BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Rosalyn Hackworth, Chair

Albert Wong, PharmD, Professional Member
Ramon Castellblanch, PhD, Public Member
Allen Schaad, RPh, Professional Member
Stan Weisser, President

Report of the Meeting Held March 23, 2015.

a. Preparation for a Future Board Forum on Elements of Quality Patient Consultation and Instruction of Patient Consultation by California's Schools of Pharmacy

The importance of patient consultation by a pharmacist has been discussed by the board and committee and all agree that consultations are still not being conducted as they should be, despite studies that have shown there is better patient adherence when consultations are provided. All pharmacists are required to consult with patients on new or changed prescriptions per Title 16 California Code of Regulations Section 1707.2.

The Board recently directed this committee to begin planning a forum on consultation to be held during a board meeting with an emphasis on how pharmacy students are trained to do consultation. The committee determined the forum should coincide with the July Board Meeting. The committee plans to invite the deans of all 11 pharmacy schools in California to present information on how their schools teach pharmacy students to conduct proper consultations. The two new pharmacy schools slated to open next year will be invited as well.

The committee determined that a pharmacist survey could be conducted via the board website to ask pharmacists various questions about consultation and about how they were educated to conduct consultations. The committee may consider inviting some of the respondents to address the board about consultations at a future meeting.

A copy of 16 California Code of Regulations Section 1707.2 is included in **Attachment 1.**

b. Summary of a Presentation on Approaches to the Use of Social Media by the Board of Pharmacy

The committee heard a presentation on the use of social media by Robert Schmidt, Agency Information Officer and Director, California Department of Food and Agriculture. Mr. Schmidt explained that the state encourages agencies to utilize social media and has

guidelines for agencies that use social media. He said most state agencies do participate in various types of social media including blogs, Facebook, Twitter, YouTube and LinkedIn. He said there is no cost, other than staff time, to participate in social media and recommended that agencies embarking on social media have an integrated approach and first determine what they hope to accomplish and who they want to reach.

The committee discussed that devoting valuable staff time to social media would warrant further discussion. The committee agreed that social media could be a good way to reach consumers to educate them about pharmacy topics and to share information about who the board is and what it does. The committee agreed that many patients don't know that consultation is required and also may not be aware of prescription drug abuse issues. They said these topics could be starting points for messages on social media.

Mr. Schmidt offered to assist the board in identifying smaller state agencies that have already created social media plans that could be shared and he said he would be willing to work with the board on social media.

Attachment 2 contains a copy of Mr. Schmidt's presentation.

c. Summary of a Report on Translation Surveys Conducted by Board Inspectors

During the past few months when inspecting pharmacies, board inspectors surveyed pharmacists about whether or not they were using the standardized directions for use from the board website and if and how they provide translations to patients for directions for use. The surveys were conducted to supplement the information the board already had on translations.

Inspectors completed 89 surveys. Of those surveyed, 50 respondents indicated they were using the board's standardized directions for use with 20 percent of those using the directions most of the time. It was noted that this contradicted their other answers on the survey, such as that 77 of the respondents don't deviate from what the prescriber writes and others use software to provide their directions for use.

Many of the pharmacies indicated they were providing translations using staff members or software. Of the pharmacies surveyed, most provided translations in Spanish.

Attachment 3 contains the survey results.

d. Update on a Proposed Regulation to Require Pharmacies to Develop Written Procedures for Providing Written Language Translations

In January 2015, the board voted to approve a committee recommendation to modify subdivision (d) of Title 16 CCR section 1707.5 to require that, in addition to having policies and procedures for interpretive services, the pharmacy must also have policies and

procedures to provide (written) translation services in the patient's language. The modified language approved by the board is as follows:

Subdivision (d) of Title 16 CCR section 1707.5(d)

1707.5 (d) The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient's language. The pharmacy's policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive <u>and translation</u> services in the patient's language. The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.

The committee discussed that in the next few months board staff will initiate a rulemaking (combined with other regulations to be noticed) to require pharmacies to develop written procedures for providing written language translations. Staff expects the board will be able to vote on adoption at the October 2015 Board Meeting and that the regulation should be completed by the end of this year.

e. Update on the Redesign of the Board's Website in 2015

Board IT staff is currently updating the board's website to make it more user friendly and to reformat it to conform to the state's new website model. Staff is planning to provide a report on the progress of the new website and present a snapshot of the new look at the July Board Meeting.

f. Update on the Script

The winter 2015 *Script* was completed and is live on the board's website. The *Script* is one of the board's most popular items on its website and the current issue contains articles on new pharmacy laws, new regulations, licensing for third-party logistics providers, the Medical Board's revised pain management guidelines, drug diversion in hospitals, new regulations and disciplinary actions.

g. Update on Media Activity

Board staff has participated in numerous media interviews on topics that have included medication errors, disciplinary actions, and the high price of medications. The board's executive officer and public information officer participated in the following media interviews and requests for information. The following is a list of media activity.

- Bakersfield Fox News, January 13, 2015: Kyle Harvey, medication errors
- Modesto Bee, January 15, 2015: Erin Tracy, pharmacy technician arrested for diversion

- Auburn Journal, January 16, 2015: Deleste Magda, unlimited needles
- Fresno Bulletin, Jan. 29, 2015: Mark Pratter, hydrocodone
- Sacramento Bee, Feb. 19, 2015: Margie Lundstrom, Dabney Pharmacy
- CBS San Francisco February 23, 2015: Julie Watts, medication errors
- CBS Sacramento Call Curtis, March 3, 2015: Curtis Ming, medication errors
- East County Californian, March 6, 2015: Albert Fulcher, pharmacy on probation
- L.A. Times, March 10, 2015: David Lazarus, high cost of prescription medications

h. Report of Public Outreach Activities Conducted by the Board

The board has participated in a number of outreach activities including presentations to pharmacy students and education programs for pharmacists. They have also participated in a number of key meetings including the Prescription Opioid Misuse and Overdose Prevention Workgroup meetings. This group was formed by the director of the Department of Public Health to bring state agencies together to combine efforts and create policy to fight opioid abuse, overdose and death. The following is a list of public outreach activities and key meeting attendance by the board.

- January 21, 2015: Executive Officer Virigina Herold and Public Information Officer Joyia Emard participated in a Prescription Opioid Misuse and Overdose Prevention Workgroup meeting
- February 2, 2015: Ms. Herold gave a presentation on the efforts of the state opioid workgroup and a pharmacist's corresponding responsibility to Keck pharmacy school students
- February 12, 2015: Ms. Herold presented information on corresponding responsibility, along with the DEA, at a continuing education program in San Diego
- February 19, 2015: Ms. Emard attended and participated in an Interagency Prevention Advisory Council (IPAC) meeting on prescription drug abuse
- February 27, 2015: Board Inspector Antony Ngondara participated in an Interagency Data Meeting of the Opioid Safety and Overdose Prevention Workgroup
- March 10, 2015: Ms. Herold gave a presentation on corresponding responsibility to Touro University pharmacy students
- March 19, 2015: Dr. Ngondara presented information on prescription drug abuse and naloxone furnishing at the Orange County Rx Coalition meeting for professionals who deal with prescription drug abuse
- March 20, 2015: Ms. Emard participated in the Prescription Opioid Misuse and Overdose Prevention Workgroup meeting

Upcoming

- April 1, 2015: Board staff to address California State University, Sacramento public health class on opioid abuse, the Board of Pharmacy and pharmacy issues
- April 17, 2015: Ms. Herold to present at a DEA community program on prescription drug

- Abuse, held at California State University, Sacramento
- April 30, 2015: Board staff to address Downtown Los Angeles pharmacists on corresponding responsibility. Program will be conducted jointly with the L.A. City Attorney's Office, L.A. Police Department and DEA.

The minutes from the March 23, 2015 can be found in **Attachment 4**.

ATTACHMENT 1

1707.2 Duty to Consult.

- (a) A pharmacist shall provide oral consultation to his or her patient or the patient's agent in all care settings:
 - (1) upon request; or
- (2) whenever the pharmacist deems it warranted in the exercise of his or her professional judgment.
- (b)(1) In addition to the obligation to consult set forth in subsection (a), a pharmacist shall provide oral consultation to his or her patient or the patient's agent in any care setting in which the patient or agent is present:
 - (A) whenever the prescription drug has not previously been dispensed to a patient; or
- (B) whenever a prescription drug not previously dispensed to a patient in the same dosage form, strength or with the same written directions, is dispensed by the pharmacy.
- (2) When the patient or agent is not present (including but not limited to a prescription drug that was shipped by mail) a pharmacy shall ensure that the patient receives written notice: of his or her right to request consultation; and a telephone number from which the patient may obtain oral consultation from a pharmacist who has ready access to the patient's record.
- (3) A pharmacist is not required by this subsection to provide oral consultation to an inpatient of a health care facility licensed pursuant to section 1250 of the Health and Safety Code, or to an inmate of an adult correctional facility or a juvenile detention facility, except upon the patient's discharge. A pharmacist is not obligated to consult about discharge medications if a health facility licensed pursuant to subdivision (a) or (b) of Health and Safety Code Section 1250 has implemented a written policy about discharge medications which meets the requirements of Business and Professions Code Section 4074.
- (c) When oral consultation is provided, it shall include at least the following:
- (1) directions for use and storage and the importance of compliance with directions; and
- (2) precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered.
- (d) Whenever a pharmacist deems it warranted in the exercise of his or her professional judgment, oral consultation shall also include:
 - (1) the name and description of the medication;
 - (2) the route of administration, dosage form, dosage, and duration of drug therapy
 - (3) any special directions for use and storage;
- (4) precautions for preparation and administration by the patient, including techniques for self-monitoring drug therapy;
 - (5) prescription refill information;
- (6) therapeutic contraindications, avoidance of common severe side or adverse effects or known interactions, including serious potential interactions with known nonprescription medications and therapeutic contraindications and the action required if such side or adverse effects or interactions or therapeutic contraindications are present or occur;
 - (7) action to be taken in the event of a missed dose.
- (e) Notwithstanding the requirements set forth in subsection (a) and (b), a pharmacist is not required to provide oral consultation when a patient or the patient's agent refuses such consultation.

ATTACHMENT 2



Social Media in Government

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Robert Schmidt, Director Executive Office OITS & Agency Information Officer





Social Media Revolution

http://www.youtube.com/watch?v=DYedZth9ArM

- Rules of the Road
- 2. CDFA Case Study
- 3. California Social Media Examples



Rules of the Road



SOCIAL MEDIA EVOLUTION

- 1. One way Websites
- 2. One to One email
- 3. One to Many Blogs, Wikis
- 4. Many to Many Twitter, Facebook, etc.



SOCIAL MEDIA EVOLUTION

Takeaway # 1

Social Media Many to Many interactions need to be managed.

During and incident or Issue

- Requires quick response
 - Fact vs. Assumption

*If the communication is not current, someone will make it up for you



SOCIAL MEDIA STATE POLICIES

- IT Policy Letter 10-02 can be found at: <u>http://www.cio.ca.gov/Government/IT Policy/pdf/ITPL 10-02 Social Media.pdf.</u>
- The Social Media Standard (SIMM 66B)can be found at:

http://www.cio.ca.gov/Government/IT Policy/pdf/SIMM 66B.pdf



SOCIAL MEDIA STATE POLICIES

During and incident or Issue

- Requires quick response
 - Fact vs. Assumption

*If the communication is not current, someone will make it up for you



SOCIAL MEDIA STATE POLICIES

POLICY Agency heads shall:

 Maximize the use of the government sections of social media sites.



 Ensure that managers and users with access to social media sites are trained regarding their roles and responsibilities



 Assign the responsibility for management and monitoring of social media sites to the individual or entity responsible and authorized for outward-facing communications for the agency.



 The responsible individual or entity shall ensure compliance with the agency management requirements and the Social Media Standards included in SIMM Section 66B.

New or expanded use of social media by state agencies shall immediately comply with this policy. Agencies that have already established the use of social media but do not meet the requirements of this ITPL are required to comply by July 1, 2010.





2.0 GENERAL AGENCY MANAGEMENT REQUIREMENTS

Prior to authorizing and enabling Internet access to Social Media web sites, agency management shall conduct a formal risk assessment of the proposed connections utilizing agency Risk Management processes. The assessment shall, at a minimum, include the analysis of the risks (including risk mitigation strategies) involved in providing Users access to Social Media web sites including:

- Employee productivity;
- Network bandwidth requirements and impacts;
- 3. Reputational risk to personnel, the agency, and the State;
- 4. Potential avenue for exposure or leakage of sensitive or protected information such as copyrighted material, intellectual property, personally identifying information, etc; and
- 5. Potential avenue for malware introduction into the organization's IT environment.
- 6. The potential use of "other than government" sections of Social Media web sites.

State agencies shall document this risk analysis and retain it for a minimum of two years.



Social Media Standard – SIMM 66B

- Users shall not speak in Social Media web sites or other on-line forums on behalf of an agency, unless specifically authorized by the agency head or the agency's Public Information Office. Users may not speak on behalf of the State unless specifically authorized by the Governor.
- Users who are authorized to speak on behalf of the agency or State shall identify themselves by: 1) Full Name; 2) Title; 3) Agency; and 4) Contact Information, when posting or exchanging information on Social Media forums, and shall address issues only within the scope of their specific authorization.
- Users who are not authorized to speak on behalf of the agency or State shall clarify that the information is being presented on their own behalf and that it does not represent the position of the State or an agency.





Robert Schmidt

@ambassadorcio

CIO California Department of Food and Agriculture. Study innovation

@StanfordBIZ. Delivering

unprecedented results. Views are mine.

RTs not endorsement

Takeaway #2

- ✓ Views are mine.
- ✓ Don't endorse.
- ✓ Speak only to what your area of authorization is.



- Encourages using this powerful tool
- Many MOST agencies already use social media
- Consider Risks



HOW DO WE IMPLEMENT

Takeaway #3: Start at \$0.00 cost

- People: Identify by use cases and roles
- Process: Plan by contacting other successful Department's
- Technology: Only buy tools when you are ready



Case Study

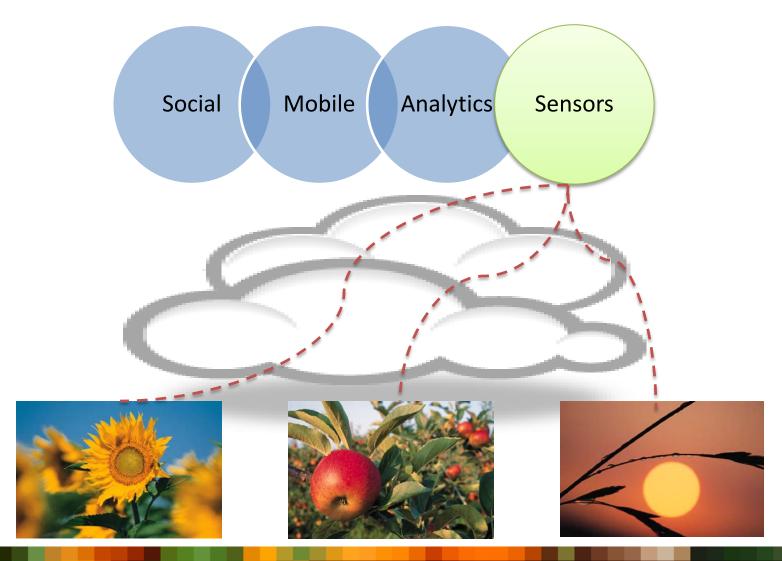


CDFA Workforce





Disruptive Technologies





CDFA Social Media

Recognizing the global agriculture community is connected and engaged.



Growing California video series: Delta Delicacy







CDFA Social Media

Recognizing the global agriculture community is connected and engaged.

Growing California Ag Videos

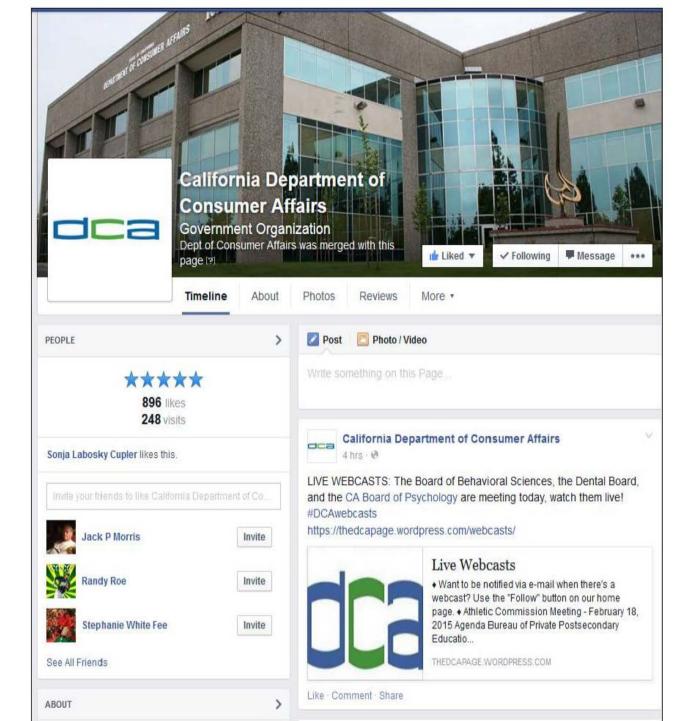
- Series of 35 videos
- Almond Futures 22,620 Views

Planting Seeds Blog

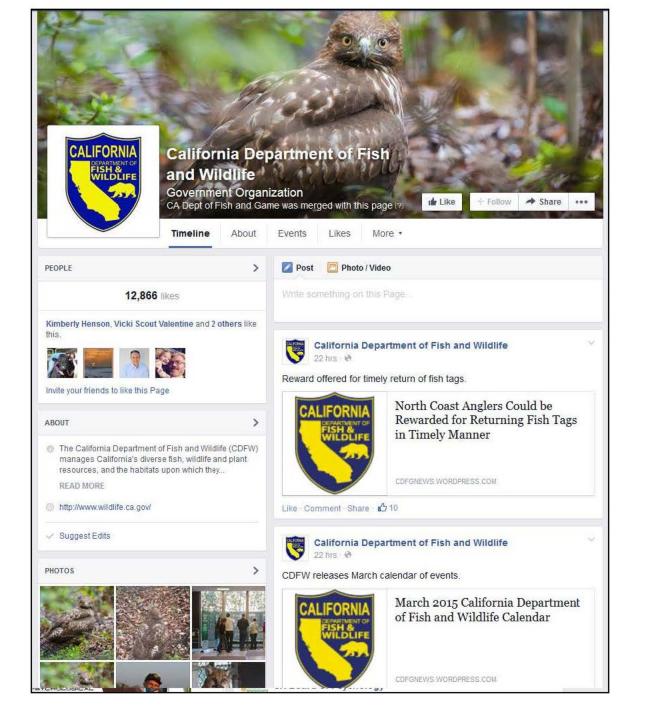
- 808 Blogs since June 2011
- 377 Views per day
- \$0.00 Cost

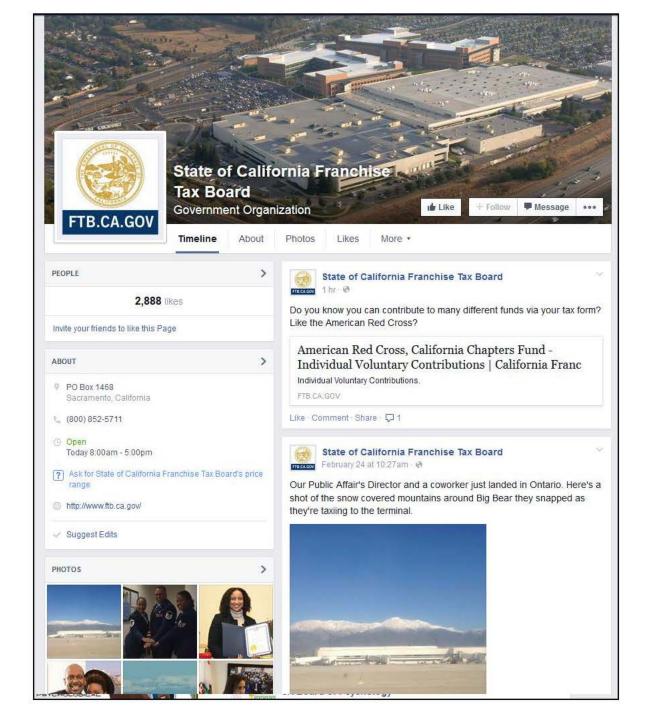


Department Examples

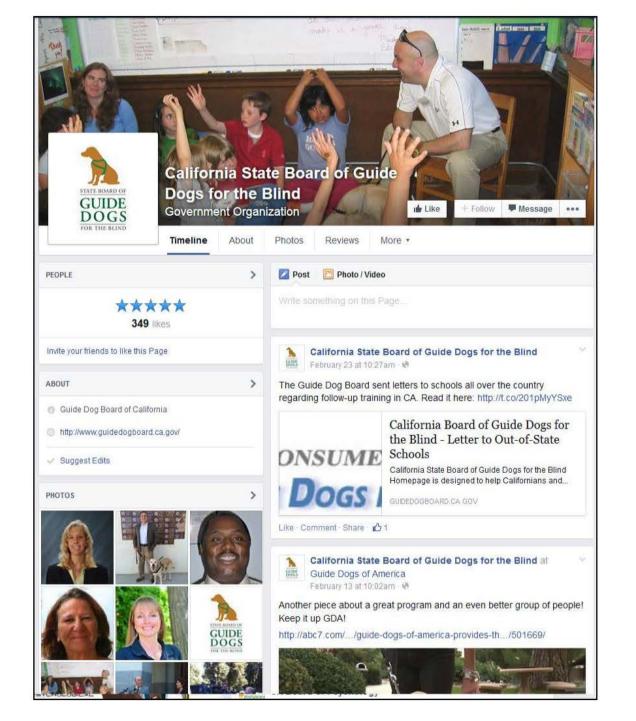


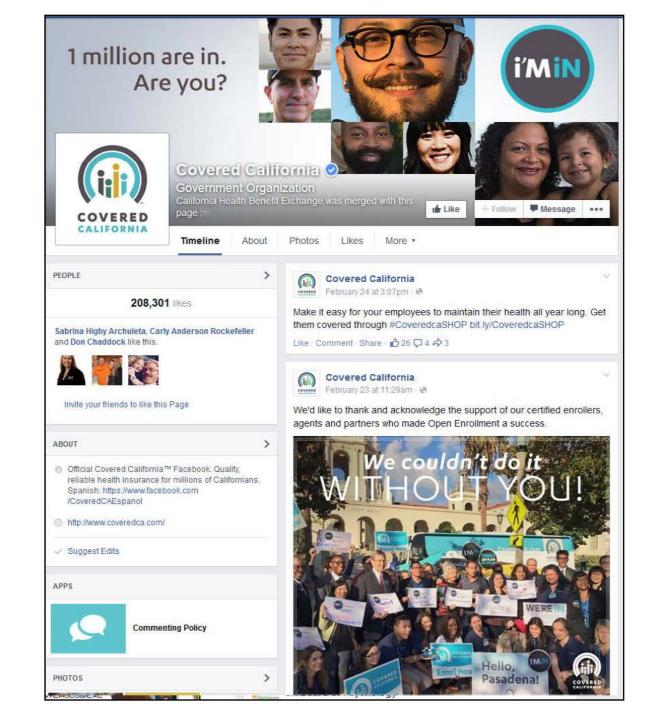








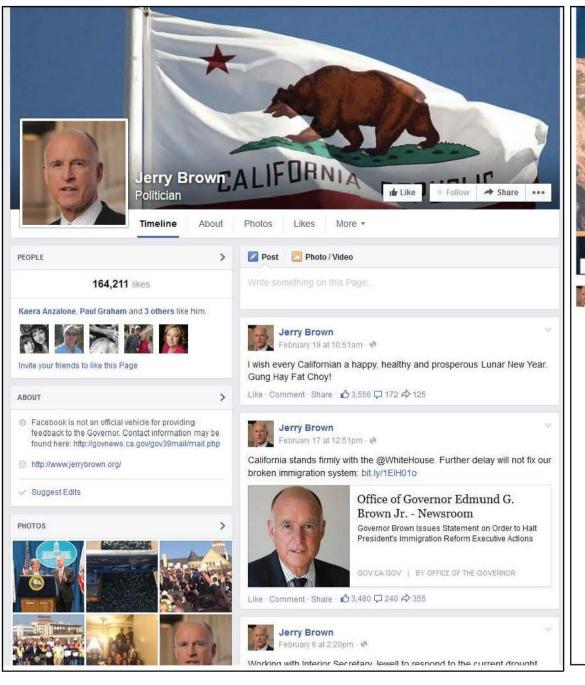








California Corrections allows comments and has a very interactive Facebook page. They also have 22,822 Likes on their page.



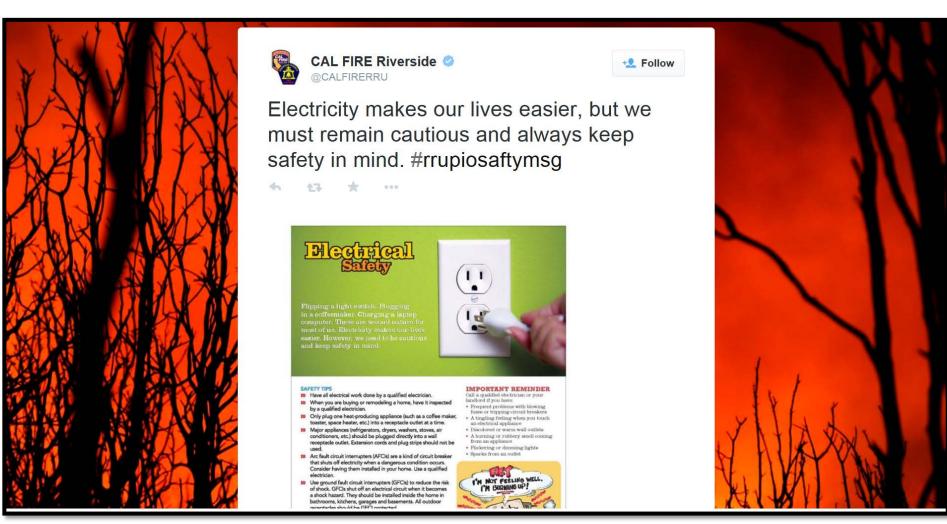


Like Reply \$13 February 6 at 6:00pm Edited

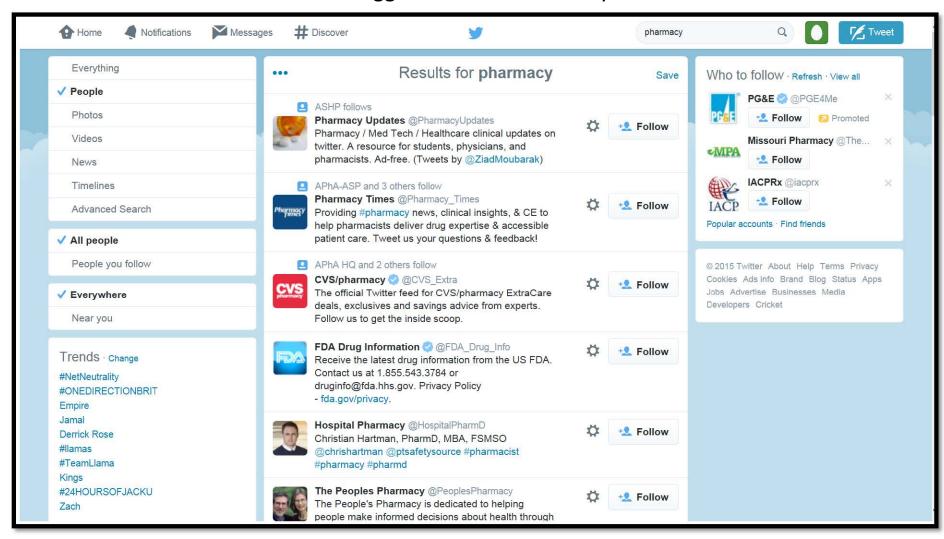
Veterinary Medical Board on Twitter



Twitter Post



Twitter Suggestions for "Pharmacy"





Medical Board of CA

@MedBoardOfCA

- California
- (b) Joined January 2012

Tweet to Medical Board of CA

2 Followers you know



1 Photo or video





Physicians and Surgeons

The Board has transitioned to a new data system, California





Derrick Rose #SacramentoProud

#llamas

Kings

Verify a License

Outpatient Surgery

Follow



CA Contractors Board

@CSLB

Official Twitter Account of Contractors State License Board (CSLB)

- Sacramento, California
- & cslb.ca.gov
- (L) Joined August 2010



1 Follower you know

dca

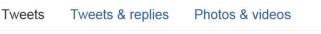
6 Photos and videos











CA Contractors Board @CSLB - Jan 28

The stability of the state while staying on the cutting edge of technology @CSLB needs a Staff Programmer Analyst goo.gl/5UgOxs

6 47 *1 **

CSLB now offers a new C-22 Asbestos Abatement contractor license. A full description is on CSLB's website

goo.gl/QWtZrR.

位 1 ★1

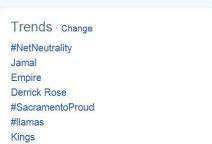
CA Contractors Board retweeted

CA Architects Board @CAArchitectsBd · Jan 13

Congrats to newly appointed CSLB Registrar Cindi Christenson! goo.gl/bGfcPj @CSLB @DCAnews @NCEES



Following



#Ack lack And lack





@JerryBrownGov

On Facebook at: facebook.com/jerrybrown

California · jerrybrown.org







Followed by CPhA, CA Attorney General, DCA and CA Contractors Board.



Jerry Brown @JerryBrownGov · Feb 24

I welcome the next leader of the CA Senate Republican Caucus, @JeanFuller. Looking forward to getting things done.

Details



Jerry Brown @JerryBrownGov · Feb 20

This costly port dispute has hurt many people. I'm glad it's finally over.

Details

Closing Thought

""If you're not social now, the question is not if you're going to be, but when. You have to make tech that meets the needs of the people."

2015 CIO Academy Social Media Panel



Sources and Contacts:

- Sources:
 - Why Government Has to Get Social: http://www.govtech.com/internet/Why-Government-Has-to-Get-Social.html
 - CDFA Website: http://www.cdfa.ca.gov
 - Planting Seeds Blog: http://plantingseedsblog.cdfa.ca.gov
- Contact:
 - E-mail: robert.schmidt@cdfa.ca.gov



ATTACHMENT

Results Survey of Pharmacies

Translation Services Available in Pharmacies

Number of surveys: 89

1. Does this pharmacy use the standardized directions for use in English on prescription labels listed in 1707.5(a)(4)?

Yes: 49 No: 39

No answer: 1

2. Of those using, how often?

Less than 25% of the time: 12

26% - 50% of the time: 7 51% - 75% of the time: 9 76% - 100% of the time: 18

No answer: 3

- **3.** What challenges or barriers prevent you from using the standardized directions on the labels? Examples of responses:
 - o Directions for use are indicated by the prescriber, won't deviate from those: 77
 - Pharmacist would have to call the prescriber, which may delay treatment
 - Insurance audits may require prescriber's exact language to be used
 - Prescribers directions are not standardized and vary
 - o The directions don't apply: 5
 - o Software used doesn't include them: 4
 - o Space available/size of the label: 6
 - Pediatric directions
 - System does not calculate day supply if standardized directions are used
 - TCH doing majority of prescription typing
 - Software short codes are normally used, and the standardized directions for use do not conform to short codes
 - Doesn't apply: closed door pharmacy, inpatient hospital pharmacy, closed door home infusion, fills for skilled nursing facility, veterinary prescriptions
 - o Not Familiar with 1705: 2

4. What is your source for the phrasing for directions for use on the labels?

Software vendors: 56

Prescriber: 68

Other:

Customized by staff: 9
Board website: 1

5. Do you provide translations of directions for use?

Yes: 61 No: 23 N/A: 5

6. If so, in what languages?

Spanish: 49 Many: 4 French: 3 Vietnamese: 4

Farsi: 2 Korean: 1 Armenian: 1 Russian: 1

7. How do you translate?

Pharmacy Staff: 33
Online software: 52

Translated directions for use from the board website: 2

Telephone: 2

ATTACHMENT 4

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF CONSUMER AFFAIRS GOVERNOR EDMUND G. BROWN JR.

1625 N. Market Blvd, N219, Sacramento, CA 95834 Phone: (916) 574-7900

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE **MEETING MINUTES**

Date: March 23, 2015

Location: DCA Headquarters Building Two

1747 North Market Blvd., Room 186

Sacramento, CA 95834

Committee Members

Ramon Castellblanch, PhD

Present:

Allen Schaad, RPh Albert Wong, PharmD

Committee Members

Not Present:

Chair Rosalyn Hackworth, Public Member

Staff Present: Virginia Herold, Executive Officer

> Anne Sodergren, Assistant Executive Officer Joyia Emard, Public Information Officer

Laura Hendricks, Staff Analyst

Laura Freedman, DCA Staff Counsel

Call to order

Acting Chair Ramon Castellblanch called the meeting to order at 10 a.m. Committee members present were Allen Schaad, and Albert Wong.

1. FOR DISCUSSION: Preparation for a Future Board Forum on Elements of Quality Patient Consultation and Instruction of Patient Consultation by California's Schools of Pharmacy Board of Pharmacy Executive Officer Virginia Herold reported that the committee initiated discussion of the patient centered label requirements last year. She said during this time, patient consultation was discussed and the committee also discussed the inability of patient consultation on new or changed prescriptions to be fully implemented. She said a variety of reasons were cited as to why consultation of patients is not being done. She said the board asked this committee to begin planning a forum that would be held during a board meeting and the deans of the California pharmacy schools would be invited to attend to discuss how patient consultation is being taught to pharmacy students. She said that if patient

consultation is being taught well in the schools, then graduates should be capable and motivated to conduct consultations with patients about their drug therapy. She said the committee needs to decide when to hold the forum and what should be included. She said the initial intent was to hear this at the April 2015 Board Meeting, but it is suggested that the forum be moved to the July board meeting because in April the board will be focused on taking positions on new legislation.

She said the committee may want to frame a series of questions to determine what to ask the pharmacy school deans in regards to how patient consultation is taught. She said the committee may want to consider the study conducted by the California Pharmacist Foundation on consultation and why and how it was implemented and why it's not being done.

Discussion

Dr. Castellblanch asked how many pharmacy schools there are in California and was told there are 11 with two more opening next year. He suggested that for these schools the board would want to see the syllabi, course objectives and ask specific questions. Ms. Herold said her understanding is that at most schools, student interns learn consultation with their preceptor, and that students learn consultation in the classroom in the early period of their education, not when they are doing their internships. Ms. Herold said the board may want to hear from new pharmacists about how they were trained and how that translated to the actual work setting and conducting front-counter consultation.

Allen Schaad asked how the board cites pharmacies for lack of consultation. Ms. Herold stated the board has the authority to levy fines of up to \$5,000 for lack of consultation. She noted citations are usually levied for \$1,200 to \$1,500 if there is no medication error. She added that during an inspection, the inspector watches in the pharmacy to see if consultations are being conducted, then the inspector may ask the patient if the prescription is for a new or changed prescription. They will also look at the prescription document to see if it is a new or changed prescription. Ms. Herold said there are a number of reasons as to why consultation is not occurring. She said pharmacy technicians sometimes screen patients, which is not acceptable. She said there are a number of pharmacies that do a very good job of consulting and medication errors can be avoided if the pharmacist takes the time to go over the medication initially with the patient.

There was continued discussion of how to collect information – comments included hearing from pharmacy students, from pharmacists who are one to two years out of pharmacy school, and/or from deans of schools of pharmacy. Assistant Executive Officer Anne Sodergren suggested that a survey could be placed on the board website asking pharmacists various questions about consultation and asking if they would be willing to speak about it at a board meeting.

Steve Gray spoke as an individual and former trustee member with the California Pharmacist Foundation. He recommended that the board focus on the education aspect of

consultation. He said through his work, he visits the pharmacy schools and one of the questions he asks is how students are trained on front counter consultation. He said many of the schools do a great job of training the student on how to sit with a patient in an exam room and talk to them for 35-40 minutes about their drug history, but that is not reality at the front counter. He said the schools don't teach pharmacy students how to quickly get to the point and quickly analyze the patient to determine their ability to understand their drug therapy. He said the board convening a forum on this and inviting the deans would do much to focus their attention on what their school is doing to teach consultation. He said some deans have no idea as to how consultation is being taught. He said it is often done in the IPPE, when students don't know enough pharmacology to handle a consultation properly, therefore, they are very uncomfortable doing consultation and that is what they remember when they graduate four years later. Dr. Grey summarized what the Pharmacist Foundation discovered and that is that the typical consultation training does not create confident, competent pharmacists who can do front counter consultation. He said he interviews residents, of which about 10 percent are from outside California, and students from the southeastern part of the country receive better training on front-counter consultation. He said they have video training and hire actors who simulate the different types of customers a pharmacist will meet at the counter. He said some California schools do hire actors, but the actors sit in that consultation room with them for 35-40 minutes. He said the forum could make a difference. He said Kaiser spent \$2 million on a study that focused on high-risk patients and consultation. He said they proved that front counter consultation did decrease hospital stays and emergency room visits.

Dr. Wong said most pharmacies have a single pharmacist and they just don't have the time for consultation and they should be compensated for consultation.

Dr. Grey said pharmacy students are sent to alumni who teach consultation the same way they learned and the lack of training becomes generational with some pharmacy schools. He suggested the board include the deans of the two new pharmacy schools that will be opening next fall because they are in the process of hiring their staff, building their curriculum and building the architecture for how they will be training students.

Dr. Castellblanch said, based on Dr. Grey's remarks, that the board survey on the website should address how they were trained to conduct front-counter consultation.

Dr. Tony Wong, with Kaiser, said he graduated in 2001 and agreed with what was said about consultation being learned during internship from the preceptor because that is how he was trained. He said he doesn't recall consultation being part of the classroom curriculum.

Dr. Castellblanch said if the deans receive a letter from the Board of Pharmacy, then they in turn will be contacting their faculties and staff to learn more about how consultation is being taught.

2. FOR DISCUSSION: Approaches to Use of Social Media by the Board of Pharmacy

Robert Schmidt, Agency Information Officer and Director, Department of Food and Agriculture, Executive Office OITS, with the State of California, presented information on social media and state guidelines for agencies that utilize social media.

Mr. Schmidt showed a short video which stated that social media is "no longer just a fad" and called it the biggest shift since the Industrial Revolution. The video stated that social media is now the No. 1 activity on the web and that adults spend 15 hours per week on the internet. It stated that one in five couples meet online; 56 percent of human resources professionals use social networking websites to source potential candidates; 1.4 million people used social media last year to find a new job; one million new blogs come online every month; one million new Twitter accounts are created each day; there are more than 165 million active Twitter users; there are more than 107 million U.S. Twitter users; there are more than 50 million Tweets each day; Facebook has more than 900 million active users worldwide and 500 million active mobile users; 93 percent of U.S. adults are on Facebook; 80 percent of U.S. businesses have Facebook pages; LinkedIn has 161 million members in 200 countries; there are one million LinkedIn groups and two million LinkedIn companies; and the average YouTube visitor spends 15 minutes a day on it and it's the second most used search engine on the web.

Mr. Schmidt explained that websites provide one-way communication; email provides one-to-one communication; blogs and wikis provide one-to-many communication and Facebook and other forms of social media provide many-to-many communication. He said social media interactions need to be monitored and during an incident or issue the communication must be kept current. He said the state has policies regarding social media which need to be adhered to, but the state encourages the use of social media and most agencies already use it. He said there is no start-up cost to begin using social media.

He said agencies embarking on social media need to have an integrated approach. He said it is important to determine what problem you are trying to solve with social media and how to address it. He said social media should be used to tell your agency's story and the mission and goal should be identified.

He suggested using an integrated approach to social media, which would include identifying who is going to view the posts and what the plan and process is to accommodate that. He recommended doing a test run first and to make sure the home page is a one-stop-shop for social media so viewers can access everything from the home page.

Mr. Schmidt said his department utilizes Wordpress because comments are modified and have to be approved before they are posted, which prevents inappropriate comments from appearing.

Discussion

Dr. Castellblanch asked what staff resources the board had for social media. Ms. Herold responded that her concern is that once you start it, you have to be fully engaged and devote the staff required. She also expressed concern that the board is a regulatory agency and people may be unhappy with the board and want to share that on social media.

Ms. Sodergren asked what Mr. Schmidt's agency's resource allocation is for social media. He answered that there are three people in the public affairs office. He said the communication director handles most of the moderation and they have a special assistant who helps with the moderation. He said no one is devoted full time to social media. He said moderation can occur on your own time schedule and there is no requirement that you post comments, it's at the agency's discretion. He said his agency has a TV producer and camera person. He said he has a webmaster and two staff to maintain 12,000 web pages and provide graphic arts and photography. He said Food and Ag has 2,000 employees, so he considers their office "pretty lean."

Dr. Castellblanch pointed out that the board only has one person to do this work and asked what the first steps are that a small agency can take. Mr. Schmidt said to begin, look for some quick wins, such as a blog. He also said to think about what the board's biggest problems are, such as if your staff is continually answering the same question from phone callers, you can make a simple YouTube video would answer those questions.

Dr. Castellblanch asked staff if there was an area the board wanted to focus on. Ms. Herold said the board has three audiences: licensees, applicants and the public. She said the focus should be on the public, although she said the board's captive audiences might be easier to start with. She said prescription drug abuse and consumers learning they are supposed to be consulted by a pharmacist could be two places to start. She said the Board of Pharmacy has very low public recognition and most people don't even know the board exists.

Mr. Schmidt recommended that the board share its story via social media he offered to help the board by finding some small agencies that have already created plans that the Board of Pharmacy could possibly leverage.

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3. FOR INFORMATION: Report on Translation Surveys Conducted by Board Inspectors

Ms. Herold said pharmacy surveys regarding translations were conducted during inspections of 89 pharmacies. She said inspectors were at those pharmacies either because they were a compounding pharmacy or because they had a complaint filed against them. She said the survey was produced to supplement the information the board had on translations.

She said the board conducted a survey two years ago that indicated 70 percent of pharmacies were providing translations. She said the numbers are somewhat different than what the last survey indicated. She said that almost 50 of the 89 pharmacies indicated they were using the standardized directions for use from the board website, which is higher than what the committee has seen before. Ms. Herold said perhaps the pharmacists were afraid to admit they weren't using the board's standardized directions for use and she said she felt the numbers may not be accurate.

She said that 20 percent of those using the directions said they are using them most of the time and the rest are using the directions somewhat less. She said that 77 of the respondents indicated that they don't deviate from what the prescriber writes, which makes her question the validity of the answers to the questions about whether or not they use the board's standardized directions for use and how often.

Ms. Herold said the respondents indicated that Spanish is the predominant language that translations are provided in and that they use pharmacy staff or software to provide the translations.

Discussion

Dr. Wong suggested that the board provide the standardized directions for use to the major software vendors that service the pharmacies and they can incorporate them into what they provide.

4. <u>FOR DISCUSSION: Board's Sponsored AB 1073 (Ting) To Promote the Use of Translations on Prescription Container Labels</u>

Ms. Herold said AB1073 is still in draft form and she recently completed a fact sheet on the bill. She said the one challenge is the civil code exemption that the board drafted which provided a waiver for any translation. She said attorneys opposed that so it has been scaled back to only provide liability exemption for the use of the board's translated directions for use available on the board website.

Discussion

Dr. Castellblanch said in New York, pharmacies had software vendors provide the translations and the pharmacists were exempt from liability. Ms. Herold said that may be part of the conversation pharmacies have with their software vendors, that they provide liability coverage if there is a mistake. Board Counsel Laura Freedman addressed the issue of indemnification. She said you can have an agreement to be indemnified, which doesn't mean you wouldn't get named in a lawsuit, it just means that someone else would pick up the cost of the defense and liability.

Dr. Wong said he wanted to know about Kaiser's practices. Mr. Grey said he has been involved in vendor contracts for computer services for pharmacies for 30 years and said the indemnification actually occurs in reverse. He said the software vendor requires that the pharmacy indemnify them for any judgments or they won't give you the system. They won't accept the liability. Dr. Wong said his pharmacy's software doesn't provide any Chinese character translations, but it allows you to build your own translation.

Dr. Castellblanch said the board had a number of directions for use translated into five languages and that the legislation would prohibit the pharmacy using them from being sued if they made an inadvertent error. He asked if that would also protect the board. Ms. Freedman said a state agency can always be sued.

Ms. Herold said the bill is not in print yet, but so far no one has opposed it. Dr. Wong said the board should suggest and encourage pharmacies to use the translations on the board website, but not require it.

5. FOR INFORMATION: Update on a Proposed Regulation to Require Pharmacies to Develop Written Procedures for Providing Written Language Translations

Ms. Herold said the board is waiting to notice a proposed regulation to require pharmacies to develop written procedures for providing written language translations and has initiated the rulemaking process along with approximately 10 other proposed regulations. She said board staff is preparing the necessary documents and she expects the next step of noticing to occur in about three months, which then starts a 45-day written comment period. She said the board then has a chance to review the comments and holds a hearing as part of the discussion. The next step is that it goes before the board and the board decides whether to adopt any of the comments into the regulation, drop the regulation and start over, drop it completely or leave it as is. She said the board would probably vote on it at their October meeting and it should be completed by the end of the year.

6. FOR INFORMATION: Update on the Redesign of the Board's Website in 2015

Ms. Sodergren reported that work is underway to update the board website and staff hopes to have a presentation at the July Board Meeting. She said the website update will not be complete at that time, but the board will be able to see more detail on how it is going and what the new website will look like. She said that initially the plan was to roll out the new website concurrent with the board's transition to BreEze, but with the delay in BreEze implementation, staff is moving forward independently with the website update.

Ms. Herold said the new website template is the one the state is moving towards and the text on the screenshot provided in the meeting materials is in a graphic design placeholding text and it is not readable. She said the main headings for the site have been identified and are on the page.

7. FOR INFORMATION: Update on the Script

Ms. Emard reported that the winter 2015 *Script* was completed and is live on the board website. She said a subscriber alert, which included a link to the newsletter, was sent. She said the *Script* is one of the board's most popular items on its website and the current issue contains articles on new pharmacy laws, new regulations, licensing for third-party logistics providers, the Medical Board's revised pain management guidelines, drug diversion in hospitals, new regulations and disciplinary actions.

Discussion

Mr. Schaad noted that there seemed to be a lot of disciplinary actions in this issue of the *Script*. Ms. Herold said the volume represented a year's worth of disciplinary actions. Dr. Wong said there are many disciplinary actions for pharmacy technicians and he questioned what could be done to alleviate that. He said it appears technicians are able to get their licenses too easily and they don't value them. He said the default decisions show the technicians don't care. Ms. Herold said that frequently technicians insist on going to a hearing and then when their license is revoked they surrender it. She said going to hearings costs the board \$5,000 to \$8,000 each time. Dr. Wong suggested the board make it more difficult for technicians to get their licenses. He said 90 percent of the disciplinary actions involve technicians. Mr. Schaad pointed out that the board doesn't have any authority over the pharmacy technician schools. Dr. Wong suggested the board make the license tests more difficult. Mr. Schaad said the schools don't screen the students prior to accepting them.

Dr. Castellblanch asked why pharmacy technicians are being disciplined so much. Ms. Herold said technicians have less of a career investment than pharmacists who go to school for eight years. She said some technicians want to work in a pharmacy so they have access to drugs in order to divert them. She said some technicians are targeted because they work in a pharmacy. She said the board has heard of instances where pharmacy technicians or their families are threatened if the technician doesn't divert drugs. She said some think it will be a good job, but it isn't a good fit for them. Ms. Herold said sometimes the technicians have substance abuse issues of their own. She also said that the pharmacists are paid so much more than technicians that there is sometimes resentment and they become disgruntled. She agreed that it may be too easy for them to receive a license, therefore they don't value it.

Dr. Castellblanch asked how much technicians get paid and Ms. Herold said it is generally \$9 to \$12 per hour and she said they often pay \$20,000 to get the training they need to become licensed. Dr. Castellblanch said that drugs are being put into the hands of people who are not very well paid, so you have high-priced drugs being put into the hands of low-paid technicians.

Ms. Freedman recommended that this topic be referred to another committee such as licensing or enforcement. Dr. Castellblanch said the issue may actually fall under this committee because it involves education. He wondered how other states have dealt with this issue. Ms. Herold said some states don't regulate technicians the way California does. Ms. Sodergren said another committee was going to be reporting back to the board on this topic.

8. FOR INFORMATION: Update on Media Activity

Ms. Emard reported that she and Ms. Herold have participated in numerous media interviews where information and/or documents are requested by members of the media. She said the information the board can provide is public on the board website and they are unable to provide details regarding investigations. She said some of the topics covered by the media include medication errors and during interviews Ms. Herold has been able to stress the importance of patients understanding their medications and pharmacists properly consulting their patients. Ms. Emard said the media issue is that pharmacists have been complaining that their employers are forcing them to process too many prescriptions and they run the risk of medication errors. She said another media story involved a Modesto pharmacy technician who was working with a doctor's office staff member and forgers to create and fill fake prescriptions. She said the *L.A. Times* recently wrote about the high cost of medications and wanted to know how the board could help. Ms. Herold said the article dealt with compounded medications that used to be lower priced and now have become very expensive.

9. FOR INFORMATION: Public Outreach Activities Conducted by the Board

A list of public outreach activities recently conducted by the board was listed in this item and Mr. Schaad asked for more information on the Interagency Prevention Advisory Council (IPAC) meeting on prescription drug abuse attended by Ms. Emard.

Discussion

Ms. Emard explained that the workgroup was made up of representatives from a variety of state agencies that deal with opioid abuse and prevention such as Public Health, the Department of Alcoholic Beverage Control, and the California Highway Patrol. She said at this meeting the executive officer of the Medical Board presented information on their revised pain management guidelines and Jason Smith, who had spoken twice at the board's Prescription Medication Abuse Subcommittee meetings, presented information from the perspective of a recovering opioid addict and patient. She said the group was very interested in the board's emergency regulation for naloxone dispensing.

Mr. Schaad also asked about the Prescription Opioid Misuse and Overdose Prevention Workgroup meetings. Ms. Emard said the group was convened by the director of public health and involves the heads of a number of public agencies including the Board of

Pharmacy, Medical Board, Dental Board and public health agencies that are involved in the issue of prescription opioid overdose and abuse. She said she and Ms. Herold have been attending the meetings since last spring when they were initially convened. She said the group has tried to find common ground and areas of consensus between the agencies where policies regarding prescription opioid abuse and overdose can be created. She said the group is now working with data to create maps of where the hot spots of overdose and abuse are in California. She said they are also ready to apply for grants from the Centers For Disease Control to help fight abuse and overdose and are planning for consumer outreach. She said initially they worked with state stakeholders, but will be branching out to consumers. She said the meetings are ongoing and Ms. Herold was unable the most recent meeting because she was out of town.

Dr. Castellblanch asked if any other board members go to the meetings and Ms. Emard said that it is only state agency employees who attend. He said it appears they have simply been tracking the Medical Board's revised pain management guidelines. She said the group was using that as a rallying point and that next they will help publicize the board's emergency regulations regarding naloxone. She said they will help disseminate information on naloxone because their goal is to reduce opioid deaths by 15 percent and naloxone is key to that. She said the problem begins with opioid prescriptions, devolves to opioid abuse, which devolves to opioid overdose and death.

Dr. Castellblanch said in public health there are three levels of prevention, the first is primary prevention when you try and stop people from doing things that can hurt them, second is when they started something they shouldn't have and you can try and get them back on the right path and the third is tertiary where it is a bad situation and now you are just doing damage control. He said that it seems like if you are going to naloxone then you are in tertiary mode. He asked if at the meetings there is any discussion about primary prevention. She said the primary prevention involves prescribers being more selective. Ms. Herold said the group was convened by the director of public health because there was concern that California did not have an integrated policy for pain management and opioid use. She said the governor's office had been queried on it, but didn't have a position, and a number of state agencies were individually working very hard on it. She said the director pulled everyone in and attempted to develop cross-cutting policy so that there is a unified approach to how agencies deal with this. She said the Medical Board has their pain management guidelines, the Board of Pharmacy corresponding responsibility and naloxone and CURES has a new computer system coming online and now the data miners are overlaying CURES data on top of overdose deaths from coroner's reports and other information gleaned from state partners. She said that public health brings the ability to deal with prevention and treatment.

10. FOR DISCUSSION: Articles on Issues of Interest

Ms. Emard reported that the meeting materials contained articles on issues of interest to the committee including stories on topics such as the safety of mailed prescriptions. She

said this article highlighted an incident of mailed prescription medications being placed in a mailbox during harsh winter weather and the medications froze. She said it posed the question of what should patients do if their mailed prescription medications get too hot in the summer or freeze in the winter. She said other articles discussed medication errors, the high cost of prescription medications, the "drugging" of California's foster youth, and the sale of tobacco products in pharmacies and stores that contain pharmacies. She said there was also an article about the Raley's chain eliminating tobacco and tobacco products from their stores which have pharmacies in them.

There was no additional discussion.

11. Public Comment for Items Not on the Agenda, Matters for Future Meetings*

There was no comment for items not on the agenda.

The meeting was adjourned at 12:15 p.m.