIED**. 3-0

Treating Partners of Patients with Sexually Transmitted Diseases.
MOTION: George Roe moved to approve the Medical Quality Assurance Commission's policy with recommended revisions by the staff. The board will send a letter with these recommendations to MQAC. Dan Connolly second. **MOTION CARRIES**. 3-0. **ACTION:** Dan Connolly suggests this policy be a Newsletter Article.

CORRESPONDENCE – the following correspondence was reviewed and discussed by the board.

1. CMS updates its policy on - Tamper Resistant Prescriptions.
2. Washington State Veterinary Medical Association – Board is asked to identify a staff person, if it decides to do so, to assist the WSVMA as they draft proposed legislation regarding the scope of authority of licensed veterinary technicians for preparation of controlled substances for administration to on-site animal patients. **MOTION:** Dan Connolly moved that a staff person be assigned to work with the WSVMA on joint issues. Gary Harris second. **MOTION CARRIES**.3-0
3. National Association of Boards of Pharmacy legislative and regulatory updates.
4. The Quarterly "WRAPP-Up".

PRESENTATIONS

Telepharmacy Guidelines
Tim Fuller presented a draft Board of Pharmacy Telepharmacy Requirement put together by Tim Fuller and University of Washington Pharmacist Extern Riley Benz.

This covered requirements followed by definitions that the requestor would need to utilize.

Highlights and concerns:

- Auditing
- Cabinet or remote pharmacy inventory
- Central pharmacy
- Counseling room
- Electronic transmission of prescriptions
- Medication flow
- Remote dispensing
- Dispensing disclaimer

No motion was made regarding this presentation. The Board assigned Tim Fuller, Gary Harris, Dan Connolly to work with stakeholders forming a task force to research other state laws / rules and practice in developing telepharmacy guidelines.

Coordinated Quality Improvement Program (CQIP).

Patti Rathbun, Department of Health, Health Policy Development Coordinator with the Department of Health (DOH) presented an overview of the Coordinated Quality Improvement Program.

During the 1993 Legislative session, the Coordinated Quality Improvement Program was created. The purpose of the program is to improve the quality of health care. The goal of the program is to provide structures and processes that measure, retrospectively and prospectively, key characteristics of services; such as, effectiveness, accuracy, timeless and cost; and review categories of services and methods of service delivery to improve health care outcomes.

Ms. Rathbun spoke brief on who can apply to the department for approval of their QI programs. The voluntary program allows organizations of five or more providers to apply.

The law does not prohibit a board or commission from mandating quality improvement programs; however, only department approved QI programs are exempt from discovery during lawsuits in most cases. The board expressed an interest in using QI programs as a condition of disciplinary cases/probation.

Joyce Roper will research whether the board would have access to the records of a QI program if the board directed the program to be filed with the department as a condition of discipline.

Dispensing Error Sanction Guidelines.
In July 2007, the Board was asked to consider developing uniform guidelines for disciplinary sanctions for dispensing errors. Grace Cheung, Kristi Weeks and Grant Chester presented a tool designed to assist the board on evaluating appropriate and consistent sanctions. The tool was tested against the Secretary's sanction guidelines and was found to be consistent. The tool is not binding nor does it diminish the board's authority. It is important for the reviewing board member to articulate aggravating and mitigating circumstances for deviating from the tool.

The grid was designed to be used for cases that are not extreme or severe; such as, significant physical injury or death.
Highlights of this presentation:

1 to 5 Points are assigned to assess the risk:

- Severity of the outcome
- Number of occurrences

Total Points --Tier system

- Points 2 to 4 – low risk; Tier A – Notice of Correction recommended
- Points 5 to 6 – low or medium risk
    - Tier A (low risk); Statement of Allegation recommended - (probation optional)
    - Tier B (medium risk) Statement of Allegation recommended - (minimum 2 year probation)
- Points 7 to 10 – medium risk, Tier B – Statement of Charges recommended
    - Tier C is an event outside the scope of this assessment tool.

MOTION: George Roe moved to adopt and use this tool as a guideline with the suggested changes that **clearly identify** this is a guideline, add to the top paragraph: "**Outcomes can vary due to aggravating or mitigating circumstances.**" The footnote at the bottom should also go on top so it doesn't get missed **(A misfill causing significant physical injury or death is a tier C event and is outside the scope of this assessment tool).** Gary Harris second. **MOTION CARRIED**.3-0

The Board adjourned at 12:00 p.m. and reconvened at 1:03 p.m.

Department of Corrections Requests Utilization of Pharmacy Technicians at Remote Locations. Dr. Andre Rossi, Director of Pharmacy for DOC presented a request to utilize pharmacy technicians at remote correctional facilities without the presence of a pharmacist. Currently, remote DOC locations received medication delivered by a non-healthcare professional directly to nursing staff. DOC is proposing staffing these locations with pharmacy technicians. These locations are serviced by the central fill pharmacy. Mr. Rossi indicated that this will improve quality and patient safety by having the pharmacy technician perform an additional review of the medication before delivery to nursing staff.

Pharmacy technicians' are responsible to reconcile medication delivery, review of packaging, and faxing medication orders to the central pharmacy. The technicians will have limited responsibilities. Technicians may not manipulate or alter medication labels; they maintain perpetual inventory of emergency kits; and verify accuracy of Rx/medication orders and fax directly to the central fill pharmacy.

The technician must return to the central fill pharmacy any labeling or packaging errors and refer questions directed to the supervising pharmacist located at the central fill pharmacy.

The proposal is needed to address shortages in pharmacists who are willing to work in the correctional setting and in remote locations. Of the sixteen DOC sites the proposal would apply to 9 minor sites.

Concerns were raised that hiring challenges do not define a location as "remote." Central fill pharmacies are not designed to replace on-site pharmacist. The board also had concerns that without direct supervision, in high volume locations the technician may be pressured to answer routine questions that should only be answered by a pharmacist.

Mr. Rossi clarified that the remote location (non-pharmacy location) maintains records for 1 year – the original records are maintained in the patient records.

Joyce Roper cautioned the board that without rules specific to correctional facilities it may be difficult to distinguish this request from any similar requests from other practice sites.

MOTION: George Roe moved that the board deny the request by the Department of Corrections for the use of pharmacy technicians at remote locations. Dan Connolly second. **MOTION CARRIED**. 3 – 0.

Bellegrove Pharmacy Requests Approval to Provide Telepharmacy Services to Mattawa Community Medical Clinic. Presentations given by Kathleen Porter, Pharm D, for Bellgrove Pharmacy and Eileen Morgenstern, Pharm Tech. Bellegrove Pharmacy has been approved for two previous telepharmacy proposals. Similar policies and procedures apply to the services proposed for Mattawa Community Medical Clinic. Mattawa is categorized by the state of Washington as a medically underserved area and healthcare professional shortage area. In 2006 the population was 2189.

Prescriptions are faxed to Bellegrove Pharmacy – drugs are prepackaged at the pharmacy and stored in two dual mechanical locking metal cabinets at the telepharmacy location. Drugs are packaged with barcodes and labels.

The National Drug Code and quantity must match exactly before the medication will be released from the cabinet and a label is printed. Technician is linked by video to Bellegrove pharmacist for verification of label, medication, and warnings. Patient counseled by the pharmacist via video. Mattawa Clinic is filling between 5 and 20 prescriptions per day.

MOTION: Dan Connolly moved that the board approve the request by Bellegrove Pharmacy to provide services to Mattawa Community Medical Clinic. George Roe offered an amendment; Mr. Connolly accepted adding to the motion that Bellegrove return in one year to provide a status report to the board. Gary Harris second. **MOTION CARRIED. 3-0**

Overview of Washington Recovery Assistance Program for Pharmacy (WRAPP). Ruth Kerschbaum, Certified Chemical Dependency Counselor with the WRAPP monitoring program provided an overview of the program and answered questions by the board.

Highlights

- As of December 2007, 54 mandated to WRAPP, 9 volunteered
- 4 completed 5 year programs; 1 completed 1 year board ordered program
- 2007 – 10 participants left the program giving up their credentials
- $926.00 per client per year
- As of 2007, 63% of clients are working
- All WRAPP contracts are for 5 years unless indicated by board order
- Random biological testing – At a minimum: 4 urine analysis per month for the first 6 months; 3 per month for the following 6 months; and 2 per month for the remainder of the contract
    - Testing can show alcohol use within 80 hours
- WRAPP can require any appropriate evaluation – the board is encourage to order a psychiatric evaluation if it feels it is necessary
- Complicating factors to recovery include mental health issues, number of different drugs addicted to, addictive nature of the drug(s), and route of administration, early and late stage addicts
- WRAPP's Goal: To protect the health and safety of the public while acting as a health resource and support of rehabilitation to the impaired pharmacy professional.
- Established in September 1983
- Contact person available to clients 24/7
- Encourages the board to include peer support meeting for repeat offenders (WSPA meetings monthly)
- WRAPP can help volunteer participants from entering into the disciplinary process and board order participant in complying with board orders
- Concerns
    - Retention of pharmacy technicians in the program – cost of program deters participation
    - Need for electronic files
    - Institutionalize WRAPP within the board or the department of health to guarantee the WRAPP Advisory Board will continue to administer the program content and specifics. WRAPP could establish long range goals and visions on where it is going.

WRAPP is unique in that it is managed, administered and use by pharmacy professionals. It is an independent and individual voice for pharmacy.

OPEN FORUM

Doug Beeman – Discussed the legislation before the federal government regarding standards for pharmacy technician training and credentialing. The bill currently speaks to states that currently to not credential technicians. Mr. Beeman asked that the board offer background information to federal representatives.

Doug Beeman highlighted the Provider Credential Search on DOH's webpage. Is there another process to receive notice of disciplinary sanctions against employees or prospective employees? Board orders typically require an individual to notify their employer.

Tim Fuller – Advised the board that the contract between ExcelleRx, a Philadelphia pharmacy, proposing to provide services to a hospice in TriCities failed. In additional, Central Washington Hospital has not yet begun their specialized functions pilot/study.

Tim Fuller presented the publication of "Collaborative Drug Therapy Management Handbook" by Harborview pharmacists using their Board of Pharmacy-approved agreements.

Presentation of Agreed Orders

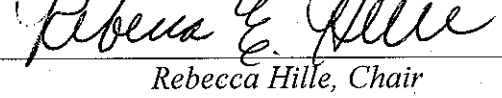
Business Meeting Adjourned

There being no further business, the Board adjourned at 3:33 p.m. The Board of Pharmacy will meet again on April 17 in Spokane, Washington.

Respectfully Submitted by:

Leann George, Board Staff

Approved on April 17, 2008



Rebecca Hille, Chair
Board of Pharmacy