California State Board of Pharmacy
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www.pharmacy.ca.gov

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

XVI. Patient Consultation Forum with Deans of the California School of Pharmacy and the Accreditation Council for Pharmacy Education

At this meeting, the board will convene a forum on how California pharmacy students are educated with respect to patient consultation. Board staff has tentatively scheduled four hours for this discussion.

All deans of California's schools of pharmacy have been invited to attend this meeting to share information with the board about how they educate pharmacy students to perform patient consultation. We also will have Peter Vlasses, Executive Director of ACPE present to provide a presentation on the required components for consultation in the pharmacist curriculum in ACPE-approved schools.

Invited to attend:

- Peter H. Vlasses, PharmD, DSc (Hon), BCPS, FCCP - Executive Director, Accreditation Council for Pharmacy Education (ACPE)
- Michael Negrete, Former direction of the Pharmacy Foundation of California

Deans of California schools of pharmacy:

- Joseph Guglielmo, University of California San Francisco
- Glen Stimmel, University of Southern California
- Rae Matsumoto, Touro University
- Dan Robinson, Western University
- James H. McKerrow, University of California San Diego
- Phillip R. Oppenheimer, University of the Pacific
- Billy Hughes, Loma Linda University
- Karen Hassell, California Northstate University
- David Hawkins, California Health Sciences University
- Kathy Webster, Keck Graduate Institute
- Ronald P. Jordan, Chapman University School of Pharmacy

Background:

Since the early 1990s, California has required pharmacists to consult patients (or their agents) on all new medications or medications with changed directions for use or changed dosing.

California law requires the pharmacist to initiate consultation; thus any patient who declines consultation must be speaking directly to the pharmacist to decline consultation.

However, the board is aware that patients are not receiving consultation at the frequency required. Check-off boxes that require a patient's statement either to decline consultation or want consultation are not compliant with CA law. Likewise pharmacy technicians or clerks are violating the consultation requirements by screening patients for consultation – where a technician or clerk asks at check out if the patient wants to talk to the pharmacist or has questions.

During recent board meetings, the board has discussed consultation and has decided to take a look at what barriers exist for improved patient consultation, including achieving an increased rate of consultation.

At this meeting the board will hear from the educators who train California pharmacists and pharmacy interns about consultation.

The board is grateful for the willingness of pharmacy school deans and Dr. Vlasses of ACPE to attend the meeting to share information on training pharmacists to consult patients.

A short survey has been sent to the deans, and results will be shared during the meeting.

Background reading for this forum is provided in **Attachment 1**. It consists of the following documents:

1. Invitation letters to the deans of California's schools of pharmacy
2. Requirements for patient consultation, Title 16, California Code of Regulations section 1707.2
2. Article from the Pharmacy Foundation of California on a forum it convened in 2011 about patient consultation (written by Michael Negrete)
3. Articles from the Winter 2015, Spring 2014 and July 2011 *The Script* board newsletters on patient consultation

Attachment 1

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
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June 22, 2015

To: Deans, California Schools of Pharmacy

From: Virginia Herold, Executive Officer

Via: Joe Guglielomo, B. Joseph Guglielmo, PharmD
Dean, UCSF School of Pharmacy
Chair, California Pharmacy Council

Subject: Convening of a Forum on Patient Consultation by the Board

The California State Board of Pharmacy is interested in your thoughts and comments regarding the education and training of California's pharmacy students with respect to patient consultation. Patient consultation is important to patient health and in securing adherence to medication regimens. Yet too often patients do not get the consultation they are supposed to receive, or when they do receive consultation, it does not hit the essential elements of what patients truly need to understand about the medication.

The following information highlights the requirements for patient consultation, and contains a brief survey I hope you will complete seeking information about how your program educates students.

We also invite you or another representative of your school to attend the board meeting segment where this item will be discussed. The meeting will be held July 29, 2015, in Sacramento. The board will ask questions about how your program educates students to provide patient consultation and what you believe would improve consultation. We hope to have representatives from all of California schools of pharmacy in attendance.

Background:

California's requirements for patient consultation are found in section 1707.2 (Title 16, California Code of Regulations), and provide:

(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.

Note: the requirements in (b) require the pharmacist to initiate consultation, not for other pharmacy staff to screen patients (e.g., "Do you want to talk to the pharmacist?"). Hence any denial for consultation by a patient should be received directly by the pharmacist.

Subdivision (c) then goes on to provide:

(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.

Goal: While California law requires consultation, oral consultation does not occur as often as it should. The board is interested in strengthening consultation requirements and increasing the frequency that it is provided. As such, the board is initiating a review of patient consultation 25 years following its enactment in California. The board wishes to start by learning about the training of PharmD graduates in California. To that end the board is interested in determining the current state of affairs regarding school curricula specific to oral consultation training. The board will be reviewing this issue at its upcoming July 29 State Board of Pharmacy meeting in Sacramento.

Plan: In preparation for this upcoming meeting, the board has the following questions for your consideration:

1. Does the program have a core course centered upon communication skills and consultation? (Yes/No)
2. If the program does not have a core course in communication/consultation, does this emphasis exist within other pharmacy practice courses? (Yes/No)
3. Which of the following methodologies are used in the training of communication skills and consultation? (Select all that are utilized)

    a. Didactic
    b. Small group discussion
    c. OSCE
    d. Other

4. Progression of consultation experiences: Over entire course of pharmacy school, what is the total number of hours focused upon patient consultation?

5. Who is responsible for consultation curricula? (Select all that apply)

    a. Paid faculty
    b. Volunteer faculty
    c. Residents
    d. Senior Doctor of Pharmacy students

The board is hopeful that each of California's schools of pharmacy can provide these data prior to the July 29 meeting. We look forward to your cooperation in this important effort.

Your responses may be sent directly to me at Virginia.herold@dca.ca.gov.

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.

Authority cited: Sections 4005, 4076 and 4122, Business and Professions Code. Reference: Sections 4005, 4076 and 4122, Business and Professions Code.

Pharmacist-Patient Consultation
Invitational Meeting
Pharmacy Foundation Headquarters
Sacramento, CA

Meeting Summary

On February 22, 2011, the non-profit Pharmacy Foundation of California (PFC) convened a meeting of key consumer and pharmacy stakeholders to discuss the problem of suboptimal medication use in the outpatient setting, and the role of pharmacist-patient consultations in improving medication safety and effectiveness. With the assistance of individuals from the National Association of Chain Drug Stores (NACDS), the California Alliance of Retired Americans (CARA), the California Pharmacists Association (CPhA) and AARP, PFC was able to gather more than 25 leaders representing consumers, employee pharmacists, and pharmacy management to:

- Share and discuss research related to the scope, causes and consequences of suboptimal medication use in the outpatient setting
- Review existing regulatory requirements and standards of practice related to pharmacist-patient consultations on new prescriptions
- Identify opportunities for consumer and pharmacy stakeholders to collaborate with one another on efforts to maximize the value of pharmacist-patient consultations to improve the safety and effectiveness of medication use in the outpatient setting.

The following is a summary of the meeting and its outcomes:

Meeting Goals and Introductions

Dr. Michael Negrete, PFC's CEO, welcomed everyone and invited each participant to provide a brief introduction of themselves and any organizations they were representing. Michael then provided background on PFC and its mission to "improve and protect the public's health in manners related to pharmacy." Many of PFC's current efforts now focus on promoting safe and effective medication use, specifically in the outpatient/community setting.

The Latest Research on Suboptimal Medication Use

In order to establish a common foundation for the meeting's discussions, Dr. Negrete provided a brief presentation regarding the scope and consequences of suboptimal medication use. Key points of his remarks were that:

- Medications have a tremendous potential to cure and manage serious health problems, many of which were previously only able to be treated through expensive and sometimes risky surgical procedures.

- Much of the potential for medications to cure or effectively manage these serious health problems remains untapped. According to the National Committee on Quality Assurance, many Americans do not receive appropriate preventative medication therapy for conditions like high cholesterol, diabetes and blood pressure. Research shows that as many as three-out-of-four Americans do not take their medications as prescribed.
- The human and financial costs associated with improper medication use are staggering. According to the Institute of Medicine, 1.5 million Americans are injured or killed every year by a preventable medication problem, and the New England Health Institute estimates the total costs associated with inappropriate medication use to exceed $290 billion a year.
- A variety of societal factors including the aging of the US population and the increasing incidence of chronic disease indicates these problems will only worsen unless something is done to address them.

Pharmacist-Patient Consultation Requirements and Practice Standards

Dr. Negrete then described how effective pharmacist-patient consultations on new prescriptions can help address these problems by:

- Ensuring consumers understand the value of the medication, how best to take it to maximize its benefit and reduce the risk of medication-related problems (e.g. side effects and interactions), and what to watch for to ensure they receive the best possible benefit with the smallest chance for serious problems.
- Providing one last check to ensure there were no problems with how the medication was prescribed or dispensed. These include drug-drug interactions, drug-disease interactions, incorrect medication or dose selection, incorrect instructions, and ensuring that the consumer leaves the pharmacy with the right person's medication.

To provide attendees with a common foundation for what a pharmacist-patient consultation for a new prescription should look like, Dr. Negrete reviewed the pertinent section of the California Code of Regulations, Division 17, Title 16, Article 2, Section 1707.2. Specifically highlighted were the following:

- "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:
    - Whenever the prescription drug has not previously been dispensed to a patient; or
    - 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."
- "When oral consultation is provided, it shall include at least the following:
    - Directions for use and storage and importance of compliance with directions; and
    - Precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered."

Dr. Negrete also briefly reviewed the printed "Notice to Consumers" that is required to be prominently posted in a place conspicuous to and readable by prescription drug consumers.[1] This notice states that consumers should speak with the pharmacist before taking any prescription medication, and lists 5 questions they should be able to answer about their medication.

Varying Perspectives – Opportunities and Challenges

Before introducing other individuals to provide the consumer, pharmacist and pharmacy management perspectives on the issue, Dr. Negrete asked whether the attendees could agree on the following four critical points:

- The current situation regarding medication use in the outpatient setting is neither acceptable nor sustainable, and we collectively have the ability to improve it.
- The current situation is not the fault of any individuals or group of individuals doing something "bad" or "wrong."
- How the current situation came to exist is not important – the focus of this meeting is on what we can do together to improve it through the use of pharmacist-patient consultations.
- We are all here to be a contribution to the identification of possible solutions.

Consensus around these four points was quickly achieved and Dr. Negrete introduced three individuals to present varying perspectives on the issues at hand: Michael Lyons from the California Alliance of Retired Americans; Mark Raus, PharmD from the Independent Pharmacists Association (a pharmacist labor organization); and Flint Pendergraft, VP of Pharmacy and Wellness at Raley's, Inc. Key points identified during the presentations and related discussions were as follows:[2]

- While consumers may need additional assistance regarding the safe and effective use of medications, many do not realize it, have a willingness to acknowledge it, and/or know where to receive it (i.e. many consumers are unaware of their right to receive a pharmacist consultation and the value it should provide).
- The workload and workflow within a pharmacy can be highly variable, making it difficult to consistently balance consumer 'needs' for consultation and 'wants' for prompt service.
- This variability combined with high turn-over of pharmacy staff can make it difficult to ensure consistency in training and service.
- Staff turnover can be particularly high among individuals working the cash register. This is particularly problematic because:

[1] A copy of the notice is included in Attachment I

[2] Many other important issues were identified during the discussion but were not specifically related to pharmacist-patient consultations, so they are not included in this list. They are however included in Attachment II.

- They are often the critical interface between the consumer and pharmacist, being responsible for identifying when a new prescription is being collected and initiating the actual pharmacist-patient consultation.
- Their direct contact with consumers can make them particularly sensitive to consumer demand for prompt service, pressuring them to prioritize those wants over the needs for consultation.

- Some pharmacists may be reluctant to speak with patients due to concerns about liability. Specifically, some pharmacists may worry about:
  - Providing information which leads the patient to do something that causes harm, and/or
  - Having the patient provide them with information about a problem (e.g. a potential drug interaction) which they would feel they are alone in having to resolve.
- It is not uncommon for the both pharmacist and the patient to be unaware of why a mediation was prescribed. Not knowing a medication's intended purpose severely limits the utility and impact of a consultation.

Case-Study – One Organization's Effort to Realize the Potential of Pharmacist-Patient Consultations

Dr. Negrete introduced Elizabeth Oyekan, PharmD, who is currently working on an initiative within Kaiser Permanente to improve the quality and consistency of pharmacist-patient consultations in their outpatient pharmacies. Dr. Negrete commented that Kaiser has been particularly committed to pharmacist-patient consultations since 1998 when a study they performed with the University of Southern California demonstrated the ability of consultations to reduce hospital admissions and overall healthcare costs.[3]

With regard to consultations for new prescriptions, Kaiser has initiated a "Basic Pharmacist Consultation Interactive Training Program" which is designed to "ensure the consistency and quality of the pharmacist's consultation and enhance the patient care experience and health outcomes." The program provides a standardized structure for consultations which includes three components:

1. Identify – Introduce self, verify patient, screen for allergies, and confirm the "five rights" (right patient, right medication, right dose, right route of administration, right time).
2. Question – "What did the doctor tell you the medication is for?"
3. Review - Confirm the purpose of the medication, directions for use, importance of taking medication as prescribed.

[3]KA Johnson, JP Parker, JS McCombs, and M Cody. The Kaiser Permanente/USC Patient Consultation Study: patient satisfaction with pharmaceutical services. American Journal of Health-System Pharmacy, Vol 55, Issue 24, 2621-2629

Dr. Oyekan was asked how their pharmacists were responding to this program and she replied that there have been no major issues. She attributes the positive response to the standardized format improving not just the quality of consultations but their efficiency as well. (Once trained, a pharmacist can generally complete a basic consultation in ~90 seconds).

Dr. Oyekan then discussed another campaign Kaiser is pursuing specifically to reduce the frequency with which patients do not pick up newly prescribed medications (primary non-adherence), and medication refills (secondary non-adherence). The campaign involves training providers to use a checklist to facilitate a dialogue with patients for the purpose of identifying and overcoming issues that may contribute to medication non-adherence. This "B-SMART" check list covers six specific points:

- *Barriers*: Identify barriers and assess readiness to change
- *Solutions*: Provide targeted solutions to adherence challenges
- *Motivation*: Help patients to help themselves – goal setting and self-management
- *Adherence Tools*: Provide tools, including pill boxes, reminder calls, alarm systems, etc.
- *Relationships & Roles*: Establish and maintain positive patient-provider relationships and understand the roles of each team member, including the patient
- *Triage*: Direct patients to other resources in the broader healthcare system for support, education, and monitoring (health education, care management, etc.)

Dr. Oyekan stated that both programs are still relatively new, so the impact they are having on patient care is still being measured.

Opportunities

Dr. Negrete invited attendees to divide into two smaller work groups and use the information presented during the morning's sessions as a foundation to identify practical activities that consumer and pharmacy stakeholders could pursue together to better leverage pharmacist-patient consultations in the promotion of safe and effective medication use. After approximately one hour, the two groups came together and each presented their work. Key points from the group reports and related discussion were:

- Consumers must be better informed about the importance of a pharmacist consultation and their right to receive it.
    - Efforts to educate consumers about these issues should not be limited to pharmacies. As one consumer advocate poignantly remarked, "consumers, pharmacists and doctors are all in this together and it's up to everyone to do their part to improve communication." Specific non-pharmacy opportunities to accomplish this were:

- *In the medical office*: Educate prescribers to indicate on the prescription what the purpose of a medication is and when a consultation, translation or large font size is needed.

- *In the community*: Work with community-based organizations to organize informational events or health fairs. Have pharmacy organizations sponsor "pharmacy education days," and/or a set of public service announcements.

- Several "in-pharmacy" educational opportunities were also identified:

  - *"Notice to Consumers"*– Participants found the mandated posters to be neither eye-catching, nor compelling. It was suggested that they be redesigned and additional communication strategies be explored such as:

    - Short messages prominently displayed at the prescription drop-off and/or pick up window which convey the importance and value of pharmacist consultations, and the consumer's right to receive them.

    - Brief informational videos (such as one currently being tested in Ralphs Pharmacies) played on a loop in the pharmacy drop-off or waiting area.

  - *Consumer acknowledgement of consultation refusals* - It can be very tempting for busy consumers in busy pharmacies to just say they don't need to speak with the pharmacist. Rather than have them simply provide a signature to document their refusal, perhaps they should be asked to initial a few brief statements such as:

    "I do not need to speak with the pharmacist about:
    ___ WHY I need to take this medication,
    ___ WHEN and HOW to take it,
    ___ WHAT side effects to watch out for,
    ___WHERE to store it."

    Being asked to acknowledge such statements may provide consumers with an appreciation for the importance of a consultation and prompt them to reconsider leaving the pharmacy without one.

    Another strategy offered to promote pharmacist-patient interaction is to require that patients provide documentation of their refusal directly to a pharmacist. Such requirements have reportedly been established in other states.

- *Modified Workflow* – In most pharmacies, pharmacists appear to spend the vast majority of time performing duties "behind the counter," far away from the consultation area. This type of set-up can add to consultation-related challenges as it creates physical and psychological distance between pharmacists and patients, especially in pharmacies with a drive-thru. Several attendees cited alternative workflow models which close this distance by limiting a pharmacist's responsibilities to tasks that can be performed at or very near

the consultation area. Such workflow designs can provide the added benefit of reducing time that is lost when pharmacists are required to repeatedly walk from one end of the pharmacy to the other.

- *Improved Communication among Pharmacy Staff and Management*
    - It appears that a lot of erroneous assumptions may be made between pharmacy support staff, pharmacists, pharmacy managers and corporate managers regarding each other's expectations related to the importance of consultations and consultation-related processes and practices. Additionally, while some pharmacists may recognize breakdowns occurring in their pharmacies, many do not know how to productively address them with their staff and/or management. To help pharmacists identify and resolve these types of issues, efforts should be made to ensure pharmacists are aware of, and have access to, support programs such as CPhA's new *Employed Pharmacist Resource Program.*
    - Pharmacists should also be given clear guidance on how to triage problems that arise during a consultation which cannot be adequately addressed in a 1-2 minute conversation at the pharmacy counter. It was believed that providing this kind of "back-up" would encourage some pharmacists whose reluctance to provide consultations stems from a concern about uncovering problems which they will not have the time to resolve. Such a process could also prove to be a valuable tool to introduce consumers to a pharmacy's medication therapy management program.

- *Clarity of information* - When consultations do occur, information needs to be effectively communicated. Specifically, consumers and pharmacy staff should be better informed about requesting or offering/accessing assistance for special populations. Examples discussed were:
    - *For non-English speakers:* Translation services (telephonic or otherwise), lists of translations for the most common medication instructions, etc.
    - *For the visually impaired:* Larger font sizes on prescription labels, "talking" prescription vials and caps, special magnifiers, etc.

Closing/Next Steps

Dr. Negrete stated that he would develop a written summary of the meeting and then follow up individually with key stakeholders to identify the most promising collaborative opportunities to move forward. At that point, Dr. Negrete would reconvene interested members of this group to pursue specific actions.

With that, Dr. Negrete thanked the attendees for their participation and for the valuable input they provided on working together to leverage pharmacist-patient consultations to promote safer, more effective medication use.

ATTACHMENT I – NOTICE TO CONSUMERS

NOTICE TO CONSUMERS

KNOW YOUR RIGHTS

UNDER CALIFORNIA LAW CONCERNING MEDICINE AND DEVICES PRESCRIBED TO YOU.

YOU HAVE THE RIGHT TO RECEIVE MEDICINE AND DEVICES LEGALLY PRESCRIBED TO YOU, UNLESS:

1. The medicine or device is not in stock in the pharmacy.
2. The pharmacist, based upon his or her professional judgment determines providing the item:

   Is against the law, could cause a harmful drug interaction or could have a harmful effect on your health.

This pharmacist may decline to fill your prescription for ethical, moral or religious reasons, but the pharmacy is required to help you get the prescription filled at this or another nearby pharmacy timely. The pharmacy may decline to provide the medicine or device if it is not covered by your insurance or if you are unable to pay for the item or any copayment you owe.

If the pharmacy is unable to fill your prescription, you are entitled to have the prescription returned to you or transferred to another nearby pharmacy. Ask about our procedure to help you get an item that we don't have in stock.

ANY QUESTIONS? ASK THE PHARMACIST!

NOTICE TO CONSUMERS

WHAT ARE YOU TAKING?

BEFORE TAKING ANY PRESCRIPTION MEDICINE, TALK TO YOUR PHARMACIST; BE SURE YOU KNOW THE FOLLOWING:

1. What is the name of the medicine and what does it do?
2. How and when do I take it—and for how long? What if I miss a dose?
3. What are the possible side effects and what should I do if they occur?
4. Will the new medicine work safely with other medicines and herbal supplements I am taking?
5. What foods, drinks or activities should I avoid while taking this medicine?

At your request, this pharmacy will provide its current retail price of any prescription without obligation. You may request price information in person or by telephone. Ask your pharmacist if a lower-cost generic drug is available to fill your prescription. Prescription prices for the same drug vary from pharmacy to pharmacy. One reason for differences in price is differences in services provided.

ASK YOUR PHARMACIST IF YOU HAVE ADDITIONAL QUESTIONS.

ATTACHMENT II – ADDITIONAL ITEMS FOR FUTURE DISCUSSION

- **Consultation on Medication Refills –** While this meeting was focused on consultations for new prescriptions, attendees also expressed a concern regarding inadequate medication monitoring/follow-up for patients on long-term medications. It was questioned what role proactive, pharmacist-initiated consultations on refills could play in addressing this significant and growing challenge. This could be particularly important within the context of "auto-refills" where pharmacies initiate a refill of a medication before the patient requests it. Especially when the refill is for a 90-day supply of medicine.

- **Polypharmacy –** Attendees expressed concern that increasing numbers of people obtain medications from multiple prescribers and multiple pharmacies. It was suggested that consumers be encouraged to use a single pharmacy whenever possible to reduce the risk of unintentional medication duplications or interactions.

- **Medication Therapy Management Programs** – Virtually every company providing a prescription drug benefit under Medicare must provide a program of medication therapy management (MTM) for targeted beneficiaries (i.e. those who have multiple chronic conditions, take multiple medications, and are likely to receive more than $3,000 worth of covered drugs over the course of the year). In 2011, plans must automatically enroll individuals who fit their criteria into an MTM program and offer an interactive comprehensive medication review with a pharmacist or other qualified provider at no cost to the patient. While these benefits are not new, very few beneficiaries appear to be aware of them. The group discussed the potential for consumer and pharmacy stakeholders to collaborate on efforts to increase consumer awareness of such programs, and possibly work together to expand the availability MTM benefits within Medicare and beyond.

- **Printed Medication Information** – Poor "usability" of written information provided with a prescription was brought up several times. Common complaints included:
    - *Excessive amounts* – Handouts were often perceived to be too long. In addition, multiple handouts are sometimes provided, adding to the complexity and confusion. Several attendees remarked that a simple, one-page handout would be most useful.
    - *Readability* – The text is often too small and presented in a manner that makes it difficult to find specific pieces of information.
    - *Understandability* – Information is often not "patient centered" and is of no use when provided in a language and/or grade level the person cannot understand.

- **Patient Profiles:** California regulation requires that a pharmacist review a patient's medication record before each prescription drug is delivered to screen for severe potential drug therapy problems. Regulations also require that a patient's profile contain "patient allergies, idiosyncrasies, current medications and relevant prior medications including nonprescription medications and relevant devices, or medical conditions which are communicated by the patient or the patient's agent." Attendees expressed concern that information contained in many patient profiles may be incomplete and/or outdated, and suggested that strategies be explored to improve the completeness and accuracy of such profiles.

- **Proper Disposal of Unused/Expired Medication** – Many consumers expressed a significant need to help consumers properly dispose of old medication in a safe and environmentally conscious manner.

- **Transitions in Care** – Medications frequently change when a person moves from one care setting to another, and such changes have been shown to increase the risk of medication-related problems. Consequently, strategies to provide appropriate medication-related education and monitoring during a care transition should be explored.

- **Direct-to-Consumer Advertising** – Some attendees questioned whether the benefits of this practice really outweigh its costs and potential risks.

From *The Script,* Spring 2014
President's Message

By Stanley C. Weisser, R.Ph.
President, Board of Pharmacy

The California State Board of Pharmacy has been active in recent months to educate pharmacists and pharmacies about the issues of prescription drug abuse, a pharmacist's corresponding responsibility and patient consultation regulations that require a pharmacist to consult with patients when new or changed prescriptions are dispensed.

Patient Consultation
In December, CVS was fined $658,500 for its pharmacists' failure to consult with customers on new or changed prescriptions as required by law. The judgment was a result of a joint action by the board and San Diego, Riverside and Alameda County District Attorney Offices.

The civil complaint stated that CVS pharmacists throughout the state failed to consult with patients when they did not initiate the required consultations or used improper personnel to screen for consultation.

The CVS action is just the first of several anticipated as a result of these investigations. Patient consultation is important because it ensures patients understand the proper use of their medication, helps to achieve better compliance with therapy and helps to avoid medication errors. Consultation also allows pharmacists to screen for drug interactions.

Patient consultation must be initiated by a pharmacist whenever a patient or patient's agent is present in a pharmacy to have a new or changed prescription filled. It is a violation for other pharmacy personnel to ask if a patient has questions or wants to talk to the pharmacist. The pharmacist is required by state law to initiate the consultation. Thus, any denial of consultation must be made to the pharmacist. The use of check-off boxes or signature logs where a patient declines consultation is also a violation.

From The Script, Winter 2015
Rite Aid Pharmacy Pays $500,000 for Failing to Consult with Patients

The California State Board of Pharmacy reached a settlement agreement with Rite Aid pharmacy chain for $498,250 in a consumer protection lawsuit for the failure of its pharmacists to consult with patients on new or changed prescriptions.

The judgment, rendered in San Diego Superior Court in June 2014, was a result of a joint action by the Board of Pharmacy, San Diego County District Attorney Consumer Protection Unit and Riverside and Alameda County District Attorney offices.

The civil complaint, filed under the state's unfair competition laws, alleges that Rite Aid pharmacists throughout the state frequently failed to comply fully with state rules requiring personal pharmacist consultations when prescription drug patients receive new prescriptions or new dosages of existing prescriptions. Stan Weisser, Board of Pharmacy president, said the patient consultation rules are in place to ensure patients optimally understand how to take their medications. He said consultation also serves as a double-check to ensure everything about the medication is correct for the patient.

Weisser said studies have found that 46 percent of patients misunderstand one or more instruction on prescription labels. "It's important that patients understand the proper use of their medications. A pharmacist obtains four years of post-graduate, specialized education in pharmacy and is the last health care professional a patient typically sees before initiating drug therapy. A consultation helps minimize or avoid medication errors, screens for drug interactions and ensures better compliance with therapy," Weisser said. California's Pharmacy Law regulation 1707.2, enforced by the Board of Pharmacy, requires that a pharmacist must provide oral consultation on all new prescriptions not previously dispensed to a patient whenever the dosage, strength or written instructions change or upon request.

Defendant Thrifty Payless, Inc., a California corporation, is the wholly owned subsidiary of Pennsylvania based Rite Aid Corporation, a Delaware corporation. Thrifty Payless, Inc., owns and operates the 582 California Rite Aid branded pharmacies on behalf of the Rite Aid Corporation.

The district attorney offices in San Diego, Alameda and Riverside counties worked with the Board of Pharmacy in undercover investigations of the consultation practices of a number of the major pharmacy chains in the state. The Rite Aid enforcement action is just one of several anticipated as a result of that investigation. In December 2013 as part of the same investigation, CVS Pharmacy chain was fined $658,500 for its failure to provide consultation.

The Board of Pharmacy provided the district attorneys with copies of 10 citations it had issued to Rite Aid between March 2008 and September 2012 showing an ongoing pattern of violations of the pharmacist consultation requirement.

Then, undercover investigations by the district attorneys in 2011 and 2012 in San Diego, Riverside and Alameda counties found in 28 undercover purchases a significant pattern of failures where pharmacies did not offer or provide the required consultations or improper personnel offered consultations.

In 2011, the Board of Pharmacy brought to the three District Attorneys' Offices the problem of health risks to California pharmacy customers when pharmacists fail to properly provide needed personal consultation to prescription drug customers. Uninformed or improper use of prescription drugs harms an estimated 150,000 Californians each year and contributes to an estimated $1.7 billion in economic losses throughout the state.

Under the terms of the judgment, which was entered without admission of liability, Rite Aid is permanently enjoined to comply properly with California's standards for patient consultations and must fully implement an internal compliance program. Prosecutors said Rite Aid and its counsel worked cooperatively to promptly resolve the matter and to implement the new compliance procedures.

In the stipulated final judgment, Rite Aid also agreed to pay agency investigative costs of $78,250 and civil penalties totaling $420,000. Out of the judgment, the three district attorney offices each received $18,500 for the cost of the investigation, plus $147,000 each in civil penalties. The Board of Pharmacy received $18,500 for investigation costs and the Consumer Protection Prosecution Trust Fund received $4,250.

The stipulated final judgment was signed by San Diego Superior Court Judge
Joel R. Wohlfeil on June 27, 2014.

From The Script, July 2011,
The President's Column

One final reminder, patient consultation has been a California requirement since the early 1990's. Yet in many pharmacies, patient consultation is not given the appropriate priority. As President of the Board, I want to remind all pharmacists and pharmacies of the importance that the Board places on patient consultation. Patient consultation has many significant benefits, including its potential to minimize or avoid medication errors, to screen for drug interactions, and to ensure compliance with therapy. Patient consultation is a crucial part of the clinical role of the pharmacist. In support of this role, California law places a specific mandatory obligation on each pharmacist (outside of inpatient, inmate, or patient discharge settings) to perform a patient consultation whenever: a prescription drug has not been previously dispensed to the patient by the pharmacy; a prescription drug has not been previously dispensed to the patient by the pharmacy in the same dosage form, strength, or with the same written directions; the patient requests a consultation; or the pharmacist, in the exercise of professional judgment, deems it warranted. This obligation applies *to the pharmacist*. The pharmacist must initiate consultation *unless and until* the patient or patient's agent refuses. It shall not be considered sufficient compliance with this obligation for consultation screenings to be performed by staff or by use of check-off boxes.